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Sexual violence against women from sub-Saharan Africa after migration to France

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As victims begin to speak out and new surveys are conducted, a clearer picture of sexual violence against women is emerging. But little is known about how immigrant women are affected. Drawing on data from the Parcours survey, Julie Pannetier and her colleagues describe the sexual violence experienced by women from sub-Saharan Africa after arriving in France and explain the factors behind their vulnerability.

Sexual violence against immigrant women is widespread but remains largely invisible in the public statistics of European countries (Box 1). While public awareness has been raised in transit countries, the issue receives much less attention once migrants have reached their destination. Yet even after migration, women are exposed to multiple forms of insecurity and sexual violence that are rarely recorded or analysed. Its effects on health are also largely undocumented.
The Parcours survey of immigrant women from sub-Saharan Africa was conducted in 2012–2013 in health facilities across the Paris region (Île-de-France). It sheds light on the risks of sexual violence incurred over the migration trajectory, the post-migration social contexts in which this violence occurs, and its consequences in terms of exposure to HIV infection (Box 2). Sub-Saharan Africans represent 13% of the immigrants living in France [1]. As HIV is particularly prevalent among the women in this population, the survey's goal was to identify the factors that raise their infection risk.

Box 1. Sexual violence against immigrant women in Europe

Surveys of female refugees or asylum seekers, or of migrant women who are undocumented or facing housing insecurity, reveal very high levels of lifetime exposure to sexual violence: 1 in 4 or 5 women report experience of violence [2, 3, 4] occurring both before and after migration [2, 3]. These levels are much higher than among the general population. In the 2006 survey of French sexuality (Contexte de la sexualité en France), when asked the same question as in the Parcours survey, 7% of women reported lifetime experience of forced sexual intercourse [5]. In surveys based on representative samples of the general population in France, such as Baromètre santé 2010 (Health barometer, Santé publique France) or the Virage survey (INED), the lifetime frequency of forced sexual intercourse/rape is the same for women in the majority population and those from sub-Saharan Africa. The proportions are, respectively, 5% and 6% in Baromètre santé 2010, and after age-adjustment the probability of reporting forced sexual intercourse is not statistically different between the two populations. The most vulnerable women (exiled, undocumented and/or without stable housing) are absent from these large-scale surveys. Other surveys that include these women or target them specifically reveal much higher levels of sexual violence.

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Table. Sociodemographic characteristics of surveyed immigrant women, and sexual violence before and after migration

	Women seen in health centre	HIV-positive women receiving hospital out-patient care	
	N = 405	*N* = 568*	
Median age at arrival (years)	26	28	
Median time since arrival (years)	13	12	
Distribution by educational level (%)			
Primary	20	19	
Secondary	54	60	
Higher education	26	21	
Reasons for migration (%)			
Employment / search for a better life	20	35	
Family reunification	46	39	
Persecution in home country	18	10	
Education	13	8	
Medical reasons	4	8	
Proportion with a partner at arrival (%)	54	45	
At least 1 year without residence permit (%)	43	51	
At least 1 year without stable housing (%)	21	30	
At least 1 year in someone else's home (%)	54	63	
Sexual violence (%)			
In lifetime	18	20	
Forced sex before age 15	3.7	3.5	
Forced sex after age 15	14	17	
Forced sex after age 15, of which			
Before migration	11.3	10.5	
After migration	3.5	7.2	
		Infected before migration	Infected after migration
		n = 391	*n* = 156
Proportion reporting forced sex since age 15 after migration	3.5	4.2	15.1

* For 21 women, infection could not be dated.
Source: ANRS-Parcours survey, 2012–2013.

Circumstances of migration and living conditions in France

The survey was conducted in 74 health facilities. Two representative samples of immigrant women from sub-Saharan Africa were created: a first group of 405 women recruited in general health centres and a second group of 568 women living with HIV and receiving hospital out-patient care (Box 2).

