Negotiating fates

The lived experiences of migrant women with precarious status in Paris

Joséphine Robert
Green Templeton College
University of Oxford

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School of Anthropology and Museum Ethnography (SAME)
Oxford Department of International Development (ODID)

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ABSTRACT

This thesis investigates the lived experiences of migrant women with precarious status in Paris. Women with precarious status here refers to those with expired visas, or who have been denied asylum, or who entered the country without authorisation, as well as those seeking asylum or holding visas or residence permits they are not certain to retain. What kinds of challenges do these women face? And how do they navigate these hardships?

The thesis draws on fieldwork carried out between September 2023 and July 2024, during which I engaged in participant observation with migrant women with precarious status and the professionals working with them: midwives, legal advisors, social workers, and shelter staff. My fieldwork took three main forms: I worked as a volunteer ethnographer in shelters for women experiencing homelessness; I attended medical, social work, and legal consultations alongside migrant women; and I engaged in other informal activities where my role became less clearly defined, such as accompanying women to hospitals, visiting them in their accommodations, meeting them in the streets, or accompanying them to other appointments or shelters.

What makes this research distinctive is its intimate approach. My role as a volunteer, not just as an ethnographer, brought me closer to the women through my daily tasks. Beyond this defined role, my time with the women outside institutional spaces gave rise to more complex and personal exchanges; moments of life that rarely find their way into research frameworks. In this thesis, I share some of the unfiltered emotions that came with those encounters. “Other researchers came, did their interviews, and left,” a social worker once told me. For me, there were never any formal interviews, or rather, there was one, which confirmed that to engage with difficult themes of extreme hardship, the interview format was inadequate

for eliciting women's experiences, and inappropriate as it could provoke strong emotional reactions.

In this thesis, I examine the themes of homelessness, prenatal care and motherhood in precarity, asylum application and asylum rejection. I explore the relationship between place, power, and a homeless person's efforts to build a life and a space within structural constraints. I show how systems of governance can subtly penetrate women's intimate lives, and I bring to light the moral and political weight of language, especially in moments when a woman is accused of being a bad mother. I unpack an asylum system that requires women to provide highly specific forms of evidence, through their emotions, their words, and sometimes even their bodies. Finally, I show how an asylum rejection, and thus "illegality" as defined by the administration, has consequences far more profound than often imagined: it inscribes itself in the body. Ultimately, I argue, these themes cannot be analysed in isolation: the difficulties for these women intertwine, accumulate, and become inseparable. Many of the participants I met were navigating homelessness, pregnancy, discrimination, and asylum rejection all at the same time, suggesting a level of precarity that is not only almost impossible to escape, but also profoundly difficult to manage in daily life. As one migrant woman put it, "When we come here, life changes. As migrants, we are forced to endure certain fates. (*Quand on vient ici, la vie change. Nous, les migrants, on est obligé de subir certains sorts)*.

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LIST OF ABBREVIATIONS

AME: Aide Médicale d'Etat / State Health Insurance for undocumented migrants

CNDA: Cour Nationale du Droit d'Asile / Instance of appeal following a first rejection of an asylum application.

CSS: Complémentaire Santé Solidaire / Complementary health insurance for low-income residents.

OFII: Office Français de l'Immigration et de l'Intégration / French Office of Immigration and Integration, which is a governmental agency in charge of processing residence permits and visas.

OFPRA: Office Français de Protection des Réfugiés et Apatrides / French Office for the Protection of Refugees and Stateless Persons, which is responsible for granting asylum and refugee status.

OQTF: Obligation de Quitter le Territoire Francais / Order to leave French territory, which is a decision issued by a prefect, the state's representative in a department, when a residence permit is refused or an individual is staying in France irregularly. It obliges the person to leave the country within 30 days.

PMI: Protection Maternelle et Infantile / Maternal and Child Protection Service is a public health service providing medical and social support for women and their children as well as pregnant women.

SIAO: Service Intégré d'Accueil et d'Orientation / Integrated Reception and Orientation Service is a public system which coordinates access to long-term housing solutions for people experiencing homelessness.

KEY TERMS

Commune: The smallest administrative subdivision of mainland France.

Day shelter: A facility which offers daytime services – food, clothes, showers, laundry services – and a safe space for people experiencing homelessness.

Emergency accommodation: Temporary shelter for people experiencing homelessness. These are typically short-term accommodations managed by the Samusocial or NGOs.

French republicanism: A political ideology which emphasises the idea of universalism: equal legal rights for all French citizens regardless of origin, race, or religion.

Migrant: In my study, the word "migrant" refers to foreign-born individuals who may or may not have residence permits.

Precarious status: Individuals "who do not have a regular status or are at risk of losing their right to residence or the freedom of movement and who, due to their legal status, have no or severely limited access to most basic social benefits and rights or are at risk of losing them" (Homberger et al., 2022, p.7).

Postnatal care: Medical support given to mothers and their newborn after childbirth. It can include the mother's physical and mental well-being, her potential contraceptive use, and the health of the baby.

Prefecture: The local administrative office of the state found in each of the ninety-six departments (administrative subdivisions) of mainland France.

Prenatal care: Medical care provided to women during their pregnancy, including regular check-ups and ultrasounds.

Samusocial: An emergency service organisation that provides shelter, assistance, and medical care to people experiencing homelessness.

Social hotel: A state-funded repurposed hotel providing temporary housing for people in social distress.

115: The national emergency number for people without shelter operated by the Samusocial.

KEY CHARACTERS

I present here four women who appear most prominently in my thesis. All names have been changed.

Angélique

Angélique is a migrant woman from the Democratic Republic of the Congo who lives now in an irregular situation. She learned of the rejection of her appeal during my fieldwork. I communicated with her frequently, during and after my year of fieldwork. I changed her name to preserve her anonymity. She appears in most of my chapters where I describe our first meeting, her experience of resuming prenatal care, her hospitalization, and her reflections on other topics as I began writing. Angélique told me several times, after describing a difficult situation she had encountered: "This, you have to include in your research."

Caroline

Caroline is the midwife with whom I spent most of my time. Nicknamed "The flying midwife" because of her mobility from shelter to shelter, I quickly noticed that she was a pillar, although mobile, for the women. She was everywhere, and the women knew where to find her for a question, a pain, a pregnancy, an anxiety, or just to talk. Caroline became the name given to many baby girls born to these women, and that says it all.

Aminata

Aminata is another migrant woman from Guinea with whom I got to know well during my fieldwork. I first met her with Caroline during a midwife consultation. We crossed paths

several times at the Town Hall square, where she was waiting for the association Utopia 56. Later, I accompanied her to an association to obtain a registered address, a necessary step for administrative procedures, and I visited her at her emergency shelter. She now lives in that accommodation with her one-year-old daughter, named Caroline, after the midwife. Aminata has now been granted asylum. Aminata became a key informant when I was writing my first chapter on emergency accommodation.

Margaux

Margaux is a social worker who always welcomed me into her office to attend her consultations with migrant women. Afterwards, we would have conversations just the two of us, reflecting on the interactions we had just witnessed. She explained to me the administrative procedures, but also her feelings, what had moved her about the women she saw passing through her office, and I did the same. Margaux is a woman who keeps in touch with many of the women she has supported in the past, and her consultations were often interrupted by calls from women giving updates.

INTRODUCTION

Angélique

"Madame Ndiaye?"[1] a woman in pink medical scrubs called out loudly, from the far side of the waiting room. Angélique and I were both seated in very uncomfortable metallic chairs with tiny holes in them. Angélique probably didn't even think of the chairs as uncomfortable, since she was sitting at the edge of hers, her rounded pregnant belly jutting out, as if ready to stand, and that's exactly what she did when the woman called her name. She then turned to me and asked me to accompany her. She said: "You come?" as if it was obvious. Everyone sitting in the waiting room watched us leave, hoping it would soon be their turns.

Angélique and I followed the midwife in her pink coat. She pushed through two flexible swinging doors that scraped the floor. She walked ahead of us, quickly, her clog slippers making no sound. Angélique was walking much more slowly, her hip injury making each step look painful. Then the midwife stopped, opened a door, and entered a room where another woman was already lying down. A chair reclined backwards stood empty at the far end of this room, which looked more like a hallway. Angélique and I greeted the woman lying to our left with elastic bands wrapped around her rounded belly - one pink, one blue - holding patches connected to wires leading to a machine, beeping loudly. Angélique lay down on the bed at the end of the room, and the same setup was applied to her. I found a large exercise ball nearby and rolled it over to sit beside her. The midwife in the pink coat told Angélique to remain still for thirty minutes before exiting the room. The machine connected to her belly was even louder than her neighbour's. Beep...Beep...Beep, it sounded in a steady rhythm. A grid-like paper

[1] All first and last names have been changed.

printed out, gradually descending along the machine until it touched the floor. Two continuous lines, rising and falling in steady peaks, crossed the endless sheet of paper.

The midwife told Angélique to stay in what she called the "monitoring room" for "a couple of minutes," and said she'd be right back. Angélique, her dress lifted under her chest, told me to watch her belly move, but I saw nothing. No sign of movement at all. She told me the baby was very calm today: "He understands everything," she said, bringing her chin down to her chest, looking at her belly. "The baby knows it's a complicated day, that's why he's not moving." We both kept staring at her belly, still nothing.

I didn't remember very well the first time I met Angélique. I had to go back to my second fieldwork notebook to find a page of notes about our first encounter. I had already attended about 30 consultations out of what became a total of 84 with a midwife called Caroline, in different day shelters (see Methodology, p.29), often with women I never saw again. All I could recall, before revisiting my scribbles, was that Angélique was from the Democratic Republic of Congo, born in 1986 – older than most women Caroline and I would meet in consultations – and that she had a painful hip. This detail brought back to mind her walk, which, I now remembered, has been very slow, with her weight resting much longer on her right foot. Our first encounter occurred during her consultation with the midwife Caroline, at a day shelter typically meant for families. Angélique shared that she had left an emergency shelter for asylum seekers, in Sissonnes, a French commune (administrative district) situated two hours north of Paris. Seven months pregnant, she explained that she had been required to clean the common areas, like the stairs, which she said she no longer had the strength to do. When she tried to talk to the person in charge, she was told, "I'll find another African to do it." Recounting these events to the social worker in charge in the shelter in Sissones she was then told, "In France, you work until your seventh month of pregnancy!" Outraged, but mostly scared for her health, she called a lawyer, using a phone number given to her by a friend in her

old accommodation. It is this lawyer who gave her the address of the day-shelter in Paris. So she left her accommodation in Sissones, took the train and arrived in Paris the next day.

When Angélique arrived in Paris, she spent her first night at the train station, "on the floor" she said. The next morning, she met a woman who took her to Sarcelles, a commune just north of Paris. At first, Angélique hesitated, fearing a fine if "*Je bouge*" ["I move"] – these were her words – but eventually, she agreed. Angélique didn't know whether her asylum application had been refused since she left her accommodation in Sissones, because she couldn't check her mail. In Sarcelles, she found a group of women, "mothers, all sitting on the floor" just like her. She spent two nights there, side by side with them. It was on the following day that the midwife and I met her. Angélique had returned to Paris, to come to this day-shelter. I am not sure she knew a midwife was coming to the shelter that day, perhaps Angélique had only come to rest. And now, Angélique was sitting in front of us, seven months pregnant, with still no place to sleep.

Caroline and I suggested to Angélique that she go to another day shelter, one for single women only, where she could have a chance to get a place to sleep – this shelter was one where I volunteered. The place offered a warm lunch and a larger and often quieter space to rest as children were not accepted. Before Angélique left the consultation room – with the bus directions I had written down for her on a scrap of paper – I quickly called the director of the day shelter where I volunteered. "Yes? Joséphine" said the director at the end of the line, always sounding amused. "Still with Caroline? You two are always together!" I did often accompany Caroline during her consultations with women in shelters. I asked the director if there was still a spot for a pregnant woman to sleep – "Seven months pregnant*"*, I emphasised, to improve my chances. "Let me check." A few seconds passed before she replied with a cheerful tone, "Okay, we've got a spot!" As the director's lack of surprise, almost amusement, towards my call indicates ("Yes? Joséphine"), it wasn't the first time I had phoned her from a consultation

with Caroline. Whenever we met a woman who was alone, without accommodation, and late in her pregnancy, I would call this shelter where I volunteered. It didn't always work. The shelter was often completely overbooked, not even an uncomfortable chair was left to sleep on.

So it was in this consultation context that I met Angélique for the first time. Little did I know that she would become the woman with whom I would form the strongest bond throughout my research. And now, a few weeks later, we were at the hospital, where I had accompanied her to her first appointment since leaving Sissones. Since then she had had no medical follow-up to check on the evolution of her pregnancy. And the appointment to resume her prenatal care, which was supposed to last an hour, had turned into an entire day. It was now almost 4 p.m. when we entered the monitoring room. After performing her ultrasound, the gynaecologist noticed something unusual and asked us to go down to the emergency department, on the ground floor, to see whether Angélique needed to be hospitalised.

The midwife in the pink coat returned to the monitoring room, grabbed the paper that had been printing for the past thirty minutes, and tore it off. She pressed a button and, finally, the beeping of the machine softened. Turning toward Angélique, she said, "I'm going to keep you here tonight, and maybe" she paused "most likely, several more nights". Angélique remained silent as the midwife continued "We might need to induce labour, possibly with a caesarean. Your blood sugar levels are unstable, and the baby is already very large, with chubby cheeks." I found the mention of chubby cheeks surprising, until I understood that it was an additional sign of unstable maternal blood sugar: the excess insulin could cause the baby to grow larger than average, with extra fat stores, in this case, in his cheeks.

Just after being told about these worrying signs concerning her pregnancy, Angelique, still lying back in the reclined chair, said to me: "I need to call the father." That same day, I learned from her that she was no longer in contact with him. He now lived in another city in France, where he too had tried to apply for asylum. Then she added, "I need to call my lawyer."

She explained that she had received a notification, whether by phone or email I'm not sure, saying a letter was waiting for her at her previous, registered address in Sissonnes. She was anxious to know if it was related to her asylum application. "I need to call my lawyer," she repeated almost whispering to herself. "If that letter had to do with my case, my lawyer must have received something too." Now disconnected from the beeping machine by the midwife, Angélique spoke of everything except her worrying pregnancy. Other worries were piling up.

The delivery did not go well. Her daughter, Emma, was fine, but Angélique was overdosed on morphine during the c-section. She now suffers from recurring infections. Not long after giving birth, she learned that her asylum application, her appeal, had also been rejected. It's only recently, after hearing this news, that a sentence Angélique had said to me over the phone after the birth came back to me, a sentence I had written down. "*Quand on vient ici, la vie change. Nous, les migrants, on est obligé de subir certains sorts*" [When we come, life changes. Us, migrants, we are forced to endure certain fates.]

Negotiating fates

From the very first year, I had decided that part of the scholarship I received for my research would go toward therapy, because I knew my year of fieldwork was going to be emotionally intense. During one of my final sessions with my therapist, who I had been seeing since the very beginning of my fieldwork, she asked me: "What are you going to do with all these stories?" Her question led to a conversation about at what point does a story become part of an academic thesis? When, and how, do all the stories I shared with her week after week get analysed and transformed into a dissertation? Beyond the methodological answer (see the next chapter) about seeing thematic patterns emerge from my notes – how does a piece of someone's life, someone I met, become a case study in a thesis, especially when it's a story that's painful

to hear? How did Angélique's words: "When we come, life changes. Us, migrants, we are forced to endure certain fates" go from something said to me over the phone to a sentence I now write in my introduction, a sentence that helps me make sense of the purpose of my dissertation?

Angélique's word *sort*, which I translate in English by the word fate, can be defined in four ways in the French language: "What befalls (someone) due to chance or supposed predestination; a condition imposed on or reserved for a person or category of people", "a power that is believed to determine the course of events", "chance determining the outcome", or "A magical effect, generally harmful, related to an act of witchcraft" – a spell or a curse in English (Le Robert, n.d.). Which kind of *sort* was Angélique referring to? The one that befalls on you due to predestination, and that strictly determines the course of events, or a kind of magical effect emanating from witchcraft. When I asked Angélique what she meant by migrants being "forced to endure certain fates", I think her use of the word *sort* went beyond the predestined, inescapable connotations of all these definitions. She seemed to describe her experience as being between the determined and the negotiable. Here is what she replied:

> There were problems back home that made it impossible for me to stay. I was threatened. That's why I ended up in France. Then, I applied for asylum. It didn't work. I wasn't given papers. And that's when everything really begins. Now in France, we're starting a new life. We want to settle here a little. But then there are the laws. You don't even have the right to do a training course when you don't have papers. You don't have the right to work. You don't have the right, you don't have the right, you don't have the right. When you're a migrant, everything changes. Everything becomes a little harder. We're forced to endure whatever we have to go through here. In France, with the laws that treat immigrants harshly: you don't have the right, you don't have the right, you don't have the right.

For Angélique, fates are all the events and institutional realities she describes: asylum that "didn't work," not having papers (in French *sans-papiers*, literally "without papers", meaning undocumented), "the laws" that impact immigrants, and the repeated lack of "rights". But what should be noted is that these fates are combined with contingent, open-ended possibilities. When Angélique explains that "asylum didn't work", she signals an interruption

but continues with a beginning: “That’s when everything begins.” She also speaks of “starting a new life” with “no right,” a phrase she repeats multiple times in succession, marking the accumulation of denials. Again, persistent denial combined with possibilities of a new life. She talks about her desire to stay in France, at least “for a little,” but also what that desire costs her, to “endure”, and the new label of immigrant she needs to face when moving, which induces “changes”.

This explanation echoes my observations of Angélique’s life, and more broadly, of the lives of migrant women, throughout my fieldwork. The fates Angélique faces are caught in an in-between of endings and beginnings, interruptions and endurance: her experience of homelessness, emergency shelter placement, the resumption of pregnancy care followed by urgent hospitalisation, and then the asylum rejection alongside the birth of her daughter. Angélique’s experience is layered and cannot be reduced to simple categories of submission or resistance, it seems to be in constant conscious and unconscious negotiation. Negotiation here can take various forms: it can be dynamic, passive, a means of sustenance, improvised, or strategic. In this work, I aim to explore how women negotiate these challenges in a multifaceted way: not as something predestined, nor as something necessarily met with resistance, but rather in their complexity, contradictions, and nuances. Her account is filled with subjectivity, interruptions, beginnings, continuities, hopes, despair, and endurance.

The aim of my thesis is to provide an ethnographic understanding of the lives of some of these women who experience precarity, whether due to their legal status or to housing instability. I attempt to answer the following questions: What does the life of a migrant woman with precarious status in Paris look like? What kinds of obstacles might she face? And how does she navigate these situations? This thesis brings to light the ways migrant women get by in their everyday lives in Paris. This thesis explores what sometimes may feel like a contradiction: women navigating fates – migrant women experiencing the tension between

conditions that appear predetermined and the everyday ways in which they deal with these situations. The backdrop to this study is the French state's increasingly restrictive immigration policies, which I summarise later in this chapter, and its systems for managing precarity, which I list and define on pages vi and vii.

This thesis is based on a 10-month ethnographic study conducted from September 2023 to June 2024 across various settings in Paris. It involved volunteering in two different day shelters, one for single women and the other for families, as well as attending consultations with midwives, jurists, and social workers in six shelters (including the two where I volunteered) and in a maternity clinic and occasionally in a hospital. The study also included participant observation in other spaces, such as meeting points where migrant people connect with associations, emergency shelters, and hospitals, where I visited women staying there. Altogether, I was present at total of 118 consultations involving migrant women and professional staff. The majority of these consultations were with midwives: I attended 18 consultations with three different midwives in the hospital, and 84 consultations with the same midwife, Caroline, across six different day shelters. I also observed eight consultations with social workers in hospitals and five in day shelters. In addition, I attended three legal consultations, all conducted by the same legal advisor, Sophie (see Table 1).

Table 1: number of consultations attended

Type	*Location*	*No.*
Midwife	Hospital	18
	Shelter	84
Social worker	Hospital	8
	Shelter	5
Jurist	Shelter	3
Total		**118**

Analytically, I let myself be guided by my ethnographic observations, which, as inspired by Angélique's story, distanced me from one-dimensional, incomplete, or even

inaccurate notions of vulnerability, agency, or intentionality (see the Conclusion for a more detailed explanation of my theoretical detour when I began writing). The further I advanced in my research, meaning the more I accumulated ethnographic observations, the more it seemed impossible to apply any single pre-existing theory to my findings. Instead, theory would accompany my attempts to interpret my findings, opening up possibilities for understanding women's words, actions, and emotions. I have used relevant literature to illuminate the data where the theoretical ideas rang true to the data – to what I saw and experienced in fieldwork – as opposed to trying to analyse my data through any one particular preconceived theoretical lens.

My analysis draws first on Çağlar and Glick Schiller's (2018) notion of *emplacement*, which explores the relationship between place, power, and a person's effort to build a life and a space within constraints (Chapter 1). For instance, I would observe or hear something in the field, such as women's incentives to remain in the city of Paris (see Chapter 1), and then draw on the theory of emplacement to help me think through this desire in multiple ways. The concept of emplacement expands the meaning of such desires by acknowledging the multiplicity of factors, motivations and conditions that shape this expression of attachment to a place: "The social processes through which a dispossessed individual builds or rebuilds networks of connection within the constraints and opportunities of a specific city" (ibid, p.5). The concept considers interactions between people but also people's connections to infrastructures, to a city. I also engage with D'Aoust's (2013) concept of *technologies of love* to understand how systems of governance can subtly penetrate women's intimate lives (Chapter 2). Edelman's (2004) idea of *reproductive futurism* and De Genova's (2002) notion of *deportability* help me bring to light the moral and political weight of language, especially in moments when a woman is accused of being a bad mother (Chapter 3). Drawing on the works of D'Halluin (2004), Fassin and Kobelinsky (2012), and Kobelinsky (2016), I unpack a system

that requires women to provide highly specific forms of evidence: through their emotions, their words, and sometimes even their bodies (Chapter 4). Finally, I follow Willen's (2007) call for a *critical phenomenology of illegality* to show how an asylum rejection, and thus "illegality" as defined by the administration, has consequences far more profound than often imagined: it inscribes itself in the body (Chapter 5). By weaving together this wide range of theoretical perspectives, I am able to reflect on situations that are diverse, specific, and traumatic, which allows me to sustain an analysis despite their emotional difficulty.

As Zalewski (1996) suggests, one can resist "…'theoretical imperialism' by regarding theory as an 'everyday practice' and a 'verb' is particularly relevant here: 'thinking of theory as verb implies that what one does is 'theorise' rather than 'use theory'" (p.350). When I identified elements of my ethnography that I wanted to explore further, I would sometimes turn to the concerned participants, healthcare professionals, social workers, women like Angélique, to ensure that my theoretical framework brought me closer to the meaning conveyed by the participant, rather than distancing me from it. In this sense, participants were not just subjects of analysis but active meaning-makers in the research process.

Daily lives

"I've seen you before, yes, I saw you yesterday at the other shelter," a migrant woman once said to me when she saw me volunteering at another shelter. "You're everywhere," she added with a smile. Far from it, I was certainly not everywhere, although I wish I was. Still, her comment flattered me, as it suggested that my fieldwork was fairly comprehensive: I was meeting the same women in different places and at different moments, which implied that I had identified some key resources and locations they relied on. I felt I had gained a broad understanding of migrant women's movements. So, even though I was far from being

everywhere, I believe this woman's comment highlights one of the contributions of my research: to observe and understand the daily lives of certain migrant women living in precarious situations. In this sense, seeing some women again in varied contexts was part of that process. My research does not claim to analyse and understand all migrant women's living conditions in general. My work's contribution is also its limitation: the detailed description of the daily lives of some women inevitably obscures those of many others. "With its attention to personal narrative and to the contextualized enactments of everyday life, ethnography offers an irreplaceable entry into the analysis of social practices and sociabilities and their shifting meanings (Caglar and Glick Schiller, 2018, p.10)

My ethnographic approach, spending time with women not only during consultations but also as a volunteer, allowed me to understand their experiences beyond isolated themes such as that of medical care or social support. Instead, I was able to observe how medical, administrative, and social difficulties overlap and intertwine, sometimes becoming indissociable. In this regard, my research offers a fresh perspective. A significant portion of the literature, both in Europe generally and more specifically in France, focuses on specific issues that are primarily concerned with migrant women's health and their interaction with the healthcare system more broadly (André & Azzedine, 2016; Keygnaert et al., 2014; Ouanhnon et al., 2023; Pérez-Sánchez et al., 2024; Poncet et al., 2019; Poncet, 2021; Sauvegrain, 2021; Woodward et al., 2014). These studies highlight the many barriers migrants face in accessing care, such as lack of information, language difficulties, financial hardship, administrative obstacles, and discrimination. Several studies have paid particular attention to the health status of women from Sub-Saharan Africa, notably because of the high prevalence of HIV-positive cases (Desgrees-du-Lou et al., 2015; Marsicano et al., 2013; Pannetier et al., 2018; Poncet et al., 2021; Pourette, 2008). Closely related are studies that specifically explore maternity among migrant women (Eslier et al., 2020; Panaccione & Moro, 2014; Pařízková et al., 2024; Poncet,

2021; Sauvegrain et al., 2017). These works emphasise the impact of precarious living conditions on pregnancy and prenatal care. They discuss late first appointments, insufficient number of check-ups, delayed diagnosis of pregnancy-related conditions, and psychological distress. And there is also literature, although less expansive, on the experience of motherhood for migrant women (Brouckaert & Longman, 2018; Davoudian, 2018; Erel, 2020; Radjack & Moro, 2023; Virole, 2016). Another branch of research focuses on the housing difficulties women migrant face (Alpes, 2017; Andro et al., 2019; Le Bars, 2018), and sometimes on the intersection between housing insecurity, health and sexual violence (Pannetier et al., 2020; Poncet & Andro 2022). Then, there is literature on asylum; however, it rarely focuses on women, but rather on the laborious and sometimes re-traumatising nature of the asylum-seeking procedure (D'Halluin, 2007; Fassin & Kobelinsky, 2012; Gatelier, 2021). Some studies have also examined the gendered nature of the political system governing asylum (Freedman, 2008a, 2008b, 2019; Guiot, 2025; Mestre, 2019).

Angélique, like the other women I met during my fieldwork, did not experience these difficulties in an isolated manner. When I met her, she was homeless and seven months pregnant and had interrupted her prenatal care. I accompanied her through the resumption of prenatal care, and she confided her intimate fears about being refused asylum and becoming a mother without a home. It is these layered stories that my research offers. It does not aim to summarise the lives of all migrant women living in precarious situations in France. Rather, it provides a micro but multi-dimensional view of the specific risks and institutional barriers a migrant woman in Paris can face all at once and how she deals with them.

Who are the migrant women?

I conducted the majority of my fieldwork in shelters for women and families experiencing homelessness, as well as in a maternity unit for women in irregular situations (see

Methodology). It is therefore self-evident that I often encountered women who did not have stable housing, most of whom had either never applied for asylum, were at the very beginning of their application, or had been rejected. Those actively seeking asylum were often sent to cities outside the capital, although I also met women whose applications were pending and who were waiting for a response. To capture this diversity, I use the notion of precarious status throughout my thesis, as it is this state of precarity rather than a formal legal status that unites them. Homberger et al. (2022) provide a comprehensive definition of this group: people "who do not have a regular status or are at risk of losing their right to residence or the freedom of movement and who, due to their legal status, have no or severely limited access to most basic social benefits and rights or are at risk of losing them" (p.7). Almost all the women I met were confronted with administrative difficulties, housing insecurity, and sometimes health risks, such as abrupt interruptions in prenatal or postanal care. Hence, when I refer to the broad category of migrant women in my research, I mean women experiencing significant precarity across these domains, which is often accompanied by a fragile legal status.

Another notable feature of the migrant women in precarious status included in my research is that the majority originated from Sub-Saharan Africa, particularly Ivory Coast and the Democratic Republic of the Congo (DRC). I was able to collect nationality data for 94 of the 118 women whose consultations I attended (refer to p.5). Of these 94 women 52 (55.3%) were from Ivory Coast, 12 were from the DRC, nine from Algeria, nine from Angola, six from Mali, and six from Senegal. Since I did not always know the nationality of every woman whose consultation I attended, it is possible that the proportion from Ivory Coast was even higher. Moreover, these figures only reflect the women I met in consultation settings and therefore do not include those I interacted with during my volunteer work in shelters.

The majority of the migrant women whom I met in the context of their consultation with midwives, social workers, or a legal advisor, had arrived in France less than a year ago.

In total, I was able to collect dates of arrival in France for 56 women from the 118 consultations. This information was not always discussed, as it had often been recorded earlier with professionals during initial interactions and was therefore already noted in medical or social files. Among these 56 cases, I identified four particular outliers: one woman who arrived in 2005, one in 2016, one in 2018, and another in 2019. Excluding these cases, the vast majority arrived between 2022 and 2023, with more than half arriving around mid-2023. Some women, whose exact arrival dates were unknown and were therefore not included in my data, mentioned during their consultations that they had only recently arrived in France, but I could not confirm this since I did not systematically ask the professionals for the specific date. Again, these numbers do not include the women I met outside the consultation setting, many of whom also described having arrived very recently, without giving me specific dates. It is important to note, however, that these arrival dates say nothing about the women's departure dates, with several women telling me that they had already spent several years imprisoned in Libya, or working in Tunisia, for example.

My ethnographic encounters with numerous women from this specific background and social situation – in extreme precarity, and recently arrived in France from sub-Saharan Africa – can be explained by several factors. First, colonial migration patterns account for this over-representation. In 2023, 48% of immigrants in France were born in Africa, and 16% of these were mainly from Ivory Coast, Cameroon, or the Congo and are thus the second-largest migrant group after migrants from Maghreb (Algeria, Morocco, Tunisia) (INSEE, 2024). In 2011, 60% of individuals from West and Central Africa resided in the Paris metropolitan area; more recent data are not available (INSEE, 2011). The population originating from Central Africa and the Gulf of Guinea (Ivory Coast, Cameroon, Democratic Republic of Congo, etc.) is particularly feminised; this group even includes the highest proportion of women among all immigrant groups: 57% in 2008 (Beauchemin et al., 2013, p.3). This specificity is linked to the importance

of autonomous migration: 53% of women from this region came to France while single or arriving ahead of their spouse (ibid). Second, although sub-Saharan African migrants living in France constitute a heterogeneous population, they are particularly affected by lack of housing, unemployment, and discrimination (Domaas, 2023; Gosselin et al., 2016a, 2016b; Pannetier et al., 2017, 2018). A 2022 survey on single women found that West and Central Africa are the two main regions of origin of women who contact 115, the emergency hotline of Samusocial**,** France's main organisation for emergency housing assistance (Eberhard et al., 2018). Whether a woman is genuinely single or claims to be so in order to secure accommodation is not considered in that study (see Chapter 1). In any case, it highlights the high prevalence of homelessness among women from this region. Finally, in shelters, community networks can reinforce this pattern, for example social workers noticed in one shelter that Congolese women brought other Congolese women to the shelters. Other potential factors, such as a higher fertility (Marchand, 2025), or perhaps the age of women migrating, would have increased the likelihood of these women attending midwife consultations; however the considerations are beyond the scope of my expertise, and there is a significant lack of statistical studies on this subject.

