

Head Office: Ċentru Antida
51, Tarxien Road. Tarxien TXN1090
Reception Desk Tel. 27672367; 21808981; 21809011
VO/0005/4th May 2008

Email: sjafngo@gmail.com
Website: www.antidemalta.org
Facebook: Fondazzjoni St Jeanne Antide

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Female Substance Misuse and Prostitution

Dr Anna Maria Vella, MD is a pro bono sexual health expert with Dar Hosea, the Foundation's walk-in centre for vulnerable women involved in street-based prostitution

(names and certain details have been changed to protect women's confidentiality)

RUTH: 20 year old Ruth has been using drugs for the past 5 years. Drug taking changed her life forever; she cannot even recall what life was like without drugs. She describes her initial experience as real fun and pure bliss. Her mantra was Drugs don't kill, drugs are fun! However, once she started on heroin, things changed. She became dependent on the drug, became an addict and needed a daily fix. At first she managed to keep her job and could cope with bringing up her 5 year old daughter. But slowly, things started to get out of hand. She lost her job, had to leave her mother's house, moved to a flat with her drug-using partner leaving her daughter behind, started having trouble with the police and became enmeshed in the criminal justice system. She tried stealing to maintain her habit but was soon arrested. On that occasion her partner took the blame. She needed money desperately. Her partner coaxed her into hitting the streets at night. Although initially she resisted, she soon gave in. The third time she hit the streets, the police arrested her for loitering. This time her partner was not to be seen. She was alone. The police were kind to her and promised to help. No loitering and no arrests, they advised her. Go home and seek help, they told her.



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Janet: 24 year old Janet is a mother of 4 children from 3 different partners. Her last partner and father of 2 of the children is a drug addict. He can become very violent at times but Janet does not know how to free herself from his enslavement. She looks at those times when he is not intoxicated and remembers how gentle he could be. Then she remembers the monster he becomes under the influence of drugs. This see-saw in her feelings accounts for her ambivalence in leaving him to run away with her children. At such times, she reasons that she has nowhere to go since Malta is too small to hide; he'll find her and her life will be at risk. Better to remain quiet and hope for better days. Lately, Janet's partner started dabbling

with cocaine. Cocaine use makes him moody and tearful. He spends whole days away from the house and, on his return, he sleeps it off for days on end. On awaking up, he becomes very depressed and only finds solace in cocaine. Nowadays, after sleeping it off for 3 whole days, he becomes very edgy. He calls Janet and asks her to doll herself up in the sexy clothes he had prepared for her. Janet feels uncomfortable in them. She asks why she is made to dress up like that. He tells her to shut up and go with him, leaving the kids at home. He stops the car at a spot where punters are always on the look-out for prostituted women. He orders her to do whatever the men who come along ask of her. He will be her protector, he says, so she has nothing to fear. He will be responsible for bargaining, he says, so she need not be ashamed. 'But I'm the one forced to go with the men, alone, never knowing what new fears to expect'.

Sue: Sue is just 18. Her friends come from middle income and rich families and, unlike her, always have lots of money to spend. Her parents cannot afford to raise her pocket money. She invents all sorts of excuses to stay indoors so as not to be humiliated by saying she can't afford going out with them.

Sue has heard girls saying how lucrative it is to work in the streets. In just a few hours you can make €500 they say. That would be great! Nobody would know from where she had got the money from. She would be able to enjoy herself with her friends then. She therefore decides to try her luck. She dresses up in a very short skirt and low v-neck top. She puts on loads of make up and heads for Gzira. Once there her nerves are on edge and she can't do it. She heads for a pub and starts drinking until she is nearly drunk. Now she can face the streets. After a few men she can't take it any more. She doesn't have €500 in her pocket but she feels too squeamish. This wasn't the easy money she had expected. This was tough work. As she starts to head for home her stomach can't take it any longer and she starts vomiting. She feels so bad. Cars stop asking for her 'services'. She swears at them wanting only to be at home. When she finally arrives she goes into the shower and feels that she cannot stop the water running over her. She feels so dirty. She tries to erase her whole experience but flashbacks torment her.....how stupid had she been. Easy money! Huh!



