

MSF-E
March 2010

Sexual Violence and Migration

The hidden reality of Sub-Saharan women
trapped in Morocco en route to Europe



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Introduction

This briefing paper highlights the problem of sexual violence against Sub-Saharan migrant women, who arrive in Morocco on their way to Europe. Through the data and testimonies gathered in its medical-humanitarian projects, Médecins Sans Frontières hopes to contribute to finding a comprehensive answer to this problem, which increasingly affects more, and younger, women.



Transit countries, such as Morocco, have faced pressures from the European Union (EU) to control migration. Restrictive EU migration and asylum policies including increased and more rigorous controls of the external borders of the EU and measures that tend to facilitate the deportation of irregular migrants such as the signing of readmission agreements with countries of origin, have serious consequences on the lives of migrants trying to reach Europe.

Through its work in the field, **Médecins Sans Frontières (MSF) has witnessed the direct impact of the policies adopted by the EU and border countries on the physical and mental health of migrants and asylum seekers in Morocco.** Sub-Saharan migrants have been forced to embark on longer and more dangerous journeys to avoid stricter controls. Also, many are blocked in Morocco for long periods of time, without the possibility of reaching Europe and unable to return to their countries of origin.

The world economic crisis and the tightening of border controls, together with the fact that more Sub-Saharan migrants (SSM) signed up for voluntary return programmes, have contributed to reducing the number of SSM in Morocco. However, many of the migrants who were in transit are now trapped in this country. There are no official figures, but according to a census carried out in January 2010, MSF estimates that there are currently 4,500 SSM in Morocco¹.

Unfortunately, although the overall number of migrants has decreased, the vulnerable situation of the remaining migrants has not improved. Migrants continue to be victims of violence²:

39% of SSM interviewed during the recent MSF census acknowledged having suffered some form of violence³.

Fourteen per cent of the 5,231 direct medical consultations MSF carried out in its projects in Morocco in 2009 were for injuries and trauma resulting from violence. Additionally, 25% of patients presented with complaints of general body pain, headache, insomnia, anorexia; non-specific symptomology usually related to stress and anxiety.

Girls and young women are particularly vulnerable to all types of violence and abuse during their journey and upon arriving in Morocco. Based on an analysis and comparison of the data collected by MSF since 2003³, currently the main perpetrators

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Census carried out by MSF in the cities of Nador, Oujda, Casablanca, Salé and Rabat. The Sub-Saharan population with legal residency or the economic means to obtain legal residency were excluded from the census.

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See previous MSF reports on *violence, Violence and Immigration. Report on irregular Sub-Saharan immigrants (ISSs) in Morocco*. September 2005. And *Violence and Immigration, two years on. Report on irregular Sub-Saharan immigrants in Morocco and border areas*. February 2008. According to these reports, 23.5% and 14.3% of the medical consultations, respectively, were because acts of violence.

3

The total population interviewed would represent 23.3% of the registered adult population.

of violence against women are common criminals, smuggling and human trafficking networks⁵.

Few of the women dare to talk about the violence they have suffered and much less report them. Thus the numbers are most likely higher and constitute a problem of alarming proportions. An immediate and comprehensive institutional response at national and international level is needed to give victims appropriate attention.

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See *Violence and Immigration. Report on irregular Sub-Saharan immigrants (SSI) in Morocco*. September 2005, which includes data on the medical consequences of violence against Sub-Saharan migrants since 2003 and those who cause it, compiled within the framework of MSF's activities.

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Other organisations have addressed this phenomenon, such as the Euro-Mediterranean Human Rights Network (*Violence against Migrant and Refugee Women*, 2008. http://en.euromedrights.org/files/Reports/Violence_against_migrant_women_357255620.pdf) or Women's Link Worldwide (*Los derechos de las mujeres migrantes: una realidad invisible (Migrant Women's Rights: an invisible reality)*, 2009 http://www.womenslinkworldwide.org/pub_migrantwomen.html)

Sexual violence and migration⁶

Since MSF began its activities with SSM in Morocco, it has dealt with cases of sexual violence in its projects. However, since July 2009, the number of cases has increased and exposed a worrying trend⁷.