Beyond the practical challenges of categorising and collecting migration data – particularly on undocumented migrants – there is also a deep historical French tradition of republicanism that helps explain this lack of information. When France became a republic in the eighteenth century, its core guiding principle was universalism: all members of society became citizens on the principle of Liberty, Equality, Fraternity (Léonard, 2014). This ideology, enshrined in the constitution, sought to guarantee all French citizens equal legal rights, regardless of "origin, race, or religion" (French Constitution, art. 1, 1958). Consequently, collecting statistics based on these characteristics is discouraged, as quantifying difference is seen as a threat to the unity of the French Republic. According to this supposedly

universalist concept, to include origin, ethnicity or religion in national statistics would create a distinct social category and risk fracturing the indivisible French Republic (Tin, 2008, p.38). France refuses to recognise the very concept of minorities (Rudder-Paurd et al., 2000, p.3). Yet this colour-blindness inevitably conceals inequalities. And this paradox of republican universalism has inevitably led to ongoing debates in France about the consequences of not collecting such information (Fassin & Fassin, 2013).

Migration of women to France

In 2024, 7.7 million immigrants were living in France, representing 11.3% of the population (INSEE, 2025). This figure includes people who were born in a foreign country even if they later acquired French citizenship. Six million of these residents are what the French government call *étrangers* (foreigners), meaning people who do not have French nationality (5.1 million), and some of them may have been born in France, particularly minors of foreign nationality (0.9 million). In 2024, 48.9% of immigrants living in France were born in Africa**,** with the most common countries of birth being Algeria (12.4%) and Morocco (11.7%) (INSEE, 2024).

Strikingly, also in 2014, 52% of immigrants living in France were women, compared with 44% in 1975 and 45% in 1946 (ibid.). Migration is far from being only a male or family matter. And already, between 1990s and 1999, migration from African countries formerly under French colonial rule saw more women than men entering France (Barou, 2002, p.8). The feminisation of migration occurred earlier and for more diverse reasons than is commonly assumed. The most well-known part of this history is women arriving in France in the 1970s for family reunification – women joining male migrants – after labour immigration was suspended in 1974 (Ndiaye, 2008, p.375). However, women also migrated for other reasons, including political persecution, exile, education and work, and female migration occurred

earlier than the 1970s as domestic workers in colonial contexts and through student programs after WWII for example (Châabane, 2008). It is therefore evident that my ethnographic study is not representative of this diversity. As suggested earlier, the women I encountered were primarily from sub-Saharan Africa, most of them very recent arrivals, and the majority spoke of experiencing persecution within their communities or families as motives for leaving their countries of origin.

Immigration laws or "the laws that treat immigrants harshly"

Across the chapters of this thesis, I examine elements of increasingly restrictive migration policies to enable me to make sense of women's daily lives in France. Immigration law has undergone, and continues to undergo, a "dizzying accumulation of legislation" (Imbach et al., 2024). Since the suspension of work migration in 1974, and arguably even before, French governments, both left and right wings, have been hyperactive legally on this topic (ibid.). This includes the so-called Pasqua law of September 1986, which tightened the conditions for entry and stay of foreigners in France, as well as the series of Sarkozy-era laws from 2003 to 2006, which further restricted access to residence permits, extended the maximum duration of detention for foreigners, and introduced numerous other measures (Vie Publique, 2025). Other laws and decrees on immigration followed, including the Collomb law of September 2018, which shortened the deadlines for asylum applications while further extending the maximum detention period (ibid.).

Most recently, the law of January 26, 2024, aimed at further controlling immigration (known as the Darmanin law), presented a firework of restrictions: strengthening expulsion measures, tightening criteria for regularisation, and introducing more restrictive reforms of asylum law. And on January 23, 2025, the Minister of the interior, Bruno Retailleau, issued a circular, that is, not a law but an administrative directive, on how to apply existing laws and

regulations. This circular continues to build on previous legal frameworks: it abolishes the 2012 Valls circular, which had given prefectures (local administrative offices of the state) broader discretion to regularise undocumented migrants and therefore enabling so-called exceptional requests (a more flexible approach to grounds for regularisation beyond work motives, including private and family life; see Ministère de l'Intérieur, 2012); it extends the required duration of residence for eligibility to regularisation from five to seven years; it adds integration criteria such as language proficiency, and it calls for the systemic issuance of expulsion orders (OQTF) in cases of refusals for regularisations. Although this circular is not a law, its sometimes discriminatory and vague language of "integration" leaves dangerous room for interpretation at the prefectural level (La Cimade, 2025).

Structure and outline of the thesis

The first chapter after this Introduction, "Methodology," explains how my year of fieldwork unfolded. I narrate my experience through the lens of emotions, as honestly as I can and, in doing so, I make a case for attending to emotions in fieldwork. With the same attention, I describe my approach to data analysis. As such, this chapter both presents my methodology and serves as a critical reflection on it.

The following five chapters are an exploration of the fates Angélique spoke of, those negotiated by her and by many of the migrant women I encountered during my fieldwork in Paris: the challenge of homelessness (Chapter 1); receiving fragmented prenatal care (Chapter 2); the precariousness of motherhood (Chapter 3); the exhausting process of seeking asylum (Chapter 4) and, unfortunately, the common outcome, rejection (Chapter 5).

In Chapter 1, "Finding a place for the night", I explore the most pressing issue occupying the minds of many migrant women: accommodation. Most of the migrant women I met in shelter did not have a stable place to sleep and alternated between the streets, being

hosted by a partner, acquaintance, family member or friend, state-funded hotels that have turned to providing emergency accommodation, nightly shelters, which can be shared rooms or dormitories re-filled day-by-day, or camps organised by associations in gyms, churches, or parking lots. This chapter arose from an ethnographic tension I observed: women's desires and strategies to remain in Paris for the night (to stay close to NGOs, hospitals where they have appointments, or their children's schools), contrasted with the implemented policies of displacement that pushed migrants outside the capital. I draw on the notion of emplacement (Caglar and Glick Schiller, 2018) to make sense of women's motivations and, at times, their ability to remain in place, which contrasts with the restricted options to sleep, under a roof, in Paris. I move away from notions of mobility, invisibility, and displacement, which are often associated with migrants, and particularly women, to highlight more complex dynamics where sociability, connection to the city, and everyday actions suggest a form of attachment and endurance that is rarely discussed.

Chapter 2, "Are you in love?", emerged from my observations of the interactions between migrant women and the professionals they encounter in the context of prenatal care: whether social workers, midwives, or other members of staff in shelters and hospitals. Drawing on D'Aoust's (2013) notion of technologies of love, which highlights that emotions cannot be disentangled from broader processes of governance, I reflect on the questions that touch upon intimacy, particularly those inquiring about women's relationships with migrant men. I chose to focus on three questions in particular: "*Vous êtes amoureu.x.se ?* ["Are you in love?"], *Monsieur est gentil avec vous ?* ["Is your partner nice to you?"], and *C'est le père?* ["Is he the father"]?" I approach these questions from three angles: first, from the perspective of those who ask them, often motivated by care or medical necessity; second, from the perspective of those who receive them, what did the women tell me about how they experienced being asked such questions? And third, within the broader politico-legal context marked by intensified

discrimination and suspicion surrounding the relationships between migrant women and migrant men. As the intimate lives of migrant women become increasingly regulated through strict systems of control under migration laws, I argue that these intimate questions, however well-intended, can be experienced by women as expressions of suspicion or as subtle mechanisms of governance.

Chapter 3, "Bad mothers", focuses on the migrant mothers I met throughout my fieldwork, whether in shelter, in consultations, on the streets, or in hospitals. As the title suggests, I examine some of the comments these women have received since their arrival in France, describing them as inattentive, emotionally distant, or, at times, even culturally dysfunctional mothers. This chapter is not a defensive reaction aimed to advocate for these women, which would lie beyond both my expertise and role, but rather one in which I ask the following questions: On what grounds are migrant women judged as failing to meet the standards of "good motherhood"? How are these standards shaped by structural conditions and policies that actively create the hardships they face? How is the label of "bad motherhood" instrumentalised as a mechanism of control? Though Edelman's concept of reproductive futurism (2004), which refers to the symbol of the innocent child around which power structures are justified and De Genova's notion of deportability (2002), which refers to lived possibility of being deported, I complicate the notion of "bad motherhood" and examine how this moral judgement is produced at the intersection of migration control and racialised expectation. Casting these women as "bad mothers" extends beyond the moral judgment of a private practice. It can in fact reinforce their precarious status as migrants, by heightening their fear of losing custody of their children and, consequently, leading to further isolation.

Chapter 4, "The asylum seeker who smiled," examines how migrant women navigate and negotiate what counts as proof before a judge in an asylum claim. By attending legal consultations and going to court with a legal adviser who offers support appointments to

women in shelters, I realised what an asylum claim entails: embodying the perfect refugee who faces the risk of persecution. Through a detailed analysis of three stages involved in such a claim: the preparation of the narrative, the interview with the judge (in the case of an appeal), and a judge's final decision, I came to understand that the procedure relies on a very particular language and set of rules, which the women I met must try to master, reproduce, or even perform with their words, their expressions, their bodies in order to obtain asylum. And when the proof does not lie on their side, but rather in the hands of the judge, as it often seems to be the case, they become spectators rather than actors in their own claim. Drawing on the works of D'Halluin (2004), Fassin and Kobenlisky (2012), and Kobelinksy (2016), who all examined the question of evidence in the context of French asylum, I argue that the asylum system does not merely require subjective proof of persecution but also produces persecution. Though the stories of three women: Maria, Anya, and Aissata, I conclude that when words, expressions, and narratives do not suffice as evidence of persecution, women may end up creating the very conditions of their own persecution in the hope of obtaining asylum.

Chapter 5, "When asylum doesn't work," examines the exhausted bodies of migrant women whose asylum claims were denied. Through numerous encounters with women in irregular situations during prenatal and postnatal consultations with midwives in shelters and maternity centres, I analyse how women navigate their condition of illegality. I follow Willen's (2007) call for a "critical phenomenology of illegality," which emphasises that illegality is far from being merely an administrative status; it can "reach quite literally into illegal migrants' 'inward parts' by profoundly shaping their subjective experiences of time, space, embodiment, sociality, and self" (Willen, 2007, p.3). I challenge disembodied analyses of the impact of asylum rejection and focus on three bodily reactions – fainting, breastfeeding, and getting pregnant, that I observed emerging from or during this condition of illegality. I present the lived stories of embodied irregularity, in which illegality permeates the body through precarity,

exhaustion, fear and stress, but does not fully determine it, as pregnancy can sometimes emerge from this state.

The Conclusion to this thesis is divided into two parts. The first, "Unknown and untold stories," reflects on the absences and gaps in my research, and the second, "We are not fine," highlights the limitations of the concept of agency, which I formerly relied on while framing my research, but ultimately abandoned in my quest to understand the daily lives of women with precarious status. Instead, I suggest considering the French word *débrouille*, which I first introduce in Chapter 1, to capture the diverse ways women navigate everyday obstacles while living in Paris. This explanation of the theoretical framework I let go of, and justification for the ones I adopted, allows me to highlight the main contribution of my work and its implications.

A note on language use and translation

Conducting my fieldwork in Paris meant that I spoke mostly in French with participants, except when English became a bridge language, for instance, with someone from Angola. At first, I took some notes in English, since it was the language I had used to prepare my research at Oxford. So, when describing my early exchanges with associations, I filled a few pages in English. However, I quickly switched to my mother-tongue, which also allowed me to record my participants' words exactly as they were spoken. So, all the quotations in my chapters are my own translations from French into English. All original French quotations are presented in italics throughout the thesis. When certain words are difficult to translate, such as *sort*, - the term that I discuss the various meanings of in my Introduction - I take the time to define them. I translated carefully, trying as much as possible not to lose meaning in the process, though I recognise that some loss is inevitable.

When translation risked erasing meaning, I present the phrase or word in French, as a way to preserve those layers of meaning. In Chapter 2, I unpack three questions that some professionals asked migrant women during my research, including *"Il est gentil avec vous?"* (Is he nice to you?). Here again, the word *gentil* is not straightforward to translate. In French, it can take on a range of meanings depending on the context in which it is said, and even more so, I imagine, in francophone countries other than France, where the word may carry nuances, I cannot fully know. In France, and in my social environment at least, *gentil* can describe someone who is kind, although kind has an even more positive connotation than *gentil*. Someone who is *gentil* can be simply someone who does no harm. Yet it is also a rather simple word, one that can imply that the person is not necessarily overflowing with kindness either.

Moreover, in the question, *"Il est gentil avec vous ?"* translated as *"Is he nice to you?"*, the use of *vous* is erased in English. In France, addressing someone with *vous* signals a form of respect (it can be seen as a sign of "good manners"), but also of distance (we use *vous* when we do not know someone well) and hierarchy (older people are more likely to be addressed with *vous*, or in professional settings, where it helps maintain formality). During my fieldwork, it was common for women to use *tu*, especially when French was not their first language. When *vous* was used, it often indicated a certain social position, someone who had studied in French, for example, and was therefore aware of this linguistic rule. There was sometimes a gap between the professionals, who used *vous* to address the women, and the women themselves, who replied using *tu*. On one occasion, a social worker even told a woman that she should use *vous*, not necessarily with him, but with the professionals she would meet during her administrative procedures, explaining that it would help strengthen her requests. I do not have data that would confirm or refute the social workers' statement. In Chapter 2, I discuss this formality rule, where I explain that Margaux, a social worker, deliberately chose to address the women using *tu*, and was judged as unprofessional by some co-workers for doing so.

METHODOLOGY

A Place for Emotions in Research

The bus incident

On the way back from the hospital to the shelter, on the bus, with Nelly, a woman I had accompanied to her first ultrasound appointment in Paris, I was stopped by ticket inspectors. She had a ticket, one I had given her, provided by the association. But I had nothing. Why? Because, to be completely honest, I hadn't even thought about it. I had stepped onto the bus lost in thought, relieved that her appointment had gone well, handing her a bus ticket. When the inspector asked for my ticket, I froze. My face turned red, I could feel the heat on my cheeks. Out of the corner of my eye, I glanced at Nelly who was sitting beside me, she stared at me with her eyes wide open. Nelly is undocumented. Her asylum application was refused a couple weeks previously. I saw fear in her eyes. The possibility of being arrested. The fear of every undocumented person. And now it was happening to me, right in front of her. I felt ashamed, overwhelmingly guilty for making her experience that stress, even if it wasn't directed at her. It was as if I had just shown her, in real time, what could happen to her, except that I could simply pay my way out. Alone, I probably would have argued with the inspector. But this time, I paid the 50 euros fine without much negotiation. Afterward, we sat in silence, rocked by the frequent stops of the bus. When we finally got off, she turned to me, her eyes still wide open, and asked about the inspectors: what they could do, what they would have done if they stopped her without a ticket.

Writing about methodology is no easy task. It forces us to turn the gaze on ourselves, we, the ethnographers, so accustomed to being the observers rather than the observed. Some of the stories I tell in this chapter initially seemed anecdotal, buried in my notes or memory, until I could see their relevance in illustrating the challenges of ethnography. Ethnography is not

always, if ever, holistic; it can be "frustrating, embarrassing, tiresome, awkward" and, I would add, emotionally distressing (Muir, 2004, p.186). Reflecting on my decisions, behaviours, and discourse often comes with discomfort, as I fear being criticised for ethnographic sloppiness (Letherby, 2002, p.7). Before writing this chapter, I worried that such honesty in my methodology section might harm my academic credibility (Muir, 2004). But how else could I write about it, when, in truth, it was inherently messy? Incoherent fieldnotes, the frustrations that comes with it, and "failures of fieldwork" are commonly suppressed in academic accounts and publications (ibid, p.198). Accounts of fieldwork are "sanitised" as Punch (2012) puts it, repressing the more unpleasant or conflicting struggles (p.87). Additionally, my use of the first person, and my discussions of my emotions and reactions could seem self-centred and problematic because of my privileged position. Calvey (2000) suggests this intimate and self-reflexive approach "can become self-regarding, pompous indulgence in which more is learned about the fieldworker than the field" (p.57). Then why bring emotions into the conversation, especially when they don't seem as glamorous as other aspects of research? What are the benefits, or potential consequences, of doing so?

Reflecting on emotions is important both in the fieldwork itself, and afterwards, in the writing up. It can help the researcher cope with the challenges of fieldwork and shape the direction the work takes. Afterwards, it can influence how the ethnographer approaches the analysis of field data and the insights he or she derives from it. Critical reflection on emotions is integral to the quality of the research.

Incorporating emotions from the outset

Reflections on positionality in academic research are often restricted to social categories like gender, class, and ethnicity (Moser, 2008). These are, of course, "acceptable" (Punch, 2012). But simply describing myself as a white, French, middle-class heterosexual woman does not suffice to grasp "the complex power relations which permeate knowledge

production" (Laliberté & Schurr, 2016, p.74). These categories tend to sideline more controversial factors, like personality and emotions, because they are not yet fully recognised as legitimate scholarly concerns (Blackman, 2007; Moser, 2008; Caballero & Weller, 2009). Yet, as has been increasingly acknowledged, the way data are produced directly influences how they are read and interpreted (Mason, 2017; Rose, 1997). It follows, then, that discussing feelings, emotions, and difficulties is legitimate and even necessary, because engaging with them can favour self-scrutiny and transparency (Punch, 2012). Reflexivity and positionality are not fixed categories but rather processes embedded in social relations (Laliberté & Schurr, 2016; Ahmed, 2004). Emotions are not individual experiences, rather they are embodied experiences of social relations and always attached to histories (Ahmed, 2004). This means that analysing emotional experience can tell us about the unfolding positionality of a researcher embedded in larger power structures. It provides an approach to navigating questions of power, privilege and social change in research (Nagar & Geiger, 2007).

Take, for example, this experience on the bus with Nelly, an undocumented migrant woman, when inspectors came on board. Writing about my distress in that messy or unsanitised (Punch, 2012) moment makes my positionality very explicit. My privilege is obvious: I could simply pay the fine, while Nelly could not. More importantly, my distress fed her fear. I can't shake off the memory of the look on her face. By describing my emotions, and Nelly's facial expression, I try to make tangible the ever-present anxiety that undocumented migrants must endure. But my reaction doesn't just reflect her fear, it forces me, and hopefully the reader, to think about the inequalities inherent in mobility and surveillance. And, of course, it reminds me that my presence in the field has consequences, intended or not. And with that comes responsibility. Not just with the words I choose, but how I navigate space. Fieldwork demands self-examination, which unpleasant moments can generously offer.

Speaking about emotions involves self-reflexivity – awareness of how meaning is constructed – without presuming to resolve the inherent subjectivity of doing ethnography (Pillow, 2003). As Spivak (1988) reminds us "making positions transparent does not make them unproblematic" (p.6). My reflexivity doesn't presume to perform honesty or humility, which would imply access to a "truth" and hence reproduce ethnocentric power. Rather, I approach reflexivity as a discomfort, where disruption, contradiction, and failure are central (Pillow, 2003). "Rather than a neutral position situated 'outside' the field of asylum, the very status of being a researcher entering into spaces of 'refugee-support' or in dialogue with asylum-seekers/refugees or writing about 'their' condition, implies producing relations that are shaped by power relations" (Aparna, 2020, p.23)

Hence, engaging with emotions is not an aim in itself, but rather part of a practice that aspires to gain valuable insights with research participants. Hume and Mulcock (2004) emphasise the importance of analysing discomfort and awkwardness and discuss the intellectual productivity of "deconstructing, analysing and interrogating our fieldwork experiences" (p.17). Furthermore, Lee-Treweek (2002) notes that ignoring or repressing feelings about research is more likely to produce distortion of data than clarity: "the emotions of research are important to both the researcher's ability to cope and the quality of the account they produce" (p.128).

Reflecting on the emotions that arise before, during, and after research is essential not only for the quality of the account but also, on a more personal level, for coping with the challenges of fieldwork (Lee-Treweek, 2002). As Hume and Mulcock (2004) emphasise, "fieldwork is often inherently hazardous. The possibility of experiencing physical and emotional trauma is frequently unavoidable" (p.22). Looking back, I wish this aspect had been a more prominent topic during my first year at Oxford, as a novice researcher (Benoot & Bilsen, 2016) whose aim was to become an "ethnographer volunteer" (see the following section) in

contexts involving sensitive topics and engaging with vulnerable participants (see section 1 below). Augusto & Hilario (2019) and Garthwaite (2016) reflect on the emotional challenges of adopting the dual role of a volunteer and an ethnographer in an effort to help fill this gap in the literature. But, like Wajsberg (2020), I had been taught throughout my academic training to only dedicate a small section, often in the methods section, to my own emotions.

The closest my student cohort and I came to engaging in meaningful discussions about the emotional repercussions of fieldwork was through ethics. A crucial and necessary conversation for sure, yet one that often left out the deeply personal struggles of the researcher navigating the field. I remember a class on gender and fieldwork, where the advice for women was purely pragmatic: carry an object to block the door – different types and brands were presented on the slide, accompanied by pictures – and keep pepper spray on hand. Practical indeed, but not very adequate for managing situations involving emotional and psychological burdens rather than physical danger.

I did try to prepare myself. I started weekly therapy almost the same day I started volunteering in the shelters. Yet, I realised later that I could not really anticipate the emotional reality of research until I entered the thick of it. As Valentine (2007) accurately puts it, "we cannot always know in advance what will prove sensitive, that is, potentially threatening and intrusive" (p. 161). What ends up affecting us most deeply is often directly linked to past experiences, emotional baggage, or facets of personality that have nothing to do with our researcher hat (Moser, 2008). So how could I have prepared? If I were asked now, I would say that I wish I had read about real experiences – accounts of researchers dealing with moments of discomfort, vulnerability, or even fear – to have concrete examples in mind, to grasp the diversity of challenges, and not to be so much taken by surprise by them.

In the rest of this chapter, I tell the story of the fieldwork process, by describing the three dimensions of my fieldwork, which began in September 2024 and ended in July 2024:

(1) my role as a volunteer ethnographer, (2) my attendance at medical and social work consultations, and finally, (3) the in-between moments: accompanying women to the hospital, visiting them in their accommodations, or accompanying them to other appointments or shelters, situations where my role became more fluid and less clearly defined. I then also give some details of the processes through which I transformed my fieldwork experiences and notes into the chapters of this thesis, in order to give further transparency to the arguments and insights of my research.

Ethnographer Volunteer

Getting in touch with shelters for homeless women

At first, I felt awkward walking into a shelter for homeless women and asking to become a "volunteer ethnographer", or should I say, "ethnographer volunteer"? (Garthwaite, 2016). Which role came first? And how could I propose such a role that didn't previously exist in these settings? In both shelters where I ended up volunteering, no researchers had ever taken on this dual position. While some sociologists had conducted interviews or spent a few days observing, none had actively participated in the daily operations of the shelter. I felt particularly uncomfortable with the idea that "volunteer ethnography operates on a reciprocal basis, since researchers donate their time in exchange for information for the development of their research" (Augusto & Hilario, 2019, p.21). Exchanging time for information felt uncomfortably transactional. Becoming a volunteer ethnographer, or an ethnographer volunteer, how do you ask to take on such an ambiguous position? What follows is the email I sent to the two organisations I eventually volunteered for:

> "Hello,
>
> My name is Joséphine Robert. I am currently pursuing a PhD in anthropology at the University of Oxford, and my research focuses on migrant women in precarious situations in Paris and their sexual and reproductive health. This is why I am particularly interested in your support services dedicated to women facing severe social insecurity.

> More specifically, my research aims to understand the perspectives of migrant women: How do they define their sexual and/or reproductive health? What role does their sexual health play in their lives? Among other aspects, I am interested in the victim status that is often imposed on them, the consequences of this narrative, and the agency it may overlook. The subject remains intentionally broad to consider the most pressing issues.
>
> In this context, I would be very interested in discussing with you and exploring the possibility of conducting part of my research within your team, both as a volunteer and as an anthropologist. I am available for any form of collaboration I could contribute to. Making my research useful for your work would be a major goal for me.
>
> My fieldwork will span one year, meaning from now until next September. I therefore hope that the duration of this period will allow me to conduct an in-depth and relevant study for your missions. […]"

One of the organisations never replied, a public funded shelter. So, I decided to go there in person. To my surprise, as I arrived at the entrance of the shelter, a security officer standing at the gate stopped me. He asked: "Can I help you?" I explained that I wished to speak with the shelter's director about volunteering. He walked towards the building, a couple of meters away from the outside gate and pressed a button – something I later realised was simply the doorbell, which triggered a loud chime throughout the building. A staff member soon appeared at the entrance and escorted me inside, along with two other women who had also arrived at the gate. The security officer didn't say a word to them, seemingly unsurprised by their presence. Did he know them? Or was it obvious to him that I wasn't seeking refuge?

Once inside, the young staff member offered me a seat and coffee. I sat facing three offices, one of which, I guessed, belonged to the director. Sensing my nervousness, the young staff member reassured me: "She's really nice. When I interviewed for my position as a social aid educator, she was very kind to me." A few moments later, the director's office door swung open. She stepped out, cigarette in hand, waved at me, and apologised with a casual, "I'll be right there, just need a quick break." Minutes later, she welcomed me into her office. I explained my project, almost word-for-word as I had in my email. She listened attentively, silent for what felt like very long seconds. Then suddenly, she burst out, "I love it." Then, "I love it, I love it." Her enthusiasm caught me off guard. I couldn't help but smile and admit, "I

wasn't expecting such excitement, I'm so glad." She explained that in a place like this, where the work could be or – rather was – emotionally draining, new faces and fresh projects were what kept the space alive. Without hesitation, she told me she would reach out to the organisation to set up my volunteer agreement, in French called *a convention de bénévolat*. To obtain this agreement I was simply asked to send: a copy of my ID, my criminal record, my address, and an emergency number. And, although she didn't request it, or seem interested in it, I sent her my ethical approval paperwork. And that was it. I was in.

The response from the second shelter I contacted, – a privately funded shelter reserved for pregnant women and women with children – was also positive. "Thank you for your very interesting proposal," the director wrote in an email. She invited me to meet her in person at the shelter and gave me a tour. In this shelter too, no men were allowed inside, except for staff members. But unlike the first shelter, this one only offered daytime services and no overnight stays. There was, however, a rest room with, if I recall correctly, two or three camp beds for women to lie down during the day. Open from Tuesday to Saturday, 9:30 a.m. to 4:30 p.m., the shelter offered social support, but with a waiting list, and access to a light snack: bread, butter, hot milk, and eggs, on a first come first serve basis.

After meeting her in person at the shelter, the director suggested I present the project to the team, assuring me that they would have no objections to my presence. So, there I was again at the shelter, waiting in the lobby, when the receptionist told me I could head downstairs to the meeting room where the entire team was gathered. As I opened the door, I suddenly found myself in front of eight people seated around an oval table. The only familiar face was the director. I began explaining my research project, my ambition to spend time with women and staff at the shelter, and my willingness to help as a volunteer. As I spoke, I instinctively addressed two women sitting across from me who weren't looking at me. They kept their eyes on the director, appearing bored, or was it mistrust I was sensing? In my perhaps unconscious

desire to convince, I have this habit of directing my words toward those who seem the least engaged in my speech. I remember thinking to myself, “They don’t seem as enthusiastic as the director from the other shelter”. When I finished my presentation – slightly flushed with emotion – one of the seemingly bored women raised their hand. I called on her as if I were in a classroom, “Yes?”. The woman asked how many days a week I planned to come. I explained that I had already committed to another shelter, so coming once or twice a week seemed realistic. Silence. The woman then suddenly said, in a surprisingly warm tone, “Well then, welcome!” One by one, the other followed, “Yes, welcome.”

I often think back to my first encounters with the staff at both shelters, one for single women and the other for women and children or pregnant women. Both first interactions had been so easy and welcoming. During my first year at Oxford, I had dreaded the moment when I would propose this dual role to shelters. I felt uncomfortable requesting this position of researcher and volunteer, fearing they might see me as an opportunist, someone using the label of volunteer simply to gain access. I also worried my presence might unsettle them. Would they fear my ethnographic gaze tuning toward them? I expected and feared rejection. I had even scouted nearly ten other organisations in case I was denied access. But in the end, both shelters responded with enthusiasm, especially towards the idea that I wasn’t coming in as an external observer, but as a volunteer. “Some sociologists came for interviews, and we never saw them again,” one social worker told me. They found great value in the participant side of participant observation. I highlight their reaction to this role as an ethnographer volunteer because I did not initially realise its value: how it demonstrated a form of respect for both the professionals and the women using the shelters, and not just how it enabled me to gather more relevant information.

Starting fieldwork

On my first day at the shelter for single women where no men or children were allowed, Vera, the socio-cultural mediator, gave me a tour of the facility. The space functioned as a daytime shelter, open every day from 10 a.m. to 6 p.m., except on Wednesdays, when it was open from 10 a.m. to 1:30 p.m., and again from 4 to 6 p.m. There were also residents in this shelter. Residents were women who had secured a spot in the upstairs dormitory and could sleep there every night. Most of these women received social support within the facility, from the three social workers who worked in this shelter. Then there were the spots downstairs, on reclining chairs. These were emergency accommodations, offered only for a single night, or, for the weekend, when a woman arrived on a Friday. These places were typically assigned by the 115 emergency housing system (described in Chapter 1) or by partner associations. However, when all spots were not filled through those channels, shelter staff could allocate them directly to women. This possibility, I quickly learned, led to constant requests throughout the day: women pleading to be allowed to sleep there.

Vera was responsible for organising activities designed to offer the women brief moments of escape from the harsh realities of their lives. The schedule hanging on the wall listed sophrology (mind-body relaxation exercises) on Mondays, poetry on Tuesdays, singing every other Tuesday, sport on Wednesdays, and on Thursdays evenings, fine-art workshops, and more. These took place either inside the space or outside. What struck me most was the warmth Vera shared with the residents. As we walked through the shelter, women would stop her with questions: “Vera, when is the next workshop?” “Vera, can I sign up for the movie night next week?” It was clear she was source of support for women, a very familiar trusting face.

This shelter was exclusively for single women, that is, neither men (except staff members) nor children were allowed to enter. There were some exceptions for children during

my time there, such as when a woman came for an appointment with a social worker and had no one to look after her child. Children were not allowed, the director explained, not only because their presence could unsettle women who came seeking peace, and sometimes to escape the trauma of having lost or left their children, but also for the children's own protection. Some women, described by staff as "damaged by the street," could behave in disturbing ways by yelling, or addressing others aggressively.

As Vera was giving a tour, a tall woman approached us, speaking loudly, *"*They put a spell on me!" She ran her hand from her ankle to her inner thigh, showing where she felt pain. "They are hurting me, make them stop," she almost screamed. Shaken by the intensity of her distress, so invisible to me, yet so real to her, I felt fear. At this very moment, I wondered if I was prepared to work with homeless women, where some would express severe psychological distress. Vera, however, remained very calm, almost annoyed. She reassured the woman, "No, they have not put a on spell on you." But the woman kept insisting so Vera ended up conceding, "Fine, it's going to be okay," before continuing our tour. It was one of my first encounters with a resident, and I felt overwhelmed. Throughout my fieldwork, I will quickly realise that many women suffered psychological turmoil, and this interaction would be one of many. One day, I walked into the shelter wearing my bike helmet, having forgotten to take it off. A woman immediately started shouting at me, her fear triggered by something I couldn't understand. Another time, I saw a woman who had stopped walking forward entirely. She only moved backward. She was later hospitalised.

I spoke with professionals at the shelter about the significant prevalence of mental health issues among the women there. A social worker explained that long-term homelessness had an unavoidable and irreversible impact on their mental health. "That's why they need to stay here as briefly as possible," she told me. The longer they remained, the more their health would deteriorate. A therapist was supposed to visit once a week, but often she didn't show up.