Obviously all the above names are fictitious but the poignant stories are real and harrowing. I know all these women and many more and all their narratives are told with tears of great sorrow. I have never yet met women who are happy or proud to hit the streets and all have heart-breaking stories to tell dating back to their childhood. Drugs may be the cause or the result of prostitution. A woman may go to the streets to make money to fund her addiction to drugs or else drug-taking is resorted to, in order to be able to face the ugliness one has to face to make money in the street.

So, who is the prostitute?

Is she a Julia Roberts as in the popular *Pretty Woman* film? Is she a ruthless siren wearing the tiniest fabrics, teetering on high heels, so often portrayed? Or is she a woman who has been rendered vulnerable through the traumas strewn in her way through difficult life circumstances?

I will always remember a woman in her thirties who once told me with great pride that she considers herself a better mother than I was. 'You see', she said, 'when you wake up in the morning and start rushing, preparing yourself for work, and you realise that your daughter doesn't feel well, you panic! Who will stay at home to care for her? You have a list of patients and commitments that you had planned for the day. You can't stay at home just because your daughter is not well. Therefore you start calling friends and relatives and juggle your daughter here and there so that you will not miss on anything that you had planned. I never panic. I never rush my children. I am always there at their beck and call. I take them to school after they have their breakfast. They do not have to get up too early so that I am in the office on time. If they don't feel well we all stay at home. After school I am there with them. I take them to all these extracurricular activities. We enjoy dinner together, we watch TV together. I wash them and then see that they are fast asleep. Once or twice a week, depending on our needs, a baby sitter comes when everybody is in dreamland, and I hit the streets. I come back long before the children wake up, and we are together ready to face another day. You see! I am a better mother than you are!'

Her story seemed amazing and I always thought of her as a very special case. Until some ten years after when I met her again. This time she was not happy with herself or her profession any more. She told me that one day when she had completed her usual chores and she hit the streets, she had the shock of her life. Just in front of her, loitering in the streets she saw her 16 year old daughter! Totally stunned, they looked at each other. Both turned back home in silence. She couldn't say a word. Her long best kept secret was known to her daughter who had picked up the trade and was practicing it herself. The woman no longer felt she was such a perfect mother after all!

Can we define prostitution?

Prostitution is the exchange of money for sex. It can take place in the street, in a brothel, through escort and outcall services, strip clubs, lap dancing and purchase of phone sex, adult and child pornography, video and internet pornography and prostitution tourism.

People say that prostitution is one of the oldest trades ever known. Many systems have been created to try to eradicate it. All have failed. If tough laws are enacted making women criminally liable: in some countries they face capital punishment, women will go into hiding while they continue to be prostituted. On the other hand, recognition of prostitution as a sex work job and requiring women to pay taxes and national insurance will not remove the health and violence risks.

In the past, when women served the marines and the sailors, the Admiral of the Navy used to make sure that the women involved in prostitution were healthy. Every six months, women had to undergo medical tests by the Navy doctor who signed off their 'librett' if they were free from syphilis and other sexually transmitted diseases. Obviously, the sailors were not obliged to be examined despite the fact that many were responsible for proliferation of STDs, thus forcing the women out of business. Then, unless a woman had a valid medical clearance, she could not hit the streets.

Even today, such a system has many pros and cons. Limiting the spread of STI's, is definitely a big pro. But should this be the main aim? Are we concerned only with the spread of diseases? At Dar Hosea I run a *Well Women Clinic*. Yet, I must say this is only a part of the outreach I wish to run. When I started to plan this clinic, I realised that these women never went to their general practitioner for a check up. They never went to a Health Centre or to the Gynae Out-Patients clinic at the general hospital for a medical check-up. I have wished to set up a clinic in one of the flats used for prostitution in Testaferrata Street, but I was advised that the whole business would be too risky and dangerous.....my husband even threatened to leave me. Therefore, I accepted to work at Dar Hosea and to run the *Well Women Clinic* from there. This is not an ideal solution.

At the *Well Women Clinic*, we only reach those who come for our services; we do not reach the others. We are also prone to medicalise the whole issue. Despite the fact that these women do worry about their health, they are deeply hurt and suffer on a different level. Even if they were to be free of medical problems, they would be still left with deep deep wounds that can only be touched by a different kind of healing. They need to access options that will help them break free from their enmeshment in prostitution. They need feasible alternatives to their present lifestyles. They need sustained support and not just an expression of mercy. Most of all, they need empathy, respect, dignity, love and support to move on. Medicine cannot do this. This is what we try to do at Dar Hosea.