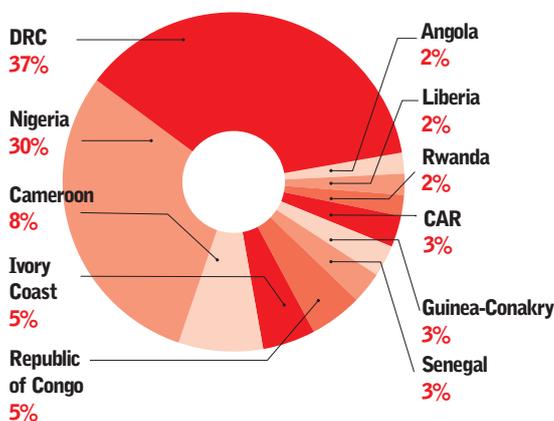
Between May 2009 and January 2010, **one in three women treated by MSF in Rabat and Casablanca admitted having been subjected to one or more sexual attacks**, either in their country of origin, during the journey and/or in Morocco. This figure could even be higher, as some women did not want to talk about what happened to them or accept what was revealed in their testimony. Thus **sexual violence has become one of the most common forms of violence against migrant women**.

In the context of its work, MSF has documented the testimonies of 63 patients⁸ who told us that they were victims of sexual violence. Their statements illustrate the extreme vulnerability of the women throughout their journey. A significant number of women are raped in their countries of origin, are subjected to further sexual violence on their journey and/or at the border or on Moroccan territory.

The ages of these 63 patients range from 2 to 40 years. It is particularly serious to note that of these women, 21.5% were minors and 10% of those were under the age of 16.

The majority of female SSM come from the Democratic Republic of Congo (DRC), from areas affected by war, and from Nigeria, especially Ibo and Yoruba ethnic groups that are mostly excluded from the country's distribution of wealth. Others come from Cameroon, the Republic of Congo, Ivory Coast and the Central African Republic (CAR).

Countries of origin of the women interviewed by MSF



Violence in the countries of origin and on the journey

The large majority of women interviewed by MSF (70%) explained that they had fled their countries because of armed conflict, political persecution and other types of violence or abuse, such as forced marriages and domestic violence. The remaining women, especially those from Nigeria gave economic reasons, such as poverty. Almost one-third (29%) of the women said they had been raped in their country of origin.

The majority make the journey under very difficult physical and dangerous conditions. They travel for days, crowded into the back of pickup trucks crossing the desert, without stopping to sleep or eat and with little water. Sometimes they have to walk to avoid police checkpoints. According to various testimonies, men, women and children have died due to the difficult conditions of the journey or the violence they encountered along the way. Women are

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If no other source is given, the data in this section is based on the testimonies of 63 victims of sexual violence interviewed by MSF. Fictional names have been used to protect the women's identities.

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14 new cases were discovered in January 2010, 9 of which were minors.

8

95% of interviews were conducted in Rabat and Casablanca

particularly vulnerable, as they face the risk of also being victims of sexual violence.

Almost half of the women we interviewed (45%) told us that they were subjected to sexual violence during the journey, in many cases more than once⁹ at the hands of organised criminal groups or by individuals who take advantage of their vulnerable situation to exploit or rape the women.

OA left her country because of political conflict. When she returned from gathering wood, she saw two soldiers beating her father. She was so afraid that she decided to leave her village. When she came to a town, OA found a group of people dressed in green khaki clothes, like soldiers, and she asked them how to continue her journey. They told her to sit and wait. According to OA, a man passed behind her and covered her mouth with his hand while another stood in front. He made her take off her underwear and penetrated her. She screamed but no one helped her. Others also abused her, but she was semi-conscious and does not know how many there were.

As she did not have a passport, in Mauritania a lorry driver offered to take her in his lorry, hidden under his seat. At one point, the driver and another man who was travelling with them told her to get out of the lorry; there was no one there, they were in the middle of the desert. Suddenly, the driver went over to OA and hit her. She fell on the ground, where he squeezed her breasts and insulted her. Then the other man raped her. She screamed but no one could hear her; they were in the middle of the desert. When they were finished, the two men fled.

26 year old woman

The border between Algeria and Morocco

The journey across the border between Algeria and Morocco is a particularly dangerous point in the migration route, especially for migrant women. Maghnia is the closest Algerian town to the border with Morocco and a gathering point for groups of SSM trying to enter Morocco through the city of Ujda.

Over half (59%) of the 63 women interviewed by MSF told us that they were victims of sexual violence in the border area between Maghnia and Ujda¹⁰. This figure is likely higher, given the fact that this route is the one most frequently used by migrants — they are taken to this area by smugglers — and because the individuals operating in the area between both border points are particularly violent.

9

14% of these same women had already been raped in their countries of origin.

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Of these, 30% had already previously been raped during the journey and/or in their native countries.

Migrants who have passed through this place are well aware of the dangers. “A woman who has just arrived in Maghnia becomes the property of whoever wants her; she can’t refuse, she can’t leave, everything is paid for with sex. Even if she is with her baby or child, every woman must go through the same thing,” stated a 31 year old male SSM who had been in the area.