For these women, consistent psychological support was almost impossible unless arranged externally, under the "common law", which meant it would be provided independently of the shelter. Such support would be long-term, unlike the sporadic care that depended on the shelter's resources. But accessing external care meant that the woman had to go to the hospital, and before that, would need to have scheduled an appointment. Because taking such administrative initiative, especially in situations of precariousness and often emotional distress, was not an easy task to accomplish alone, rare were the women who received support. Some women were hospitalised for a few days, when their health reached a dramatic point of deterioration. But once their hospital stay ended, they were sent back to the streets. Only to return to the shelter.

Overall, I spent most of my time in this shelter for single women, for several reasons. First, it was the first shelter to accept me, so I spent much of September 2023 there. This early and regular presence allowed me to build strong relationships with both the staff and some of the residents – women sleeping at the shelter. I often arrived around 9 a.m. and left around 5 p.m., making sure to leave before the 6 p.m. closure, when women without a spot for the night were required to leave. That moment was painful to witness. In the months that followed, my time became more divided: I split it between this shelter and the consultations offered by the midwife (described in more detail in later sections), which meant I was less present in the shelter. As for the second shelter, I usually went once a week, most often on Tuesday mornings, to attend the midwife consultations.

At times, I felt a sense of guilt. I wondered whether I was spending enough time in one shelter, or too much time in medical consultations instead of in the common areas where I could observe more of the women's daily lives. How should I divide my time? Which moments were most important for my research? But also, where would I be the most useful? I decided not to plan my days in advance, but rather to choose day by day, depending on events, encounters,

and sometimes specific requests from the shelter director, “Can you come in on Thursday? Someone is out sick; it would be nice to have some extra help.” I also adapted my schedule according to the workshops the midwife would sometimes organise in shelters. I prioritised those moments of conversation between women in the common spaces, where tongues loosened, and above all, where laughter and debate were always guaranteed.

My tasks as a volunteer

At one of the shelters, the one reserved for single women, my role varied. Sometimes, I helped serve food, though this was primarily handled by the social aid educator. If the shelter was particularly busy, I would step in to assist. More often, however, my time was spent responding to the specific needs of the women who came seeking help. Many would approach me with requests, often for clothing. I would either go to the storage room alone to fetch the specific item – a scarf, a hat – or if the demand was less precise, I would invite the women into the small storage space with me.

Inside that cramped room, cardboard boxes were stacked high, filled with donated clothing. The contents were often crumpled up, requiring literal digging to find what was needed. But I tried to make the experience more than just a transaction. I didn’t just want the women to find the right size, I wanted them to choose something they liked, whether for its colour or simply because it brought them a small moment of joy. If they picked out something unnecessary but nice to them, I would express excitement, “Yes, that would look really good on you.” Each time, I would close the door behind us – not because I had been told to prevent others from asking for more, but because I wanted to give them privacy. I wanted them to take their time, to feel like they had a choice. There was no shortage of clothing. Even the most in-demand items – hats, gloves, scarves – were available. Shelves also held small transparent bins filled with essentials: toothpaste and soap in flat rectangular packets, toothbrushes, and thin

paper towels that felt plasticised. I feared these were meant as makeshift towels for those granted access to showers.

One day, a woman asked me for a coat. Without hesitation, I handed her one. But just as she took it, a staff member entered the storage room. “Not you again,” she said to the woman, her eyebrows dropping, and snatching the coat from the woman’s hands. The woman left, looking down. Left alone amidst the boxes, the staff member turned to me, “This woman always asks for clothes. We suspect she gives them away – or even sells them. She lives in an accommodation now. We must prioritise those still on the streets.” I said, “okay”, feeling a bit stupid, but thanked her for the warning, which was done in a very kind way – to me at least.

Another task I often took on was going outside to escort the women inside when the bell rang throughout the shelter. The security officer, the one responsible for ringing the bell, often had to ring the bell multiple times before a staff member finally went. It was the dreaded task – no one wanted to do it. Everyone would hear the unavoidable sound of bell, but everyone would be hoping for someone else to go. Escorting the women inside meant walking across the entire space, at least 100 meters long, stepping outside, then immediately coming back in, retracing the same distance, writing down the names of the women on a piece of paper, and, more often than not, handling their requests, such as setting up an appointment with a social worker. The women couldn’t enter this shelter unless they were accompanied in by a staff member. I imagine there were multiple reasons for this system: security, since some women had been banned, either permanently or for a few days, after acting violently toward staff or other residents; quality of care, to ensure that staff knew who was coming in, could register them, offer support and explain how the shelter functioned; and finally, for tracking purposes, to know how many women were using the space every day. But these are only my assumptions.

I both feared and valued this task. On the one hand, it allowed me to be the first person to welcome the women, offering a moment of connection. On the other, it meant I was also the

one who had to face the unpredictability of the situation – whether it was encountering someone in deep psychological distress, dealing with verbal aggression or, more often, listening to women who urgently needed to share the violence they had endured. Many times, as we walked back to the shelter, they would confide in me, recounting their most traumatic experiences. That short walk was anything but a breath of fresh air. Of course, not all women spoke. Many remained silent, perhaps intimidated by the presence of the security staff who was probably associated with the police, considering their similar dark blue outfits – women in irregular legal situations especially must have felt confused and anxious about the presence of the security officer. But for some women, particularly those who had just experienced an assault or had been on the streets for a long time, the filters dissolved. And in those moments, their stories poured out.

At the other shelter, the one reserved for women with children only, I sometimes accompanied the women to the basement to do their laundry. I had to go down with them, unlock the door, let them load their clothes into the machine, and add a dose of detergent. They would often ask me to add more – which I often did – even though I had been told that one dose was enough. Once the washing cycle was complete, I had to go back down with them so they could transfer their laundry to the dryer. One day, a woman assured me that she was on the list for that day and that it was her turn to use the machine. Trusting her, I went down with her to start her laundry. Later, a staff member told me she had "tricked me" because I was new – it hadn't actually been her turn. The advance sign-up system was designed to ensure that every woman had a fair chance to do her laundry. A first come, first served system would have favoured some over others. But the system also made laundry a major source of tension in the shelter. Women sometimes arrived carrying bags full of clothes, only to be turned away because they hadn't signed up. Frustrated, they would say, "But I brought all my laundry with me for nothing!"

I realised then that I often allowed myself to bend the rules, just a little, adding extra detergent to the machine, letting the women choose their own clothes, giving two pieces of bread instead of just one. I had seen some staff members do the same but then again, these rules weren't exactly formal. But I started questioning my actions. Was this my way of saying, I'm just a volunteer here, I don't really work here, to differentiate myself maybe, perhaps as an ethnographer volunteer? "Where, in an area of such crying need, does the responsible ethnographer draw the line and limit participation to remain an ethically responsible observer and reporter?" asks Tinney (2008).

Most of the time, I simply listened to the women. Sitting in the dining area, the common room, or by the entrance, I spent a lot of time hanging out with them, chatting, whenever I wasn't solicited. I quickly noticed that many of the women needed someone to talk to, to externalise their thoughts and emotional distress. Some researchers suggest that these brief interactions can be a way for the beneficiaries to find meaning in their situation (Augusto & Hilario, 2019). But these moments could also have negative repercussions, as they may, in some cases, reawaken past trauma. I had once found myself faced with a woman suddenly pouring out her pain and tears triggered by nothing more than a simple "How are you?". A simple question seemed capable of reviving great harm.

The ambiguity of the role

There was one exchange that made me realise how the team perceived me. The director of the shelter for single women was speaking with a staff member, Ana, telling her to stop showing favouritism. Ana had secretly given some sweets to a woman because "they were her favourite ones." The director, quite reasonably, explained to Ana that if other women found out, they might complain about unfair treatment. Then, she pulled me into the conversation: "Tell her, Joséphine, you, who is a researcher." To her surprise, I didn't react as she had expected. I was actually touched by Ana's gesture, so I said, "If no one finds out… and it's just

sweets, after all." The director looked at me, startled. "No, you can't say that: you're a researcher!"

It was clear to them that I was an ethnographer. And this label came with expectations of responsibility, rationality, and an almost emotionless attitude. But for me, most of the time, I couldn't help but be a simple volunteer, or at least someone engaging with women in need. The intensity of my interactions – the moments of both violence and tenderness – kept me grounded in the present, far from thoughts about the quality or quantity of the data I was collecting (Punch, 2012). Scarce is the literature on volunteering ethnography, this dual role where the researcher simultaneously serves as a volunteer within an organisation while conducting their research (Garthwaite, 2016). Most studies have focused on ethnographic work on volunteering (Freedman, 2018; Martin, 2014; Portacolone, 2015), but few discuss what it means to embody this dual role. And yet, I believe this duality is worth exploring because, for me, it sometimes led me to question the usefulness of the second part of my identity: the ethnographer. Being confronted with precarious situations made action and pragmatism feel essential. The ethnographer, on the other hand – I sometimes felt ashamed of her because of her lack of direct usefulness.

Depending on where I positioned myself in the shelter, the women perceived me differently. Most of the time, I sat in the dining area with my notebook, avoiding the office area, where I was often approached, understandably, as if I were a member of the staff. It was in the office that women would ask me for a place to sleep at night. Still, I sometimes chose to sit there to take a break, especially when I felt overwhelmed by the constant requests from women outside the office. At times, I felt more isolated there, but it also allowed me to spend time with the staff, who often gathered to discuss difficult situations they were dealing with. When I sat in the dining area writing in my notebook, women would occasionally come up to me, ask what I was writing, and I would then explain my research project. Some of them would

sit beside me to chat, while others would leave shortly after. I did not interpret their departure as a sign of discomfort, but rather as a lack of interest. Despite my notebook being a marker to distinguish myself, there were still contradictory signs. Many of the tasks I performed resembled those of the staff: registering women (writing their first and last names as they entered the shelter), distributing clothes, and providing information.

Wherever I was, I was constantly approached with requests for a place to sleep at night. I remember one instance when, in my presence, the director told a woman, as she so often had to, “There is no space left tonight, I’m sorry.” The woman replied, “Please, I don’t care, I’ll sleep in a corner, on the floor, I won’t bother anyone.” These conversations were so hard to witness, or to have, and they happened several times a day, every day. When the request was directed at me, I would usually respond, “I don’t work here, sorry. You can ask a staff member.” They would then understandably ask, “What do you do here then?” I would answer, “I’m just a volunteer, I don’t deal with such requests.” If I had already been informed about the number of spots for the night by the director or a social worker, I would say, “There are no spots left for tonight.” At times, concerned about a woman’s condition, I would say, “I’ll ask, but I don’t think it will be possible,” and then go to speak with the director to express my concern. In these moments, my role was unclear. I could sometimes facilitate the allocation of a place by speaking with the director, but at the same time I insisted that such decisions were not my responsibility, which was also true.

When to stop and how?

Upon my request, I was given a work phone by the organisation running the day shelter. It allowed me to share a number with some of the women I met, without giving out my personal one. With this phone, I could communicate with migrant women and professionals while maintaining a sense of separation. When I got home, I would set it aside, sometimes even turn it off, convincing myself that fieldwork couldn’t follow me home. But, of course, that was an

illusion. The intensity of my daily interactions made it impossible to switch off entirely. Still, having a separate phone was my way of drawing some king of boundary, however fragile.

Already, then, I couldn't shake the guilt. The women I met would hand over their personal numbers so easily, while I gave them one with an expiration date. At the end of my fieldwork, I would return the phone. One of my initial fears had been receiving messages or calls I wouldn't be emotionally equipped to handle. But, as one midwife reassured me – she also had a separate professional number for the women she worked with – "They don't abuse it". Although the phrasing made me uncomfortable, she was right. But abusing wasn't the right word because their vulnerable situation would legitimate a call in the middle of the night. Anyway, I had the phone and started exchanging messages with some women on WhatsApp, checking in occasionally. Angélique, a migrant woman with whom I had built a closer relationship, would call maybe twice a month, but that was it.

By the time I returned the phone in September 2024, nearly a year after receiving it, it had been sitting untouched on my desk for two months. When I finally charged it, there were no new messages, which reassured me. I feel guilty admitting this, but I gave it back without saving a single contact, not even Angélique's. I think I needed distance, to convince myself I could step away from all the suffering. Selfishly, I had not considered the ethical implications of cutting ties so abruptly, of disappearing from the lives of the women I had connected with. Especially Angélique, the woman I had accompanied and visited in the hospital multiple times.

It wasn't until I started writing about her this year that I felt an urge to reach out again. I asked the midwife I had grown close to if she still had Angélique's number. When she shared it with me, I hesitated, then finally sent a message, this time from my personal phone. "Hello Angélique, is this still your number? It's Joséphine." She responded immediately, "Hello Joséphine, it's really me. It's been a long time." When I asked about her daughter, she replied,

using the shelters are so visibly in need? The limited duration of my fieldwork clashed with the continuity of the precarity faced by women (Punch, 2012). While I didn't want to give too much importance to the impact of my role and presence, I didn't want to let the people down.

I remember my last day as a volunteer at the shelter for single women. I thanked the director and a social worker, Bea, for letting me be part of their team, for trusting me. Then, straightforwardly, I told them, "I admire you for your work". They both smiled looking away, visibly uncomfortable. I wondered how they had been doing this job for so long. How did they hold up? "Smoking. Smoking helps," answered one member of staff once, accompanied by a weary laugh in a cloud of smoke. To put an end to my compliments, Bea said, "Yes, I remember your first days here, when you were so…" I can't remember the exact word she used, but it was something like "engaged" or "revolted." She was referring to how intensely I reacted to the women's situations, how I would discuss each issue with urgency, insisting "we must do something". Her comment didn't make me feel judged, but it did make me sad. I wished that sense of revolt had stayed with me, at least in some way. But I also knew how heavy it had been to carry. I remember one elderly French woman who had been staying at the shelter for years. She had incontinence issues, and the smell of urine often lingered around her. "Implicated" or "revolted", I kept bringing it up with the staff, saying, something must be done. I couldn't stop thinking about her skin, how red and infected it must be. But the staff had already tried to act. They had called a nurse, spoken to her gently about it – even accompanied her to the shower with fresh clothes. Sometimes, she agreed. But most times, she refused, denying her incontinence problem. The situation never really changed. And slowly, my urgency faded. Not because I stopped caring, but because I saw the staff members' exhaustion, the fatigue (Wajsberg, 2020). Despair was now taking over from revolt. And maybe that was my sign to stop.

Ethical issues of volunteer ethnographer

The most obvious ethical issue with the role of volunteer ethnographer was that some women weren't even aware of my dual identity. On my first day at the shelter for single women, I introduced myself during the monthly meeting. These meetings – when they happened – were a chance for the women who at the time were using the shelter to discuss upcoming events, issues, and revisit rules. I sat next to the director as she went through the usual announcements. At one point, she gestured toward me and said, with an exaggerated British accent and a giggle, "And this is Joséphine, a researcher from Oxford". No one reacted. Every time she introduced me to staff or visitors, she would pronounce "Oxford" with an exaggerated *O*, mimicking a posh accent. Once introduced, I took over, explaining that I would be here both as a volunteer and as a researcher, but that there was absolutely no obligation to speak with me. "If you don't want to talk to me, that's completely fine." The director, surprised by the way I chose to emphasise their free choice to participate, said, "Well, of course they'll want to talk to you". The women barely responded. They had more pressing concerns. "The toilets are always dirty," one woman said. And I understood. The state of the bathrooms mattered far more to them than my presence.

Besides that meeting, I would present myself as both a researcher and a volunteer during the activities and workshops provided for women attending the shelter, when women, the staff and I went around and introduced ourselves. But beyond those moments, opportunities to do so were rare. Women who had been staying in the shelter for a while knew me, and most were aware of my research. But many women using the shelter – those who came sporadically for a meal or to rest – likely didn't. During most interactions, I wouldn't take the time to mention either my research and or my role as a volunteer rather than staff, simply because our exchanges were so brief. But of course, that was not really an excuse because even the briefest interaction could end up in my notes. And maybe now, in a chapter.

“She’s doing very well, by the grace of the Lord.” Then, after a pause, “Where have you gone? I’m worried about you.”

That message hit me like a punch to the stomach. The guilt that had been lurking inside of me surged back. I reassured her that I was still in Paris. She told me she was still in the same accommodation, an hour away. Then she wrote, “I’m so happy to hear from you. My health is good.” And a moment later, “May God bless you, my sister, for the love you have shown me. You really supported me. I say this with tears in my eyes. Be blessed, my sister. You are a source of blessings for many. Don’t leave me, please.” And then, “I’m overwhelmed with worries. I need moral support.” A weight settled in my stomach. I could feel the guilt up to my throat, forcing me to swallow.

I share this story with shame, sadness, and deep unease because it exposes unprofessional and unethical actions that I took spontaneously, without the responsible and thoughtful reflections they deserved. How could I navigate these dilemmas better? How do I manage the emotional weight of relationships that obviously don’t neatly end when research does? This is why the word fieldwork feels so inadequate. It suggests a clear time and space of engagement, with a neat beginning and immaculate end. But emotions and relationships don’t work like that. They linger. They make an appearance long after you’ve convinced yourself you’ve established a distance. In response to these devastating messages, I asked Angélique if she had still a social worker follow-up. She answered, “No, the 115 hotline told me to wait until May.” I advised her to ask for a therapist as soon as this follow-up would resume. I also suggested she contact the midwife Caroline – who had also given her professional phone number at the time – if Angélique needed a more urgent appointment. I didn’t delve into the emotions of the situation, once again, to protect myself.

I felt very uncomfortable telling women and staff that my fieldwork was coming to an end – especially as my role of the volunteer had often taken over. How to stop when the women

Attending consultations with midwives and social workers

Consultations with midwives

During my fieldwork, I attended midwife consultations at a maternity clinic in a public hospital and also in five different day shelters for homeless women or families (see Introduction, p 5). Altogether, I attended 102 midwifery consultations, 18 of them with three different midwives at the hospital, and 84 consultations with the same midwife, Caroline, in the six day shelters. Each week, Caroline had set a routine in which she systematically went to four day shelters, one per day, from Monday to Thursday, and she sometimes went to two other day shelters that were not part of her regular schedule.

It all began when I reached out to the maternity clinic located in the hospital, which agreed for me to be present during consultations in their facility. They also advised me to contact "the flying midwife," as some called her: she worked only outside the hospital, in day shelters for homeless women. "She's the goose that lays the golden eggs," the maternity clinic director told me referring to my research topic. "She's often the first to meet the women who have no medical follow-up. She registers them in our system, and then refers them to us."

Calling what I was doing participant observation during the midwife consultations would be inaccurate. It was more what Wind (2008) would call interactive observation: I was obviously not participating in the consultation through medical knowledge. I could still intervene and interact with both the midwife and the patient during these moments. But apart from my brief introduction at the start of each consultation, I remained mostly silent throughout the encounters. After several months accompanying the midwife during consultations in shelters, she occasionally invited me to explain things directly to the patients. When demonstrating how the baby was positioned in the womb using a uterus-shaped plush toy, she would say, "Joséphine has heard me explain this plenty of times, she can explain this clearly." The only other moments where I spoke were when conversations turned to shelter, food, or

clothing. I would then speak about the shelter where I volunteered as it provided these needs. But beyond these rare instances, I mostly remained silent. Once, in the room that served as a consultation space in a family shelter, a migrant couple sitting in front of myself and the midwife related one of the most violent stories we had ever heard. The midwife turned to me, lost for words. "I don't know what to say, what you just said here is so terrible," she said, looking at me as if I could step in. Caught off guard, these were the words that came out of my mouth, "You are so brave to tell this story." I could sense guilt in the woman's words and voice, she kept saying "I should have," "I could have", so I added, "it's not your fault. Nothing is your fault."

Ethical issues of attending midwives consultations

Out of the 102 consultations I attended in the maternity clinic and day shelters, only one woman refused my presence. Usually, I would be already seated beside the midwife when introducing myself: "Hello, I'm a researcher studying the health of women, who, like yourself, have a migratory experience. I'd be interested to stay in this consultation, but everything I will write will remain completely anonymous. If you like me to leave, there's no problem at all, I can step out now. Or if you accept and change your mind at any point, I can also step out at any point during your consultation." The response was almost unanimous, "no problem". A few times, they would add, "we are all women here" to confirm their consents. I was acutely aware of how privileged I was to have access to such intimate exchanges, yet I couldn't shake this unsettling thought, "It is problematic that everyone is accepting my presence. More women should be refusing". I wrestled with the ethical implications of my access. What if I weren't already seated when they walked in? What if, between each consultation, I stepped outside rather than presenting myself in the space from the start? What if my introduction wasn't a few sentences? Yet, the fast-paced nature of these consultations left little room for such formalities.

Appointments succeeded one another, and even my brief introduction was eating into the already limited time women had with the midwife.

Then, one day, after my usual introduction, a woman – the only woman ever – murmured, eyes fixed to the floor, "I'd rather be alone with the midwife". Noticing the midwife's surprised expression, as we had never received this response, I immediately stepped out saying, "No problem". Strangely, I felt relieved. Her refusal reassured me. I naively told myself, "It means they know they have a choice". While waiting for this consultation to end, I went to the common room of the shelter to chat with women and the children. Later, the midwife found me and said, perplexed, "It's so strange she asked you to leave. She just wanted to ask if I could find her a place to sleep". To this day questions remain: Was the woman ashamed to make such a request? Did she think she had a better chance of getting accommodation if she asked the midwife alone? I wondered how she perceived me, and why other women didn't find a way to refuse my presence, as she did.

Attending medical consultations, seated beside the midwife – who, like me, was white – and facing mostly Black homeless women, I found myself hiding behind the ethical comfort of an assumed "good whiteness" (Rabii, 2022, p.1278). Yet, considering the near-unanimous acceptance of my presence, I was acutely aware that I was reproducing forms of racial domination. Still, I reassured myself "everything was fine" (ibid, p.1275), because it was for my research, which had gone through ethical approval – an obvious feature of white habitus, the way white people convince themselves that they are one of the "good ones" (ibid). At times, to make myself feel better, I would even compare my role to that of journalists, who would sometimes make sporadic appearances in the shelter. I thought, at least I wasn't just dropping in, asking questions, and vanishing. But for the women I would only see once during a consultation, and not see ever again in a shelter, there was little difference.

Ambiguity of my role

Multiple times, women consulting the midwife in the shelters would ask her in my absence, "Where is your assistant today?" When the midwife would tell me this, it made me smile. I liked being associated with her – someone so deeply appreciated by these women. And their comments seemed to imply, "We would have liked to see her, your assistant". But these comments also reminded me that numerous women didn't entirely separate me from the medical professional. For them, I was working for the midwife, and not independently.

I sometimes acted as an intermediary between professionals and the women. Often associated with the midwife who worked in the shelters, I was occasionally asked by the women to help schedule an appointment with her. I would then contact the midwife by phone and try to make sure they could meet as soon as possible. "I'm with a woman, she is seven months pregnant, no prenatal care", I once texted the midwife, knowing she would answer within minutes. It also worked the other way around: the midwife sometimes asked me to speak with the women when I was with them in the shelter, reminding them, for example, to monitor their blood sugar levels if they were anaemic and pregnant, or honour an upcoming medical appointment.

Consultations with social workers

Similarly to the consultations I attended with midwives, I also attended consultations with social workers in two different settings: hospitals and day shelters. In the hospitals, the social workers were involved in supporting women while they were also receiving prenatal care. In the shelters, they worked with women and families outside of a medical context.

Attending these consultations was not part of my initial plan. However, I quickly realised that social workers played a central role both in the lives of the women and in the functioning of the shelters. Women came to the shelters not only to rest or eat, but also in the hope of seeing a social worker, because social workers they were, rightly, considered to be

critical for initiating administrative procedures, and, were therefore a source of hope for accessing accommodation. The social workers often developed strong relationships with the women and became central points of reference, offering support that extended far beyond administrative matters.

In total, I attended eight consultations with social workers in hospitals and five in day shelters. The majority of these consultations were first encounters between the social workers and the women. I made a point of prioritising these initial meetings, as they were often the moments when the woman shared her journey, and her demands: such details were not necessarily repeated later in the follow-up process. I developed relationships with some social workers, who eventually confided in me about the emotional difficulty of their work in the face of so much suffering. “When I tell my friends about what I hear every day, they always ask if I’m okay” a social worker once told me, with a slightly amused tone.

Consultations with jurists

It happened, though much more rarely than with the other types of consultations, that also I attended meetings between a legal advisor, Sophie, who intervened in the day shelters, and migrant women. In total, I attended three of these legal consultations. They always took place in a small room within the shelter. In all three cases, and most often in general, legal consultations were related to asylum applications. As with medical and social consultations, I mostly remained silent. On one occasion, the legal advisor was preparing a woman for her asylum interview with the immigration office. She told her to mention all the violence she had experienced. “And that’s not just physical violence,” she insisted. “It can also be psychological,” she then added, “Joséphine would be the first to agree.” Surprised to be named in that moment, as I sometimes felt invisible in these exchanges where I tried to make myself as discreet as possible, I nodded.

The inadequacy of interviews

Although I had clearly laid out my intention to conduct unstructured interviews in my ethics application, it quickly became apparent that this method was not suitable at all. As emphasised throughout this thesis, migrants are constantly asked to "tell their story" (Sigona, 2014): they are asked this during asylum procedures (Chapter 4), through the preparation process and the interview itself, and in other administrative contexts, such as asking for emergency housing, calling the 115 hotline, meeting with social workers (Chapter 1), and when accessing medical care (Chapter 2). Migrants with precarious status are repeatedly asked, Why did you leave your country? And an answer to this question is often framed as necessary "to ensure good follow-up," as a social worker once said to me.

When I started hearing about the devastating impact of asylum rejection on women (Chapter 5), these stories began surfacing regularly in my exchanges with social workers – in informal settings such as lunch break for instance. One day, a social worker suggested I meet a particular woman. He believed she had a relevant story to share. I agreed straight away as I was eager to learn more about women's lives after asylum rejection. A few days later, he introduced us and offered us a quiet room so we wouldn't be interrupted. Before leaving us alone, he assured me he had explained my research to her and had told her to "tell the truth" and insisted it wouldn't negatively affect her. His emphasis on "telling the truth" struck me. Was there something to conceal? More than that, asking this woman to tell "the truth" to a researcher she had never met implied that doing so might not have been her natural choice, and in doing so, introduced a pressure.

Once we were alone, I repeated the aims of my research and explained her right to leave at any moment. I insisted, "You can change your mind at any moment and stop our conversation". I also stressed that I would not use her real name, but instead a pseudonym, and would alter or exclude any identifying details, such as her region of origin, age, or any other

information she preferred to keep private. She nodded, and I began by asking about her experience with asylum rejection. She had a lot to say, and emotions surfaced almost immediately. Within minutes, she started crying, repeating how unbearable her situation had become. I found myself sitting across a woman in clear psychological distress, that I had triggered. I tried gently to end the conversation, but she didn't want to stop. So I let her speak until her tears stopped. Afterward, I asked if she wanted to stay in the room, alone if needed, before rejoining the common room, but she said it was okay and left.

That moment, when I had clearly triggered distress, was the clearest confirmation that interviews were not an appropriate method for engaging with women living in deep precarity: I was causing harm. At times, women would approach me, wanting to talk and share similar traumatic stories, often with overwhelming emotion. But it was different when I wasn't the one initiating the exchange, when it was them who actively sought the conversation. Even in those cases, I would gently interrupt them, as I was aware that continuing would provoke emotional harm. Instead, I recommended they speak with their social worker or the therapist at the shelter.

Beyond volunteering and consultations

This third aspect of my fieldwork is perhaps the most difficult to describe because it lacks a clear name, unlike volunteering, and is not confined to a specific space, unlike consultations. These moments, which I call "in-betweens," were deeply significant to my work – not only because moving between these spaces gave me a more critical perspective on the institutional structures of support, but also because it allowed me to get to know the women beyond the predefined settings of shelters and maternity clinics. At the same time, I am aware that my freedom of movement and ambiguous identity was a privileged status, which also raised important ethical questions. What did it mean to accompany a woman to her medical appointment? To develop closer, more personal connections precisely because they were not defined and bound by institutional rules? And what were the implications of holding such an

ambiguous role, and how was it perceived by the women themselves? These relationships remained inherently embedded in power dynamics that cannot be overcome. This sometimes led to the women developing hope or expectations, which I may have inadvertently sustained and reinforced.

Accompanying women to the hospital

I accompanied a woman to her prenatal appointment at the hospital on three occasions. Sometimes, I would attend the consultation itself; other times, I simply waited in the waiting room. Angélique was the first women I offered to accompany to a hospital appointment. She had spent several nights sleeping on the shelter's worn-out couch – a spot the staff prioritised for pregnant women, to spare them the discomfort of sleeping on the reclining chairs. Our exchanges had started with brief greetings like, "How are you doing today?" when I arrived in the morning, or "Have a good evening" when I would leave the shelter around 5pm. One day, Caroline, the midwife who worked in the shelters, called to ask if I could remind Angélique to monitor her gestational diabetes three times a day – morning, noon, and night – and give her the details of her hospital appointment the next day – the time and address. I had attended Angélique's first consultation with the midwife a few weeks earlier and knew her better than most of the staff did. I think she also saw me as a familiar face and often came to me with questions or requests. Angélique had not received prenatal care since leaving Sissones, where she had been housed during her asylum application. Caroline was worried about this gap in care, especially given Angélique's health issues. This appointment would therefore mark the restart of her prenatal follow-up and a chance to catch up on the missed ultrasounds. As I printed out the bus instructions for Angélique, I noticed how anxious she seemed. She asked me to repeat the bus number several times and the location of the bus stop. "I turn left, but where?" she asked, showing me the printed map. Sensing her stress, I offered to accompany her, and she immediately accepted. That evening, as I was preparing to leave the shelter I

approached Angélique to say goodbye. She was lying on the couch with her handbag placed right below her pregnant belly, as if ready to leave at any moment. I crouched down and I noticed the path of a tear that slipped down her cheek and rested in her ear. I said, "it's going to be okay." She opened up about her fears: the arrival of her child and her homelessness. I placed my hand lightly on her arm.

The next morning, to the surprise of the other women at the shelter who weren't used to seeing me arrive so early, I showed up at 7:45. Angélique was ready, waiting for me in the dining area. I remember very clearly: She was wearing a long, colourful wax fabric dress layered with a black sweater beneath it. We left the shelter and walked to the bus station, chatting throughout the ride. When we arrived at the hospital, I asked her in the waiting room whether she wanted me to accompany her into the consultation room. She said yes and let me go ahead of her into the room. This was the beginning of the bond I formed with Angélique, who later helped me reflect on the themes I saw emerging in my fieldnotes. She would sometimes say, "This, you must include in your work."

This was the first and last time I accompanied a woman into the consultation room. The two other times, I stayed in the waiting area. These journeys allowed me to meet women outside of the institutional structures, and this often created a space where they would open up to me more, and also differently. The conversations shifted away from administrative procedures and sometimes turned into monologues about their past lives. I deeply cherish these moments, not only because I felt useful, but also because I sensed that my presence and listening brought them comfort, especially since I didn't occupy the clear-cut role of a social worker or midwife, which sometimes led to the women calling me "my friend."

Walking from the consultation to the shelter

Another moment I came to think of as in-between was the walk I often took between the hospital, where the maternity clinic was located, and one of the shelters where I volunteered.

