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SSE and migrant women: the gendered challenges of social integration in *Ile-de-France*

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Résumé

Cet article présente les résultats d'une recherche explorant la problématique des violences sexuelles et de genre pour les femmes exilées en Ile-de France. Les entretiens menés avec les acteurs associatifs d'une part et avec 14 femmes demandeuses d'asile d'autre part, ont mis en évidence les dimensions institutionnelles et sociales du risque de violences genrées. Tout d'abord, le lien de causalité entre le manque de prise en charge sociale et matérielle et la multiplication des violences sexuelles doit être souligné. Sans hébergement, les femmes exilées se retrouvent à la rue et sont systématiquement exposées à des violences physiques et sexuelles. Plusieurs semaines voire plusieurs mois à la rue, les femmes rencontrées ont vécu dans leur chair l'hostilité d'un régime d'asile restrictif. Dans un contexte de manque structurel de places d'hébergement, les femmes enceintes et les femmes avec des enfants en bas âge, sont, elles aussi, confrontées à ce dénuement. Outre les risques que cela engendre pour leur intégrité physique et leur santé, les effets de cet abandon sur la santé mentale peuvent être délétères quand l'espoir d'une amélioration des conditions, qui pouvait être associé à la possibilité de demander l'asile, s'évanouit. De plus, les violences sexuelles et de genre sont aussi, et de plus en plus souvent, une cause de départ pour ces femmes exilées, comme en témoigne les professionnels de santé.

Leurs actions et leurs voix portent ainsi une revendication de reconnaissance des violences faites aux femmes comme des violences politiques, méritant écoute et protection. Or, le climat de suspicion qui imprègne le régime de l'asile fabrique des violences institutionnelles pour les femmes demandeuses d'asile en ce que les temporalités des traumatismes sont niés par la rigidité administrative. Une écoute se retrouve néanmoins du côté des soignants, qui tentent d'accompagner les demandeuses d'asile comme patientes et cherchent à pallier les faiblesses de l'accueil en devenant des intermédiaires d'une prise en charge sociale via les acteurs associatifs.

Mots-clés : Migration, Asile, Femmes, Violences sexuelles et de genre.

Abstract

This article presents the results of research exploring sexual and gender-based violence for exiled women in Ile-de-France. The interviews conducted with associations on the one hand and with 14 asylum seeking women on the other highlighted the institutional and social dimensions of the risk of gender-based violence. First of all, the causal link between the lack of material support and the increase in sexual violence must be emphasised. Without accommodation, exiled women find themselves on the street and are systematically exposed to physical and sexual violence. Having spent several weeks or even months on the streets, the women we met had experienced the hostility of a restrictive asylum system in the flesh. Faced with the lack of emergency housing, pregnant women and women with young children also experience this deprivation. In addition to the risks to their physical integrity and health, the effects of this abandonment on mental health can be deleterious when the hope of improved conditions, which was associated with the possibility of seeking asylum, fades. Sexual and gender-based violence is also, and increasingly, a cause of departure for these exiled women, as health professionals have testified.

Their actions and their voices thus represent a demand for the recognition of violence against women as political violence, deserving of attention and protection. However, the climate of suspicion that pervades the asylum system creates institutional violence for asylum-seeking women in as much as the temporalities of trauma are refuted by administrative inflexibility. Healthcare professionals seek to be attentive to these women, attempting to accompany asylum seeking women as patients and trying to compensate for the weaknesses of the reception system by becoming intermediaries for social care and reaching out to humanitarian associations.

Keywords: Migration, Asylum, Women, Sexual and gender-based violence.

SSE and migrant women: the gendered challenges of social integration in Ile-de-France

"Five years ago we were on the edge of the precipice, now we're a long way down."