The city of Oujda is one of the main entry points for migrants travelling to Europe; at the same time it is also the place where the Moroccan Security Forces usually deport SSM. Although the administrative border with Algeria remains closed, Sub-Saharan migrants who are detained in Oujda and other cities are deported and abandoned in the desert area at the border. The deportations usually take place at night, which increases the likelihood of assaults.

The police arrested TD in the medina in Oujda when she went to the market to buy food. They took her to the police station where there were 28 other SSM detained. The whole group was deported and returned to the border that same evening, leaving them abandoned in the middle of the desert at night.

TD was walking with three men and two other women when the group was attacked by Moroccan bandits: a total of six men armed with knives. According to TD, each woman was raped by three of the bandits, one after another.

19 year old woman

AA had been left on her own in her home country since the death of her mother and since her father had to flee due to political persecution. A friend of the family went to collect her and they flew to Casablanca and then to Paris. They were turned away at the airport and deported to Morocco.

AA was separated from the woman who accompanied her on the return to Casablanca and sent to the police station in Oujda. That same night she was deported to the border with 15 other SSMs of various nationalities. She was the only woman in the group and the only minor.

Four policemen with dogs drove them to a place in the middle of the desert. Then two policemen took AA aside. As she explains, they told her to lift up her clothes and when she said no, a “soldier” slapped her and threw her onto the ground. The other grabbed her arms while they took her clothes off. After raping her, the policemen picked her up off the ground and brought her back to the rest of the migrants and the other two policemen who guarded them.

14 year old girl

Violence in Morocco

An increasing number of migrants and asylum seekers have found themselves trapped in Morocco, unable to return to their home countries or to continue their journey to Europe. These migrants not only live in precarious conditions but also feel increasingly hopeless and worried.

Women and unaccompanied minors are subjected to attacks from common criminals or from other SSM who operate with impunity. The crimes go unpunished, because the women with an “irregular” status are afraid and do not report what happened. In all the cases known to MSF, only one woman (who still showed bruises and had not had access legal support) reported the rape to the authorities. In that specific case, the perpetrator claimed that the victim had given her consent and was acquitted.

Other women are victims of smuggling and trafficking networks. Some of the testimonies gathered by MSF teams indicate that there are cases of female SSM who suffer violence and sexual exploitation on a daily basis. This is especially worrying as some of these cases involve minors. The criminal networks exploit the extreme vulnerability and irregular status of the women and girls, who are increasingly desperate, feeling trapped with no possibility to escape.

One-third of the 63 women interviewed stated that they had been subjected to sexual violence and abuse in Morocco (this is without taking into account the violence reported in the border area of Oujda).

BB left her country due to war. She crossed Mali and then Algeria with another Malian woman. She was forced to work as a prostitute in an Algerian town to pay to continue her journey.

Some time later, BB managed to leave. In Oujda they told her how to get to Casablanca and that someone would be waiting for her there with accommodation. But BB did not find anyone in the place she had been told. After a while, she asked a Sub-Saharan man for help. This man put her up in his house and from the first night he raped her.

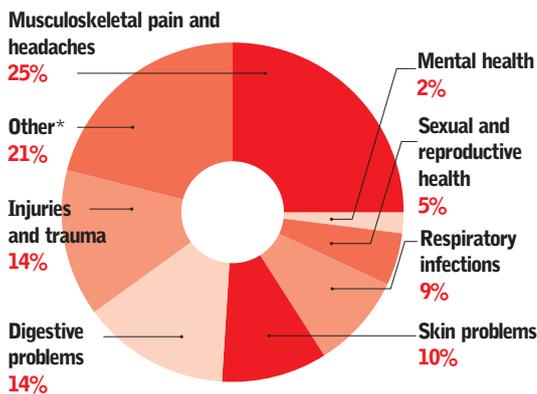
According to BB, the sexual abuse became habitual. She was not able to leave the house and if she said no, the man hit her and left her without food for days. Finally, BB fell ill and the man had to contact an NGO to take her to the hospital. That day she managed to talk to a Congolese woman who helped her escape.

25 year old woman with two children whom she had to leave in her home country

It is clear that the violence against the migrant women as well as their vulnerability described in the testimonies above have consequences on the physical and mental health of these women.

Main medical problems of the SSM

Main pathologies among the patients attended by MSF in 2009



*

“Other” includes different symptoms, such as asthma, urinary infections, chronic illnesses (hypertension, diabetes), optical disorders and cancers.

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This percentage is similar to 2007 data, but constitutes a decrease with respect to 2005, when 23.5% of consultations carried out by MSF were related to injuries and trauma.

