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Support services for victims of violence in asylum and migration Greece, 20-21 February 2018

Comments Paper – France



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Support services for victims of violence in asylum and migration in France

Jane Freedman

National Centre for Scientific Research (CNRS)

1. Relevant country context in France

France has a large migrant population, and is one of the major countries of destination for asylum seekers in the EU. In 2017 France received 100,412 asylum claims. Whilst nearly 43,000 people received refugee status in France in 2017.

The latest figures from Eurostat show that just over half the migrants and refugees arriving in France (51%) are women. In terms of asylum seekers, just over one third (33%) of asylum claims are made by women. Of these 56% are made by single women. There has been a recent increase in women making asylum claims on the basis of gender-related forms of persecution including domestic violence (women from Albania, Kosovo, North Caucasus), trafficking (Nigeria and Cameroon), forced marriage and excision (West Africa), and sexual violence (war –torn countries, and women arriving from refugee camps in other countries).¹

In addition to the gender based violence (GBV) which may be at the origin of their migration, and the violence which women have suffered on their journeys to France, migrant and asylum-seeking women are also more likely than their French counterparts to experience GBV in France, as shown in a study by INSEE.²

One of the issues which has emerged recently is the problem of camps of migrants and asylum seekers around Calais in the North of France, but also in Paris and around the border with Italy. These camps which have been created spontaneously by migrants and asylum seekers, as a result of lack of alternative accommodation (and in the case of Calais because of a refusal to move away from the coast and a possible passage to England), are unsafe for women, and there have been numerous reports of GBV and of the operation of networks enrolling especially young women into prostitution.

More generally a lack of suitable accommodation for women asylum seekers has been identified as a risk factor for GBV.³

France has a range of legal provisions aimed at protecting women against GBV and supporting victims of this violence. Most recently, the 2014 law on real equality between women and men⁴ reinforced the sanctions against perpetrators of GBV as well as support for victims. France has ratified the Council of Europe Convention on

¹ Haut conseil à l'égalité entre les femmes et les hommes (2017), Rapport sur la situation des femmes demandeuses d'asile en France, Rapport n°2017-12-18-INT-030, publié le 18 décembre 2017.

² Ministère des droits des femmes (2014), Rapport sur l'égalité pour les femmes migrantes.

³ Haut conseil à l'égalité (ibid).

⁴ Loi du 4 août 2014 pour l'égalité réelle entre les femmes et les hommes.

Preventing and Combatting Violence against Women and Domestic Violence (Istanbul Convention).

The government has created a national strategy for prevention of GBV and since 2005 there have been five inter-ministerial plans for the prevention of violence against women. The fifth plan, from 2017-2019 contains two specific objectives relating to women migrants and asylum seekers: Objective 26 is to reinforce and better inform women migrants and asylum seekers victims of violence. And Objective 27 to better protect women migrants and asylum seekers victims of violence through better access to their rights and to medical care. In the context of this plan, the government has signed agreements with the following organisations to provide services to these women:

- A partnership with the Comité pour la santé des exilés (COMEDE) to inform professionals and members of associations working with migrants in the field of health on issues relating to GBV through the creation of a resource centre, and to create a "women and gender" coordination to structure and organise activities in favour of women migrants and asylum seekers who are victims of GBV. This coordination should lead to the opening of a dedicated centre for women migrants and asylum seekers who have been victims of violence and trauma during their journeys to and on arrival in France.
- A partnership with Médecins du Monde (MDM) for accompanying and assisting women migrants and asylum seekers in their access to medical treatment and legal services, and to provide more information on issues including GBV against migrant and asylum-seeking women through an Observatory to collect data about these populations.
- A partnership with the Primo Levi association to provide services for women asylum seekers and refugees who have been victims of torture including GBV.