What sometimes happened during a consultation with the midwife was that a woman would mention not knowing where to eat, rest, find clothes, or charge her phone during the day. After exchanging a glance with the midwife, I would step in and say, "I'm a volunteer at a shelter for single women, just nearby, only about 7-minute walk. I can take you there after the consultation if you'd like." Often, the women agreed, and I would leave the hospital with them, walking through the streets of Paris. These were also precious moments, because we were no longer in the hospital, and not yet in the shelter, we were spatially in-between. And it was in this space that I often encountered a new side of the woman, who would then begin to understand my unusual position at the hospital, that I was not a healthcare professional.

Visiting a woman in her accommodation

Once, I visited a woman in her accommodation. I had met her when she was temporarily housed in the emergency shelter where I volunteered. We had developed a bond, as I had attended her first meeting with the midwife and welcomed her to the shelter, and we eventually exchanged phone numbers. When she was finally offered temporary accommodation for the time of her delivery, she left the shelter and invited me to visit her. She sent me the address by text; it was in the south of Paris. She met me at the gate, and we walked together to the building, where I glimpsed her room from outside through the open window (described in Chapter 5). We sat on a bench outside and, both gazing off into the distance, we talked, for the first time outside of a shelter.

Accompanying women to facilities associations

In-between moments accompanying women from one place to another often began with a first meeting during a consultation with the midwife, whether at the shelter or the maternity ward at the hospital. One time, after a woman told us she had received an OQTF (a deportation order) while seven months pregnant, I offered to accompany her to the Solidarity Bus, an

organisation offering free legal advice. The offer stemmed, once again, from a stress I could sense in her: a visible anxiety on her tense face when she asked for directions. I bought her a ticket, we took the metro, and half an hour later we arrived at the association, which was a converted bus. We queued outside. I seemed to be the only person accompanying someone; the others were either alone or with a partner. Was it a mistake to come with her? I leaned against the side of the bus as these doubts crept in. When I straightened up, she touched my shoulder to turn me around and gently brushed the dust off my back. Touched, but also unsettled by this expression of affection, I wondered, am I nurturing false hopes?

Another time, the midwife Caroline and I accompanied Aminata, a migrant woman, to a location where she could request a registered address. We had first met her during a consultation at a shelter, just a few minutes' walk from where we were now. Upon learning that the young woman, seven months pregnant, still hadn't registered her address to apply for long-term housing, we felt compelled to help. Aminata, looking disoriented and overwhelmed by the situation, was in need of support. So, the midwife and I offered to accompany Aminata to the place, which was conveniently nearby, especially since she was the last consultation of the day. Securing this address became a priority, as it was a crucial step toward accessing potential accommodation. As soon as we arrived, we spotted the place: a long queue, at least 20 meters long, barely moving. We approached a man who seemed to be managing the entrance and explained the urgency of Aminata's situation, "We are accompanying this pregnant woman who urgently needs a registered address to apply for accommodation". Aya remained quiet, avoiding eye contact with the man. The man nodded; "let me see what I can do" and went inside. Caroline and I stood out as the only white individuals on the street, feeling distinctly uncomfortable at the front of the line. When the man returned, he gestured with his hand for us to come in. Inside, I felt overwhelmed with questions: Should I have spoken for her? Would she have received the same treatment had I not intervened? Aya was given a slip of paper

scheduling an appointment two weeks later, along with a request for a contribution of 10 or 20 euros. It was a disappointment. Two weeks felt like an eternity, and the requested amount was simply unattainable for her. As we left with the small slip of paper, I glanced back; the queue had barely budged.

The Town Hall square

The Town Hall square was where, every evening at 6 p.m., the organisation Utopia 56, an association working to secure shelter for people experiencing homelessness, often migrants, would gather. Because of the square's proximity to one of the shelters where I volunteered, but also because of its significance for migrant women, I went there several times. Sometimes I would just stop by in passing to greet women I knew, and other times I would stay longer with the midwife to try to identify pregnant women who had no prenatal care (see Chapter 1).

Once, I went there specifically to offer a place in the shelter where I volunteered. A spot had remained open, and a staff member at the shelter suggested I go and offer it to a woman waiting at the Town Hall square with Utopia. When I arrived, I approached the Utopia volunteers, who were at first surprised by my unusual proposition, but then introduced me to a woman who most likely wouldn't get a place from them, as she was no longer a priority after having been housed the night before. I spoke to the woman to explain that the place was only for one night and consisted of reclining chairs – not beds – so as not to raise false hope of a comfortable long-term solution. When I pointed out where the shelter was, "just a few steps from here," I said, she thanked me, and we walked there together. "You, you are nice one," she almost whispered.

Delineating fieldwork

The problem with those moments of fieldwork "at home" (Muir, 2024) that are not confined within the walls of an association, or any other formal structure, is that it becomes

difficult to see where they end. Apart from the lens of intentionality, it was hard to distinguish which moments counted as part of my fieldwork. What was the difference between me passing by the Town Hall at 6 p.m. on my way to meet friends, and the evenings when I passed by and ended up speaking with a woman I had met during a consultation?

I was very unsettled when encountering women from the shelter outside its walls, especially when I wasn't expecting it. I remember one morning, it was around 7 a.m., and I saw a woman I had spoken with many times sitting on the pavement in front of a Parisian hospital. She had asked for a place to sleep at the shelter the night before, which she didn't get, so I knew she had likely slept outside. Another time, I was at a train station, suitcase in hand, leaving Paris for a vacation. And I saw another woman from the shelter, Maya. She often spoke openly about her sex work as a survival strategy, and that day, she stood in impossibly high heels, and people stared at her. I froze as she walked past me. She didn't see me, and I later felt guilty I didn't say hello. I realised that these encounters outside the shelter affected me differently. When I wasn't in the role of an ethnographer or a volunteer, I felt more exposed, more vulnerable. It was as if I had lost the emotional barrier that I had built for those roles. No shield, no professional distance. I was just Joséphine.

From fieldnotes to chapters

In the final section of this chapter, I turn from highlighting emotional and ethical aspects of my fieldwork to the process of turning fieldnotes into the chapters of this thesis, again, with the purpose of adding transparency to the research process.

When I was writing my fieldnotes, I realise I was constantly making choices, often unconsciously, about what to write down, and how to write it (Erikson et al., 2012). And I was therefore also choosing what not to write. Partly because it's simply impossible to capture everything and everyone in words, writing fieldnote is inherently about being selective. But also because the way I made sense of people and situations naturally brought certain details

into focus while pushing others into the background. Another researcher, even sitting right next to me throughout my fieldwork, would have written something completely different. That's why I see fieldnotes as an act of interpretation from the very beginning. All my notes, and therefore the analysis or research findings that comes out of them, were shaped by how I saw, felt, and engaged with what was around me. That's why I want to take some time to reflect on how I took notes, in order to bring in some reflexivity (Lynch, 2000), to question my relationship with the field itself.

Before I even started my fieldwork, I knew I wanted to avoid a narrow or monolithic approach where only people's words filled my notebook. So I prepared myself to pay attention to a broader range of things: how people talk, behave, interact, move. The physical space. The objects they used. And also, importantly, my own reactions, emotions, and thoughts. In the act of notetaking, interpretation is already happening. The act of observing is selecting and interpreting. Sutherland (2022) puts it well, "Fieldnotes are the 'textual representations' of participant observation settings" (p. 170). That's why, to me, calling them raw data doesn't really fit. My notes already carry a layer of analysis, just by virtue of how I'm representing what I see, hear, and feel. Interpretation doesn't only happen later, when notes are broken down into themes.

So now, I want to share a short extract from my fieldnotes, to show and normalise what they looked like – messy, emotional, fragmented. I don't think I should be ashamed of them, or hide them, because they served as the pillars of my research findings.

> *We drew pictures with three young girls from Spain. They're currently sleeping in a tent, one of them calls it a 'cabin'. Their school bags got stolen. One girl told me that her friends at school were going to give her some school supplies and a new backpack. I don't like saying this, but they smelled really bad, it was difficult to stay close to them. I spoke with a woman who asked if the shelter provided housing. I said no, and told her about Utopia 56. She didn't know it. She said she's been sleeping at Gare du Nord. She has an 8-month-old baby in a thick, dirty snowsuit.*

This extract is from a day I spent volunteering at a shelter for women and children. I chose this passage to show the chaotic nature of fieldnotes. In just a few lines, I jump between two interactions: the girls, and the woman with the baby. Anyone reading this only gets a partial view. But for me, the memory is so vivid. I remember sitting with the girls, what they were drawing: one drew her sisters, another one drew me. I still have the drawing of myself, because she gave it to me. Then I recall the woman who approached the table asking for help with accommodation. I even remember thinking the baby must have been too warm inside it. I felt like telling her to unzip it or take it off completely (see Chapter 3: Bad Mothers).

I also chose this passage to show how my own impressions were woven into the notes. When I write, *"I don't like saying this, but they smelled really bad",* there's so much to unpack. Why didn't I like saying this? What does it say about my positionality? That moment, my discomfort, was part of the experience and I didn't want to leave those feelings out. Some ethnographers argue for keeping emotions in a separate notebook (Delamont, 2016), but for me, they should be juxtaposed, embedded in the fieldnotes, adding depth to the interaction. They reflect how I experienced the moment, and they can only enrich the notes.

I now want to share an exact extract from my fieldnotes during a medical consultation. It was a very different environment: just me, the midwife, and the woman, sometimes accompanied by a child or children, or her husband.

> *Woman, DOB 2002, Guinea.*
> *First pregnancy, arrived in June 2023.*
> *Marie* [name of the midwife] *goes through all the woman's documents.*
> *Ultrasound: everything is normal.*
> *Left her home: violent mother-in-law, with the father's complicity.*
> *Came through Tunisia, then Italy: "No violence" during the journey.*
> *CAFDA: housing as part of asylum request. Moves to a new place roughly every two weeks.*
> *She's been married since 2019, religious marriage.*
> *Hepatitis B positive.*
> *Marie only uses phrases that feel like they suggest a "yes"—does that leave room to say no?*

- *"Your husband, is he kind to you?"*
- *"Is that clearer for you?"*
- *"Do you know where that [the shelter] is?"*
- *"You haven't lost any blood down there?"*

Ligament pain.
Marie types on her computer: "At risk → precarious situation and Hep B."
The woman agrees to get the flu vaccine.
"Do you feel like you need to pee?" — urine test.
"Have you been vaccinated before?" "Yes, back home."
"You have to say that you've already been vaccinated, don't forget, okay? Because sometimes women don't say it and they end up getting vaccinated twice."

Then I skip a line and write down a question I asked the midwife after the consultation:

What are the risks of Hep B during pregnancy?

And I note three things, which I think are a summary of the midwife's response:

- *You have to check if it's active or not*
- *Whether it affects the liver*
- *The baby will receive a Hep B vaccination at birth*

I chose to share this extract not because it stands out, but precisely because it doesn't. But it is representative of most of my consultation notes. I always began with the woman's date of birth, country of origin, and date of arrival. These were usually the first things I saw on the midwife's screen when a patient walked in. If the woman didn't yet have a medical file, these were also the first questions the midwife would ask. My notes blend together very medical, procedural information – like "urine test" – with more observational elements, such as the way the midwife phrased her questions. The writing is fragmented and brief, simply because I was taking notes in real-time, during the consultation itself. I also think it's important to present these fieldnotes also because they show how, at that stage, I didn't yet know what would turn out to be relevant or not. They reflect the uncertainty of the early fieldwork process, and how scattered my attention could sometimes be.

The second part of my notes, taken after the consultation, would usually dive into specific things I had observed during the appointment. In this case, it was hepatitis B. These in-between moments, right after the consultation, were often when I had the chance to ask questions. The midwives at the maternity clinic would frequently turn to me and ask, "Do you have any questions?" It became a kind of routine, a moment that allowed me to pause and reflect on what I had just seen, and to go deeper into certain medical or social aspects that came up during the consultation.

Between pages of fieldnotes, I would occasionally jot down themes I saw emerging, in a chaotic and fragmented way, like this:

Look into more details:
- *idea of being 'nice': what does it mean to be nice?*
- *FGM certificate, what does it consist of?*
- *Being a homeless mother*

After about two months, these scattered lists of themes started to appear more often. They felt like little eruptions in my notebook. It was a sign that I was beginning to see patterns in my notes. I was now sitting at a library desk with all my notebooks spread out in front of me, beginning the long process of transcription. It gave me the chance to read through all my notes again. I have to admit, there were moments when I felt that some pieces of information weren't even worth transcribing. They just didn't seem relevant at all. But I made myself put everything into my laptop, even the details that felt the most insignificant at the time. As I transcribed, I changed all the names, replacing them with pseudonyms. In a separate, password-protected document, I kept track of who each pseudonym referred to, but only for the names that appeared multiple times in my notes. For one-off consultations, I didn't do this and lost their real names for good.

Reading my notes could be painful. Sometimes I had written about deeply traumatic moments in a very cold, factual tone: *"FGM when she was 6"*, *"she cries"*. But those lines would suddenly bring vivid memories back. I could remember how the woman sat, how she

moved. And like piecing together a puzzle, other fragments would resurface from different pages: *"She has a heart-shaped tattoo on her ankle"*, *"She walked very slowly"*, *"She never looked me in the eye"*. Women I had met just a few months earlier came back to life through what had once felt like scattered notes.

This is where my notes began to shape the tone of what would eventually become a written ethnographic text. As Wolcott (1990) puts it, data analysis is about creating less data. It's about accepting that you won't be able to talk about everything, and learning to let go of the emotional attachment you may have to certain stories, people, or objects. It became a process of "sniffing out" (Van Maanen, 2011, p.66) the "very important things": detecting patterns, sequences, and identifying emerging themes (Sutherland, 2022). Through inductive reasoning, or what Sutherland (2022) calls informal coding, I started making sense of it all. It's like doing what a computer program might do, but manually, by reading fieldnotes spread out on the table or across the floor. Even though I had already transcribed my notes, I often went back to the physical notebooks. I highlighted passages, added coloured sticky notes for different themes: motherhood, rejected asylum seekers, pregnancy, and so on.

Interestingly, some themes were hard to spot right away. Not because they were absent, but because they were everywhere. Paradoxically, that made them less visible. Emergency accommodation and homelessness, for instance, were topics that later became the core of a whole chapter (Chapter 1). But I could only see that once I had distanced myself enough from the material to recognise the theme running throughout my fieldnotes.

This inductive process also meant writing in the margins of my notebooks: commenting on my own thinking. Sometimes I'd flag a sentence I found problematic, which often led me to deeper insights. For example, next to an original note – *"Issue of contraception, we should talk more about contraception"* I later wrote, *"Why do the midwives and I call it an 'issue'?"* I realised that contraception came up mostly when a woman became pregnant, and because of

her precarious legal status, these conversations were framed around prevention, as if future pregnancies were assumed to be problematic or undesirable (see Chapter 5: Bad Mothers). This wasn't something I could fully grasp during fieldwork. It only came into focus after reading more research on pregnancy and motherhood among undocumented women, or women with irregular status, in other contexts. My thinking became more critical by working through the messiness of my own notes. What first felt like flat ideas slowly unfolded into something multidimensional and more critical.

CHAPTER 1

Finding a Place for the Night

"I would have told them that my entire pregnancy care is based here [Paris], and so I cannot go anywhere else."

Standing in the middle of the Paris Town Hall square, surrounded by families, single men and women, it is Aminata who responds to my question. I had asked her whether a bus had come that evening to take people to emergency accommodation outside Paris. Buses had arrived before, to transfer people to transit shelters on the outskirts of Paris before relocating them to cities like Besançon, Strasbourg, Marseilles and Charleville-Mézières, and other regions away from Paris (Le Nouvel Obs, 2023). This initiative to move migrants from the capital to more distant cities was born out of dispersal policies which, according to the Ministry of the Interior, aimed to "rebalance asylum seekers across French territory," but more closely resembled a form of social cleansing designed to make homelessness invisible to tourists arriving for the 2024 Paris Olympics (Ministère de L'Intérieur, 2023).

Many people who had been sent to towns far from Paris, and sometimes even to the outskirts of those towns, where they were far away from NGOs, eventually made their way back to the capital. They returned in search of better living conditions, often disoriented by an experience they had initially believed would offer more stable shelter than what they had found in Paris. One couple from Algeria, whom I had previously met in a shelter, showed up one day in the midwife Caroline's consultation room, visibly disoriented. They spoke nonstop, their voices overlapping, clearly in shock. "They forced us to apply for asylum. But we hadn't checked the box on the form. Look, I took a photo of the form, see, the box isn't checked," the woman said, agitated, her eyes fixed on her phone screen. Indeed, later on, other stories emerged of people who had also been coerced into applying for asylum, only eventually to

receive a refusal and an Obligation to Leave French Territory (OQTF) (Fournier & Godet, 2024).

Aminata had heard these stories. I think they must have quickly circulated in shelters and in evening gatherings at the Town Hall. Now seven months pregnant, Aminata was ready to decline a potential proposition to get on a bus. Her pregnancy care was rooted in Paris. Aminata had consultations, ultrasounds, blood tests and appointments coming up and she was waiting for her turn to receive baby clothes from the association *Paris Tout P'tits*. Repeating her words, "I cannot go anywhere else," she asserted that her pregnancy, and thus her life, was now embedded in the city of Paris.

Academic literature on migrants' encounters with the French emergency accommodation system often relies on a theoretical framework of exclusion and inclusion (Mbodj-Pouy 2016, p.308). And this scholarship exists for an understandable reason: dispossession and racialised exclusion profoundly shape migrants' trajectories (Fassin, 2010). Furthermore, for homeless migrant women in particular, dominant narratives centre on invisibility: women undertake strategies of invisibilisation, avoiding public spaces, and moving from social hotels to relying on informal networks (Braud & Loison-Leruste, 2022). Social hotels are previously private hotels that have been turned to providing state-funded emergency accommodation, offering furnished rooms that are not always in line with sanitary regulations: "For anyone visiting a social hotel, what may immediately stand out is […] the clutter of belongings, or the closeness of bodies and noises," writes Le Méner (2013, p.6). While these different accommodation options chosen by women are evoked, they remain underexplored (Le Bars, 2018). Women are depicted as ever-mobile – conserving their identity as displaced migrants – and are commonly theorised in terms of rupture, exclusion, and forced mobilities. These are indeed realities dictated by precarity. Nonetheless, such frames obscure the possibilities of continuity, of everyday rootedness; something I witnessed during my fieldwork.

In fact, I observed a coexisting reality: one of displacement but also of constructing a social world, building a sense of place and social continuity, a process I discuss in this chapter as emplacement. In this context, searching for shelter does not necessarily mean the impossibility of belonging.

This chapter emerges from the ethnographic tension of migrant women's expressions of desire and strategies to stay in Paris, and the policies and initiative pushing migrants out of the capital. It is inspired by women's manifestation of attachment to the city of Paris, by the solidarities they find locally, and their desire to remain in place – "I cannot go anywhere else" were the words of Aminata. These narratives do not question the relevance of the literature on exclusion but point to its incompleteness.

Much of the research on migrant accommodation in France focuses on formal infrastructures – state-funded shelters or social hotels (Andro et al., 2019; Alpes, 2017; Poncet, 2021) – and in turn, perceives migrants in isolated spatio-temporal frameworks where possibilities for sociality and social embeddedness are denied. Yet many women I encountered rely on non-institutional spaces, in fact on places not traditionally defined as accommodation at all, and commonly engage with both the urban space and people around them to find a place to sleep or rest for the night. Omitting these other spaces limits our knowledge of the strategies women put into place in order to sleep or rest at night, but also feeds into imaginaries of isolation, of migrant women living away from other individuals, from non-migrants for instance. It also suggests a one-sided relationship between the welfare state, offering accommodation to migrant women, and migrant women, living as a homogeneous whole in remote social hotels.

Rooted in the ethnographic research I conducted in Paris, my approach moves beyond the dominant scholarly focus on processes of exclusion and alienation. Instead, I mobilise Caglar and Glick Schiller's (2018) theoretical framework of emplacement to explore how

migrant women's experiences in Paris challenge the binary logics of rupture versus embeddedness. In their work *Migrants and city-making*, the authors define emplacement as "The social processes through which a dispossessed individual builds or rebuilds networks of connection within the constraints and opportunities of a specific city" (p.5). Thinking with emplacement enables detachment from ever-exclusionary frameworks of integration and assimilation – terms deeply embedded in the French state's legal and political lexicon today (Legifrance, 2024) – and opens up alternative understandings of belonging that are not bound by national frames (p.296). The concept of emplacement helps to situate both those enacted as migrant and as non-migrant within the same spatio-temporal context, in turn de-essentialising the migrant category. Furthermore, it brings into the analysis a person's social, affective and practical connections within a place, not just their legal and political status (Mbodj-Pouye, 2016, p.296). In this context, emplacement is not a final status, but a process whereby a woman engages with the Parisian environment, its people and infrastructure, and builds a sense of belonging. This can occur through affective ties, local sociabilities, ranging from solidarities to informal everyday interactions with migrants and non-migrants, as well as through knowledge of the city: knowing where to go, and when to go. And, as Aminata's story suggests, it can also be expressed narratively, in words that mark attachment and insistence on staying in one place (Mbodj-Pouye 2016, p.296).

My anthropological approach makes it possible to unpack women's ambivalent attachments to Paris and to pose an ordinary question, often reserved for those enacted as citizens: How do people engage with and experience the place they live in? (Besteman, 2016). And more specifically, through what expressions of emplacements do migrant women find places to sleep, at night, in Paris?

I structure my chapter according to the daily trajectory followed by most of the women I met in shelters: calling 115 in the morning, going to the Town Hall to find the Utopia 56

association at 6 p.m., and seeking a last-resort solution at night when no other option is available. Before retracing this common trajectory, I first present a brief historical overview of the state emergency housing system for migrants in Paris, to open up discussions of the historical ambivalence of displacement and emplacement. I then begin describing the common journey with the call: women calling the 115 hotline of the Samusocial. This is a state-funded hotline for homeless individuals to find accommodation in Paris. I start with this option not because it is the main solution for women, but because calling 115 was a part of all women's routines when I met them in shelters. Despite its limited capacities for accommodation, the Samusocial "serves as a gateway into the system" of long-term housing (Le Méner, 2013, p.3). By calling, women leave a record of their attempts to find accommodation, and can then ask a social worker to put together a file for long-term housing request. The more frequently a person calls, the more they are considered to be in need and, in theory, the more likely they are to obtain a place. In the third section, I describe the walk and the wait at the city Town Hall at 6 p.m. There, homeless women meet with the NGO Utopia 56, an organisation that tries to find them places in Parisian households willing to take in migrant people or regrouped encampments. I consider movement through the lens of emplacement and ask: How do women get to the Town Hall? From where? What makes them go? And how do they experience being in place at the Town Hall? Lastly, I move to consider another way in which women create or find shelter in Paris beyond contacting or relying on the organisations: setting up a tent in the city. In particular, I reflect on a woman and her two children setting up a tent five minutes away from the Town Hall and offer insight into migrant women's experience in Paris that goes beyond narratives of exclusion and displacement. I shift attention to how migrant women are in place, foregrounding practices of continuity and attachment that exist within conditions of precarity.

Historical context

Today, the Samusocial, a state-funded emergency service, is the principal platform providing temporary accommodation in social hotels or overnight shelters (Alpes, 2017). However, my use of the word "principal" here does not imply that all homeless individuals seek accommodation through this service, nor that the organisation shelters the majority of people in need (Alpes, 2017, p.142; Gardella, 2019; Price & Spencer, 2015, p.57). Rather, it means that homeless individuals must go through Samusocial, by calling its emergency number, 115, to obtain emergency accommodation in a social hotel or overnight shelter, and more importantly, to apply for and be considered for longer-term housing.

Created in 1993, Samusocial operates as an extension of the French emergency medical assistance service: the SAMU proper (*Service d'Aide Médicale d'Urgence*, or Emergency Medical Assistance Service). Like SAMU proper, Samusocial follows an emergency response logic: it focuses on alleviating suffering rather than addressing the structural conditions of hardship. The SAMU is about caring but not curing (Ticktin, 2011). As Ticktin (2011) writes, "These organisations exemplify the contemporary medicalisation of the social, where an emphasis on the suffering body guides all action" (p.62). While Samusocial is mostly known for its domestic program, it is also engaged in international humanitarian social work in Tunisia, Egypt, the Congo, Senegal, and also in Romania, Belgium, and elsewhere (Samusocial international, n.d.). This dual intervention, internal and external, suggests a continuity between humanitarianism and emergency social work, where the domestic is also inscribed in a regime of care, a moral imperative to relieve suffering rather than considering long-term collective change (Ticktin 2011, p.62). Funded almost entirely by public money, Samusocial presents itself as a service for people living on the streets who are either in physical or social distress.

At the beginning of the 21st century, Samusocial reported a shift in the population it served. The 115 hotline was originally set up to assist single French men. However, between 1999 and 2009, requests for shelter from families grew by 500%, and most of these families were migrants (Alpes, 2017; Damon, 2003; Le Méner & Oppenchaim, 2012). By 2007 in Paris, 75% of migrant families in social hotels were from Africa (APUR, 2007). While these statistics are significant, we must be cautious not to adopt Samusocial's lens uncritically. Migrants were present long before this reported increase; therefore, the data likely reflect a change in access to services or visibility rather than a simple and sudden demographic shift. The questions that should be posed are, in fact: on what systems did migrants rely (and do they continue to rely on them today) before the Samusocial was established? What preceded this social emergency system? Decentralising the Samusocial would allow us to dissociate migrant accommodation from emergency care, and in turn, challenge the supposed newness and temporariness of migrants' presence in Paris, opening space for theorising place-making.

Migrant accommodation was not always associated with emergency housing. Before the suspension of labour immigration in 1974, substantial public funds were devoted to developing housing for Algerians, Tunisians and Moroccans – migrants subsumed under the colonial era category of North Africans. These collective residences for single men – called foyers – were initially built during the Algerian War (1954-1962), primarily to house, but mostly to control North African labour migrants (Mbodj-Pouye 2023, p.15). In the 1960s, the same housing model was replicated for so-called "West African" workers, though in separate buildings, reinforcing a racial divide (Mbodj-Pouye 2023, p.15). For (post)colonial France, managing postcolonial migrants, both North Africans and West Africans, was thus a cheap way to secure a provisional male workforce (ibid).

But where were the women? Although migrant women and families did reside in France prior to the tightening of migratory policies in 1974, the family reunification law accelerated

their arrival (Cohen 2020; Lyons 2013). Subject to resource and housing requirements, the arrival of African spouses in France was nonetheless hindered by precarious employment opportunities and limited access to housing. Some families moved into social housing (below market rate housing), while others to so-called residences, a lower tier of social housing (Pinçon, 1981). This latter category was positioned between emergency accommodation and regular social housing and was intended as a temporary solution on the path toward standard social housing (Mbodj-Pouye, 2023, p.147). However, not all migrants benefited from these housing provisions. A significant number, particularly North Africans and Portuguese migrants remained in squatter settlements. Other migrants, especially West Africans, settled in working-class neighbourhoods in Paris, often occupying marginal or abandoned spaces: "Basements, attics, cafés, ballrooms, sheds, former stables, outhouses, workshops, and abandoned factories," as well as hotels vacated by Algerian families (Diarra, 1968; Mbodj-Pouye, 2023, p.38).

The foyers, social housing, shantytowns, and informal spaces were all places where migrant populations lived: places that implied a form of temporariness. This sense of impermanence was either due to their intended use, as in the case of the foyers destined for temporary male migrant labour, where residents were expected to stay no more than five years, or due to the precarious and informal nature of the housing itself. But as the researcher Pap Ndiaye (2009) reports, a Soninke migrant expressed in the 1970s that this temporariness could translate to permanent settlement: "Before, we would say that we came to France to look for pocket money, but in fact, we came to die on this land" (p.369). Furthermore, authors have suggested that this temporality was not incompatible with assertions of belonging (Mbodj-Pouye, 2023, p.15). Residents of foyers spoke of them as "places of our own" and demanded to be treated as "Parisians" (ibid). These claims to belonging were tied to rights and not legal status and hence contested national citizenship as the sole way to be in place: "We are here to

defend our rights," explained one man living in a foyer (ibid, p.172). The foyers also became sites of solidarity and political activism, notably during the emblematic nationwide rent strike in Sonacotra-run foyers in the 1970s. These protests arose in response to unsafe and unsanitary living conditions and helped foster new activist networks (ibid, p.66). Furthermore, foyers became rallying points for West African families residing in other types of housing, many of whom were French citizens, notably born in France (ibid, p.4). Processes of place-making, therefore challenged both legal status and the presumed impermanence of migrant accommodation.

A complete historical account of the welfare system offering accommodation to migrants lies beyond the scope of this chapter. However, this brief overview is important as it emphasises that accommodation for migrant populations was not always situated within the realm of emergency. The shift toward emergency housing corresponds with the return incentive policy, which partly aimed to assist families in returning to their countries of origin (Lebon, 1978). The increasing reliance of migrant populations on emergency accommodation – particularly through the Samusocial and its emergency hotline, 115 – reflects broader transformations: the suspension of labour migration, the retreat of integration policies, and the growing stigmatisation of migration. As a result, the welfare state has reframed housing as a matter of crisis, governed by emergency logics, rather than short or long-term stabilisation.

This historical perspective decentralises the notion of migrant accommodation as inherently temporary and emergency-based. It provides critical hindsight to reconsider the role of the Samusocial. In the following section, I shift focus to the possibilities of emplacement and sociability, drawing from my experience of spending an afternoon at the Samusocial's head office, observing the work of 115 call handlers.

“You have reached 115”

The 115 hotline greets you with an endless loop of Debussy’s classical music and a recorded message that plays over and over in different languages: “You have reached 115. The team is here to inform and guide you. Please hold the line; we will take your call shortly.” This soundtrack was omnipresent throughout my research, buzzing from phones on speakers or whispering through AirPods in women’s ears. It followed women everywhere: in dining halls, waiting rooms, even during medical appointments. If the call stretched past two hours, the line would cut off. The women would then dial 115 again, only to hear more Debussy.

The 115 is a national emergency number in France for homeless individuals. It is managed at the departmental level and operates 24/7. Call operators, following a scripted protocol, assess callers' situations, provide information on available support services, and sometimes guide them toward emergency accommodation. Multiple times, I wouldn’t even notice that women were on the phone. Either because an earphone, nestled in the hollow of a woman’s ear, wasn’t visible, or because the ringtone was so faint, or maybe because I had grown accustomed to the noise and no longer heard it. In the middle of a consultation, it often happened that a woman would take out her phone, bring it to her ear, and state her first and last name to confirm her identity. The consultation would promptly pause for a few seconds. A “yes” would follow. Then a silence of a few seconds, ending with an “okay, thank you.” That was it. And then, as if nothing had happened, without any emotion, the consultation would resume immediately. The answer was almost always “no”, but women knew they still had to call. The more they called, the higher the chance of being housed. Accumulating negative calls highlighted the real, urgent need, and could help prioritise them. It was in this logic of compliance that the women called. In this seemingly mechanical act, women knowingly

navigated the system, making the same call everyday: “first name, last name, yes, okay thank you.”