The first group had a median age of 26 years[(1)] when they arrived in France (Table), and 80% had a secondary or higher level of education. They migrated for a variety of reasons: to join a family member or their spouse (46%); to find a job and a better life (20%); to escape persecution in their home country (18%); to pursue their education (13%); or to obtain medical care (4%). On arrival in France, 54% had a partner and 33% had least one child under age 18. The median waiting time to receive a residence permit valid for at least a year was 3 years [1]. Many women faced residential and administrative insecurity after migration. One-fifth (21%) reported having to move frequently in the year following their arrival, more than half (54%) reported living in someone else's home (partner, acquaintance, family member) for at least a year, and 43% of women reported living in France for at least a year without a residence permit.

The women receiving out-patient hospital care for HIV infection have similar characteristics. On arrival in France, they were 2 years older on average (median age 28 years), less frequently had a partner (45%), but in half of cases already had a child (53%). They left their country slightly less often to escape persecution (10%) or to pursue their education (8%) and more often for medical reasons (8%). They much more frequently experienced residential and administrative insecurity after migration (Table).

Sexual violence after migration

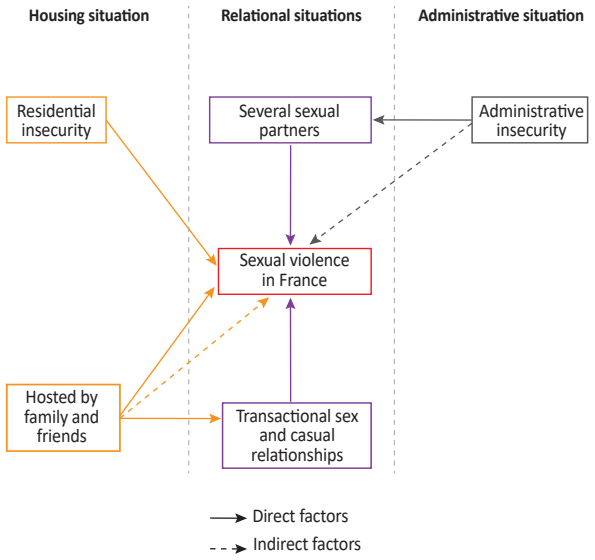
Around 1 in 5 women reported lifetime experience of sexual violence. This proportion is very high, comparable to that observed in other studies of immigrant women in France and Europe (Box 1).

Limiting the study to violence experienced after migration and from age 15 (a separate survey would be needed to study sexual violence against girls under 15), 3.5% of the women recruited in a health centre reported experience of violence since age 15 versus 7% among those receiving care for HIV (Table).

The women who left their country to escape persecution, regardless of whether they had obtained refugee status, reported experience of sexual violence more often than women who came to France to find work: 2.3 times more often before migration and 3.7 times more often afterwards. In other words, women who migrate to escape violence in their home country are more likely to also experience violence (this time sexual) at destination.

(1) Half of the women were under age 26, and half were 26 or older.

Figure. Direct and indirect factors of sexual violence against women after migration*



Julie Pannetier et al., *Population & Societies* no. 577, INED, May 2020.

Note (*): Experience of sexual violence after age 15.

Interpretation: The arrows indicate associations between sexual violence after migration and living conditions in France. These associations may be direct or indirect. If they are indirect, they are linked by a particular relational situation. For example, having no independent housing is directly linked to sexual violence, but is also indirectly linked because this situation is associated with transactional and occasional sexual relations where sexual violence is most frequent.

Source: Authors' construction.

Residential and administrative insecurity increase exposure to sexual violence

The living conditions that increase exposure to sexual violence after migration were identified using a model that takes account of both direct and indirect contributing factors (Figure).

For women who make frequent changes of residence in a given year, with nights spent in emergency accommodation, in other people's homes and/or in the street, the probability of experiencing sexual violence is higher than in years when they have independent housing. This residential instability is a direct factor of sexual violence.

Periods in which women reported not having a residence permit are also those in which they cannot take up legal paid employment. They may have multiple sexual partners during such periods, and their likelihood of being raped is increased. Administrative instability is thus an indirect factor of sexual violence (Figure).

When women share the homes of partners, acquaintances, or family members, the risk of sexual harassment and violence is increased. Being hosted by someone does not guarantee them protection. Surveys of sexual violence in France [5, 6] have clearly shown that such violence occurs mainly in the domestic or private sphere and is perpetrated by individuals known to the victims, such as partners, ex-partners, or family members. The mechanisms of appropriation of women's bodies are reinforced by women's dependence on men, including male partners, acquaintances, and family members. While these mechanisms are not specific to immigrant women, their power is clearly heightened by residential insecurity.