A trans-disciplinary approach works best. Professionals from different sectors and agencies – state and NGOs – need to work together to maximise beneficial outcomes for prostituted women, to help them rise above their problematic life circumstances, to be assisted to invest in the changes they themselves wish to make, and be supported in their decision.

Dar Hosea is an invaluable start in this direction. Its ethos is to provide a safe haven where prostituted women have the space to be themselves, a place where respect, unconditional acceptance, love and sustained support is the main driver. The team is not there to judge them or to engage in rhetoric. We are not there to blame and shame. We are there to offer help and to hone the tools that enable women to embark upon and sustain the much desired change in their life.

For this initiative to bear more fruit, doctors, nurses, social workers, mental health practitioners, police, probation officers, psychologists, youth workers, the judiciary and spiritual companions all have a role and need to find concrete and meaningful ways of collaboration.

Moreover, policy makers need to come together with the people working in the field so that together, we can help prostituted women forge ahead unafraid. Women forced into prostitution will gain strength and leave.

As always, prevention is the best policy. Susceptible youths like runaways, young offenders, drug addicts and young persons with challenging behaviour should be targeted by the professionals at a young age. If not, they continue to be targets of pimps who are best placed in targeting vulnerable young persons.

Combating drug misuse has been a key pillar of Malta's social policy since the early 1980's; the Detox Centre was opened in 1987. When the *Aġenzija Sedqa* was launched in 1994, the work amongst substance misusing persons was further developed and prevention programmes and data collection initiated. At the time, 11% of substance abusers were female. The female population using *Aġenzija Sedqa* services has increased to 20%. This is not a precise reflection of the ratio of male to female drug users. Internationally, female substance abusers accessing Substance Misuse services are always less than males. Literature on substance misuse has shown that there are differing experiences for men and women in the drug culture. Many reasons have been provided to explain this difference. It may be simply due to the fact that females are less attracted to the drug world. But even if this is true, females who are drug users find it more difficult to engage themselves in drug services. Rehab centres are usually regarded as a threat to females because the services are male dominated.

Substance Misuse services are often seen as a step further down the ladder in the addiction world. Seeking help is usually interpreted as further entangling oneself in the problem. The situation is even worse for females. Their attitude says: "I am a woman....I should know better!"

We still live in a world where men are allowed adventures. But not women! I believe this is because we always see women as mothers and carers. Women having to bear children should be responsible and mature from a young age. According to Nancy D. Campbell: "Women who use illicit drugs are widely figured as failures of democracy, femininity and maternity. They are represented as more socially isolated, degraded and stigmatised even by male drug addicts." (Source: *Using Women: Gender, Drug Policy and Social Justice*, Routledge, 2000, Page 16).

"Women are seen to fill the role of a caring wife and mother. The implications for family life are serious and justifiably cause much concern."(Source: Marcia Jackson and Hilary Klee: *Drug Misuse and Motherhood*, Routledge, 2002, Chapter 1)

Therefore, if a woman does become enmeshed in the drug abuse world, she has many more obstacles to overcome. This usually means that a woman who decides to take drugs, does so with more determination and with faster progression, or rather... regression. Literature shows that whereas men start using drugs slowly and resort to needle-use after some time, women arrive to the same situation at a faster pace. This is a sign that a woman feels that once she has lost control of her situation, she has already lost much of her dignity, and so she might as well plunge into the junkie world.

Women usually need men for their fix. Very few know how to procure drugs on their own. Men also find it difficult to deal directly to women; hence they would rather sell to the male partner. Moreover, many women start off not knowing how to prepare the drug and it is the male who brews it up. The same story holds for injecting. The male usually injects the female and not vice versa. All these favours have to be paid for. Women either pay the male's share of drugs or else pay through sexual favours. Thus their dignity and self-esteem is further degraded. What is even worse is that whereas most women, while working in the streets, would wear condoms and refuse sex services unless they are playing it safe, when it comes to paying back their drug-procurers, they hesitate to ask for these safety measures. 'I am not working when I have sex with my "friend" they say, "So how can I make him wear a condom." STI's easily spread because of this dangerous mentality. Many times, sex is practiced while intoxicated and I fear that even if both agree to take safety precautions, advised usage is not followed.