Five years on from what has been portrayed by the media as a refugee crisis and by associations as a crisis of reception, conditions for migrants have further deteriorated. In the summer of 2015, the camps were in Paris, scattered but visible, leading to a spiral of successive dismantlings but also of associative and citizen solidarity. Five years later, the associations' findings are unanimous: migrants have been made invisible but the reception conditions are even more difficult, as illustrated by the words of the founder of the BAAM mentioned above. Women are on the front line of this non-acceptance: the lack of shelter and food resources makes people vulnerable and this vulnerability includes a particularly acute risk of sexual and gender violence for exiled women. The notion of vulnerability is understood here as a social construction: people are not inherently vulnerable but are made vulnerable (or not) according to the political, social and economic context that produces structural dynamics. It is important not to minimise the agency of individuals whose vulnerability is exacerbated by these contexts (Freedman, 2019; Grotti et al., 2018; Butler et al., 2016). This approach also avoids the trap of essentialisation which tends to consider people as being vulnerable because of certain characteristics, most often physical and biological (for example pregnant women). On the contrary, it is a question here of understanding how vulnerability is produced socially through the convolutedness of different forms of domination. To do so, the article focuses on how the asylum system and the methods of reception (or non-acceptance) produce gendered forms of violence.

The violence faced by women on the roads of exile is increasingly well-documented. With the militarisation of border control, routes tend to become longer and riskier, with significant differences in the experiences reported by women on the roads of the Western, Central and Eastern Mediterranean (Grotti et al., 2018; Tyszler, 2018). By increasing the migrants' dependence on smugglers, policing borders increases the risk of aggression and transactional sex for women (Freedman, 2018). On arrival, due to the legal and social precariousness in which they find themselves, few of them report the incidences of sexual violence experienced on the road (Freedman, 2016). The issue of sexual and gender violence in the context of the first reception in France has been the subject of less research. A report by the association France Terre d'Asile nevertheless highlights the omnipresence of this risk in the experiences of women asylum seekers (Bautista Cosa, 2018).

This article proposes to compare the findings of various associations, some established and others more recent, to draw up a picture of the main elements that put exiled women at increased risk in terms of interpersonal sexual violence and gender-based violence at the structural level.

It is clear that institutional bodies devoted to gender violence reduce this issue to its cultural dimensions when it comes to migrant women, neglecting the structural dynamics related to the lack of support for asylum seekers' basic needs (Freedman et al., 2022). However, the various associations involved in this field are daily confronted with the causal link between a denial of rights and the production of sexual vulnerability, which is the subject of the first part of the article. The second part specifically examines the gendered implications of obstacles to the right of asylum in the context of a hostile political climate. Particular attention is paid to the issue of the policy of written and legal evidence in a context of widespread suspicion of asylum seekers, a requirement that often exacerbates the marginalisation of exiled women. Finally, the last part is devoted to health care, which is increasingly becoming the last bulwark against exclusion, in the face of the erosion of other possibilities of support and care.

Methodology

This article is based on a fieldwork study conducted with community actors amongst exiled people in Ile-de-France between October 2019 and November 2020. The survey consists of 16 semi-directional interviews with the associative actors and participant observations carried out over a period of six weeks in an emergency shelter for migrants (CHUM). The survey of associative actors was conducted with two colleagues from the host laboratory, Prof. Jane Freedman and Elsa Tyszler. The CHUM survey was conducted in close collaboration with Prof. Jane Freedman. This research is also based on 14 interviews I conducted with exiled women in September-October 2020 at CHUM.

Interviews were often conducted at the associations' headquarters, sometimes in cafes for associations that do not have their own premises, and also online for a few interviews conducted after the first lockdown in March 2020. Interviews with the associative actors were recorded and partially transcribed. The interviews with the exiled women took place in a dedicated space (often an office) within the CHUM Health Centre, after we were put in touch by health professionals. These interviews were not recorded to avoid making people uncomfortable, so note-taking was preferred. The names used are pseudonyms.