The government also provides financial support to several networks and federations which provide targeted services for victims of GBV (not only migrants and asylum seekers). These include:

- Fédération nationale solidarité femmes (FNSF) is a network of organisations working to support victims of GBV. They have a system of shelters for women victims of GBV across France and provide sheltered accommodation and protection for around 4500 women a year. The FNSF also manages a national telephone helpline for victims of GBV.
- CNIDFF is a national federation of associations which provide support and counselling to victims of GBV, as well as training for professionals (social workers, health workers) involved in treating and supporting these victims.

There is also specific legislation relevant to GBV against women migrants and asylum seekers. The 2015 asylum law⁵ transposed into French law articles of the recast EU asylum directives relating to violence against women asylum seekers, and victims of gender-based forms of persecution. The 2015 law states that aspects related to gender should be taken into account in the consideration of all asylum claims under all five motives of protection set out in the 1951 Convention on the

⁵ LOI n° 2015-925 du 29 juillet 2015 relative à la réforme du droit d'asile.

Status of Refugees. The law also states that at any time during the refugee status determination process, the Office français de protection des réfugiés et apatrides (Ofpra) can define specific modalities for examining the claim if it judges that this is necessary because of the vulnerable status or situation of the asylum seeker concerned. Asylum seekers will be assessed for vulnerabilities for reasons including, their sex, their sexual orientation or gender identity, and the consequences of rape or other serious foms of psychological, physical or sexual violence. The OFII (Office française d'immigration et d'intégration) is charged with carrying out vulnerability assessments for all asylum seekers, but there is some concern that there are not enough trained staff to do this. This means that only "visible vulnerabilities" such as handicap or pregnancy, are taken into account, and that other forms of vulnerability, such as being a survivor of GBV may be overlooked.

The Ofpra has also introduced a range of other gender-sensitive measures in its procedures. Asylum seekers can request to be interviewed by an officer of the same sex, and to have an interpreter of the same sex (although this is sometimes not possible for certain languages for which there is a lack of female interpreters⁶).

There is also new jurisprudence relating to asylum claims by victims of human trafficking. In two major decisions in 2015 and 2017, the Cour nationale du droit d'asile (CNDA), the appeal court for Refugee Status Determination (RSD), ruled that women who had been trafficked from Nigeria and who feared persecution if they were returned to their country of origin, qualified for refugee status under the terms of the 1951 Convention. These decisions help to establish a precedent for protecting victims of trafficking as refugees in France.

The Office française de protection de réfugiés et d'apatrides (Ofpra), the first instance decision making institution on asylum claims, has set up a gender-working group, and appointed a gender focal point to ensure that gender is taken into account in all relevant RSD decisions.

And a law passed in March 2016⁷ relative to the rights of foreigners in France reinforces the protection of victims of GBV in setting out the principle that a residence permit should be renewed for anyone who has a temporary residence status and has been a victim of domestic or family violence. Women who have gained a temporary residence status through family reunification and who have left their spouse because of conjugal violence will be accorded a residence permit in their own right. This law was applauded by NGOs working with migrant women victims of GBV but there is some concern that the law is not applied consistently across different police prefectures in France, and that in some areas is it still difficult for women to obtain residence permits when they have left their spouse as a result of conjugal violence. La Cimade, an NGO who work with migrants who are victims of GBV has found that, 'accessing or maintaining the right of residence remains difficult for victims of violence. The laws are not widely known or are badly applied'.

⁶ Interview with the Director of Ofpra and gender-focal point, October 2017.

⁷ LOI n° 2016-274 du 7 mars 2016 relative au droit des étrangers en France.

2. Related good practice initiatives

There are several initiatives which have been set up to offer support to women asylum seekers and migrants who are survivors of GBV.