Albeit prostitution is lucrative, the money generated is by no means easy money. Although male partners act as pimps, women expose themselves to great dangers in this trafficking and sexual exploitation trade. Drugs and prostitution often become a vicious cycle: one practises each to keep the other going. Oftentimes people ask: what comes first, drugs or prostitution? Is prostitution an addiction in itself? There was a time when I used to think that prostitution was addictive and that the thrill and the excitement of doing what is illegal made the women yearn for the streets. Some insist that women involved in prostitution are free to choose their lifestyle and who are we to stop them? Today I have abandoned these beliefs as I have seen many women only too happy to leave the trade when they had the means and possibility to do so.

From my little experience over the years, I have come to the conclusion that the minute drugs disappear from a woman's life, prostitution will not be practised. Many would be too happy to leave that world behind. There are no predictions or a typical character profile that would make one guess that a woman will end up being prostituted. Yet, I believe that there is a clear indication that this abuse of woman will end the minute there is a chance and a hope of escape out of it.

Dar Hosea - a support service for vulnerable young and adult women involved in street-based prostitution.

Dar Hosea is a walk-in centre welcoming vulnerable women involved in street prostitution. It is the first service of its kind in Malta. The centre has a welcoming milieu. For the women who drop by, it provides a unique safe emotional and psychological space where they can access support that enables them to meet their basic needs, social work, accompaniment, non-formal education, medical screening for sexually transmitted infections, sexual health education, and care plans that enable them to move forward in life with dignity.

Broad Aims:

A. To uphold and promote the personal dignity of vulnerable women involved in prostitution and their families especially those lacking basic needs.

B. To promote, among the target group, the health, safety, civil and human rights of vulnerable women involved in prostitution including their right to live free from violence, intimidation, coercion, inhuman treatment and exploitation so that they may be as safe as possible during their activities and able to access much needed health and other services in conditions of respect, trust and confidentiality.

Specific Objectives:

1. To make contact with, develop and sustain supportive relationships with vulnerable women involved in prostitution.

2. To provide a range of support services that meet identified basic and other higher level needs.

3. To facilitate access to public services through accompaniment and staff liaison with other service providers across the sectors of criminal justice system, health and mental health, social services, housing, and family welfare.

4. To provide sexual health education and STI harm-reduction opportunities.

Beneficiaries

The beneficiaries of the *Dar Hosea walk-in*



centre are vulnerable women involved in street prostitution. At the core of their vulnerability to coercion and inducement to become involved in prostitution is childhood sexual abuse and subsequent relationships with abusive men. Most women in this category of vulnerable women are poor, socially excluded and have unmet basic human needs; they are vulnerable to coercion, violence and exploitation; are likely to suffer from mental health problems; are prone to repeat arrests and imprisonment; are entrenched in addiction problems and related crimes; may be controlled by pimps or partners having drug related problems which women end up funding and sustaining through their involvement in prostitution; and lack support to access services that would create emotional and psychological space to explore alternatives in life that are open to other citizens with dignity.

Women involved in street prostitution have complex underlying issues, chaotic lifestyles and the difficulties that such circumstances present. They are likely to have been sexually abused as minors, self-medicate and take illegal substances to cope with their harsh, risky and violent reality, face serious health problems, suffer from mental health problems, show signs of cognitive and social impairment, are in conflict with the law and live a life of coercion and exploitation.

Although prostitution in Malta is legal, loitering is not. The most vulnerable and poor amongst women involved in prostitution are the ones who operate from the streets. Given their visibility in

offering their services, they are prone to frequent arrests and imprisonment and are considered repeat offenders.

Women are reached through a number of outreach approaches. These include briefing sessions to service providers across key sectors in order to stimulate referrals; word-of-mouth promotion by service-using women themselves; street outreach in certain localities; and a prison outreach therapeutic handicrafts-making programme at the Female Division.