Every day, through the telephone, women reiterated their presence in Paris. They are here, in the city of Paris, and are still looking for a place to sleep. These repetitive calls, each increasing their chances of a short-term stay, signify women’s engagement in staying in Paris. Understanding such behaviour as place-making is not obvious straight away because this act, as I suggested earlier, is often invisible. As noted above, I didn’t always know when women were on the phone line, and the recurring rejection and the hanging up easily translate to exclusion. But despite these refusals, they kept calling, everyday: “Through repetition displacement solidifies as something enduring” (Strauss 2022; p.621). Not only does the visible/invisible binary dissolve, by the calls’ omnipresence but, simultaneously, the displaced/emplaced conception becomes blurry. Here I discern “rhythms of endurance that are pointing beyond the status quo of inhabitation” (Lancione & Simone, 2021, p.2). Calling 115 signified a form of dwelling which embodies a form “of inhabiting and being in the world” (Maqsood & Sajjad, 2021, p.995).

One day, I had the opportunity to step behind the scenes and visit the 115 emergency hotline operations, not as a researcher, but in my role of volunteer at the shelter held by Samusocial. Everyone working for the Samusocial had the chance to do a so-called “double listening” session to understand how it worked.

Situated on the fourth floor of a tall building in the east of Paris, this workspace is where all the calls come in. The room is a very spacious rectangle. I can’t even see where the space ends. Along the right edge when you enter this space are several desks, tucked behind transparent glass walls, giving the impression that they are part of the open space, yet soundproofed so that what’s being said is inaudible. Inside these glass cubicles, I can see groups of people gathered around an oval table, as if in a meeting. The call handlers, on the other hand,

are not behind glass doors. They are spread out across long tables in the centre of the rectangle, each with two computer screens, a headset, and a rolling chair. As I walk in towards the end of the room, I counted the number of people sitting at their desk. Fifteen. Only fifteen people were speaking at their screens with their headphones on. The 115 operates 24 hours a day, with an average of 18 operators simultaneously answering calls (Le Méner, 2011, p.5). Between April and December 2023, the hotline received an average of 2,165 calls per day but was only able to answer about 844 of them (Samusocial, 2023). This represents a decline in the number of calls answered, partly due to a lower average number of available call handlers explained by the "hardships" of the job (ibid p.17, translated from French word *pénibilité*).

"I'm here for the double listening," I say as I introduce myself to the first person I meet in the space. A few minutes later, I am sitting next to a woman in her thirties, let's call her Ana. A man sets up my headset, connecting it to Ana's computer system. He does a sound check and asks if I can hear well. I nod, and immediately after, Ana takes her first call. Both of us with our headsets on, staring at her two screens, she states, "Samusocial Paris, hello!" We hear a faint "Hello" at the end of the line. Ana then asks for the person's name and date of birth. I can barely hear the woman's voice on the other end of the line, drowned out by the noise around her, likely the sounds of children screaming. I can easily picture the children playing around the women, the familiar chaos I witnessed countless times in day shelters, on the other end of the call. Ana squeezes her eyes, as if to trying to sharpen her hearing, and says, "I can barely hear you", while navigating through her screen. With the phone number, Ana quickly identifies the woman's name and asks her to confirm it. She then clicks on the name to access her file. "Please hold for a moment," Ana tells the woman as she mutes the call. At the top of the file, I read the woman's name, her date of birth, and the ages of her two children, 4 and 6. Ana scrolls down, and I can see information about all the previous calls. She highlights the most recent call dates with her mouse, though I'm not sure if it's for me or for herself – it was a few months

ago – and turns to me, “You see, here it shows that she hasn't called in a while.” Ana explains that most of the time her job involves updating the files to note any interruptions in accommodation. She tracks if a woman has been housed previously and makes sure to record any changes in their situation. Ana unmutes the call and resumes her interrogation. “I can see that you haven’t stayed in an accommodation for a while, is that over?” The woman explains with a brief answer, “Asylum didn’t work,”[2] then a pause “I came back from Besançon”. It was very common for women who had been refused asylum to return to Paris with the hope of finding both accommodation and a larger community of support. Almost mechanically, Ana informs her that there is no space for tonight. The woman responds with a quiet, “Okay,” before hanging up. Ana leans back in her chair and takes off her headphones. Still looking at her screen she says “Most call knowing there won't be a spot for them” her voice steady, “but we tell them to keep calling. It gives them a better chance.” And she added, “It’s their only way of taking action. They know that if they wait for an hour, or more, there will be a person at the other end of the line.”

The few times the requests are fulfilled, Ana explains, it is often just for a couple of nights. And women sometimes have to travel across Paris. They go to great lengths to get to the address sent by the 115 via text, only to wake up early in the morning and vacate the room. The frequent social hotel rotation strategy subtly aims to minimise migrants’ reliance on the institutions providing shelter (Alpes, 2017, p.148). While social policy actors are eager to move away from using temporary hotels in favour of more permanent housing solutions, this shift would force authorities to confront the long-term nature of irregular migration. Though social hotel provision costs the state more than other options, it comes with the key advantage of not

[2] This expression “Asylum didn’t work” was often used by women to explain that their asylum application had been denied (see Chapter 6)

granting migrants any rights to residence. “This allows the state to maintain the illusion that it is merely responding to an emergency situation” (ibid, p.148).

By midday, out of the five calls Ana received, not once did she offer a place. Her screen shows 80 callers still waiting, when she hangs up her fifth call. “Tonight, there are 800 beds available,” she explains, “but nearly all of them are already reserved for Priority 1 cases.” She shows me a laminated folder resting on her desk. Inside was a precise script to guide the conversations. A few pages further in, a clear chart outlined the priority system. Quickly, I try to scribble the chart on my notebook before she flips the page.

> Priority 1: Women facing domestic violence, pregnant women near term, women with children under three, or those with severe health issues.
> Priority 2: Families with more than two children or significant medical conditions.
> Priority 3:

Ana then flips the page before I finish copying the information. I then ask if I can take a photo. She glances around nervously and whispers, “I don’t think that’s allowed.” Even though this chart was nowhere to be found on the 115 hotline website, Ana says it governs every decision. “Right now,” she admits, “we’re only managing to house some Priority 1 cases. Priority 2, rarely.”

Women were engaging with the 115 system not only by calling ritually, reiterating their need for accommodation, but also by changing their family structure. Women quickly learned not only from other migrant women, but also from social workers, that being a single mother would increase their chances of securing a spot in a social hotel or overnight shelter. Women with children are therefore incentivised to call the 115 hotline and present themselves as single mothers, rather than as part of a couple, because the majority of people accommodated are single-parent families (Alpes, 2017, p.143). By separating from the men of their families, women were strategically conforming to the gendered priority system to increase their chance of being accommodated (ibid, p.150). Similarly, pregnant women are sometimes asked for a

proof of pregnancy, as this could prioritise them in the system. Hence, the ability to stay in place, in this case to be placed in accommodation, is sometimes closely linked to gendered conceptions of vulnerability. Abiding by this system, whether by separating from a partner or sending a proof of ultrasound, contributed to the possibility of securing a place to sleep.

Ana revealed that the system of emergency accommodation had not always been this precarious. “I’ll never forget July 27, that was the day everything changed. That’s when we started saying no to almost everyone. At first, it was unbearable,” she confesses. “I used to cry in the bathroom between calls. It was too hard to tell people there was no space.” She grabs a pencil and sketches a diagram on a notepad: 115 ←→ DELTA ←→ HABITAT. Habitat is a branch of the Samusocial, its role is to “Collect requests submitted by social workers, direct individuals to available emergency and transitional housing placements, with the goal of moving people from the streets to stable housing." (SIAO, n.d.). Delta is the branch responsible for managing hotel accommodation. Specifically, it contracts with hotel providers interested in offering emergency shelter, reserves hotel rooms across the Île-de-France region based on availability and family composition, and oversees the process. With a heavy stroke, she crosses out the arrow between 115 and Delta. “A quota was imposed,” she explains. “Before, 115 we worked directly with Delta to allocate spaces, but that link was cut. Now, everything has to go through our coordinator, and by midday, it’s all gone.” When I tried searching online for more details, I found no information about any change or how things were now managed “internally” as Ana described. In hushed tones, Ana had confided in me, as if needing to externalise the pain of all these calls and unfulfilled requests.

Ana seemed lost as she told me about the change, as if she were living through it again, her hands pressed to her temples. She went on speaking, clearly compelled to speak to someone. Ana had moved from South America to France to live with her French husband. Just like me she was an anthropologist, but, unlike me, her studies were not recognised in France. Hence,

teaching was not an option, and continuing her studies was not financially feasible. She had therefore found this job, which she started right away. “When you speak multiple language it’s easy to get the job” she explained. But “it was so hard when I started,” she added.

Migration ethnographies can be haunted by binaries of difference (Çaglar & Glick Schiller, 2018, p. 11): the migrant versus the non-migrant, or in this context between the person calling for help versus the person receiving the call. Yet what I was witnessing were phone calls between two individuals, both navigating forms of marginalisation, though with vastly unequal consequences. By considering Ana’s story, I show how institutional roles can also contain stories of displacement and emplacement: Ana moved from South America and took this job, by default, in order to settle in Paris with her partner. “The concept of emplacement both invokes a sense of place-making and allows us to focus on a set of experiences shared by people who are generally differentiated by scholars and policy makers as either migrant or native” (Caglar & Glick Schiller, 2018, p.21).

Ana also has a migration story and a desire to build a life in Paris. And Ana’s story is not an isolated case. Being a call handler is a precarious job with limited career prospects, high turnover, and particularly low wages. Most employees are offered short-term contracts, with an average tenure of only six months. Another 115 call handler confided to *Le Monde* journalists: a physics teacher from Albania, a woman called Rina (her name has also been changed), had spent two months living on the streets with her two children before being taken in by school parent volunteers, and later found this job at the Samusocial (Rey-Lefebre, 2011). Rina says that sometimes she shared her own story with the people on the other end of the line, as she too has experienced homelessness: “I tell them that they can get through this too” (ibid, para. 14). The boundary between themselves and the excluded people they assist is sometimes thin.

While the large majority of women I met in shelters called 115 daily, the hotline is not the first resource to which people turn for shelter. Some women do not know about 115 (France Terre d'Asile, 2025), and these women are probably more isolated, which is likely why I did not encounter any of them in this situation in shelters during my fieldwork. Others say that they do not call because they believe the 115 will not help them (ibid). Often, social hotels serve as a last resort for migrants seeking a roof over their heads (Alpes, 2017, p.142). Women in particular tend to experience a series of accommodation types "ranging from unstable to outright problematic" before circumstances force them to rely on the emergency hotline (Ibid, 2017, p.142). Indeed, I met women who had experienced multiple housing situations before calling the 115 hotline. They often stayed with friends, as they described them, only to be asked to leave because there wasn't enough space. Others sought shelter with men, who either exploited them or demanded they leave when their wives or other women returned.

The aim of this chapter is to trace a common path, a chronological series of actions, taken by many women I encountered in shelters. I now turn to the Town Hall of Paris, where the volunteer-based nonprofit organisation Utopia 56 visits every night, as many of the women I met in shelter would walk or take the bus there to meet Utopia. I identify the Town Hall as an important location for establishing a sense of place: many women headed there after the shelters close, and this choice of venue was often encouraged by the 115 hotline itself, which informed them of this option by text message.

Place-making beyond the Samusocial

Utopia 56

Most women I met in shelters would call 115 during the day, and then, when the shelters closed around 5 p.m., some women, equipped with elegant, large strollers for their children, would walk toward the Town Hall. The midwife holding consultations in the shelters, Caroline, would always comment on these cradles on wheels, "You have a very beautiful stroller," and

the women would smile with pride, looking at the large object. It was true: they were indeed impressive, looking brand new. I tried to get my head around why the midwife and I were so impressed by these things, a feeling that seemed a bit random and disproportionate at first. But looking back, I think it was the feeling of emplacement that these striking strollers embodied: they incarnated an image of motherhood, and they took up space, were highly visible, and allowed women to move through the city more easily. They both facilitated movement and signified being in place. "Emplacement requires moving in the city" writes Mbodj-Pouye (2023, p.18). Being able to move in the city facilitates social encounters, familiarity with the urban environment, and the ability to complete administrative procedures that require physical mobility - for example, applying for a registered address, attending a prenatal check-up, or, in this context, going to the Paris Town Hall place in the hope of being offered shelter by the Utopia association.

It was a multitude of strollers that gathered in the Town Hall to meet the organisation Utopia 56, every night at 6 p.m. Utopia 56 is an association, created in 2015, to find last minute accommodations for homeless people and mostly migrants, and is largely run by volunteers. The accommodation that Utopia 56 offers can take multiple forms: people may be hosted by private individuals, or housed in temporary camps organised by the association, often set up in parking lots, schools, or churches. Utopia 56 has become the safety net for most people who do not receive accommodation through the 115 hotline. The 115 itself, through text messages, often directs homeless people to Utopia 56, by sending an informative text with the address of the Town Hall. In 2023, Utopia 56 reported that 61% of the requests were fulfilled, providing accommodation a total of 22,700 times (Utopia 56, 2024, p.79).

Through its role as a safety net, the organisation nicknames itself "*le 115 de la débrouille,*" which can be translated as "the 115 of the resourceful" or "the 115 of the self-reliant". However, *débrouille* is not a straightforward word to translate and needs unpacking.

La débrouille or *se débrouiller*, the noun or the verb, can also mean getting by, coping, or making do, and has already appeared in the migration studies literature. Gonzalez (2007) who studies Latin American migration in France, takes up this term and defines it as a strategy in which "the individual aims to obtain results or gains by positioning themselves outside the sphere of law and outside the institutional framework" (p.67), or, in other words "it is not about finding every possible way to live within French society, but about deploying actions to live alongside it" (ibid). Similarly, Moujoud (2008) highlights the notion of a "*débrouille*" attitude, which she puts in quotation as it comes from migrant women in irregular situations, referring to their ways of getting by through turning to unprotected work, prostitution, or "grey" marriages (so-called "romantic fraud for immigration purposes" (D'Aoust, 2012, p.1), see Chapter 2 for further discussion of this term). It is therefore significant that an organisation, portrayed by right-wing media as "putting the state in difficulty" (Tenré, 2021, para. 2) through its activist sheltering: setting up camps in gyms, in Place de la République, parking lots, and abandoned schools, uses the term débrouille to contrast itself with the Samusocial, a state organisation [for further discussion of débrouille, see Conclusion: Part 2. "We are not fine.")

Utopia 56 was created in Calais camps with the aim of organising volunteering. It has now expanded to eight branches in France, but its main area of involvement remains Paris. Born out of the state's abandonment of migrants and refugees, Utopia 56 acts as a true safety net for the homeless (Davies et al., 2017; Freedman and de Andrad, 2024). While it initially maintained relationships and even collaborated with the state and municipal services, the organisation eventually cut ties with state-associated services and other associations working closely with the state after experiencing negative interactions with the State co-opting their initiatives. For example, when a first a reception centre was created in Paris, the state introduced fingerprint controls for migrants, thereby rejecting Utopia's founding principle of unconditional welcome. Utopia 56 has therefore built its mission around remaining

independent; the organisation “Does not ask or receive” money from the state, with the exception of young people employed through the civic service program (Utopia 56, 2024, p.131). Its operations are supported by charitable foundations, associative partners, and donations from companies and citizens (ibid).

Most women I see during the day in the shelters end up here at the Town Hall (see Figure 1). This time not waiting on the line, but in line as, unfortunately, Utopia 56 also faces saturation. Every evening, volunteers from the organisation gather at the Town Hall place, in the heart of Paris. True to its name, it is a vast square facing the imposing Paris City Hall, framed by fountains. During the day, the square often sees groups of young migrant men perched on parked cities bicycles, chatting. But by 6 p.m., on one specific corner, opposite the grand city hall, a crowd begins to form. Children run in circles around the queues that take shape, some so young they are barely steady on their feet. A few individuals sit on the ground, clutching large suitcases or plastic bags, staring at their feet. Volunteers work efficiently, taking down names, phone numbers, and group details including whether the person is alone, with family, or pregnant. Then, the wait resumes. Each person hopes to be called, to secure a night’s stay with a host family offering shelter, or in a camp organised by the association.



Figure 1: *Photo showing the corner of the city Town Hall square, the waiting spot where people wait for Utopia 56 volunteers (Photo taken by Caroline, the midwife)*

It's 6:30 p.m. when Caroline and I join this crowd on a Monday evening. Sometimes, we end our day here, torn between hoping to find pregnant women who need prenatal care and dreading the idea that some will be there who have none. Tonight, the familiar scene unfolds, and we recognise several faces, women we had seen in consultations just days earlier. Caroline approaches them with warmth, with a smile that never fades, asking questions, like, “Have you had your first ultrasound yet” or “Are you still without accommodation?” Suddenly, I notice a heavily pregnant woman in the crowd and point her out to Caroline. Without hesitation, she weaves through the packed group of people and introduces herself, “Hello, I'm Caroline, a midwife. I see you're expecting a baby,” she says gently. The woman, caught off guard, looks to the other women around her for reassurance. One of them greets Caroline warmly. Relaxing a little, the pregnant woman nods. “Do you have prenatal care?” Caroline asks. The woman shakes her head. Caroline pulls out her notebook, writes down the woman’s name and phone

number, and hands her a small slip of paper (Figure 2). On it are details about the days she is available at day shelters. “On Mondays, I'm here,” Caroline explains, pointing to the paper, “and on Tuesdays, I'm there. “Come see me so we can schedule an appointment for you at a maternity clinic where all your prenatal care will be free.” Caroline then flips the page and points to a picture: “This is me, well now I don't look this young, but it is me, and below is my phone number”. The woman’s tense expression softens, and she accepts the paper with a smile. Another woman approaches us and tells Caroline that she would also like to see her. She mimes swallowing a pill, raising her hand to her mouth and pinching her fingers as if holding something small. The pill; the woman would like contraception. Caroline understands immediately and replies, “Of course, come see me tomorrow at this day shelter,” circling the address on the paper she hands over.

Caroline rotates between four different shelters each week, from Monday to Thursday. Each day is tied to a specific Parisian shelter, and this schedule never changes, so that women always know where to find her. She once told me, “If they [her directors] took one location away from me”, referring to the possibility of being asked not to return to one of the shelters, “it would be like cutting off one of my arms.” Each of the sites really mattered to her. They made her feel grounded and kept her connected to homeless migrant women across the city. “If I had the strength,” she once said, “I would stay with them a whole 24 hours, to see what they must do when they leave the shelter.”

Sometimes Caroline doesn’t even turn off her work phone at night, afraid of missing an urgent call from a woman. One day, she received a call from a woman who told her that she had been evicted from her accommodation and that all her belongings had been thrown out of the room. For many women, Caroline had become a pillar. This is no exaggeration: more than once, a woman has named her newborn Caroline. Her presence is mapped out and consistent. But more than that, she embodies trust in women, a trust that is positively contagious as the

above interaction at the Town Hall square illustrates. Many women knew Caroline because she was everywhere, and this helped build trust with the women who had just met her, since she was known to all. Caroline is someone who anchors women in Paris through her steady, repeated presence across multiple sites, but also by coming to the Town Hall square multiple nights, always working overtime, afraid of missing a woman who might need prenatal follow-up.

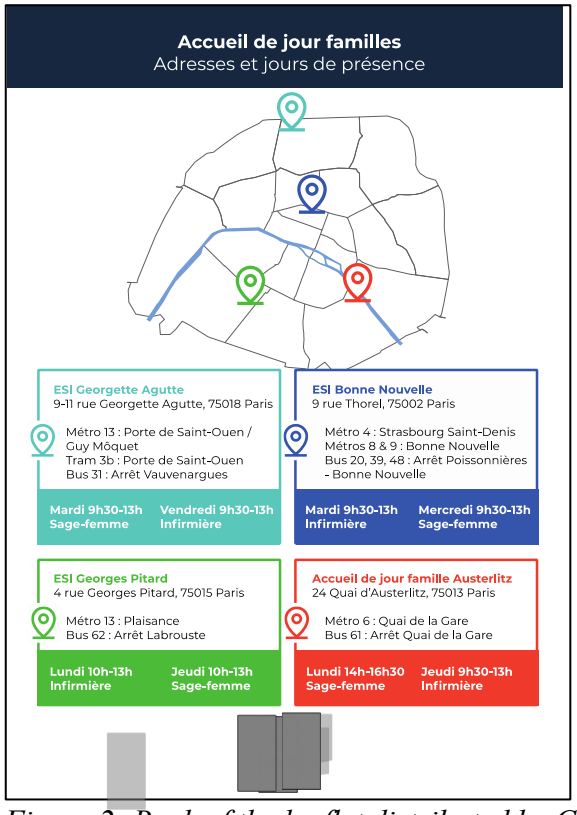


Figure 2: Back of the leaflet distributed by Caroline. Translation of the title of the leaflet: Day reception centres for families. Addresses and days of operation.

The Town Hall square is a unique and dynamic urban space. During the day, tourists gather at the Town Hall, snapping selfies in front of the building. From 6 p.m. onwards, volunteers and homeless people begin to gather, forming a scattered crowd through which passers-by weave. Apart from Utopia volunteers, staff from various other agencies are also regularly present. Every Monday, the organisation Doctors Without Borders provides medical

services, and some evenings a team from France Terre d'Asile, a non-governmental organisation that supports migrants, refugees, and unaccompanied minors, also joins the crowd. The Town Hall square not only functions as a physical site but also as a place of encounter, where interactions between people categorised as native or local and newly arrived migrants can turn into affective relationships, linking people to urban space (Caglar & Glick Schiller, 2018, p.30). These encounters - that Caglar and Glick Schiller (2018, p.12) call "sociabilities" - these exchanges, meetings, and gatherings, often go beyond institutionally-organised settlement processes. The square is a space where informal relationships, emotional support, and ongoing friendships allow newcomers to find a sense of belonging in the city.

The Town Hall square had also become a site of protest; on some nights, people would stay overnight to demand proper housing (Carretero 2022). One morning, on my way to a shelter around 9 a.m. I saw about ten women with children sitting on pieces of cardboard in front of the Town Hall. They were exactly at Utopia's corner, that is, the spot where the organisation's volunteers are stationed from 6 p.m. onwards. There were no men, just women and their children. As I walked toward them, I recognised one woman with her child, whom I had seen in a consultation with Caroline. I remembered leaving the consultation room with her ten-year-old son and my colourful pencils so he could draw, as the conversation with his mother had become very detailed, especially regarding the violence she had fled. As I approached them, she recognised me too, and we smiled at each other. I sat next to her on the ground, and she told me they had spent the night there in protest. "We're not moving until they offer us a place to stay," she said, staring straight ahead. "We don't want something for one night," she added. "We want a long-term solution." Her son was playing football with some younger children in the square in front of us, using a ball so deflated it no longer rolled but floated slightly with each kick. A very small girl, barely able to walk, was trying to follow the group of boys and their malfunctioning toy.

“A tent under the bridge”

It's nearly 7:30 p.m. and Caroline and I were still at the Town Hall square. Caroline turned to me and said she wanted to visit the makeshift camp that several women kept mentioning during her consultations with the description of “The tent, under the bridge, near the pool”. We weren’t sure where this place was at first, but the pool did give us a hint. Right above the Town Hall of Paris, there was a pool, so we crossed the street, moving away from the static crowd, surrounded by the frenetic energy of children darting around like free electrons. We walked up the street perpendicular to the square, and within five minutes, the smell of chlorine reached us. Approaching the centre of Pompidou building, known for its bare aesthetic, devoid of a unified façade, we approached this arched building, overflowing on the street (see Figure 3: the picture below was taken after the camp had been removed). Under this arch, about fifteen tents were lining the sidewalk. The camp, made up of about fifteen camping tents, contrasted sharply with the sterile smell of chlorine from the nearby swimming pool and the orderly environment of the adjacent clear sidewalks designed for pedestrian traffic. But no bridge was in sight.



Figure 3: Building under which the tents were set up



Figure 4: Space, under the building, where the makeshift camp was set up.

But as we advanced under the covered space of the building, I understood what women meant by "under the bridge" (see Figure 4). When standing under this building, protected by its floating arches, and repeating concrete pillars, it did feel like a bridge. But one that was cut in half by its sudden stop, as if it was missing a piece. Tents were set up on either side of the pillars, with on one of them a drawing of three figures, two adults and a child with the inscription: "Build a bridge between Africa and Europe so that refugees can come safely." (In French: "*Construire une passerelle Entre l'Afrique et l'Europe pour que les réfugiés puissent venir sans danger*") (see Figure 4).

After passing five tents, we stopped in front of two little girls dressed entirely in pink: pink backpacks, pink shoes, pink hats. Their mother was inside a tent, organising belongings. She was putting bags inside the tent, and I think she was spreading a thick blanket on the tent's thin floor. Utopia 56 plays a major role in distributing essential supplies for surviving on the street. The organisation provides tents, blankets, sleeping bags and sometimes clothing, thus offering people who are not accommodated an alternative, however temporary it might be. Camps of this kind frequently emerge throughout Paris: along the banks of the Seine, by the Canal Saint-Martin, the Canal de l'Ourcq, under the elevated metro line, or more visibly in locations like Place de la République and even the Town Hall place. However, these encampments are quickly dismantled by the police.

Caroline gently addressed the woman, asking if they had been sleeping here for long. The woman nodded but seemed uneasy with our presence. She explained that one of her daughters had school in the morning, "I can't go far away where the 115 sometimes takes us. I need to stay close." "And they have to shower before school; how do I find the time to do that in the morning? The public showers only open at 12". She bent her back forward and entered the tent again. Sensing that the mother wasn't comfortable speaking with us, Caroline and I decide to leave. I thought then about the 115's priority system: one of the girls looked younger

than three years old. Yet, for one reason or another, this family had slipped through the wide cracks of the prioritisation system.



Figure 5: *Picture taken by the midwife Caroline before leaving the makeshift camp.*

The resilience of this seemingly single-parent family of three living under extreme precarity — sleeping in an improvised camp in the heart of Paris — represents a form of subversion of the formal systems of emergency accommodation. These fragile camp infrastructures, crafted out of necessity, embody the tenacity of human resilience, demonstrating migrants' determination to stay in place, in this case, motivated by mother's determination to stay close to her children's school (Lucht, 2024, p.16). By choosing to create such makeshift accommodation in the middle of Paris, the migrants are visibly taking action to stay in place. "By staying put and practicing emplacement in a space meant for circulation" (the sidewalk) the women with her children dwell "but do not settle" (Kleinman, 2019, p.107). Staying here, in the middle of Paris, means that the woman can more easily bring her child to

school the next day. This decision to sleep in a tent to facilitate the journey to school the next morning echoes Turner's (2016) notion of dia-placement: the act of "Remaining apart in order to move forward and remaining out of place in the present in order to find a place in the future" (p.39).

For this woman, then, her child's school embodies a reason for staying displaced to stay in place. I noticed this with other mothers as well. One mother, who struggled to enrol her child in a school, said, "I don't want him to become a delinquent." Her words suggest awareness that attending school would likely offer a stable future, avoiding moral and legal marginalisation but also social exclusion. Making sure her child takes a shower before school also suggests this fear of exclusion. Another mother cried when the Samusocial finally offered her long-term accommodation outside of Paris, because it meant her child would have to change schools, "He finally made friends, and I know the teacher, and now we have to leave Paris". For mothers, schools seemed to offer a sense of belonging, a form of social anchor, that physical relocation would impede. While these agglomerations of thin fabric tents, blocking the sidewalks, foreshadow police intervention, they do not necessarily result in social displacement. "Emplacement is as such not a question of physical localisation but a striving toward being positively situated in a relational landscape" (Vigh & Bjarnesen, 2016, p.10). Refusing more stable and solid accommodation may represent strategies of emplacement. Despite the temporary nature of the camp, the makeshift camp reassured the woman of the future possibility of social emplacement.

A couple of days later, Caroline and I returned to the improvised camp, only to find that all the tents were gone. There was no trace left: no remnants of the camp, and the pavement even appeared to have been cleaned. I entered the public swimming pool and asked the staff member on duty if they knew what had happened, even though I already suspected the answer: "The police came and made them move." I asked where they had gone, but no one knew. As

observed in the camps of Calais, where French authorities demolished the camps, the phenomenon that Mbembe (2020) calls "Infrastructural warfare": "an orchestrated and systematic sabotage of the enemy's societal and urban infrastructure network" (p.29) was enacted. Now that the larger camp had been dismantled, smaller camps kept popping up in the city. Some remained for a couple of days, while others lasted for more than a month. But these encampments often ended with the tearing down and gassing of tents and blankets, chasing people, and police violence (Ouest-France, 2024). It is a cycle that repeated itself: emergence of a camp, evacuation, dismantling, and then it continued. These interventions, which public authorities refer to as *mise à l'abri*, literally "putting into shelter", imply that the municipal authorities offer alternative for those being evicted. In practice, however, people are often sent back to the streets, as the alternative, when available, was only temporary. As a result, *mise à l'abri*, more accurately amounts to a *remise à la rue:* a return to the streets.

Conclusion

In this chapter, I have described a sequence of three actions that a homeless migrant woman might undertake in a single day in her search for a place to sleep in Paris: calling the 115 emergency housing hotline from a shelter, walking to the Town Hall square to meet members of the Utopia 56 organisation, and then deciding to walk a few minutes further to set up a tent in a makeshift camp. This progression of decisions does not, of course, represent the experience of all migrant women in Paris. However, it offers insight into the systems they navigate in their ongoing efforts to secure a place to sleep each night. This chapter does not claim to capture the full range of strategies women use to remain in place. Instead, it draws on my fieldwork, conducted primarily in shelters, and focuses on three recurring actions I observed: calling, walking, and settling, even if only for the night.

I have examined these three actions not in order to romanticise them as strategies or reduce them to signs of passive exclusion, but to complicate how they are understood. I have

drawn on Caglar and Glick Schiller's (2018) concepts of sociabilities, meaning forms of relationship and encounters, and emplacement, referring to the process of building a sense of place and social continuity, to better understand these practices. I have asked: What does it mean for women to call the 115 hotline every day? What happens when women return night after night to the same public square? What does it suggest when women set up a tent in the middle of the city? By attending to women's words, movements, and emotions, I have sought to make visible their attachment to the city, as well as their feelings and desires to stay in place in Paris. My aim has been to open up a different conversation about accommodation for homeless migrant women, one that moves beyond the binary between displacement and emplacement.

CHAPTER 2

Are You in Love?

Angélique and I were leaving the midwife's consultation room as she walked us to the door of her office in the hospital. "You can try going to see the social worker now, to ask for a follow-up. It's also on the ground floor, at the end of the hallway, on the right," the midwife told us. Angélique still didn't have any social support in place, as the social workers in the shelters were overbooked. Coming from another city and still officially registered at her former asylum accommodation address, she was repeatedly told that social follow-up could not be arranged in Paris. I think both Angélique and I felt disoriented after this hour-long appointment with the midwife, as it marked a resumption of prenatal care that had been interrupted when she left her asylum seeker accommodation in the previous city. Although Angélique was now entering her eighth month of pregnancy, the midwife was starting the pre-natal file from scratch, as she did not have access to the previous medical file that had likely been created in the previous city where Angélique had been living. The midwife had asked all the painful questions, and I say painful because these questions often triggered tears, long silences, or an unstoppable flow of words: Why had Angélique left her country? Which countries did she cross? And where had she been sleeping since arriving in Paris?