Sexual vulnerability made invisible by a denial of rights

The associations' findings: a systematic exposure to the risk of sexual violence in the absence of accommodation

A major, unanimous finding emerges from the interviews that were carried out: the lack of accommodation represents the greatest emergency for exiled women. Indeed, this lack of housing solutions results in a whole series of at-risk situations for these women: whether they are on the street or "sheltered" in a precarious way, these situations expose them to sexual violence on a daily basis.

All the associations, established and recent, more or less large, observed that the failures of reception produce violence that becomes institutional inasmuch as it is reproduced in a structural way. Cimade and GISTI estimate that almost half of asylum seekers are not housed. The Committee for the Health of Exiles (Comede) notes that the situation has clearly deteriorated in this regard, considering that in the early years of 2010 there were alternative possibilities for shelter whereas over the last four or five years, the situation has become very difficult, even for pregnant women. Amongst Comede patients in 2019, out of 144 cases, 15% of rapes took place in France. The lack of accommodation is such that some associations are forced to host some people in emergency situations in their premises on winter evenings. Many of the women we met at CHUM found themselves on the street during their pregnancies, sometimes for several months. Public health services, such as the Centres Gratuit d'Information, de Dépistage et de Diagnostic (CeGIDD), have also observed a "massive" exposure to sexual violence upon arrival in France, which women often endure in order to have a roof over their heads or to receive food.

This denial of rights thus creates "transactional sex" situations for exiled women who are housed "in exchange" for sexual services. Our contacts at CeGIDD and Samu Social note in this regard that women who experience this type of violence are also subject to a strong sense of guilt that can aggravate these spirals and increase these people's vulnerability. These accommodation situations are characterised by a very strong imbalance of power between the host, often male, and the woman hosted, leading to multiple forms of exploitation. Within the health-sexuality pathway of the Avicenna hospital, women who consult also report forced domestic labour and very degraded housing conditions. One patient had rat bites because she was housed in a basement.

Faced with the lack of housing solutions, exiled women try their luck with the emergency reception of the Samu Social, 115. Here again, the situation is worrisome since many women are unable to secure emergency shelter. Volunteers and associations' staff, like caregivers, often try to use 115 to provide shelter, but the needs are far from being met. The Ecological Laboratory (LEO), which provides shelter for women with young children, estimates that less than 40% of applications are successful. The 115's operating procedure also raises questions: overnight stays can be offered in the evening and involve long journeys for young women and their new-borns. This permanent mobility is problematic in several respects: on the one hand, transport in Ile-de-France is expensive, and on the other hand, the health of women who have just given birth can be affected. One woman accompanied by LEO had, for example, received a place by text one evening at 9.30pm, another had been sent to a hotel which turned out to be closed for several days. The lack of accommodation thus produces a first and particularly important form of "vulnerability" for exiled women (Freedman, 2017; Grotti et al., 2018; Schmoll, 2020).

The camps, at the gates of Paris, hidden from the eyes of Parisians by a combination of police and urban policies (repeated dismantlings, the installation of stone blocks and barriers) present very difficult conditions for women.

The associations see little of them because it seems that women try to avoid the assemblies generally provoked by the arrival of an association, in order to preserve their safety, as some members of the Social Samu observed. Another association reported on the health hazards for exiled women given the camps' living conditions: "A woman was taken to the emergency room with toxic shock syndrome because of a tampon that she kept for several days, she didn't dare to tell anyone in the camp that she needed a tampon." The fact is that many of the women who find themselves on the streets will try to avoid the camps and look for places in the stations, hoping to be more sheltered there. The following paragraphs present the experiences that several of the women encountered when they arrived in France.