Impact on the wellbeing of the women

At Dar Hosea walk-in centre, women are able to find a loving and supportive family they never had. They

meet workers who are not dreaded authority figures from the criminal justice system, abusive pimps who live off their enslavement, or angry and bitter relatives. They learn to trust persons who only have their well-being at heart and start to consider health and safety measures such as screening for STIs at the centre itself and sexual health education. Through sustained support and on-going dialogue about their harsh exploitative reality and its consequences, women will thrive emotionally and psychologically and will slowly wean off substance abuse and daily kerb crawling. Links with their relatives and children will gradually be mediated and re-established. Access to non-formal education will be explored. Links with them will be maintained when they have to spend time in prison through weekly prison outreach sessions with women in prison.

Dar Hosea service user appreciation.

Il-ftit xhur li ilni nigi DarHosse
 Sibte dak li qat ma kellhi Sibte familja li
 qatt ma kellhi. Go dar Hosse vera tal-Genn
 listaff u dejjem lesti biex jghinuna Grazzi
 ghali dar Hosse jien inbidilt hafna nienku ikuh
 meta nigi ghax naf li ser nikkellem ma nies
 profesjonali kollha nice nikkongrazzja lil- Dr Vella
 li qaltli bدين id-dax listaff vera jikkellmu open
 u jekk nghamel il- hazin mhux majatux kas
 anzi jghamlu minn kollox biex jghinuk jghinawna
 Crafts, ect. pero lisbah gurnata meta marena
 il- bahar vera igustajta ik-rita qadet mighi
 il- hin kollha vera tad gast. Xejn majdejaqni
 ghawn gew, nahseb ikbar jien indejaq lil- listaff
 bil- problemi kollha tiegħi perexempju meta inkun
 hazin phal- lum Anna Sematni u ghinnibni biex
 nispyega dak li sid nighid

Nikkongrazzja lil- listaff
 Specialment
 lil- Rita li nistma jisa
 Onni vera napprezza li sibte
 minn ikobbni u nista nighid li ghandi familja

The Benefits of Project Partnership: SJAF and Autism Parents Association (APA) working together to create groups for young persons on the Autism



by Sandra Borg, Projects Manager, APA

The Autism Parents Association (APA) has availed itself the use of the premises of the St Jeanne Antide Foundation (SJAF) in Tarxien for the past several years. Meetings for parents who were new to the Autism Spectrum were held there in addition to a number of other parent meetings.

This year, APA embarked on a new challenge. In partnership with SJAF, it will be providing the first programme for youths aged 14+ with Autism. This has all been possible due to the experience of St. Jeanne Antide Foundation to manage funded projects. APA do not have their own premises and the doors of SJAF are open wide to welcome our youths and their families throughout this project, amongst others.

SJAF also provides APA with other services to our parents such as courses for parents on supporting their child's literacy journey, emotional well-being courses, counselling, as well as volunteers who help out wholeheartedly.

Collaboration with SJAF has contributed to assist APA move in line with APA's mission to facilitate the wellbeing of individuals with Autism and their families.

This collaboration enables both organisations to share resources and expertise for the wellbeing of others.

Sandra Borg ACII, AdCert Autism
Autism Parents Association
Project Manager



This project is funded through the Voluntary Organisations Project Scheme managed by the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties

Youth Voluntary Worker Scheme



My Youth Voluntary programme started on 1st November 2015 and the hosts where St' Jeanne Antide Foundation. During my 5 months experience in this programme I learned a lot of valuable assets that changed the way I see things from my perspective and helped me see things from a better point of view. This programme is a great way to give the opportunity for teenagers to help others and give something to society.

Beppe Grech



INTEGRATING YOUTHS WITH AUTISM IN THE COMMUNITY (IYAC)



In Malta, carers and guardians of children, adolescents and youths with Autism Spectrum Disorder (ASD) still find barriers when it comes to integrating their children in community activities. This is mostly due to false and negative stereotypes regarding persons with ASD, which in turn perpetuate inaccessibility and exclusion. The youths' motivation to integrate is also affected by previous rejections and failures; thus, most prefer to remain in their comfort zone instead of looking forward to integration. In light of this, the Autism Parents Association (APA), in collaboration with St. Jeanne Antide Foundation, developed a programme entitled, *Integrating Youths with Autism in the Community (IYAC)*, as part of the St. Jeanne Antide's MSDC/MCVS/VOPs project *A Package of Outreach Services for Social Inclusion and Wellbeing*.