Relational situations are themselves closely linked to women's living conditions and to the sexual violence they experience. Some 2% of the women seen in health centres and 7% of those receiving HIV care reported having transactional sexual relations after arriving in France to obtain money or other necessities (see Figure), such as a place to sleep. These types of relationships are highly conducive to sexual violence. Women facing residential and administrative insecurity are thus at greater risk; these two forms of insecurity are direct and indirect factors of sexual violence.

Sexual violence after migration and the risk of HIV infection

One-third of the HIV-positive women in the survey were infected after migration, i.e. they were diagnosed at least 11 years after their arrival, had a negative screening result in France, or began their sexual life after coming to the country.(2)

Women infected with HIV after migration reported experience of forced sexual intercourse after migration 4 times more frequently than uninfected women (15% vs. 3.5%; see Table). While this finding does not signify that HIV infection is directly linked to sexual violence (a hypothesis impossible to prove), the study shows that for a share of women infected with HIV after migration, sexual violence is associated with situations of high HIV-transmission risk in an extremely insecure social environment.

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Efforts to combat gender violence must recognize and address the issue of violence against immigrant women living in precarious conditions. Their increased HIV infection risk testifies to the gravity of this issue. Insecurity and lack of access to basic rights are factors underlying the sexual violence perpetrated on these women. Access to stable housing and to resident status are essential preconditions for exercising the right to live without violence or risk to personal health.

(2) A mathematical model of biological data was also used to determine whether infection occurred before or after migration [8].

Box 2. The Parcours survey: a study of HIV, hepatitis B, and health in the life trajectories of immigrant women from sub-Saharan Africa living in the Paris region*

The subjects eligible for inclusion in the random samples of the ANRS Parcours** survey were women aged 18–59 living in the Paris region (Île-de-France), born in sub-Saharan Africa, and with the nationality of a sub-Saharan country at birth, whatever their nationality at the time of the survey.

The study documents the life trajectories of 405 women who visited a health centre in the Paris region—either for the general public or specifically targeting vulnerable populations—and of 568 women receiving out-patient care for HIV infection at a Paris-region hospital (156 infected after migration and 391 before; for 21 women, infection could not be dated).

Eligible women were invited to take part in the survey by the consulting physician. They were then questioned by a specialized interviewer either after the consultation or at another agreed time. All information was collected anonymously.

The women's life histories were recorded on an event history grid coupled with a questionnaire. All life events linked to living arrangements and housing since their arrival in France and to their administrative status (residence permits) were noted. Their romantic and sexual relationships were also recorded for each year since their arrival. Incidents of sexual violence were dated and entered on the grid to analyse, year by year, the social contexts in which this violence occurred.

The respondents were asked the following questions on sexual violence: 'Has anyone ever forced you to have sexual intercourse against your will?' And if the answer was yes: 'Can you tell me at what moment(s) in your life this happened?' The relevant year(s) are then noted on the grid.

To analyse the social context in which such violence occurred each year since migration, we used a structural equations model capable of handling longitudinal survey data. This enabled us to model the structure of the relationships between different variables [7]. The tested hypotheses are formulated a priori based on existing studies on the same topic (confirmatory analysis).

For more information (in French), see www.ceped.org/parcours

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** ANRS: Agence nationale de recherche sur le sida et les hépatites virales (National agency for research on AIDS and viral hepatitis).

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Abstract

The Parcours survey conducted in 2012–2013 in health facilities across the Paris region (Île-de-France) sheds light on sexual violence experienced by immigrant women from sub-Saharan Africa after migration and the social contexts in which it occurs; residential and administrative insecurity are factors of increased risk. One-third of surveyed women with HIV were infected after migration, and they reported experience of forced sexual intercourse 4 times more frequently than uninfected women.

Keywords

sexual violence, women, migration, France, immigrant women from sub-Saharan Africa, HIV infection, vulnerability, housing insecurity

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