So Angélique and I walked down the hospital's long, white corridor, and sure enough, at the very end, we found an open door on the right where two women were seated. One of them, whom I assumed was a social worker, looked up from her desk. Angélique didn't say a word, so I stepped in: "We've just come from her midwife appointment, and she told us we could stop by." The woman asked, "Do you already have a social follow-up?" Angélique looked at me, clearly annoyed by the question. "No," I replied. The woman's gaze shifted to Angélique's belly, as if calculating her pregnancy stage. "After she gives birth, I won't be in charge anymore. My role is to only handle social follow-up during prenatal care." Faced with

our silence, the social worker told Angélique to take a seat. What followed was an interrogation similar to the previous one: “Why did you leave your country?” Angélique remained silent again, not uttering a word. I interjected, “She was asked the same question during her appointment with the midwife just now. It’s all in the file here.” I pointed to the stack of papers Angélique had placed in front of her. “It brings up a lot, you know,” I said. “Yes, but to support her properly, I need to ask these questions” replied the social worker. She picked up the stack of documents and began flipping through them. She turned the pages silently while Angélique sat only halfway on the chair in front of her. I stood beside her. The social worker then began asking more questions, this time about Angélique’s relationship with her husband. “Are you still in contact with your husband?” she asked. Angélique looked at me again, her eyes wide open. Silence. Then, what seemed like very long seconds later, she finally answered: “He’s in Rennes[3],” Angélique replied. “You mention being separated geographically. Does that mean you want to reunite?” The social worker pressed. Angélique, avoiding eye contact with her interlocutor, replied, “I’d like to, but I don’t know how he feels about it.” Then, with a detached tone, as though speaking to herself, she added, “We live separate lives now. People change.” The interview ended quickly after this brief exchange when I mentioned that Angélique had another appointment in five minutes for the ultrasound.

After that day of back-to-back appointments, with the midwife, the social worker, and the gynaecologist, Angélique was hospitalised, as she was showing signs of advanced gestational diabetes. A few days later, Angélique called me. She told me her partner had left Rennes to meet her at the hospital. “They keep asking if he is the father,” she explained, trying to convince me, “I’m telling you, he really is the father.” She was speaking quickly, barely pausing for breath. She sounded stressed and overwhelmed.

[3] A city in the northwest of France.

This was not the first time the subject of a migrant woman's relationship with a migrant man came up in conversations between professionals - whether midwives, social workers, or doctors - and the woman herself. Of course, these conversations didn't always unfold in the way described above. Sometimes, topics touching on such intimacy came up later in interviews, or not during the first encounter at all. In some cases, there was even a very good relationship between the professional and the woman. What caught my attention were two things: first, the way the professionals formulated their questions; and second, the emotions and reactions I observed in the women. These inquiries, though sometimes necessary for medical or social follow-up, often provoked discomfort, frustration, confusion, and at times, I thought I could discern a glimpse of fear. I noticed this in the silences, in the way some women asked for the question to be repeated, or in their short, one-word replies. This chapter emerges from this dual observation but also from the French political context, where intimate matters are increasingly entangled with the theme of citizenship for migrants.

In France, love and fatherhood are increasingly being regulated through strict bureaucratic systems of recognitions and control in the context of migration. Already in 2006, France introduced categories such as "sentimental fraud" and "grey marriages": terms used when a migrant pretends to marry a French citizen for love, but is actually seeking immigrant benefits (D'Aoust, 2013, p.259). These marriages based on so-called "romantic fraud for immigration purposes" were then officially criminalised in June 2011 (D'Aoust 2012, p.1). More recently, France's 2023 immigration law made family reunification harder. Now, applicants must have lived in France for 24 months (previously 18), prove they have stable income and healthcare insurance, and their spouse must be at least 21 years old (used to be 18). In February 2025, the French Senate approved a draft law that would ban undocumented migrants from marrying in France. While the law still needs approval from the National

Assembly, it passed its first Senate vote with strong support: 227 in favour and 110 against, out of 348 senators (Infomigrants, 2025).

This French context, showing how intimacy, or more precisely the perception of intimacy, is an integral part of migration policy, echoes academic work on the subject. D'Aoust (2013), for instance, asks: How does love relate to governmentality? She reflects on European policies that link intimacy with citizenship. As she writes: "We should take seriously the idea of love as a technology in itself that not only shapes conduct through expectations of its "true" manifestation by the "feeling subject" and others, but also creates, cuts across, and connects with citizenship and intimacy, simultaneously creating subjects and their creative potential and restraining them by shaping their conduct" (p.264). D'Aoust (2013) speaks of technologies of love – merging two terms that may seem opposed at first glance – to emphasise how emotions play a crucial role in the governance of migrants and function as modes of subjectivation and governmentality. Migrants who do not meet the expectations of true love risk not being able to reunite with a partner or to marry. In Angélique's case, her partner's absence before the birth of her child seemed to go against the French expectation of true love, and, by extension, of true fatherhood. Similarly, Pananakhonsab (2019) discusses the materiality of love: the norms of love that migrants must learn and then perform in order to be recognised by migration authorities. In particular, she interviews Thai women who applied for marriage migration to Australia and reflects on the characteristics of love that the women must demonstrate for their application to be successful.

In this chapter, I do not directly analyse migrants' meeting with migration authorities, but I reflect on the exchanges between professionals working with migrants and the migrants themselves. I look at how these interactions, even in benevolent and follow-up contexts, such as that described above for Angélique, can still fall within the realm of what D'Aoust (2013) calls technologies of love: where emotions cannot be disentangled from broader processes of

governance. I argue that even if the professional's reaction does not carry the weight of an administrative procedure to recognise paternity or marriage, it can still be experienced by the woman as a form of governance, which can produce discomfort or anxiety. I have chosen to focus on three questions that professionals asked migrant women, or sometimes their partners, because they always seemed to elicit the same response: an awkward "yes." Moreover, I focus on these questions specifically because they were all intimately connected to the women's relationships with migrant men, a type of intimacy that is closely scrutinised by the French state: *Vous êtes amoureux ?* ["Are you in love?"], *Monsieur est gentil avec vous ?* ["Is your partner nice to you?"], and *C'est le père?* ["Is he the father"]?[4] These three questions, centred on the themes of love, niceness, and fatherhood, all appeared to function as leading questions, that is, as questions to which a particular answer is expected, and which tend to close down rather than open up dialogue. Whether or not they were intended this way, I noticed throughout my research that such questions consistently prompted a "yes" from the women. Hence, the woman's repeated positive answer and visible signs of anxiety in her response lead me to reconsider what else was unfolding in these interactions.

I aim to understand the origins of these questions: what prompts them, what purposes they serve, but also how they are received, and why they provoke these reactions. Of course, these questions touch on issues of intimacy, which can naturally cause discomfort. However, it is important to consider the specific context: the woman is a migrant, often undocumented, without stable housing, and pregnant. I therefore explore what it means to be asked such things under these conditions. I approach these three questions from a double perspective. On the one hand, I analyse how they are formulated and the context in which they are asked, sometimes inquiring about the professional's reasons for posing it. On the other hand, I consider the women's physical and verbal reactions as they received these questions and also when I

[4] My translation, see note on translate in the introduction.

discussed them afterwards, outside the consultation setting. Reflecting on the themes of love, niceness, and fatherhood, in retrospect, and in conversation with both professionals and migrant women, enabled me to understand better not only the dynamics of these interactions, but also the broader socio-legal implications shaping such intimate questions. What biases and suspicions might they reflect? And what fears might they awaken? My argument is that these seemingly neutral or even friendly questions can in fact be experienced as forms of suspicion, carrying political and moral weight that professionals themselves may not even fully recognise. I argue here that instead of viewing intimacy solely as a private matter, we should recognise it as a space shaped by state regulation and social judgment, one that profoundly influences the lives of migrant women.

I wish to stress that these inquiries about intimate relationships are not always irrelevant in the context of prenatal care. While they may not be directly relevant to childbirth itself, they can provide important information that helps professionals better support and accompany women, and they can also help build a relationship of trust and care. My intention is not to criticise midwives and social workers, whose work is crucial in preventing isolation and ensuring medical and social support for women.

This chapter draws on my experience attending consultations with social workers and midwives. During my fieldwork, I attended 102 midwifery consultations, 18 with three different midwives at the maternity clinic in two different hospitals, and 84 with the same midwife, Caroline, in the day shelters, plus 13 consultations with social workers in hospitals and day shelters (see Introduction, p.5). Often lasting about an hour, these 115 consultations took place in hospitals, maternity clinics, and shelters (see Methodology, pp. 26-28).

Are you in love?

Margaux is a social worker who always welcomed me in her consultation room. On several occasions, I accompanied women from her consultation room to the day shelter where I volunteered. Sometimes, Margaux would simply text me: “I’ve referred a woman to your day shelter, she’ll be here in 10” and I would make sure to be there to welcome the woman, introduce her to the space, and help her feel comfortable. I enjoyed sitting in on Margaux’s consultations because she had a remarkable gift for making the women feel at ease. Her sessions were often interrupted by phone calls from other women updating her about their lives or seeking her advice. Some of her colleagues criticised her for what they saw as emotional over-involvement. Margaux had made the controversial decision to use informal language (*tu*) with the women and to invite them to do the same with her. While this was perceived by some as unprofessional, to me, it seemed to make women open up more. Margaux wanted to break down the intimidating barriers that a hospital or an office could create, and using *tu* was her way of doing so. However, this personal approach made her more sensitive to the precarious situations many women faced. Margaux admitted it herself: at times, she felt too emotionally involved in women’s stories. After a consultation with a woman who was a victim of domestic violence, she once told me, “We can’t take on the role of saviour because, more often than not, they go back to their abuser.” She said this to me, but deep down, I think she was saying this to herself, as if she needed to hear these words out loud to believe them. One thing was certain: Margaux poured her heart into every consultation. A phrase that she often repeated to the women during their first consultation stayed with me, “Every step you take, and everything you achieve because of those steps, will be thanks to you.” I understood this as a reminder to the women of their agency and resilience. “Nothing will be thanks to me,” Margaux stressed.

One day, a man and a woman walked into Margaux's office. They had just attended their first prenatal care appointment and were meeting Margaux for the first time for their social follow-up. As usual, Margaux addressed the woman first, asking her age and the baby's due date, but it was the man who replied. He explained that the woman didn't speak any French, only Malinke. She had arrived in France at the end of September, whereas he had been there for four years. A fairly common situation. However, Margaux insisted on looking at the woman when asking questions, even though the man was the one responding. She wanted the woman to know that this was about her: her pregnancy follow-up, her social support, and what she wanted from it. "How did you two meet?" Margaux inquired with a large smile this time looking at the man. "In a camp in France," the man replied. Both seemed very intimidated and hardly looked in our direction, nor at each other; instead, keeping their gaze lowered. Then Margaux asked the man, *Vous êtes amoureux ?* ["Are you in love?"] The man let out a nervous laugh and answered, "Yes." It wasn't the first time I'd heard a midwife or social worker ask this question. Initially, I wasn't sure how to interpret it. Sometimes, it even made me wonder the same thing, "Were they in love?" In the margins of my notebook, I scribbled: "What does love have to do with this?"

Later, I asked Margaux about her intentions behind this question about love. She told me she asked it to "*apporter un peu de légèreté*" ["lighten the mood" or an exact translation would be "bring some lightness"] and ease the tension. I think that, for her, asking about love marked a break from the administrative talk. This actually echoes a comment once made by a midwife who, when suggesting contraception to a woman, said, "If one day you meet your Prince Charming, you can come see me, and we can talk about contraceptive options," a remark that was also followed by a nervous giggle from the migrant woman. The invocation of love or, in this case, a fairy-tale character, carries other implications. According to one migrant woman from Ivory Coast, the term "love" itself, when used by professionals, also had a taste

of whiteness: *"On aime pas comme vous, vous les blancs"* ["We don't love like you do, White people"] she told Margaux one day during a consultation. I wondered what the woman meant by this. While the migrant woman's response is racialising of white people, it also reveals how she navigates social expectations surrounding love. I believe the migrant woman's understanding of "white love" rests on a western belief that true romantic love exists independently from material concerns (Illouz, 2007). This understanding frames love as pure and separate from any economic or legal motivations. Hence, while the invocation of love or Prince Charming, might have been intended to make the magical seem possible, even in times of precariousness, this kind of comment may also have reinforced the idea of white love, a love that might feel particularly unattainable to migrant women.

Western scholars and cultural narratives have participated in creating and reinforcing this binary, framing Western love as authentic and emotional (Illouz, 1997), while depicting the marriage choices of racialised others as purely strategic and devoid of feeling, especially when arranged. However, other academics have complicated these understandings (Kibria, 2012; Charsley, 2005; Feier, 2007; Kleinman, 2019; Shaw & Charsley 2006; Shaw, 2014). For instance, Julie Kleinman (2019) is an anthropologist who conducted her fieldwork in Paris, specifically in Gare du Nord, one of the largest train stations in the city. There, she spent a great deal of time dwelling with migrant men, most of whom had precarious legal statuses, to learn about their ways of life. Relationships with women was a recurrent topic of discussion, and the subject of love often arose. As one migrant man told her, "Love, status, and money tend to be intertwined" (ibid, p.127). And this observation echoes Jamoulle's (2013 and 2016) work in Seine-Saint-Denis, in northern Paris, where she noted that in broader strategies to navigate uncertain legal statuses, seduction, love, and the prospect of obtaining residency can become very entangled, making them nearly impossible to separate. These ethnographic works echo a conversation I once had with Angélique:

> Yes, well, you know, back home in Africa, if you talk to women, they will tell you, "I stay in the marriage because of the children. I already have a heavy burden; I can't separate from him. If I separate from him, maybe I won't be able to take care of the children's education on my own." There are many women who think like that: "I'm only thinking of the children." And then, in our culture, there is the dowry. You are also bound in that way, by tradition. It's not because they are in love with their husbands. It's not a natural or romantic love, but rather a love that is tied to certain conditions. I think that's everything the woman meant to say.

Angélique is from the Democratic Republic of the Congo. I first met her in a consultation, but I continued to accompany her throughout her movements in Paris. I helped arrange a spot to sleep for her at the shelter where I volunteered, accompanied her to her prenatal consultations, and later visited her at the hospital after the birth of her child. I enjoyed exchanging observations with her. She took my questions very seriously, often finishing her explanations with, "If I'm not clear, tell me, and I can try to explain better." Angélique often used the binary of "you white people" and "for us" to make sense of my observations. For Angélique too there was "white people's love", which she associated with something "natural" and "romantic" and then there was love "in Africa" which was tied to responsibilities and "conditions."

So why is it that for certain women, such as Angélique and the woman who herself brought up the topic of "white love," the love question, when posed by a white French woman, always resulted in a "yes"? My first guess would be fear. What does this answer reveal, and more intriguingly, why was "no" to the question "Are you in love?" never an option? Sitting across from a social worker about to open a file to request emergency accommodation, what would the repercussions have been had the migrant man said *"*no"? First and foremost, we must acknowledge the power dynamic at play between the social worker and the woman seeking help. Throughout my fieldwork, social workers often emphasised to women*, "*I'm only here to guide you through the process" or "I don't have a magic stick to get you accommodation," miming a stick with their hand for emphasis, but the truth is, they did hold

leverage that women simply did not. Some social workers sent letters to lawyers, pushing for priority in housing applications. Others had direct contacts with accommodations and could make urgent calls when a case seemed more urgent to them. Despite their insistence on being mere facilitators, they undeniably had power. Hence, a social service agent, who was in charge of serving the food in the common space, commented one day, "The moment they [migrant women] step into the social worker's office, they become completely docile". What the agent saw as docility could actually be a sign of awareness: of women being well aware of the power social workers held and attempting to adjust their responses accordingly.

One day, as we arrived at the consulting room, Margaux noticed a woman she recognised accompanied by a man she had never seen before waiting in the hallway. On recognising the woman, Margaux said, "But we didn't have an appointment today, did we?" The woman, sitting next to the man, confirmed that they did not but that she had an urgent question. Margaux let the couple into the consultation room, typically used by the midwife, with the examination table beside it. The woman and the man looked at the floor as they settled into their seats, and the woman smiled awkwardly. "I'm listening," said Margaux with a large smile. "Is it possible to add him to my SIAO file?" asked the woman. SIAO is the service responsible for providing long-term housing solutions. With the help of a social worker, a person can apply for SIAO, a very lengthy procedure that can take several months. This system has a prioritisation protocol; for instance, a woman who is more than seven months pregnant is theoretically prioritised for sheltered accommodation. However, if a man is added to her application, it can take longer because it may be assumed that she is less vulnerable since she is not alone. Additionally, securing housing becomes more difficult, as they would then become a family of three instead of two after the baby's birth. Margaux, the social worker, then said to her, "I can do that, but I don't think it's a good idea. The priority is you and your child." The man continued to stare at the floor, remaining silent. "So, if I add him, it will take even longer."

Adding the man to the woman's housing application complicates their situation, as it may signal to service providers that she is less vulnerable due to his presence. The system of prioritisation thus relies on a contradictory binary: a lone woman is prioritised for protection due to the perceived danger posed by foreign men. However, once she is with a man, she is no longer seen as a priority, as it is assumed he can care for her. This binary reinforces the notion that women are only vulnerable in the absence of male protection, while simultaneously casting men as both potential threats and caretakers.

This exchange helped me gain a clearer understanding of the question Margaux would pose about being in love. One day, with a different couple, she asked the love question again, but this time directed it at the woman, "Are you in love?" and then she turned to the man, and added, "because I really like her." I think she was implying to the man, I care for this woman, so you'd better truly love her, not just see her as someone you can get benefits from or take advantage of. Margaux might have been suggesting that the man might be using the woman, that he might be interested in what he could gain from her, rather than in genuine love. Margaux's statement, "because I really like her," carried with it a suspicion: is the man trying to get something from the woman? Is he trying to secure housing? And this suspicion wasn't unique to Margaux. Another social worker, a man this time, once voiced a similar doubt. As he sat slightly reclined in his chair, staring the ceiling during our conversation in his consultation room, he wondered aloud, "Are these relationships they have with men born out of love, only to turn into exploitation?"

I began to understand what meanings the word "love" could carry when it came from the social workers and midwives who mentioned it to women during consultations. For them, love or "prince charming" implied the absence of "conditions," to use Angélique's words. A place where there were no "strategies," or rather no reflections on how to secure housing or improve one's situation.

Is he nice to you?

Having accompanied four different midwives in a total of 102 consultations across various settings – hospitals, maternity clinics, and shelters – I noticed that this question was sometimes asked. That is to say, not systematically, but often enough that it no longer surprised me. What struck me was that it was always asked in the same way, "*Il est gentil avec vous* ?" ["Is he nice to you?"] The small variations were, *"Monsieur est gentil avec vous ?"* ["Is Monsieur nice to you?"] or, "*Votre partenaire est gentil avec vous* ?" ["Is your partner nice to you?"] But it was always about referring to a man in the woman's life, and midwives always used the adjective *"gentil".* I translate *gentil* with the word nice, because I think niceness, in comparison to kindness for instance, does not necessarily refer to someone's true intentions. I think the ambiguity surrounding the authenticity of niceness very well echoes the uncertainty behind someone's motivation for being *gentil*.

The aim of this question, which is to identify potential abuse within the relationship, falls within the responsibilities of a midwife in France. According to the International Code of Ethics for Midwives, midwives' responsibility extends beyond physical health to the emotional and psychological well-being of women: "Midwives respond to the psychological, physical, emotional, and spiritual needs of women requiring care, regardless of the circumstances" (Article II. of the Code of Ethics for Midwives) (International Confederation of Midwives, 2014). Studies have emphasised the crucial role midwives play in detecting domestic violence (Eicher & Rozès, 2014). This is particularly true for migrant women in precarious situations, for whom pregnancy check-ups often serve as their first contact with support structures, which can lead to more comprehensive medical and social care. Although many scholars have stressed that pregnancy can act as a trigger or intensifier for domestic abuse (Egger & Schär Moer, 2008, p. 6), domestic violence during pregnancy remains under-researched in France and across Europe. It is concerning and unfortunate since research shows that when questioned by a

trained professional, women are generally in favour of routine screening for domestic violence during pregnancy and are more likely to open up about experiences of abuse (Bacchus et al., 2002; Ramsay et al., 2002; Renker & Tonkin, 2006).

While such questions could be asked to all women, studies on maternal healthcare in France reveal a significant blind spot. Healthcare providers may hesitate to ask these questions when a woman appears to have a high socio-professional status (Mollier-Carroz, 2019, p. 31). So, while it might be inferred that migrant women in precarious situations are more often asked this question, which may well be the case, research on domestic violence screening for this vulnerable group, both in France and globally, remains largely absent.

In the consultations I observed, involving exclusively migrant women in situations of extreme precarity, the four different midwives did not always ask about domestic abuse. At times, trying to understand what prompted them to raise the question and what did not, I would ask the midwives, "Why didn't you ask about potential violence this time?". Typically, at these times, the midwife would respond, "I should have, but there was so much to do that I simply didn't have the time." It was true that midwives had little time for such questions. The first prenatal appointments with migrant women generally required a huge amount of work because their arrival in Paris was often recent, and their prenatal follow-up was either absent or interrupted, so a new medical file had to be created, referrals to relevant associations made, prenatal care appointments scheduled, and all of this took considerable time.

But when midwives did find the time to inquire about domestic violence, the question was always framed the same way, *"Is Monsieur nice to you?"* The term *Monsieur* was commonly used because midwives often had little knowledge of the exact nature of the relationship between the woman and the man. On two occasions, the question was directed at the man sitting beside her, *"Are you nice to Madame?"* The responses were identical: a laugh,

and a timid, “Yes.” This struck me as surprising, considering that the presence of a partner can actually be a barrier to effective domestic violence screening (Mollier-Carroz, 2019, p.32).

I began to question the notion of *“gentil”* in the context of these encounters. Women would sometimes use this word to describe me, when I managed to secure them a chair to sleep on at night in the shelter, since emergency spots were not beds but chairs with reclining backs. Here, it seemed, nice simply meant, rather innocuously, kind. Likewise, at the end of a consultation with Caroline, the midwife, women would commonly say, “You, you are nice.” The double “you” seemed to imply, “you, unlike others.” But in other contexts, the word clearly had a couple meaning. During a conference titled *Women and Migration: Issues of Visibility* (Fondation Raja, 2023), a doctor spoke and said, “Yes, when they tell us, ‘A nice man who helped me,’ there is often violence behind it.” To me, nice didn’t mean much – or perhaps it meant too many things to grasp its true significance. But for this doctor, “nice” was actually a signal of its opposite: violence. I even found traces of this ambiguous word “nice” in my own notes: “I pay for her metro ticket and explain how to get back to her place. She is currently staying with a man Margaux spoke to on the phone. I hope he’s nice to her. She says he is.” The word continued to surface.

Not only was the initial question, “Is he nice with you,” unable to yield a “No,” but it also frequently clashed with other aspects of the consultation. In the same session, a midwife both asked, *“*Is your partner nice to you?” and advised the woman, “Make sure you stay with him; it’s dangerous to be a woman alone in Paris.” I found it deeply troubling that a vague question like, “Is your partner nice to you?” could lead to advice such as, “Stay with him for protection.” The combination of suspicion of the man as a potential oppressor, alongside the suggestion that the woman is vulnerable and dependent on male protection, is emblematic of the deeply ingrained binary culturalist framing imposed on migrants. The message is contradictory: don’t stay with dangerous men, but you need a man to protect you from danger.

This framing reinforces stereotypes of migrant men as threats and migrant women as helpless, dependent on male guardianship (Tastsoglou et al., 2021).

I discussed the ambiguity of this word with Caroline, the midwife I frequently accompanied during her consultations in shelters, who was always very receptive to my observations. After reflecting on the ambiguity of the word *"gentil,"* we agreed that she would try asking more specific questions, such as, "How does he act when he's upset?" or even, "Does he hit you?" The following day she received an affirmative response from a woman who said, "Well, you know how men are when they are upset". Caroline then took out of her folder a flyer of the organisation Women's Home, a place for victims of violence who may also be in situations of social precarity. She explained to the woman that she could seek help there if needed. She then advised the woman to hide the flyer among her other medical papers, saying, "So that your partner doesn't find it."

I asked Aya, "What do you think of midwives asking the question '*Il est gentil avec vous ?*'''. Aya was receiving prenatal care from a midwife at the maternity clinic, and she would often talk with me when she came to the day shelter. "Maybe there's nothing for them [social workers and the midwives] to do, nothing to intervene about. They bother us for nothing with these questions. Maybe it won't change what we're going through. They bother us unnecessarily." Aya had had several consultations with midwives and social workers in different settings, in fact, in three different structures: the hospital, the shelter, and the maternity clinic. "And every time, they ask you to tell your story," she also told me. Her statement suggested a sense of fatigue and a loss of hope. For her, talking about these "difficult things," as she put it, did not seem worthwhile, because it would not necessarily lead to any concrete help. Aya's explanation allowed me to understand that the systematic response of "Yes" could also reflect a sense of resignation, or a lack of faith in the support system. Aya also added a remark that struck me, "They think men traumatise us". For Aya, it seems that migrant men,

with whom she had relationships, were mistakenly perceived by professionals as dangerous to women. The use of the extreme term "traumatise" is significant because it suggests that the professionals assume the worst about these men, and from Aya's perspective, their view lacks nuance. According to her, it seems that professionals working with migrants believe that migrant men are harmful to women. This leads to the next question and the ensuing conversations that helped me to understand better what Aya meant.

Is he the father?

During prenatal consultations, a question that was sometimes asked aloud and other times discussed privately between the midwife and me after the woman or couple had left was, *"*Is he the father?" Occasionally, the timeline of the woman's last menstrual period and the start of the relationship did not align, prompting the midwives to remark, "He can't be the father." The phrasing of the question could vary, *"C'est votre bébé ?"* ["Is this your baby?"] or, *"Vous êtes le père?"* ["Are you the father?"] When a pregnant woman came in alone with a child, the question often was, *"C'est le même père?"* ["Is it the same father?"]

As with previous questions, I first reflected on the relevance of the inquiry before assessing its implications. I noticed that midwives occasionally requested medical information about the father and usually when the man was present. In those cases, he might be asked whether there was a history of diabetes or heart disease in his family, but this was not done systematically. Some midwives would sometimes ask if the woman was still in contact with the father, likely to help them gauge the level of emotional and practical support she might have.

What caught my attention, however, was the tone of suspicion that sometimes accompanied these questions. Like with Angélique, whom I mentioned at the beginning of this chapter and who, calling from her hospital room, said to me, "They keep asking if he is the

father," trying to convince me, "I'm telling you, he really is the father." She understandably interpreted these remarks as accusations. Trying to reassure her, I told her, although I wasn't sure why at that moment, "It shouldn't matter if he is the father or not." I was surprised at how this phrase seemed to calm her immediately. She replied, "You're right, it doesn't matter." This repeated question, which Angélique experienced as an accusation of lying, echoed something a social worker once told me about knowing or not knowing the real father, "There are truths we will never have access to." But unlike the doctors who had questioned Angélique, this social worker added, "I can work with any truth," meaning that she accepted each woman's truth as valid.

The topic of fatherhood in France, within the context of migration, is marked by discriminatory suspicion, particularly when one of the parents is French. In theory, according to the Ministry of the Interior, "A foreigner whether a father or mother of a minor French child, can be granted a temporary residence permit for one year under the 'private and family life category'" *(*Article L. 423-7) (Ceseda, 2023). However*,* foreign parents of French children have, for several years, become the object of a growing suspicion from administrations regarding the legitimacy of parenthood, as it is seen as a "gateway" to irregular immigration (Carayon, 2021). Administrative authorities, agents in prefectures and immigration authorities suspect migrant women in irregular situations of having children recognised by French men who are not their biological fathers (ibid). Labelled as "fraudulent recognitions", legislators use these accusations to justify tighter controls and increasingly strict legal requirements to access a regular status, imposing discriminatory conditions for proof. Article L423-8 of France's main legal framework for immigration, updated in 2021, requires that "When parenthood is established in relation to a parent, in accordance with Article 316 of the Civil Code, the applicant, if not the author of the acknowledgment of paternity or maternity, must prove that the latter contributes effectively to the child's upkeep and education" (Ceseda,

2023). Since women are never the "authors of the acknowledgment" and thus are always the applicants, since their parenthood is directly established through the inclusion of their name on the child's birth certificate, they are always the ones who need to "prove" that the partner contributes to the child's life.

> This could place certain women in situations of blackmail: since the issuance – and renewal – of the residence permit will no longer depend solely on the mother's behaviour towards her child, but also on the father's, how can we avoid situations where some men condition their proof of support for the child on the mother's actions, such as not leaving them, paying them, consenting to sexual favours, or accepting to stay in conditions of domestic violence? (Carayon, 2021, p. 133)

Article L423-7 adds that "The applicant and, if applicable, the French parent who recognised the child, must have been actively contributing to the child's upkeep and education since birth or for at least two years" (Ceseda, 2024). And in December 2023, the parliament introduced a new condition in Mayotte and Guyana for the issuance of a residence permit to the "parent of a French child." "It now requires not only that the French parent contribute to the child's maintenance and education, but also that this obligation has been fulfilled since the child's birth or for at least three years" (Article 82 (26 ter)) (Carayon et al., 2023). Furthermore, Carayon (2021) notes that women who accumulate the greatest vulnerabilities, "such as irregular status, single motherhood, and reliance on financially absent fathers", have become the most suspect according to an internal memo from the Paris Prefecture related to the fight against fraudulent recognitions. The memo was a document which was not intended for publication. Despite affirmation made by parliaments, Carayon (2021) affirms that the number of fraudulent recognitions can only constitute a very low percentage of recognitions.

This suspicion of fraudulent recognitions extends beyond political and parliamentary debates. As a social worker once told me, "As soon as a guy gets a French or European document, he has access to more women." The persistent questioning imposed on Angélique also echoes this suspicion, which may overlap with the stereotype of migrant men as predatory

and sexually aggressive, as highlighted by Freedman et al. (2022a, 2022b). Therefore, I argue that the question "Is he the father?" must be understood within its discriminatory migratory political context, as this context influences both the response and how women perceive and react to the question. Furthermore, it is essential to consider this question within a broader context, where migrant women are frequently subjected to suspicion – not only when asserting paternity but also during asylum applications or requests for shelter (Fassin & Kobelinsky, 2012). This persistent scrutiny reflects a pattern of institutional distrust. The added suspicion surrounding paternity thus becomes yet another layer of surveillance and doubt imposed on these women.

I later spoke with Angélique about what she had phoned me about when she was hospitalised for gestational diabetes, specifically about her discomfort at being asked repeatedly about who the real father was. We talked about it again over the phone. I asked her how she had experienced that moment, now that some time had passed and it might be easier for her to talk about it. Her response, word for word, was:

> In France, they don't like men. They want to see a lot of single women. When I speak to other women, they say this too. They want to look for problems to divide couples. But there are people who aren't ready to separate from their family. Sometimes, they [social workers] encourage division, by showing women that if they live alone, they will live well, but sometimes it's actually the opposite. Sometimes they believe that when a woman is alone, she can live without risk. They [social workers] don't just help us, they want to make us get divorced.

I then understood that Angélique had experienced this situation as an attempt by the professionals to separate her from her partner. She suggested that women and not just her – as she put it, "other women say this too" – are encouraged to be alone in order to "live well," something she rejects. She seems to suggest a difference in perspective, perhaps a misunderstanding on the part of the professionals. For her "living well" meant "the opposite": staying with her partner. I think her point of view is relevant for all the questions I discuss in this chapter: Are you in love? Is he nice to you? and Is he the father? – and how, for many

women, staying with their partner could actually be a way to live better. To build on and add to D'Aoust's phrasing (2013): "How love, *niceness, and fatherhood are* recognised, displayed, and experienced can vary significantly for the persons experiencing *them* and for those observing and/or evaluating *them* " (p.263) [my additions in italics]. Angélique's account helped me see that some women could be interpreting such questioning as an attempt by professionals to separate them from their partners.