The programme targets youths with ASD, and its main aim is to provide a wide range of specific community activities so that youths with ASD can discover their options in society. Thus, twenty-five youths with an ASD diagnosis, whom parents have registered for the programme, will benefit from the range of activities and outings. The programme benefits youths whose ages range from 14-27 and shall run from October 2016 till June 2017. All youths were assessed by two psychologists using the Vineland-II Adaptive Behaviour Scales – Parent/Caregiver rating form on communication, living skills, socialisation and maladaptive behaviour. Following the psychologists' report and recommendations, the youths have been divided in three groups: 1. Community Integration; 2. Community Exposure; 3. Community Skills.

Youths in the community integration group will participate in activities together with other non-ASD individuals. The aim is to provide exposure to a wide range of activities while integrating with other persons/youths in the community. In our programme, the word 'integrating' implies that a person interacts with someone else who does not have an ASD diagnosis. Therefore, other persons, who are not in the IYAC programme, would be participating together with the youths diagnosed with ASD during our planned activities. Such an intervention is also meant to target persons running activities and non-ASD diagnosed youth in expanding their knowledge about ASD whilst reducing internalized stereotypes. The community exposure group aims to provide a variety of experiences in different settings but in contrast to the community integration group, participants are not engaged in an activity with other Non-ASD individuals. The aim of the community skills group is to nurture the learning of a number of community and social skills to youths with ASD while they are prepared for community exposure. Later in the programme, they will be exposed to some activities as well.

Following an external call for applications, a number of Activity Facilitators have been engaged and professional volunteers mobilised to assist in the effective running of the programme once every fortnight on Saturdays. Resources related to each activity will be provided. This programme will definitely support the youths' interests in a variety of community activities by increasing their options and possibilities both presently and in the future.

Josnef Agius

B.Psy (Hons); awaiting results of completed MA in Autism Studies
IYAC Youth Programme Coordinator



This project is funded through the Voluntary Organisations Project Scheme managed by the Ministry for Social Dialogue, Consumer Affairs and Civil Liberties

Women's Social Group

New group for women aged between 20 and 45 with the aim of investing in self growth through informal learning and recreational activities.

The group meets on Wednesday between 9:30am—11:100am at Appoġġ Community Services, 168, Valley Road Msida.

For further information call on 25903933



This New Year's Eve - Do something different Service at the Mensa Caritas-Rome & will wait for the new year with the guests. For youths aged 18-30 years.

Closing date: 30th October 2016

Contact us on youthministrysja@gmail.com





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How does ego or small self lead to loneliness?

The ego or small self excels at competing, finding differences, feeling cut off, opposing, and so on. No wonder that if egoic behaviours is all that you have in your repertoire, then you're going to be lonely. Oh, you may find other egos that stick to yours for a while, because they too are trying to avoid loneliness. But meeting ego needs does not remove loneliness, because only a small part of us is ego. If you are very lucky, one of these relationships will show you that there is something beyond the ego.

Whether or not you are in an important relationship, there is another level to yourself. Tentatively, we may refer to it as "your genuine self always in the presence of God" or your true self, or the breath of God inside you, the Christ within, or various other names. It is here that there is no loneliness. In the deeper levels of yourself is the fullness. This is sometimes referred to as the emptiness, but only because it is empty of normal things. Through this fullness or the emptiness, you begin to taste the incredible beauty and love that seems to be the foundation of our being and of the existence of the world. Here is where you go beyond loneliness – permanently. Do not think that you will find this depth. Egos don't know how to go there. It will find you if you are open enough. So not think you will control the journey and the destination - The thing is, you have to be open to these depths, and you have to practice to keep this openness slowly increasing. Simple trustful praying, "let go and let God" meditation, a sense of wonder, a wide and non-judgemental heart, a gentle sense of humour – some or all of these help. This is your practice!

What about the ego? The deeper practice will calm the ego, and slowly introduce a life less carried away by the currents of the ego's neediness and needs, tendencies, and obsessions. More and more, when you are open in this way you will be able to enter into relationship with other persons where not neediness but rather unconditional love, forgiveness, and compassion are in charge, and these are in fact strengthened by the relationship. Such relationships - with friends or partners - become a channel of grace for the friends and for others that they meet and work with. Where is the loneliness now?