- La Cimade, a major French NGO working with migrants and refugees, has set up a "permanence" to support women migrants, asylum seekers and refugees who are victims of violence. This support which has existed since 2004 offers legal and administrative advice as well as referring women to appropriate medical and psychological support services. To ensure that the best support is provided, each woman is received individually in a setting which favours confidentiality and understanding. Those receiving the women are trained specifically on GBV and support for survivors. And a network of partners is available to ensure that those who come to the permanence are able to receive support in all domains.
- The FNSF has organised training for its members on the question of violence against migrant and asylum-seeking women. This training allows members to understand the particular needs of migrants and asylum seekers who have been victims of GBV.
- In 2016 a centre dedicated to the reception and accommodation of women asylum seekers who have been victims of violence was opened in Nantes. This women only centre run by Coallia is designed to help protect women from domestic violence but also from prostitution and trafficking networks.
- Gynécologie Sans Frontières (GSF) organised teams of midwives and gynaecologists to visit the migrant camps in and around Calais (prior to the destruction of the main camp in October 2016) and to respond to some risks impacting specifically women: sexual violence, pregnancy, absence of contraception, STDs/HIV, prostitution. They worked with local hospitals to organise access to abortion for women who required this.
- In the frame of the Social Support to Childhood (a policy managed by the Pasde-Calais district), France Terre d'Asile operates a House of Refugee Youth in Saint-Omer (40 km from Calais). This House specialises in the accommodation of refugees aged 15 to 18. About 10% of them are women, mainly from Eritrea and Ethiopia. These young women receive personalised support to help them build projects of integration in France.

3. Policy debate

 One of the major barriers which still remains to the protection of women migrants and asylum seekers from GBV, is the problem of legal status, and the fact that women who are without any legal status may be afraid to report GBV. There is a current debate on proposed new law and policies in France which would introduce regular searches in migrant/refugee reception centres to check on legal status of those living there and facilitate detention and deportation for those without legal status. This has been contested by a range of NGOs who argue that it would prevent victims of GBV from receiving help or support if their legal status was in doubt.

- There is continuing debate over the situation of migrants/refugees in and around Calais. The high level of GBV in the Calais camps has been documented. Sexual violence and harassment and prostitution are regular occurrences. There are also many migrants and asylum seeker camping/sleeping outside in Paris, and similar problems of violence have been noted. There is an ongoing debate about how best to deal with these migrants/asylum seekers and offer them proper accommodation and services.
- Many of the migrants/asylum seekers from Calais have been removed to Centre d'accueil et orientation (CAO) but there is concern that not all of these centres have adequate support for asylum seekers/migrants. For women, this means that they may not have access to medical/psychological/social support when they have been victims of GBV, and those women who may wish to claim asylum on the basis of gender-related persecution may not get adequate legal advice and support.

4. Learning

The situation in Greece is different to that in France because of the large number of recent arrivals, and the continued containment of many asylum seekers and migrants on the Greek islands. The camp conditions in Greece raise some similar issues to those encountered in camps in and around Calais and in Paris, namely, the high levels of GBV and inadequate resources for dealing with this. The need for more targeted support for women in these situations is clear.

France has made progress in its refugee status determination process which has enabled it to better take into account the claims made on the basis of gender-related forms of persecution and violence. The use of a gender focal point and working group has been instrumental in pushing this forward and could be a good model for Greece and for other countries in dealing with these kinds of claim.

5. Conclusions and recommendations

- Women migrants, asylum seekers and refugees benefit from having targeted GBV support services. Although some of the problems that they face are the same of those of all women victims of GBV, they also have problems which are different and specific and which necessitate special treatment. This may not be available from general services for all women victims of GBV.
- There is a need for better training for those interacting with migrants and asylum seekers (social workers, medical workers, psychologists, immigration officials, police) to be properly trained to identify those who have been victims of GBV and to understand the specific needs of survivors of GBV.
- Better coordination and information sharing between EU countries could also help to ensure more effective support services for GBV victims. Sometimes these people will travel on from one EU Member State to another, in the case of relocation or family reunification. In this case it would be very useful if information relating to the fact that the person was a victim of GBV and any

other relevant case information could be passed on to the social, medical and legal services in the destination country.