Conclusion

This chapter emerged from a repeated observation during my fieldwork: midwives, social workers, or other professionals asking questions about women's intimacy, in particular about their relationships with migrant men, which often generated discomfort among the respondents, that is, among migrant women or men themselves. As I recounted at the start of this chapter, Angélique once called me in distress and said: "They keep asking if he is the father […] I'm telling you, he really is the father." Why this question? But more importantly, why this distress?

I chose to focus on three questions: *Vous êtes amoureux ?* ["Are you in love?"], *Monsieur est gentil avec vous ?* ["Is your partner nice to you?"], and *C'est le père?* ["Is he the father"]? because these were posed to multiple migrant women during their consultations with midwives and social workers. In my exploration of these questions, I have woven together three considerations. First, I have reflected on who asks them, in what contexts and with what intentions. Second, I have examined how these questions are received. I have considered women's immediate reactions, and I have also engaged in follow-up conversation with some of the women to understand their responses. Third, I drew on D'Aoust's (2013) work on what she calls technologies of love in the context of marriage migration - that is, on how emotions are entangled with expectations of true love that have impacts on migrants' access to

citizenship. I situate these exchanges within the broader French migration context and question what expectations or suspicions might underlie the questions posed by professionals.

For each question, I conclude that even if the intent behind the question is positive, to help the person feel at ease, to assess if they are in a healthy relationship, or if the woman is well supported for the arrival of her child, these questions can be received as expressions of suspicion or governance by the women. As the intimate lives of migrant women are increasingly regulated through strict bureaucratic systems of recognition and control under migration laws, these processes have a tangible impact on how women experience these interrogations during consultations. Aya explains that she feels professionals think migrant men "traumatise" migrant women, and Angélique says that social workers often try to separate women from men. However, both seem to view the presence of men differently, as a source of support and help. While this is only the perspective of two women I spoke to during my fieldwork, the reactions of other women, such as their consistent "Yes", and the clear discomfort I witnessed when asked if they are in love, if their partner is nice, and if he is the father of their children, seem to confirm this interpretation.

To conclude this chapter, I wish to stress the compassion and dedication of the midwives and social workers whom I accompanied throughout my fieldwork. The trust they were able to build with the women was evident in the frequency of both formal and informal exchanges, and in conversations that extended beyond consultations and into everyday interactions. The trust built between migrant women and healthcare professionals is crucial in prenatal care, as it can facilitate reconnection with support systems, such as social assistance and continued medical follow-up beyond pregnancy.

CHAPTER 3

Bad Mothers

"Please watch your children," "You should take your child's coat off," "Your child lost too much weight," "I think your child wants a hug." These are some of the comments directed at migrant women, most of them alone without a partner, by social workers in shelters or by midwives during consultations at the hospital.

Throughout my fieldwork in Paris, I encountered numerous moments in which motherhood was subtly, but sometimes also explicitly, presented as a site of failure. Mothers were at times described as inattentive, emotionally distant, and on some occasions even culturally dysfunctional. Whether addressed directly to these women or comments made about them to me in their absence, these remarks suggested that they were not up to the task or living up to the expectation of "good motherhood."

My ethnographic approach not only captured these professional judgements but also allowed me to hear and reflect on the women's reactions and their own articulations of motherhood: What did it mean to them to be a mother at this moment of their lives? In this chapter I do not take a defensive stance against the term "bad mother," nor do I seek to redeem these women through moral counterarguments. Rather, I seek to complicate the notion of "bad motherhood" and examine how this moral judgement is produced at the intersection of migration control and racialised expectation. Therefore, I ask: On what grounds are migrant women judged as failing to meet the standards of "good motherhood"? How are these standards shaped by structural conditions and policies that actively create the hardships they face? How is the label of "bad motherhood" instrumentalised as a mechanism of control?

Theoretically, I mobilise Lee Edelman's concept of reproductive futurism (2004), which refers to the symbol of the innocent child around which power structures are justified and Nicholas De Genova's notion of deportability (2002), which refers to the lived possibility

of being deported, rather than the act of deportation itself. I argue that in the Parisian context, motherhood can become a site of surveillance and regulation for migrant women with precarious status, and in particular for undocumented women and their children. While often framed as a private and intimate practice, motherhood is a politicised practice that can be instrumentalised as a mechanism of control. Drawing on ethnographic insights, both through the lens of institutional actors and women's own narratives, I reflect on how motherhood can function as a racialised and gendered instrument that marks a form of otherness, reiterating women's irregularity or their status as migrants. Yet, this chapter also explores how women negotiate their position as mothers within this framework by seeking access to support systems, forming new solidarities, and affirming a desire to live.

This chapter is organised in four parts. First, I show how women are repeatedly cast as bad mothers by professionals encountered in hospitals and shelters and I unpack the racialised discrimination behind the label of bad motherhood. Second, I examine how women's precarious status, in particular their legal status of irregularity, contributes to the unattainability of "good motherhood". Third, drawing on Edelman's (2004) and De Genova's (2002) works, I argue that the invocation of bad motherhood has tangible consequences, the effects of which reinscribe women into precarity and irregularity. Thus, invoking the concept of bad motherhood can function as an instrument of power shaping women's wellbeing, decisions, and mobility. Finally, by paying attention to migrant women's own discourse on their experiences as mothers, I propose a rethinking of motherhood under conditions of instability and sometimes irregularity by exploring the practice of motherhood as a source of hope, support, and joy in the lives of these women.

The child who smiled too much

Simone de Beauvoir (1949) would say one is not born a mother, one becomes one. The same applies to bad mothers: one is not born a bad mother, one becomes one. The status of "mother," like that of bad mother, is socially constructed, it emerges from societal norms and, in turn, produces and reproduces the very norms that enable such categorisation. Motherhood is embedded in specific historical and social contexts – positioned at the intersection of race, class, and gender structures (Collins, 1998, p.231) – shaping the experiences, expectations, and representations of mothers.

Being called or considered a "bad mother" is inscribed in the colonial and postcolonial history of France. At the end of the 19th century, colonial doctors considered African mothers "unfit to be good mothers": according to multiple reports, they did not know how to handle their children properly, exposed them to diseases, neglected to administer remedies, failed to apply bodily hygiene rules, and ultimately had no educational principles (Hugon 2022, pp.1007-1009). In this culturalist judgement, doctors held African mothers responsible for infant mortality due to their "bad practices", writes Hugon, and therefore required them to attend training courses to prepare them for their maternal role (ibid, p.6). This discourse remains present today, as it is not uncommon for midwives, for instance, to speak of the "bad maternal practices" of foreign women, linking them to their country of origin and so-called erroneous beliefs (Virole, 2024, p.9). By contrast, this discrimination validates the white woman as the "good mother" and as a morally exemplary being (Dorlin, 2005; Pourette, 2010). Alone, undocumented, Black migrant mothers deviate from the archetype of motherhood, constructed as white, middle-class, and culturally assimilated (Brouckaert & Longman, 2018). It is precisely because they do not fit this norm that they are labelled as "deviant" or "bad mothers." In European contexts, research has shown how migrant women are depicted as threats to the nation-state, framed through racist narratives that position them as dangerous

transmitters of foreign values within the private sphere, disrupting racist ideals of homogenous national identity (Christou & Michail, 2015; Rassiguier, 2010). This form of "mothering on the margins" (Craig & O'Dell, 2011) refers to practices of care that fall outside dominant cultural expectation, by virtue of nationality, ethnicity, skin colour, religion and language. So how and when was this "mothering on the margins" evoked in the context of my research?

There was a child at one of the shelters, with the biggest smile you'd ever seen. It was as if he were trying to show all his teeth, though he did not have any yet. I think he was not even one year old. He was clearly a favourite among the staff, or at least the kind of child who draws all the attention the moment he enters a room, often in his stroller. He was frequently in the arms of one of the workers, and I even offered to hold him once while his mother went down to do her laundry. Seeing this baby brought a sense of lightness and joy to the room. People would bend over his stroller, making funny sounds to entertain him, not that he needed much, almost anything could set off his laughter.

One day, while chatting with a social worker, I mentioned how adorable the child was. He responded, "Yes, but it's not normal." Surprised by his reaction, I looked at him, and he continued: "Have you ever seen a child who smiles that much?" he asked, rhetorically. I paused, unsure how to respond. I had never really thought about quantifying emotions, especially not in children, and I was not around children often enough to have a reference point. For him, the child's smile was excessive, abnormal. His comment stayed with me. I looked into research on infant smiling and found studies suggesting that babies smile in part to elicit smiles from their mothers (Ruvolo et al., 2015). But I also had noticed the mother often smiling at her child too, suggesting that it was a reciprocal bond. But the fact that I felt compelled to consult academic literature at all reveals something deeper: a latent suspicion. Was the child somehow not well, despite the signs – the smile – typically associated with happiness and well-being? This interaction suggests to me more about the professionals' perceptions of migrant mothers than

about the child himself. Even something as universally understood as a smile, a sign of joy, can become a source of mistrust. My intention here is not to discredit the social worker's analysis, as he has likely encountered multiple mothers and children living in precarity. Rather, I want to draw attention to the pervasive attitude of suspicion that systematically accompanies these women.

This exchange with the social worker stayed with me, throughout the rest of my fieldwork. When children – with whom I had never interacted – ran up to me, hugging my legs with their faces pressed against my knees, I felt uncomfortable. I would bend down, hug them slightly, unsure how to respond to this outburst of affection. Again, I found myself asking, would any child do this to a stranger or are they unwell, looking for affection?

The figure of the suffering child persisted in staff comments but also in my own reflections. Reading my fieldnotes while transcribing, I frequently noticed stark contrasts in my observations: "the child is throwing everything on the floor," and later on, at the end of the page, "the mother looks asleep". "The child is screaming," and then the next sentence, "the mom is barely answering our questions". "The child is tightly holding the t-shirt of his mom while drinking his feeding bottle," "she is not interacting with her child". Sometimes, the contrast was so striking, almost caricatured, between the sleeping mother and the hyperactive child, that it was impossible not to notice. It is tempting here to draw conclusions based on dominant assumptions of what good care should look like: Your child is screaming, make him stop. Your child is looking for a hug, take him into your arms. According to professionals and myself, a lot of women were asleep and this led to suggestions of poor parenting. "I think he wants a hug," declared a midwife once during a consultation, suggesting the woman did not pay attention to her son's needs.

One day, I even witnessed firsthand the judgement directed at a migrant woman while I was on the phone with, I believe, the paediatrician's assistant. Sitting in the dining area of a

shelter, I was helping a woman from Angola to enrol her son at the Centre for Mother and Child Protection (Protection Maternelle Infantile (PMI)). These centres are public health services aimed at protecting the health of mothers and children in France and are accessible to everyone. Access is completely free of charge. As the woman struggled to speak French, I had called the centre on her behalf, using her phone. The mother was sitting on my right, with her small child standing between us, drawing a stick person on a blank page that I had ripped off my notebook for him. He would tilt his head every time his mother would try to communicate with me, then look back at his drawing. "Yes, hello, I am calling for a mother who is sitting right next to me, but she does not speak French. She would like to enrol her son at the PMI". "How old is he?" the woman on the other end of the line asked bluntly. I turned to the mother and asked in Spanish, as it seemed to be the language closest to Portuguese, "How old is he?" She responded "six" in Spanish, holding her hands towards me and raising six fingers. When I explained the situation, the woman on the phone sounded stunned: "He is six years old, and he's not signed up for PMI yet?" Although her intonation suggested a question, she was simply expressing her surprise. Her tone was harsh and judgmental, ignoring the context I was trying to provide: "They only arrived in France this year." She replied that PMI services only cover children up to six years old, so the boy would only be eligible for a short time. All my answers seemed wrong. She asked, "Has he been vaccinated?" I turned to the mother and asked in English, miming a shot to my arm while holding the phone. She shook her head: "No, no vaccination." "No vaccination? Nothing?" the woman repeated, almost shouting, incapable of concealing her judgment.

I could see on the woman's face, by the frown on her forehead and the way her head barely lifted to meet my gaze, that she felt ashamed, as if she had done something wrong. This interaction happened around December, and having spent more than three months around migrant women and mothers, I could think of many reasons why this woman had not yet signed

her child up at a PMI centre. She was probably looking for a place to sleep every night, she must have been spending her energy trying to get an appointment with a social worker, going from shelter to shelter, perhaps she had only recently heard about the existence of PMI centres, she might even have been in the middle of the asylum application process. And the list of very probable possibilities explaining her child not being signed up in a PMI could go on. I wondered if she could hear the tone of the paediatrician's assistant through the phone, although I wasn't on speakers, and if she could sense the judgement, or if she was simply expecting it. Or perhaps my questions about whether her child was vaccinated fed into her humiliation.

Another event that stood out – although not immediately – in my fieldwork notebook, when I looked at instances where women were suspected of being "bad mothers," occurred during a consultation with a midwife, involving a woman and her child. I think the child was a little over ten years old. To be honest, this case study did not come to mind straight away as a potential example for this chapter, because I myself suspected the mother of bad parenting, and could therefore not distance myself and recognise the accusation I was reproducing. The child, sitting next to his mother, was wearing a piece of cloth around his arm, attached to his neck, holding his elbow bent, as one would when a person has a broken arm. The mother explained that her child had fallen, and quickly added that it was no longer possible to sleep on the street, especially now that her child was injured. Later, the midwife and I spoke alone about this encounter and began to suspect a false injury. We had seen the child a couple weeks later, swinging his arm, while playing soccer with a deflated ball at the town hall place. Was the mother using her son to elicit pity? Reflecting on these assumptions that the midwife and I made, I realise that we were repeating the same ongoing suspicion of migrant women, without any real evidence, and more importantly, with little purpose. What was the point of suspecting this woman, who, given her precarious situation and the fact that she had been sleeping on the street for several nights, injury or not, was simply trying to survive?

These women's apparent failures as mothers, whether explicitly phrased as such or implicitly suggested by professionals, need to be situated within the wider structural failures of the welfare state (Bassel & Emejulu, 2018, p. 1). This is not with the aim of defending these mothers – since, as suggested earlier, the status of "good mother" contains a social construct, and also because examining the effects of their maternal behaviour on their children is beyond the scope of this chapter – but rather to situate the label of good mother and to show how their position as migrant mothers contributes to reinforcing their designation as "bad mothers". It creates a self-reinforcing vicious cycle, in which being labelled a "bad mother" is intertwined with the precarity experienced by migrant women in Paris.

The making of bad mothers

At the entrance of the shelter, you can see a printed paper taped to the wall that reads: "Watch your child." This sign must have been posted in response to complaints from social workers regarding the children not being closely watched by their mothers, something staff had mentioned repeatedly to me since my arrival. "They think it's our job to take care of their children," one social worker once said. I spent a lot of time in the common room, the place that was dedicated to both children and their mothers. The space was divided into three sections: one section was the kitchen, where women were not allowed; the second was the dining area with chairs and tables; and at the back, there was a play area filled with toys and a sofa. Women would often be on their phones, with one headphone in their ear, which I soon realised meant they were calling the 115 hotline for emergency housing (see Chapter 1). Some would doze off, their backs straight, never fully relaxing, but with their eyes closed. Some children, usually the youngest, would remain in their mothers' arms, while toddlers would wander and play with the mini kitchen set. Some children would argue over toys, raising the noise level to an almost unbearable pitch.

While one woman had her eyes closed, her young child, unsteady on his feet, wandered away and fell. He cried, got up, and another woman brought him back to his mother, who opened her eyes briefly before closing them again. Although I spent nowhere near as much time as the social workers in this space, it seemed to me that the issue was not so much that the mothers weren't watching their children or taking good care of them, but rather that there was an expectation of how the space should function. Children were meant to remain in one area, and their movements were expected to be monitored solely by their mothers, not by anyone else. But for most women, this space offered a precious break from their perpetual state of alertness that homelessness demanded. It was a room where they could close their eyes, knowing that if their child fell, there would be no serious consequence; if the child wandered into another room, someone would bring them back. I do not believe it is necessary or accurate to invoke notions of community mothering, which refers to "parenting [that] extends beyond the domestic sphere and familial/kinship ties and constitutes a public, non-familial, activity" (Reynolds, 2003, p.31), to make sense of these women's actions, as I rarely witnessed women caring for each other's children. This observation could support Brouckaert and Longman's (2018) argument that some women would adapt their mothering practices in the country of arrival, but this remains a supposition. However, relying on the concept of community mothering in this context would in fact risk reinforcing culturalist narratives, such as a "they do it this way" discourse, which did not seem applicable here. What seemed to happen in this space was less about alternative mothering and more about carving out a moment of rest, a temporary suspension of hypervigilance, a fleeting experience of safety. Even if it meant risking being labelled as a bad mother, these women were choosing to rest. Angélique confirmed this exhaustion that came with motherhood in the context of homelessness and precarity: "Sometimes I didn't have the strength to properly take care of the child. I had to force myself. It's really too hard when your mental state is not in a good place."

Exhaustion was not the only feeling emerging from precarity; shame was another consequence of being a migrant mother in France. During a sexual health workshop in the common room of a shelter, led by the midwife named Caroline, the conversation veered toward general health concerns. Some workshops were organised in advance, so social workers would remind the women a couple days and sometimes weeks before the upcoming event, giving broad information such as: "The midwife will come to discuss breastfeeding and there will be activities", or "You should come Thursday, next week, Caroline the midwife is leading a workshop on women's health". But at other times these workshops were in fact spontaneous moments made possible by the midwife. On rare occasions, when no women came to see her in her consultation room, she would head to the common room, greeting women sometimes by commenting on their children, "Oh, he seems very comfortable in this sweater" or if a woman was breastfeeding, "It's amazing what you're doing, it's the best gift you can give, your milk, it's gold for them." She would then introduce herself, "I'm Caroline, a midwife, I'm here every Tuesday morning if you want to have a chat." On rare occasions, she would see only two or three women in the morning, and then no one. So on one of these occasions, she decided to close her consultation room, move to the common room with her notebook, and bring along some kind of interactive activity. This time it was the Ikambere cards, informative and educational cards made by an organisation for women with precarious status that presented situations women might find themselves in and how to deal with them. Before sitting at the large table, Caroline and I went around and asked if the women wanted to participate in this activity, where we would have conversations about the cards. We managed to recruit six women. Others refused, saying "Maybe later" or "I'm eating now," and some said they would listen from a distance.

So there we were, the eight of us: the six women, the midwife, and myself. Caroline took out a card that read in bold: "PrEP is a medication that protects against HIV." Caroline

explained what PrEP was: a medication for people who do not have HIV, allowing them to take it as prevention. But the conversation quickly veered toward the topic of hospitals more broadly, women's experiences in these public structures. Maria, sitting across from me, spoke about her daughter without clear transition or introduction. "She is now nineteen," she added. "She was sick, but I was too ashamed to go to the hospital." She clarified that she didn't have State Medical Assistance, the healthcare coverage that irregular migrants can ask for. "But if I had kept the shame, I would have lost my daughter." Other women remained silent, some nodding, and the woman on my left affirming "yes, the shame" as if to confirm the common feeling that she seemed to know all too well.

Maria's story reveals the intimate entanglement between legal status and access to care. While I do not know the reasons behind her not having State Medical Assistance, I do know that eligibility for this assistance does not guarantee obtaining it (Médecins du Monde, 2024). In theory, the assistance is accessible to all under three conditions: the person must prove that they have been residing in France for more than three months, their annual resources must not exceed 10,339 euros, and they must not have held a resident permit for more than three months (Direction de l'information légale et administrative, 2025). However, in practice, language difficulties, ignorance of rights, complexity of administrative procedures, and fear of being called in for questioning hinder women's access to this medical assistance (André & Azzedine, 2016). These barriers can generate shame and become a marker of failing motherhood. It generates a vicious cycle: the shame of being undocumented, delaying care, risking health, and reinforcing the label of inadequate mothering.

School, and more specifically access to school, was another domain that became a source of stress for many mothers, but also something for which they could be held responsible. Some of the women I met saw their children denied access to school simply because they arrived in the middle of the academic year. I remember a social worker once walked into the

consultation room where the midwife and I were sitting, visibly angry. “They said they can’t accept this child, but that’s illegal. I’m going to write them a letter. What they’re doing is against the law,” he said, gesticulating on the room. Another woman I met personally had a similar experience. She had arrived in France a month earlier with her 12-year-old son, and no school seemed to be able to offer him a spot. Upset and unsure of what to do, she even booked an appointment with the midwife at a shelter to talk about the problem: “My child needs to go to school. I don’t want him to become a delinquent,” she said, while her son sat silently next to her, eyes fixed on the floor. Even when children were enrolled, it was far from a guaranteed success. Because these women often moved between different shelters, frequently relocated outside of Paris, commuting could take over an hour. If the mother had another obligation – such as an appointment with a social worker or the midwife – getting the child to school became a real challenge. Not only would professionals repeatedly tell them “You’re late,” but they were also judged if their child missed school altogether.

The situation is even more difficult when other basic needs, such as stable housing, food, and money for school supplies remain unmet. Even when children are granted access to school, attending is far from easy (Van Osch, 2012). One midwife explained that some women feel too ashamed to admit to the school that they are sleeping on the streets. They fear their children will be judged, especially for things like body odour. I thought of this when I once saw a woman setting up her tent on a Paris street. She told me that the public showers open at 12, but that her children had to be in school by 8:30, so how could she do it?

The precarity that comes with the status of irregularity, and also with the simple fact of being a migrant in Paris, “not only restricts immigrant women’s ability to mother their children but also brings suffering to these women as mothers” (Abrego and Menjivar, 2011). Discussing these structures of power, limiting women’s access to accommodation, healthcare, and education, allows us to discern the mechanisms at play behind the scenes: the making of the

so-called bad mother. Women are put in a situation where their socially prescribed expectation of motherhood cannot be fulfilled, and the women themselves are held accountable for something that goes beyond their capacities to control. Here I've described what Mendes (2024) calls the "unattainable promise of goodness" for migrant women (p.812). The second aspect she describes is the "ever looming threat of badness" (ibid, p.812). As the next section will show, being labelled a "bad mother" can become an instrument of control.

The consequences of bad motherhood

"They said they could take my children away from me." This is what a migrant woman told us after a phone exchange with a 115-hotline respondent. A social worker later reassured her that homelessness was not a legal ground for removing a child from a parent. But the damage was done, the fear had settled in. In France, undocumented migrant women are encouraged to call the 115 emergency hotline to access emergency accommodation (see Chapter 1). But doing so means being exposed: women must provide their full name, phone number, children's age, and details about their health. These systems, designed and presented as spaces of protection – finding an accommodation suited to the profile of the individual or family – can turn into mechanisms of discipline (Luibhéid et al., 2018). This is what the 115 respondent exerted: his or her ability to instil fear. The legal status of "illegality", often accompanied by homelessness, is transposed to women's everyday lives through intimidation, causing great anxiety.

This exchange was certainly a surprise to the social workers, as they had not previously encountered a 115 respondent expressing such a threatening statement. However, this does not render the comment anecdotal. Rather, it highlights a broader anxiety that surfaces in women's experiences in other contexts. I personally felt the weight of this fear during a one-on-one conversation with a woman who had agreed to talk about her experience as a rejected asylum

seeker for my research (see Chapter 4). We both settled into a room in the shelter, where there were two armchairs, and she closed the door behind her. Three of her four sons were also in the room with us: one on her lap, one clinging to an armchair, and the third standing in front of me, as if he were the one who would answer my questions. I regretted our interview, because later it caused a flow of tears from the woman (Methodology). After telling me about sleeping on the streets with her four children, she said insistently, as if trying to convince me: “But I swear, I take good care of them.” And she continued, “I do everything for them, more than what my own mom gave me”. “I give them a lot of affection,” she said, while hugging the child on her lap. In that moment, I understood that I embodied the potential discipliner in her eyes. She feared I could inform someone about her children sleeping outside, and that it would have repercussion on her custody. She feared my power: probably seeing me as someone who could take her children away.

For migrant mothers, being labelled as “bad” by professionals is more than a moral judgement, it carries the fear of losing custody of their children. As anthropologist Sfalti (2024) describes in her ethnographic study conducted in the Parisian suburbs, some women fear being punished for being perceived as “bad mothers,” meaning they are afraid that their children might be taken away from them. I never saw this fear materialising during my fieldwork, nor did any professional mention this possibility directly to women in my presence. While there are no official comprehensive data comparing rates of placing children in care for migrants versus non-migrants in France, existing studies point to a higher risk of social deprivation, such as social isolation, poor or insecure housing conditions, no work-related household income, and no permanent healthcare insurance, among migrant women (Eslier et al., 2020). In her research, Sfalti (2024) reported that migrant women shared with each other the experiences of other women they had met whose children were placed in care, and thus feared it could happen to them as well. Sfalti reports the words of one woman, who said: “all the mothers here [in the

mother and child centre] are being watched. It's the price to pay." The woman interviewed also recounted that if she did not follow what she was told about how to take care of her child, the consequences could be: "You will understand that the child you gave birth to in France is not your child. It is the child of the French government" (p.17).

This woman's frightening words, "it is the child of the French government," echo Lee Edelman's famous work *No Future* (2004), where he reflects on the figure of the innocent child as a tool through which power is authorised. Although he theorises about the image of the child in a different context – that of politics in the United States – his notion of reproductive futurism is particularly helpful for understanding the instrumentalisation of the label of "bad motherhood" for migrant women in Paris. Reproductive futurism is the idea that the innocent child serves as a symbol around which power structures are attached and justified. Let us quickly take a detour from my French ethnographic context and focus on Edelman to see where he is coming from. Reflecting on Bill Clinton's 1997 political campaign, "We're fighting for the children. Whose side are you on?", he reflects on the implication of this invocation of the child:

> that rhetoric was intended to avow that this issue, like an ideological Möbius strip, only permitted one side. Such "self-evident" one-sidedness—the affirmation of a value so unquestioned, because so obviously unquestionable, as that of the Child whose innocence solicits our defense—is precisely, of course, what distinguishes public service announcements from the partisan discourse of political argumentation (p.20).

Edelman argues, with sarcasm, that Clinton's statement is in fact overwhelmingly political and makes unthinkable any resistance to the idea that the symbolic child comes first. It affirms a structure in which fighting for the child is the only acceptable position. This is what Edelman calls reproductive futurism: it is the child or nothing. The child becomes the only horizon, "the child whose innocence solicits our defense" (p.473).

Returning to my ethnographic observations: because the defence of the symbolic, normative child is always at stake, undocumented migrant women – who stand outside the

white, French, middle-class ideal of maternity – can easily be cast as incapable of reproducing the normative future. For them, the threat of losing custody, and being regarded as not up to the task of motherhood is constantly present. Whatever they do, through their legal status and through racial discrimination, the migrant mother lives with the possibility of her child being weaponised against her. Her maternal status is scrutinised, and her ever-shifting legal and social conditions makes the threat easy to mobilise. The figure of the innocent child in opposition to the deviant motherhood can be brandished at any moment to reiterate women's status as migrants in France. When the woman interviewed by Sfalti said, "it [your child] is the child of the government", she perfectly illustrated how migrant women are tied to structures of power through intimate ties. And when the woman I interviewed, about her experience as a rejected asylum seeker, swore to me that she took good care of her children, she was in fact responding to this invisible disciplining force that looms over her as a mother.

Although I speak of a looming threat, this fear is in fact very tangible as it translates to women's wellbeing and decision-making. Especially for undocumented mothers, the fear of losing custody also comes with another fear: that of being deported. Sometimes the two fears intertwine; for example, in the context of detention centres in Mayotte, some mothers have found themselves separated from their children (European Council on Refugees and Exiles, 2025). I once spoke on the phone with Angélique to check in after she had been given accommodation following the birth of her child, and she explained:

> My husband goes outside a lot, to look for jobs or just to get food, and I stay home with my daughter most of the time. We try to go out as little as possible, you know now that asylum didn't work.

For her, going outside meant the risk of being arrested. And this already daunting possibility becomes even more difficult to navigate when a child enters a woman's life. What De Genova (2002) calls deportability refers precisely to this concretely lived possibility of being deported, which adds another layer of discipline that undocumented mothers face. He

writes that deportability is "the possibility of deportation, the possibility of being removed from the space of the nation-state" (p.439). It is not simply a legal status but an internalised condition, a constant awareness that deportation could happen at any moment. As Luibhéid et al. (2018) put it "migrants become highly vulnerable and exploitable precisely because they could be deported any time". This enduring possibility embeds fear into women's everyday movements and interactions, and being a mother renders this consciousness even more severe. Thus, the figure of the child is used to discipline not only through moral discourse but also materially, through the concreteness of deportability. "Migrants' internalised understanding that they may be deported at any time, keep migrants deeply vulnerable and persuades them to remain as invisible as possible" (Luibheid et al., 2018, p.92). Social workers have shared with me stories of mothers asking, "If I am summoned by the prefecture, should I bring my child, in case I'm detained and sent to a detention centre for deportation?" Fear seeps into the smallest decisions and becomes tangible: whether to take their child outside, attend an appointment, or simply go for a walk. It shapes their maternal practices not necessarily because they are inattentive or careless, but because they are navigating a system designed to keep them afraid. In this way, motherhood can become part an apparatus that sustains their social exclusion, reinforces the precarity of their everyday lives, and ultimately materialises their experience as illegal mothers.

Motherhood as a source of meaning

> Being a mother brings us joy. You're no longer alone and worried in your corner, always thinking. A child brings reassurance to life. The child makes little funny faces and it gives you joy. You feel happy to have a child close to you. And in some ways, it also makes things easier for us; you are seen, you are recognised when you are a mother in society. The child opens little doors for you – places where people wouldn't receive you, wouldn't give you a hand, or help you. But because of the child, people have pity on the child, we need to help the mother because she has a child. People help you when you have children.

These are the words of Angélique. I visited her three times at the hospital while she was hospitalised before giving birth. I would sit on the chair at the foot of her bed, and we would have long chats about her life in the DRC in contrast to her life now. When we first met at the shelter, when she was seven months pregnant, she quickly expressed her fear of soon becoming a mother: “How am I going to have a children like this? With no place to sleep”. Angélique had been sleeping on the couch at the shelter and had not been offered any other form of emergency accommodation suitable for her and her soon-to-be-born child. A couple of months later, Angélique was living outside Paris with her newborn baby and her partner, and while her fears had not disappeared, she was able to speak of motherhood as a source of “joy” and as a potential source of support. Hence, although being a “good” mother is a socially prescribed practice often denied to migrant women with irregular status, they continue to make sense of their motherhood. For many, mothering becomes not only a source of meaning but also, as the following stories suggest, a survival strategy both for themselves and their children.

One day Caroline, the midwife working in shelters, told me, “Requests made for the children allow us to reach the mothers.” Just as, for me, sitting in the play area was a way to access the mothers, for Caroline, children often serve as a bridge for accessing support for mothers. As Angélique said, “The child opens little doors for you”. A woman who comes in because she is pregnant, or with a health concern related to her child, is often drawn, almost inevitably, into an engagement with the healthcare system. As Virole (2016) points out in her work *Becoming a Mother, Becoming a Subject*, motherhood brings a kind of visibility for migrant women. Connections are formed through their registration at a Centre for Mother and Child Protection (Protection Maternelle et Infantile, PMI), through their consultations with maternity ward social workers, and sometimes through their encounters with psychologists, when they are present in maternity wards. Davoudian (2018) even describes this process as a “social birth” for these mothers; an emergence into systems of care and recognition that might

not otherwise have acknowledged them (p.90). I would not go as far as this author in making such a claim, as describing their insertion into the welfare system in this way risks overlooking the other ways women create social meaning (see Chapter 1). Nevertheless, this makes me wonder how the women themselves make sense of motherhood, not merely in terms of their fear of being labelled bad. During my fieldwork, I took note not only of how professionals spoke about migrant mothers, but also of how migrant women spoke to me about being mothers at home, in their countries of origin, and also now in France.