Il-Wild ta' Kullimkien

tafha int,

l-imħabba li tiġi mill-jien:
pont, għall-jien li kien waħdu,
maqtuġħ

u taf ukoll dik
l-imħabba li ma tiġix mill-jien
izda tlaħalġu, sakemm jibda
jgħaddi d-dawl minnu?

tafu l-gmiel li troxx ix-xemx
minn bejn is-sħab
bejn waqfiet ix-xita
wara nofsinhar?

mhux hawn. mhux hemm!
min ifittex jaf
u hu biss jaf
kif ma jfittxux, lil dak id-dawl,
bil-jien

kif il-fittiex jithalla jitfittex
f'solitudni,
u jinstab –
iqum iqum bil-mod, bħala
wild ta' kullimkien

tony macelli 2008





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DONATIONS

Your donation is truly appreciated. It enables us to sustain our services to vulnerable and poor individuals and families.

Donation to the St Jeanne Antide Foundation can be made as follows:

Cheque issued to The St Jeanne Antide Foundation and posted to the Foundation: 51 Tarxien Road, Tarxien TXN 1092

For **local bank transfers**: **APS** 2000 0681 886 **HSBC** 013175021001
BOV 4002003379-0 **BANIF** 00210404101

If you are a Go/Vodafone/Redtouch subscriber you can donate by sending a **blank SMS** (SMS tariffs applicable):

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For **bank transfers from overseas**: APS Bank, 146/147, Antoine De Paul Square, Paola PLA1260

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HOW YOU CAN HELP US - OTHER OPTIONS

- If you are getting married: make a donation instead of buying wedding souvenirs.
- If you are having a birthday party: ask friends to make a donation instead of buying a gift.
- If you are having a wedding anniversary celebration: convince your guests to make a donation instead of buying a gift.
- For funerals: you may wish to make a donation instead of buying flowers.
- Get Together: organise a spontaneous collection.
- You may wish to send us a monthly or annual donation, whatever the amount.
- You can encourage others to consider donating to the Foundation.
- Ask your employer for a matching scheme which will make your contribution go even further!

Become a HELP-SJAF Champion and ask friends and family to make a donation.

CONTACT US: sjafngo@gmail.com

Foundation SERVICES

1. Family Resource Centres:

- **Ċentru Antida** Family Resource Centre, 51, Tarxien Road, Tarxien. Open from 7.30am to 5 pm daily in winter time (sometimes later as well); up to 1pm in summer Serves localities of Tarxien, Paola, Fgura and Santa Lucia. Social Work, community outreach, advocacy, referral, information, emotional support, support groups.

Volunteering opportunities, included inclusive volunteering for service users.

Volunteer Handymen in support of vulnerable and poor families.

Learning Support for vulnerable persons supported by Foundation Social Workers. Includes: *For Children*: weekly learning support for primary level students; *For adults*: non-formal learning opportunities such as self-esteem groups & literacy.

Volunteer Befriending for lonely, home-bound elderly persons **Counselling**;

Bazaar in Tarxien (recycling and fundraising).

- **Ċentru Enrichetta** Family Resource Centre, Triq San Tumas, Birżebbuġa. Open Mondays, Tuesdays and Wednesdays from 8am to 2pm. Social Work service; Family Literacy Support Programme; MCCF service on Tuesdays from 8am to 11am. Tel No. 21652038—99960381.

2. LWIEN Service – support for family carers of persons with mental health problems. Includes family consultations, counselling, support groups, home-visits, social work.

3. IRENE Service in support of very vulnerable women involved in street prostitution. Dar Hoesa drop-in centre. Tel no. 27133684—99508954.

4. SOAR Service: advocacy and support for victims and survivors of domestic violence. Includes workshops on dating and domestic violence for young persons. Tel No. 99927872 from 9:30am to 5pm. Email: soar-malta@gmail.com.

5. Emotional Freedom Service for persons wanting to be free from their anger, fear or other emotional distress.

6. Overseas Development Projects: SJAF works with partners in developing countries to formulate anti-poverty projects. It has also arranged for public funding of such projects in Pakistan, Central African Republic, South Sudan and Malawi.

7. Centering Prayer Group for contemplative prayer practice.

PUBLICATIONS: ask us for list or visit our website www.antidemalta.org

See "Services" & "Reports" on www.antidemalta.org