"I didn't know that people slept on the streets in France": gendered violence in life on the streets upon arrival in France

By finding themselves on the streets, exiled women are directly exposed to multiple forms of violence. Having left Côte d'Ivoire at 34, Aya was 38 when she arrived in France and claimed asylum. She was pregnant and slept in stations and hospital lobbies for a period of approximately 6/7 months, including all of winter. One evening when she was looking for a quiet spot at the St Lazare station, a man under the influence of alcohol struck her because he wanted to take her place. She could feed herself, but the lack of housing put her health at risk every day. She remembers the long wait in the rain at the Prefecture, the hours spent in the cold at the end of which she was unable to warm up anywhere, not having anywhere to take a shower or seek shelter. As for Rita, she is the survivor of a massacre in the DRC where she was beaten and left for dead. Prior to the massacre in her village, Rita had just started studying business and administrative science. She was 21 when she arrived in France and found herself on the streets with a one-year-old child. Without resources, she says "I did what I had been doing...". In Turkey she had had to prostitute herself to survive the situation of material deprivation in which she found herself. Rita spent three weeks on the streets in Paris, before being referred to an association by a man she met in the street, then, by means of this first association, being housed in an emergency shelter with her son.

"I didn't know that people slept on the streets in France". That was from Inaya from Guinea Conakry. Inaya, a political activist, fled when her opposition companions began to be persecuted. Inaya's first night in Ile-de-France was spent at the Gare du Nord. She called 115 but nobody picked up. She got her suitcase stolen. The next day she managed to get someone on the phone but was informed that there was no room. She experienced her life on the streets in France as a shock: "Here it is worse because we do not expect it." Inaya had been confronted throughout her journey with very difficult material situations, but always with the hope of a significant improvement once she was able to file her asylum claim. For example, she had spent several months in the camps in northern Morocco, near the Spanish enclave of Melilla. Once in the enclave, Inaya was housed in a centre with collective rooms (7 people were in hers) and strict regulations (see also Sahraoui, 2020): "I thought that in France I would have that at least, something like a CETI [Temporary Residence Centre for Migrants]."

But in France, she had nothing for long weeks and only got a place in CHUM six months after her arrival, when she was already in an advanced state of pregnancy. Aissata, 26 years old and from Mali, also spent several months on the streets. She talks about it in terms similar to Inaya’s, “Being out on the street when I arrived was a shock, it’s part of my hardest story.” This street life in France can have deleterious effects on the mental health of exiles. Members of associations witness the collapse that this ordeal can cause when the hope of an improvement vanishes. It is necessary to perceive not only the violence directly caused by the lack of accommodation and food, but also the symbolic violence – with the most material consequences – of this institutional abandonment of asylum seekers.

Politicisation of sexual violence despite a political environment that is hostile to asylum

Applying for asylum despite administrative obstacles and a climate of suspicion

While gender-based violence and discrimination were neither mentioned nor likely thought of by those who formulated the 1951 Geneva Convention (Kobelinsky, 2012), forms of persecution related to gender and sexuality are gradually becoming more visible. In general, in 2019, women accounted for 32.5% of first-time asylum seekers and 37% of the protection statuses granted by the French Office for the Protection of Refugees and Stateless People (OFPRA), including 42% of refugee statuses and 29% of subsidiary protection statuses. Overall, women accounted for 40% of all people who received protection in 2017 (OFPRA, 2020). It is important to note that the chances of obtaining international protection have drastically decreased over several decades: the percentage of asylum seekers rejected in the first instance was 1 out of 20 in the late 1970s and 9 out of 10 in the early 2000s (Kobelinsky, 2012). Suspicion has gradually become a dominant approach in determining asylum (Sigona, 2014). Our respondents at France Terre d’Asile noted that the logic has been reversed, the starting point is now “this idea that everyone lies” and the institution requires the applicant to prove that they are not lying. This widespread suspicion contributes to the creation of a hostile environment in which the filing of the asylum application itself is hindered.