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See *Violence and Immigration. Report on Irregular Sub-Saharan immigrants (SSI) in Morocco*. September 2005. According to this report, 23.5% of consultations are due to violence, 18% to respiratory infections, 10% to digestive problems, 7% to gynaecological problems, 8% to skin diseases and 33% other medical problems.

Analysis of the pathologies of Sub-Saharan migrants attended by MSF in 2009 (5,231 consultations) demonstrates the effects of the hardships and violence endured during the migration process, affecting both their physical and mental health. During the past year, 14% of the consultations carried out by MSF were due to injuries and trauma resulting from violence¹². Regarding medical complaints related to the precarious living conditions of the SSM, there has been a slight increase in musculoskeletal and digestive problems with respect to previous years¹². Within the area of sexual and reproductive health, MSF treated 54 female patients for problems related to abortions and miscarriages. 74% of the abortions were self-induced because they were due to unwanted pregnancies.

The negative impact of the migration process on the health of the SSM is due to several factors: the long and harsh journey, exposure to violence and abuse, precarious living conditions at different places along the migration route and the difficulties of accessing health services due to the irregular status of the SSM.

Women and girls are vulnerable to being subjected to sexual violence and exploitation; with devastating consequences. Among the 63 victims of sexual violence who provided testimony of their experience to MSF, 23% reported falling pregnant as a result of being raped. 35% presented with pathologies related to sexual violence; infections and reproductive tract problems. 33% presented with psychological complaints related to sexual violence; insomnia, anorexia, nightmares, stress, anxiety, depression, emotional passivity, strong feelings of guilt and shame and suicidal thoughts.

The need for a comprehensive response to sexual violence

In its projects in Morocco, MSF has directly witnessed the impact of sexual violence on female SSM (from their places of origin, on their journey and during their stay in Morocco) and the consequences on their physical and emotional health. Rape in the context of armed conflict, domestic violence, forced marriages or exploitation for prostitution are some of the main problems affecting female SSM throughout the migratory process.

In Morocco, the fight against domestic and sexual violence has been a priority for some years. Measures by ministerial departments, in collaboration with local associations, include the development of an operational plan to implement a strategy to combat violence against women, legal protection cells in some courts and protection cells in hospitals.

Unfortunately, the majority of these resources are limited and not well known by the migrants. Furthermore, the stigmatisation suffered by Sub-Saharan women —because of being women, their origin and their irregular situation— blocks access to comprehensive attention that includes social, medical, psychological and legal support. Many victims of sexual violence are therefore left without adequate support in situations of extreme vulnerability.

Based on its experience in the field in Morocco, MSF presents the following observations:

- The creation of police cells does not mean a guarantee for receiving, protecting and attending to victims as long as the victims are considered to be in an “irregular” situation (i.e., without documents). Female SSM who go to police stations or gendarmeries may find themselves detained and deported to the border in the space of a few hours.
- In spite of positive initiatives by social organisations and institutions, there are no specific resources dedicated to female Sub-Saharan migrants victims of sexual violence. The irregular situation of SSM also complicates even further prolonged placement within the scarce facilities that exist.
- In the specific case of psychological attention, it is currently not adapted to the cultural or linguistic specificities of SSM.
- Although SSM women who escape from trafficking networks are in a particularly dangerous situation, there is no coordinated response mechanism for victims of trafficking.

As noted above, the Moroccan government needs to respond in a comprehensive manner to the victims of sexual violence on its territory. At the same time, the countries of the European Union must also be aware and assume responsibility for the serious consequences of their increasingly restrictive asylum and migration policies, both regarding the increase of violence and the impact on the health and dignity of migrants, particularly those who are most vulnerable, women and girls.

Médecins Sans Frontières in Morocco

Médecins Sans Frontières began working with Sub-Saharan migrants in Morocco in 2000. Since then, the organisation has carried out several healthcare projects and sought to improve living conditions in Tangier, Casablanca, Rabat and Oujda.

Advocacy activities to complement medical action include lobbying authorities and other actors to assume responsibility for protection of and assistance to migrants. MSF emphasizes the obligation to provide access to healthcare to Sub-Saharan migrants and ensure respect for their dignity. In a report published in 2005, MSF documented violence and abuse perpetrated against migrants by Moroccan and Spanish Security Forces. In 2008, MSF submitted a follow-up report to Spanish and Moroccan authorities.

Between 2003 and 2009, MSF carried out 27,431 consultations, of which 4,482 were related to lesions and trauma (16.3%). Moreover, more than 7,500 people were accompanied and referred to Moroccan health facilities in close collaboration with the country's Ministry of Health.