Members of several associations that we interviewed noted that exiled women face real difficulties in contacting the telephone number indicated for the first appointment booking with the Prefecture. Some women accompanied by Kali were only able to obtain an appointment after three months, that is to say at the end of the legal period of 90 days to submit an asylum application after their arrival in the territory. The association notes that this makes the dysfunctions of the Prefecture invisible, because whereas before, there were long queues, exiled people now find themselves alone in front of a number that is very difficult to reach. Fatoumata, who left Mali because of a forced marriage and whom we met in the Ivory Emergency Shelter, took two months to register her asylum application. GISTI states on its website that “the online waiting time is very long and the call will stop automatically after 45 minutes.

" Perhaps most importantly, for people who do not have a fixed phone or an unlimited subscription, the cost of a call to the OFII is estimated at about 6 euros by this association. In view of the material conditions described above, this is a very high cost. Under these conditions, it may be difficult to meet the 90-day deadline following the person's arrival in the territory. Then, once the application is registered, the person has three weeks to write their story in French.

For some exiled women who do not speak French and do not receive support, this vulnerability with regard to the institution leads to situations of transactional sex, in a form of power play similar to that described above for housing situations. A lawyer at France Terre d'Asile explained: "Under what conditions are the stories written? We ask this question and we understand that more and more women have had to sleep with people in exchange for the story, so either they can't speak French, or they can't write (...) There are people who offer this help in exchange for sexual relations." The associations also note that this period is very short for women who have suffered sexual and gender violence, which can cause trauma, and that the period applies in the same way for everyone, without any psychological assessment. Under these conditions, it is very difficult to write one's story with the degree of detail and consistency required by the asylum procedure. Aissata, who came from Mali and who we met at the shelter in Ivry, explained: "I had 21 days to write the story. It was mixed up in my head. I explained, the person wrote it in his own way without rereading it, he did it on the spot and he sent. It was a bit rushed. (..) By the time I told the story I had a lot in my head but only 21 days to send it." As a lesbian, Aissata wanted to seek asylum in France because of the persecution she suffered in the country as a result of her sexual orientation. But the material difficulties of the first weeks and her psychological state compromised her ability to express the reasons for her departure and to recount her experience in a precise and detailed manner.

One of the psychiatrists we met at the Ivry Health Centre found that most of the patients presented post-traumatic conditions that caused inhibition and a fear of expressing themselves. All the health professionals we met noted this difficulty in telling one's stories. A psychologist from the PA-HP Sexual Health Network also pointed out that these traumas can cause behaviours which can appear disturbing to non-professionals. She illustrated this point by referring to the case of a patient who laughed as she told the story of the atrocities she had experienced, and commented, "When faced with a protection officer who is not trained in these matters, this behaviour may seem inappropriate." In the general context of suspicion described above, psychological traumas and their consequences (such as dissociative amnesia) may not only be ignored but may actively feed the institution's doubts and lead to the rejection of the asylum application, all the more so when people are seen in haste by OFPRA officers. The lawyers at France Terre d'Asile observed that some interviews at the OFPRA are very short: a woman who fled her country as the result of a forced marriage was received for 20 minutes, another seeking protection for a risk of excision was heard for 30 minutes.

Despite a context steeped in hostility and suspicion, women are making their voices heard and increasingly highlighting the political causes of the violence they have suffered.

Violence against women as political violence

Within the asylum system, there is significant resistance to the recognition of women as a social group (Freedman, 2010). This resistance to highlighting gender-related persecution is based on the underlying assumption that gender-related violence is somehow part of the private sphere, as opposed to the public domain to which the right of asylum is associated. As a result, gender-related persecution of women tends to be seen as not being political enough to benefit from the protection of the Geneva Convention (Freedman, 2008). It is clear that this concept still permeates the institutional field of asylum, since women's claims for sexual and gender violence more often result in subsidiary protection than in a refugee status (Brocard, Lamine & Gueguen, 2007). The subsidiary protection, created by a 2003 law, grants a temporary residence permit of one year in the category "private and family life," a more precarious status than that of a refugee. Brocard, Lamine and Gueguen argue that this tendency to grant subsidiary protection instead of refugee status reproduces the figure of the passive female victim and does not recognise the political significance of women's contestation of patriarchal relationships which their flight testifies to. These authors advocate for a recognition of gender-based violence and the risk of gender-related persecution as fundamentally political. The actors on the ground precisely observe the politicisation of sexual violence and the role of this process of politicisation in the emancipation of women from patriarchal forms of domination. A health professional from the Sexual Health Centre at the PA-HP Hotel Dieu Hospital described these changes:

"Many women feel increasingly empowered to say that their homosexuality is not a motive for a life of violence, a life of submission to male domination, and precisely with a discourse that changes, even women who are not homosexual, women who are going to join associations as soon as they arrive in France, who will immediately ask themselves the question of their daughter, we also do a lot of support work on this, the protection of these women's daughters so that they do not become victims of excision themselves. And a lot of women are concerned about being able to bring their children, so that their children are not victimised by men in their country. These are not things we used to hear. France is not experienced as an Eldorado but migration is really related to the fact that they do not have to endure this because they are women, and this is undoubtedly where there is a big difference, also in migration. (...) sexual violence is the very justification for the demand for migration, which is arguably a massive ideological change."

And yet, on a daily basis, members of associations in the asylum system gather witness accounts that describe the enduring weight of stereotypes against exiled women. A lawyer in France Terre d'Asile, for example, noted that judges find it difficult to believe that women are political activists and question their stories. As for asylum claims based on people's sexuality, prejudices also permeate the entire journey.

People are often confronted with “clichés” about LGBTQ+ people and, more importantly, with clichés specific to the urban and Western cultures of officers and judges. The BAAM, committed to supporting LGBTQ+ people seeking international protection, found for example that questions such as “Don’t you know the Marais?” can be posed and interpreted as a criterion of non-assimilation in France for the LGBTQ community. Despite the implementation of training for OFPRA protection officers, women accompanied by another association explained that they sometimes had to answer questions such as “how do you make love to another woman?” As the founder of the BAAM explained, OFPRA asks them to “perform their sexuality.” Whilst they are fleeing patriarchal norms, these women may be confronted with them again by the institutional actors of asylum. For example, two lawyers from France Terre d’Asile deplored the fact that marital rape is always described as sexual intercourse. Less direct and more latent, the weight of written and legal evidence is also a source of gendered difficulties.

The issue of written or legal evidence as a source of institutional violence for exiled women

The relationship to the written word and the legal system is central to the asylum procedure. However, institutional expectations produce specific forms of violence for asylum seekers who are victims of sexual violence because this evidence can be very difficult to obtain. With regard to medical certificates, as the gynaecologist and founder of the Maison des Femmes reminded us, rapes generally do not leave any physical traces, so they cannot be observed by the medical profession. Although medical certificates play an increasing role in asylum procedures (d’Halluin, 2006), they generally confine themselves to asserting a mere probability (Fassin and d’Halluin, 2005) and their interpretation by the OFPRA services remains uncertain. The psychiatrist we met at the CHUM Health Centre in Ivry noted that OFPRA was “following us less and less.” This weight of the written word nevertheless seems all the more present as the space of the exiled person’s speech is reduced in the context of the climate of suspicion described above.

In addition, there are many obstacles on the path to legal evidence. A woman asylum seeker and a victim of sexual violence in France may have administrative difficulties in filing a complaint because she will not be received by the police. In the office of FTDA in a district in the north of Paris, the lawyers came to this conclusion: “we have understood that some police stations are more receptive than others. For us it is the police station of the 18th but we know that in the 18th it is impossible to file a complaint against X.” This difficulty is even greater for trafficked women whose asylum procedure requires them to file a complaint to denounce their networks. Indeed, the OFPRA considers that there is a risk that the asylum procedure could be used by the networks for purposes of regularisation and therefore requires legal proof of exit from the network. The institution does not have the means to offer the protection that such denunciations entail in the context of trafficking.

The head of the French mission of Doctors Without Borders highlighted the threats that weigh on family members who have remained in the country in the context of the spiralling of exuberant debts that victims of trafficking are forced to pay. Even if a person has the courage to denounce a network, they do not benefit from any protection, starting with an access to housing. During our interview with GISTI, the case of a woman who denounced a network was mentioned. Although the information provided by this woman was precise enough to trigger a police investigation, the person in question found herself on the streets without any protection, since the squat she had been staying at had been evacuated and shut down by the police. This section has shown that the administrative route of the asylum application produces forms of institutional violence that exacerbate the material and social difficulties experienced upon arrival in France. The final section focuses on the crucial role played by health services in this context.

Sexual and reproductive health care, a cornerstone of fragile support

My body, my choice: listening to the voices of exiled women

Sexual and reproductive health care for exiled women represents an opportunity to be heard and to assert oneself throughout the medical treatment process. Nurses at the Ivry nursing home often repeated this, and residents also consulted in order to be able to speak and be listened to. This listening can be decisive for women and make their own voices heard, as illustrated by a woman's experience at CeGIDD:

"I accompanied a woman for a while where we started the sessions precisely because she became pregnant following a rape, everyone wanted her to have an abortion, all the health workers, everyone wanted her to have an abortion. Following a bit of a Western model, a pregnancy should be chosen etc. etc. And in fact the accompaniment consisted in reassuring her in her choice because she felt guilty about wanting to keep this baby when in fact she really wanted to keep it. Because she had migrated for political reasons, her husband was in prison, he was clearly going to stay there for the next 20 years, she had two children who had stayed in the country and in fact this woman didn't want to migrate, it wasn't her choice, except she'd already been arrested three times, and people managed to exfiltrate her. It was absolutely not a voluntary migration and so she found herself alone in France. It didn't matter that this baby was the product of a rape, for her it was the prospect of not being alone."

At the Maison des Femmes in Saint Denis, Dr. Hatem confirmed, some patients wish to keep children from rapes and it is important to listen to their wishes, because the caregivers' projections sometimes risk not leaving them enough space.

That said, whilst care has the potential to be emancipatory and restorative, caregivers are also seeing a form of “overinvestment” in care in the context of the social abandonment of exiled women. Faced with the difficulties mentioned above (lack of accommodation, difficult access to food, administrative precariousness), the accompanying aid workers tend to give medical care a central place. But often for first-time asylum seekers, it is the asylum application that is the most important thing, and obtaining a legal status that enables them to escape administrative uncertainty is their top priority. In this context, excised women are sometimes offered a potential surgical reconstruction for which they are referred to specialised services. At CeGIDD and the Maison des Femmes, the findings are similar: reconstruction is not central for many women. The gynaecologist at the Maison des Femmes insisted that “it is absurd to be promoting reconstruction when women are sleeping on the streets.”

Care workers in the face of social abandonment

In the face of the great fragilities of the reception of exiled women, care spaces have become a last resort for shelter on the one hand, and as a gateway to other forms of accompaniment for women on the streets on the other. In the context of a crucial lack of housing places and the frequent lack of response by 115, several associations note that hospitals, and especially maternity hospitals, are forced to play the role of the ultimate shelter actor for pregnant women or for women who have recently given birth. The BAAM reflected on the situation experienced in the winter of 2019-2020:

“Often hospitals, I am also deeply grateful to the APHP, last winter without the hospitals that opened rooms in Lariboisière and St Antoine... well, there would have been so many women sleeping on the streets. So it wasn’t great, they were sleeping in cots, they were up at 6:00 in the morning because the hospital told them to leave, they went back on the streets and then it all started again the next night. But anyway, they did it. And it’s the AP-HP, it’s not— Well, in a way it’s the State, but it’s because there was a collective decision by the doctors to do this that their management were pushed to do this (...) without them, it would have been carnage last winter.”

In view of the risk of sexual violence on the streets, the association advises some women to go to hospital waiting rooms: “Having to tell women to go and rest in the waiting halls of hospitals is not a source of pride. But at least there’s a security guard, they’re not going to rest very well but at least their physical integrity is protected.”

In this context of the social abandonment of exiled women, caregivers are called upon to play the role of mediators. In their offices, they pick up their phones to call 115 and refer patients to associations. When Yasmine arrived in France after fleeing Côte d'Ivoire and at the end of a four-year journey, she found herself on the streets. She was not intending to go to Europe when she left her country with her sisters to protect them from the excision that their uncle wanted them to undergo, and that she herself underwent. She first took refuge in Morocco but she had to continue her journey when their uncle finally caught up with them.

Arriving with a small baby, to whom she gave birth on the inflatable boat heading towards the Canary Islands, Yasmine discovered that she could make an asylum claim at the PMI. Checkina, whom we met at the emergency shelter, was referred to an association by the emergency services of a hospital where she had gone as a result of severe headaches. Checkina had fled the war in Congo a decade earlier and had been granted refugee status by the High Commissioner for Refugees (UNHCR) in Mozambique. The racism experienced on a daily basis and the increasing risk of excision for her daughter lead her back to the roads of exile. Health professionals are therefore invested in supporting their patients beyond medical management, seeking to mitigate the consequences of the policies of non-acceptance that they witness.

Conclusion

This article presents the results of research exploring the issue of sexual and gender violence for exiled women in Ile-de-France. The interviews conducted with members of associations on the one hand, and with 14 women asylum seekers on the other, have highlighted the institutional and social dimensions of the risk of gender-based violence. First, the causal link between the lack of social and material support and the multiplication of sexual violence must be emphasised. Without housing, exiled women find themselves on the streets and are systematically exposed to physical and sexual violence. Having spent several weeks or even months on the street, the women we met had experienced the hostility of a restrictive asylum system in the flesh. Faced with the lack of housing, pregnant women and women with young children also experience this deprivation. In addition to the risks to their physical integrity and health, the effects of abandonment on mental health can be deleterious when the hope of improved conditions, which was associated with the possibility of claiming asylum, fades. However, sexual and gender violence are also, and increasingly often, a cause of departure for these exiled women, as evidenced by health professionals. Their actions and voices therefore call for the recognition of violence against women as political violence that requires the structural dimensions of this violence to be taken into account so that protection becomes possible. However, the climate of suspicion that permeates the asylum system creates institutional violence for women asylum seekers inasmuch as the temporalities of trauma are refuted by administrative inflexibility. On the other hand, there is a listening attitude on behalf of caregivers, who do their best to accompany women and to overcome the weaknesses of reception by becoming the intermediaries of a social management via the associations.

The choice of a gendered approach made it possible to shed light on the particular challenges faced by exiled women based on the observation of the specific inequalities that women face. This research is therefore an extension of a study by France Terre d'Asile that highlighted the increased risks of sexual violence in the face of deteriorating housing conditions (Bautista Cosa, 2018). Our qualitative approach also provides complementary elements for a broad quantitative study, the PARCOURS survey, which showed that precarious housing conditions increased the risk of sexual violence or transactional sex and the risk of HIV.

The survey found that 15% of migrant women from sub-Saharan Africa living with HIV had experienced sexual violence after migration (Pannetier et al., 2017; Pannetier et al., 2018).

Reducing the risk of sexual violence for exiled women requires a significant improvement in the conditions of treatment by creating accommodation spaces adapted to the needs of these women. Victims of violence, these women are also actors of their journey and a benevolent, listening attitude on behalf of the institutional actors of asylum, recognising violence against women as political violence deserving protection, is the second major priority for a potential improvement in the experiences of exiled women. Challenging patriarchal violence is a political act carried by the sum of these individual struggles.

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