For some women, the decision to leave their country of origin is directly tied to protecting their children. In particular, the threat of female genital mutilation (FGM) is a motivator for some mothers (Dumont, 2023). This was the case for Fatou, a woman from Ivory Coast, who had left her country with her daughter to prevent her daughter from going through what she went through herself. During her first consultation with Caroline, the midwife, she said "Cutting makes women tired, I didn't want this for my daughter". I was struck by her choice of word "tired" – a term that felt too light, given the pain and violence it involved. But then I reflected on my own language, and that of the professionals around me. We too, would say that a woman looked tired, or even asleep. I realised I was also using a soft word to describe what was likely a state of trauma. In these contexts, tired meant more than fatigue, it referred to a kind of absence, a heaviness that does not cease. It was a word that carried with it the quiet presence of trauma, something that settles in the body, and stays. Leaving two children in Ivory Coast, she took her now seven-year-old daughter with her to Paris, determined that her youngest would not endure the same fate. Paradoxically, while these women leave in order to fulfil the socially prescribed maternal duty of protection – sometimes even engaging in acts of self-sacrifice for their children's well-being (Abrego & Schmalzbauer, 2018) – their ability to inhabit that same role is later questioned in the country of arrival.

Far from the moralising discourse that depicts children as an obstacle to women's

emancipation, some women seem to find resilience through motherhood (Schmoll, 2011). In the beginning of my fieldwork in the shelter for women and children where I volunteered (see Methodology), I often spent time in the play area, thinking it might be a gentle way to connect with the mothers. I would play with the children and soon the women would begin to approach me on their own. One day, a woman noticed my notebook and asked, "Are you a journalist?" I told her I wasn't. "I am a researcher, trying to understand the challenges migrant women face when they arrive in France". She sat beside me on a tiny bench meant for children. Together, we watched her son as he played at a toy kitchenette, carefully "cooking" something in the oven, checking on it repeatedly. She broke the silence. "Since he was born, my son changed me," she said. "I saw his face when he saw me cry once, and I never cried in front of him again." We sat quietly, still watching him. Then she added, "When I look at him, I feel better. He gives me a reason to wake up in the morning, I need to bring him to the nursery early…every day." Motherhood, for many of these women, becomes a source of deep meaning. Their children help sustain their identities, even amid overwhelming hardship (Collins, 1998). Davoudian (2018), a general practitioner, even speaks of the children of migrant women living in precarious conditions – often undocumented – in France as "witness to the life force still at work, despite the destruction and violence. The child becomes the vital body of the mother […] carrying with them the hope of a better future" (p.90). Similarly, Mansouri and Bentate (2012), speaking about undocumented women in France, go as far as to speak of an inverted birth, where it is the baby who gives life to the mother.

Conclusion

The assumption that migrant women engage in deviant motherhood is rooted in national, cultural, and racialised logics. Casting these women as "bad mothers" extends beyond the moral judgment of a private practice. I argue that it can in fact reinforce their precarious

status as migrants, by heightening their fear of losing custody of their children and, consequently, leading to further isolation.

This argument first emerges from an ethnographic observation, where I reflect on comments I heard and even made myself about migrant women as mothers. I described, scenes, moments, and words, voiced by healthcare professionals or staff in shelters, that implied failure in migrant women's role as mothers. I then examined how the precarious legal and social status of these women, particularly those who are undocumented, almost inevitably cast them into the category of bad mothers. In the Parisian context, migrant mothers and their children are frequently denied stable housing, proper healthcare follow-up, and access to education, and these conditions severely limit their ability to fulfil normative expectations of motherhood. Drawing on Edelman's (2004) notion of reproductive futurism, which refers to the use of the figure of the innocent child to justify and legitimise structures of power, I highlight the threat I observed: migrant mothers' fear of losing custody of their children. De Genova's (2002) concept of deportability – the lived experience of fearing deportation, rather than the actual deportation itself – further illustrates that accusations of bad motherhood towards undocumented women had real consequences. These judgements can function as a powerful instrument of control, affecting women's daily decisions and movement, in ways that can lead them to remain isolated in order to avoid detection. Yet, as explored in the last section of this chapter, women draw on their status as mothers to cope with precarity. Motherhood can prompt their departure from violent contexts; it can give them the strength to survive and offer access to support networks.

CHAPTER 4

The Asylum Seeker who Smiled

I heard a lot about Sophie before even meeting her. On several occasions, the director and the social worker of the shelter where I was volunteering had told me, “You have to meet Sophie,” or “You still haven’t met Sophie,” or “You need to ask Sophie your questions, she has all the answers.”

Sophie is a legal advisor and sometimes comes to the shelter, I would say at least once a week in the year I was volunteering, for legal support appointments with women. These appointments were scheduled by the social workers when someone was in the process of applying for asylum, but also for other legal procedures. The first time I met Sophie, I noticed her smile, her good mood, and also her little laugh, which punctuated all her sentences. Little giggles would spread between her words, and lightened every conversation, even the saddest ones about women who had lived through horrors. I asked her if one day I could attend her consultations, and she immediately agreed, saying that she would first speak alone with the woman to ask if she minded, and then call me into the room. She would often set up with her laptop in the clothing room, a tiny space which had a very small table and two chairs, and sometimes she would borrow the social workers’ offices. She once told me that she herself had to write a thesis, but that her work took up so much space in her life that it was impossible for her to start writing anything. She described it as a kind of mental block, an inability to get herself to write. I don’t know if it was because she had too much to say and didn’t know where to begin, or if the reality of the field made writing feel pointless. Or maybe, like me, it was both. In total, I attended four consultations between her and four different women, all of whom had decided to apply for asylum. Her goal: to make sure the person is aware of what an asylum application represents psychologically before beginning any kind of guidance, then to explain

how the procedure works, prepare them for the interview, and, if requested, accompany them to their interview with the Office for the Protection of Refugees and Stateless Persons (OFPRA), or, if it is a case of appeal, to the National Court of Asylum (CNDA).

The number of migrant women, all ages included, seeking asylum in France has steadily increased, reaching 41.8% of all applications in 2024 (Asylum Information Database, 2025). Sexual exploitation is one of the most prevalent forms of abuse presented as a motive for asylum. It does not represent the only form of gender-based violence: forced and early marriage, domestic violence, female genital mutilation (FGM) and sexual violence are gradually more mentioned by women asylum seekers. The majority of these victims of violence are young women from sub-Saharan Africa, notably Nigeria, but also the Democratic Republic of the Congo, Guinea and Ivory Coast. While the exact number of women's asylum applications that are rejected is not known, the total number of asylum applications was approximately 157,947 in 2024, and the overall protection rate (rate of approved applications, with the applicants granted refugee status), including on appeals, is estimated at 38.8% for first applications and 21.3% for appeals (Forum Réfugiés, 2025).

In July 1952, the right of asylum was officially adopted in France, a law that still forms the basis of the today's system (OFPRA, n.d.). The French office for the protection of refugees and stateless persons (OFPRA) was created at the same time and placed under the supervision of the Ministry of Foreign affairs. Initially, this organisation was the only one in charge of processing asylum applications. It was only later, in the 2000s that applicants were required to go through the prefecture, before their file was sent to OFPRA. A prefecture is an administrative authority established in every department of France (each department comprising several communes) and operates under the Ministry of the Interior. Later, the OFII (French Office for Immigration and Integration) became in turn involved in managing the assistance to asylum seekers, such as accommodation, and allowances. A major reform in 2015

established the current two-step system: the applicant first goes to a reception platform combining the prefecture and OFII. In this place, called Guda (one-stop asylum service), the person registers their claims with the prefecture and the OFII evaluates their situation to offer assistance accordingly. Only then is the application sent to OFPRA for examination. Today, these institutions are working increasingly closely together, blurring the distinction between actors.

Since the beginning of 2024, the asylum procedure has undergone multiple modifications. The law of January 26, 2024, also called the Darmanin law – named after its initiator, the Minister of the Interior until September 2024 and now the Minister of Justice – proposed several changes, some of which are currently being implemented. Regional administrative hubs called "*Pôle territorial France Asile*" [territorial hub France asylum] are being set up, centralising the early stages of asylum application. The first one opened on May 19th, 2025, at the offices of the prefecture of Cergy-Pontoise, a town north-west of Paris (Gisti, 2025a). Regional administrative hubs now bring together those responsible for registering the application (the prefecture and OFII) with OFPRA – the authority in France that processes and rules on asylum claims. Initially involved after registration only, OFPRA can now be present in earlier stages and can conduct an interview "intended to establish the applicant's civil status and collect the initial elements supporting the protection claim" (Gisti, 2025a, para.1). Presented as a way to simplify and shorten the asylum application delays, this merging of actors with different functions blurs their independence: the one who registers the application and the one who makes decisions on it now jointly manage the initial steps of the asylum procedure. There is concern that this first oral interview conducted by OFPRA might already be a substantive examination, even though at this stage the applicant may have difficulties responding to questions in a structured and precise way without prior preparation (ibid). Furthermore, in these poles, OFPRA can now evaluate an application the day it is created,

which may increase the risk of rejection due to lack of preparation. The person has no time between submitting their application and preparing for the interview. Another change at the application stage concerns the conditions under which asylum seekers are offered a financial allowance and housing assistance. These can now be easily withdrawn under the pretext of a late asylum application, re-examination, or fraud (ECRE, 2025). Then there are changes regarding the appeal stage, if the application is refused. There are now regional chambers of the court for appeals, and not just one court in Paris. The problem is that in these places, most appeals are decided by a single judge unless a three-judge panel is specifically requested. Also, the decree reduces the appeal deadline from 15 to 7 days. Furthermore, new retention centres are being opened, and more people are being held in these centres. Administrative detention of foreign nationals awaiting expulsion after criminal convictions can also be extended beyond 90 days, including for offences that are not particularly serious (France Terre D'Asile, 2024). In addition, systematic order to leave French territory (OQTF) are increasingly executed by prefectures: these departmental administrations now send OQTF more systematically to rejected asylum seekers, something which used to be haphazardly. All these new developments are accelerating, piling up, making the process more complex and more rushed for asylum seekers. And if the applicant isn't ready or isn't familiar with the system, there's a strong chance they won't be granted refugee status.

The creation of the French Office for the protection of Refugees and Stateless persons (OFPRA) in 1952 was born out of the 1951 Geneva Convention which solidified the definition of the refugee: "A foreigner persecuted in their country who cannot or does not wish to claim the protection of that country" and, in some cases, "by reason of their actions in favour of freedom" (Service Public, 2024). In accordance with this definition, the applicant faces a judgement in which the truth of their victimhood and real status as refugees is assessed (Fassin & Kobelinsky, 2012). "Asylum seekers must establish proof of their condition as victims"

(D'Halluin, 2004, p.30). Asylum seekers are required to demonstrate that they face a real risk of persecution in their country of origin, and past and current persecution alone may not suffice. The state can also provide another form of protection, called subsidiary protection, which may be granted to individuals facing "the death penalty or execution; torture or inhuman or degrading treatment or punishment; serious and individual threats to life or person" (ibid). But the question then arises: how can one prove a threat, a past persecution, but above all a potential, future persecution that has not yet happened?

This chapter seeks to understand what counts as evidence in an asylum application, the asylum hearing, and a potential appeal, and in particular the steps required to assemble such evidence: evidence found in words, expressions, emotions, and in the body. I draw here on the work of scholars who have started examining what constitutes proof for asylum seekers in France: D'Halluin (2004), who describes the rewriting of the asylum seeker's narrative as evidence; Fassin and Kobenlisky (2012) and Kobelinksy (2016), on the mobilisation of moral sentiments and how decision-makers, in this case, judges, affirm the humanity of their judgement through their own emotions; and finally, Fassin and D'Halluin (2005), on the body and the mind as the last resort of proof. In the first part, I focus on the preparation of the asylum narrative: Sophie, the jurist, prepares Maria for her interview with OFPRA. She sharpens Maria's speech, insisting on certain details, and adjusts her signs of emotion in order to produce evidence of her being "a good", a real, and deserving asylum seeker (Petäjäniemi et al., 2021). In the second part, I recount the day I attended what might be called the trial of Anya, before the National Court of Asylum Appeals, after her first application had already been rejected. There, it is the judge's moral sentiments that become proof that Anya is indeed a true refugee. Finally, I consider the ultimate stage of the asylum process: when a claim is refused, and when sometimes the only remaining means of producing proof is through the body itself. Stripped of

other options, this is what Aissata attempts to do: seeking to give birth to a daughter, to create and prove a persecution she faces.

I attended three consultations between the legal advisor Sophie and women seeking to apply for asylum, and I went just once to the National Court of Asylum Appeals. During these moments, I took notes on the exchanges both during and afterwards, since at times my emotions and that of the people around me prevented me from writing in the moment. Although these ethnographic elements represent only a small part of my year of fieldwork, asylum remained an omnipresent subject among the women I met in consultations with social workers and midwives. Women were sometimes in the midst of an application and often they had been denied asylum (see Chapter 5). Throughout my year in the field, asylum was a subject that never disappeared.

Narrative preparation

Maria is holding her phone to her ear, but the device doesn't touch her skin, she is careful to maintain a small gap in between. There are four of us in Julie's small office and she is the one sitting on the floor. Previously I offered her my chair, feeling uncomfortable that the social worker had to sit on the ground in her own workplace. Next to me is Sophie, the legal adviser. She is directing Maria, who sits across from us, "Just state your first name, your last name, and phone number, that's all you have to do". At the other end of the line is the French Office for Immigration and Integration (OFII), the French government agency responsible for managing migration matters. Maria is about to complete the first step of her asylum application, she is "pre-registering" to use the OFII's words. This means she is booking an appointment with an officer at the prefecture to officially register her application. The call doesn't last more than a minute. This step, which previously required waiting in line outside the prefecture's building, has since 2018 in the Parisian region been replaced by a phone-based platform that is

difficult to reach but mandatory for booking an appointment (Gisti, 2025b, para 6). When Maria hangs up, Sophie says, “Well done”.

Initiating this process of seeking asylum is not merely an administrative task; it carries with it a profound psychological burden because it requires individuals to recount traumatic experiences, which can re-traumatise them and deepen their psychological distress (Schock et al., 2014). The procedure forcibly penetrates the individual’s traumatising event, stories often avoided as a coping mechanism, and can lead to high levels of dissociation and heightened anxiety, depression, and post-traumatic stress disorder (Posselt et al., 2020). Sophie’s “well done” is not an infantilising phrase one might say to a child upon completing a task; far from it, it carries the weight of acknowledging the challenges of the asylum process. It conveys “well done for starting this procedure, even though it will not be easy”. As Sophie once told a woman at the end of an interview, “I know that everything you’ve shared has awakened memories. It’s possible that you may struggle to sleep. You will find yourself reflecting a lot; I understand that we can’t just switch off our brains. So it would be important for you to see a therapist.” While psychological support seems essential, the presence of psychologists in day shelters is often limited, preventing consistent follow-up care. Maria, for example, had just initiated the asylum procedure but didn't have any psychological follow-up.

Being supported by a legal advisor while applying for asylum is of course not an automatic provision. It depends on whether the person has reached out to an organisation which offers this kind of assistance. Julie, the social worker, assures me that if more people had access to legal support, they would have a better chance of being granted asylum. They would better understand what is expected of them. For instance, they would know how important it is to explain that they are in danger as an individual, and not just speak in general terms such as by saying that there is a war in their country. There are some exceptions right now; for instance, in July 2025, the National Court of Asylum (CNDA) ruled that all Palestinians from Gaza are

persecuted by the Israeli occupation forces because of their nationality. Therefore, they should be granted refugee status under the Geneva Convention and their nationality alone should provide systematic protection. Although, in practice, this is not the case (Gisti, 2025c). A person can receive legal assistance during the preparation, but they can also ask their legal advisor or a representative from an organisation to be present during their asylum interview. I asked Sophie if this could work in the asylum seeker's favour. She told me, "It really depends on the person you're facing. Sometimes you get the feeling they're offended that you're even there, as if it's a sign of distrust, like you're suggesting they wouldn't do their job properly otherwise." But she also said that, on the other hand, some officers may feel that your presence shows that the applicant is making an effort, that they've reached out to an organisation for help because they needed it. That can be seen as a kind of integration. While it was hard to determine whether the presence of the legal advisor during the official interview had a positive impact on the outcome, receiving legal advice and support before the interview was definitely a major help.

The first time I noticed Maria, she was in a day shelter during a sports lesson. Two volunteers had come to lead the session, equipped with a small speaker that echoed in the space with its high ceilings. The session involved repetitive movement, such as touching the knee to the elbow, then on the next beat, reaching the hand to the foot. I joined the session and gradually peeled off the three sweaters I usually wore in this place that felt like a fridge. Maria was right in front of me; I couldn't see her face, but I immediately noticed the intensity of her movements. Her elbow didn't just touch her knee; it struck it. Her hand didn't graze her foot; she hit it. Her side-to-side steps were wider than mine, despite her small stature. She took up space and was completely unconcerned about it.

Maria arrived in France at the age of fifteen, although she was twelve when she left Ivory Coast. Fleeing incestuous violence, she was caught in a prostitution network in Morocco.

When Maria finally reached France, the violence did not stop. Sheltered by her aunt in the Paris suburbs, she fell into the trap of modern slavery. I learned all this because Sophie, the jurist, is engaged in what is known as “narrative preparation.” She is helping Maria prepare for her asylum interview, during which Maria must recount her migration journey in great detail to Sophie, as the acceptance of her case hinges on it (Baubet, 2024). Her story must be flawless, with no inconsistencies, and she must have an answer for any possible question. When Maria says, “When I arrived in Morocco, they came to get me,” Sophie immediately asks, “Who are ‘they’?” When Maria mentions that she never considered seeking asylum before now, Sophie completes her sentence saying, “Yes, because you were being exploited by your aunt who discouraged you from applying.” The jurist helps clarify Maria’s story by replacing pronouns with names or descriptions. As D’Halluin (2007) puts it, for asylum seekers to become actors of their own narratives, they must learn the rules of the rites of institution and interaction. The applicant must adhere to the expected conduct, which rests on discriminatory competencies such as “Linguistic, economic, relational capital, and the individual's psychological resources” (ibid, para 5). As of today, Maria has been in France for multiple years now, and “This won't play in her favour,” confides Sophie, tightening her lips. The authorities might wonder, “Is Maria genuinely in fear for her life?’ or, “Can her testimony be reliable if she has been here seven years?”. The temporality of the asylum application is a crucial factor in the evaluation process, if you are truly in danger, the OFII suggests, you will apply straight away. Since Maria has been in France for more than 90 days, she is automatically placed in the so-called accelerated procedure which refers to applications that are processed more quickly than the regular procedure. This means that a decision will be made much more quickly, and the rights to appeal are more limited compared to the normal procedure. As the GISTI, an information group helping migrants, points out, “The accelerated procedure is not in your favour (rapid and more superficial review)” (Gisti 2025d, para 3). The accelerated procedure accounted for

approximately 38% of all applications in 2024, and the acceptance rate for this specific procedure is not available (La Cimade, 2025). But as Sophie clearly explains, there are many reasons why a person might not apply for asylum right away, "All those people who are under control or simply misinformed." The accelerated procedure also applies to people who do not provide their fingerprints, present false documents, have already applied for asylum under a different name, who are placed in administrative detention, or who come from so-called "safe" countries, such as Georgia, Serbia, Cape Verde, and others (Gisti, 2025d, para. 4.)

Once Maria leaves the room, Sophie turns to me and declares, "There's another problem: she smiles a lot". "She must have created this mask to hide her trauma from her friends at school", Sophie adds, her tone gravely serious. So it seems that while Maria is already the actor of her own story, the mask she has chosen is not the right one for asylum. What troubles and fascinates me simultaneously is not only the fact that physical expressions are not differentiated from emotions, but also the significant influence that expressions exert on the narrative being conveyed. It implies that smiling is one of the factors that allows someone to be seen or not as a real refugee; only fake refugees could smile, as their suffering lacks credibility (Fassin & Kobelinsky, 2012). But how can we address this enduring smile? What do we do with it, if it cannot be dissolved into drooping eyelids and a quivering lip? This is where the institutional rite turns to the medical professionals, as they can provide a rhetorical and even scientific explanation for an individual's physical expressions. So that's what Sophie did, she asked the therapist to write a letter explaining this smile, justifying it as a facade Maria has built for herself. "Listening to experts to give voice to the bodies rather than the individuals [themselves] further erases asylum seekers as subjects [...] By distancing the singular narrative, asylum seekers disappear behind the crowd of victims and fade behind the words of the experts" (Gatelier, 2021, p.23). The only way to make a smile acceptable is to use it as evidence: a scar, a mark of suffering. Maria's upward curving of her lips, accompanied by the

flexing of the muscles around her eyes, is only acceptable if it serves as evidence. To prove the veracity of a story, physical expressions must be controlled to become tools, and true emotions are rendered irrelevant. Asylum seekers are thus asked to play a role while recounting their life of violence; two forms of violence piling up.

Sophie, as troubled as I am by this procedure, tells me the story of a woman she had assisted in the past with her asylum application. During her appearance before the judge, the woman recounted her assault, explaining that she had screamed. The judge then claimed that she was not vulnerable enough because she was capable of shouting to defend herself. This stresses the gendered facet of the institutional asylum process. A woman must be vulnerable enough to be unable to defend herself, which apparently corresponds to a scream, but not too vulnerable to be incapable of speaking about the assault. The gendered vulnerability criteria are very specific yet subjective. This thin checkmark evokes another conversation I witnessed. During a consultation with Sophie for her "narrative preparation", a woman turned to me and said, in a monotone voice, as if she were merely stating her name, "So I've been raped three times since I've been in Paris". Women often spoke to me when I attended consultations, whether medical or legal, as if they were seeking support. Looking at their interviewer was maybe more intimidating. I think of this example because, when that woman threw this phrase at me – I say threw because that's how I experienced it, like a slap in the face – I feared how a judge would react to this information if this woman decided to include it in her asylum case. In the context of asylum, sexual violence and rape are often considered private persecution and are therefore deemed irrelevant in granting refugee status. "Rape and sexual violence are often effectively normalised and considered as part of the universal relations between men and women," suggests Freedman (2008). Not only do women have to be victims, but they also have to be the right kind of victim.

Attending these legal consultations has been very difficult for me emotionally. I found the words to explain this to my therapist, “In medical consultations, they share their trauma, but here, in front of the jurist, they are told how to tell their trauma”. And that is particularly traumatising. Preparing someone to narrate their migratory story is a violent process. Yes, demonstrating victimhood, as defined by asylum processes, maximises the chances of obtaining asylum, but, as D’Halluin (2004) asks, does this effort to conform to institutional rituals not reinforce the simplified existing representations of the experiences of asylum seekers? Maria is dependent on a discourse she did not choose: that of the real refugee who doesn’t smile. Butler (1997, p.2) describes this process as subjectivation, where we are not merely subjected to power but shaped by it. This approach involves a fundamental dependence on a specific discourse we have no say in, yet it paradoxically initiates and sustains our ability to be recognised. Maria, in becoming part of her own subjectivation, in learning how to tell her story the right way, with the right emotions, both conforms to and masters the discursive expectations of asylum seekers deserving of protection. Following a thorough narrative preparation can change the lives of women, giving them access to the status of refugee, as the next section demonstrates. Moving now to the second stage of the asylum process, the hearing, the following story recounts Anya’s experience at the asylum court.

The asylum hearing

On the day of Anya’s asylum hearing, the judge had a train to catch, and he made sure everyone in France's National Court of Asylum was made aware of it. The news reached the hallway – or rather the waiting room – where all the asylum seekers do what they’ve been asked to do since their arrival in France: wait. Wait until institutions provide you with an answer. Wait until they decide you are a “real” or a “fake” refugee. Sophie and I are each sitting beside Anya, surrounding her, I think, to show our support. A woman in a black robe with a

white collar momentarily interrupts this waiting. She kneels beside Anya and whispers the news, “The judge has a train to catch, so it’s unlikely you'll appear before the court today”. There are those who wait and those who keep others waiting. Some have trains to catch, while others sit patiently in their chairs, their hands clinging to the edges of their seats.

It won’t be Sophie representing Anya before the judge, but rather this very young-looking dynamic woman dressed in black. She continues, addressing the three of us, “On average, the judge grants asylum to three people a day. He already approved one person this morning, so in theory, two more will be granted asylum. Before you, there is a woman, she could be the second one. With a bit of luck, you could be the third”. She speaks rapidly, barely pausing for breath, stringing her sentences together with no punctuation, “It would be good for you to appear today, because this judge, in particular, is often sympathetic to cases of violence against women.” Each judge had their own priorities and specific cases they viewed as the “Ultimate injustice,” which they would pursue vigorously (Ticktin, 2011, p.134). Sophie then steps in, taking over like a coach, addressing Anya, “Since the judge is in a hurry, you'll need to keep your answers very concise.” Anya’s eyes are wide, and she nods subtly but continuously. “But don't worry, since you speak French well and express yourself clearly, everything will be fine.” This flow of instructions reminded me of another conversation I had witnessed between Sophie and another applicant. The woman had asked, “How should I answer the questions of the exam?” referring to the asylum interview. Sophie paused at the word “exam”. “No, it’s not an exam,” she responded instinctively. “Well, yes, there is a preferred way to answer, but remember, this is your life we’re talking about.” Sophie’s meaning is clear: “It's not an exam” but prepare for it, because there are right and wrong answers; “It’s not an exam” but time is ticking, so be concise and well-spoken.

While waiting for Anya’s turn I decide to attend another hearing. I walk down the long corridor lined with numbered doors, some open and others closed. I opt for the one that was

ajar and quietly slip into a seat. The asylum seeker and his lawyer have their backs to me, while only the judges' faces are visible. The man in the centre asks questions with a detached air, his gaze wandering toward the ceiling, as if he's run out of things to ask. The magistrate to the right of the judge asks, "What kind of music do you listen to?" Even without seeing the asylum seeker's face, I can sense his surprise. He leans forward, stammers, and finally mentions two band names. The judge nods, jots something down on her notepad, and that was the end of her contribution. The French National Court of asylum is a type of tribunal, where instead of judging the guilt of a defendant, they assess the credibility of a victim (Fassin & Kobelinsky, 2012). Unlike a defendant, who is presumed innocent, the asylum seeker is subject to suspicion. These types of questions are common during interviews, aimed at verifying the facts presented by the applicant through references that, according to the judges, only certain individuals belonging to a specific ethnic group would know. My phone vibrates in my pocket, its Sophie, "It's going to be Anya's turn."

A few minutes later, we find ourselves in a smaller courtroom, which has just two rows of chairs for the public. I sit with Sophie in the last one, our backs to the wall. In front of us, there's a C-shaped table, and the same set up as the previous room. The judge is in the middle, surrounded by two other magistrates, typing away on his computer without looking up. Between the judge and me is a table where Anya and her lawyer are seated, facing away from us. With his head still lowered over his computer screen, the judge only lifts his gaze to scan each one of us, starting with Sophie and me in the back and moving to Anya and her lawyer, closer to him. I observe that he is the only man in the room and ponder whether he is noticing the same thing.

He begins to read the report on Anya's rejected asylum claim, reviewing the points that the court found "unconvincing", this was the word he read. He reads so quickly that some phrases are inaudible; he speeds up, transforming some of the text into gibberish. I catch a

phrase, “It was not compelling that she was in danger,” just as he finally looks up at Anya. A series of questions follows, and Anya proves to be the perfect respondent, adhering to the advice given by Sophie. Her answers are concise and delivered in flawless French. On average, asylum seekers have about five seconds to answer questions (Gatelier, 2021). In fact, I don’t believe Anya even used up those few seconds, it is the judge who is now telling her story. He describes it as if it were his own narrative. He speaks on her behalf. In Anya’s husband’s family tradition, he reads, she was expected to undergo female genital mutilation, but she stood against it. This defiance cost her the life of her unborn child as she was brutally beaten by her in-laws and had a miscarriage. I brace myself for Anya to sniffle, her voice rising in pitch. The judge offers her a tissue, which he passes to the clerk. It is expected that women cry during their asylum interview, particularly if they have experienced gender-based or sexual violence (Freedman, 2017). If they don’t partake in this gendered emotional expectation, the veracity of their stories will be questioned. I struggle to hold back the tears threatening to spill down my cheeks, but it’s too late. Despite thinking myself invisible in this room, the judge stares at me.

The judge begins to explain that he is very familiar with this part of Ivory Coast and its traditions. “You’re actually lucky because I’ve been to this region” states the judge. The use of the term “luck” feels out of place. I glance at the lawyer, searching for the same reaction; she is nodding at the judge. As Akoka (2020) points out, asylum does not rest on precise definitions that allow for clear distinctions; rather, it is shaped by personal convictions. “I know this region very well,” followed by, “I have been there several times.” This asymmetrical interaction stresses the epistemic violence in asylum judgement (Gatelier, 2021). Occidental knowledge is established as the reference, relegating Anya’s voice. Her story is not believable until it is confirmed by the western experience. Spivak elucidates how “The episteme serves its role in silent programming” (Spivak, 1988, pp. 282-283) by dictating a specific framework to understand reality while relegating any alternative forms of knowledge to the status of

falsehood. She is in luck because the judge knows the region, which provides a legitimate source of information, getting her closer to the real refugee who speaks the truth, who deserves asylum.

> No need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you I write myself anew. I am still author, authority. I am still coloniser, the speaking subject and you are now at the center of my talk (Hooks, 1989, p.343).

When it's Anya's lawyer's turn to plead, she stands up, but the judge interrupts her immediately, saying, "There's no need." The clerk stops typing on her computer, and the lawyer appears bewildered. "Well, go ahead," he says with a smile, "but I've made up my mind." The lawyer understands and smiles back. She begins reading her notes but quickly sits back down as the judge signals to her with a firm nod that there is no need to continue. Just like that, the session seems to end abruptly. Then, looking at me again, he addresses Anya, "I see you came with company." She nods in affirmation. "Who are they?" he asks. The lawyer answers for Anya "Her social workers".

Why did I feel as though Sophie and I were being observed in that moment? This sensation made me uncomfortable because the focus of the judgment should not have been on us at all. The judge's glance, witnessing my tears, and his final comment, "I see you came with company," felt unsettling. Why did it seem as if the emotions Sophie and I expressed carried such weight? In the context of humanitarian aid, Fassin (2011) notes that survivors, "Because they need the facts to be established and because they are aware of the risk of not being believed, distance themselves from affect" (p. 207). In contrast, aid workers, who seem to carry an infinite reserve of credibility, often appeal to emotions to sway their audience. Paradoxically, the survivor, despite having lived through the trauma, sticks strictly to the facts, while the aid worker, who has only heard about the tragedy, holds the power to convey its emotional gravity. Not only did the judge establish himself as a spokesperson for the voiceless,

but my emotions seemed to have more strength than Anya's speech. "Legitimacy is constructed in the public arena: it is that of compassion" (ibid, p.206). The public's compassion plays a crucial role in legitimising the testimonies of asylum seekers. Ticktin (2011) observes that decisions made by the Refugee Appeals Board in France were predominantly influenced by emotions, specifically those of everyone involved except the asylum seekers themselves (p. 136). Ticktin strikingly mentions the words of a judge she had met during her ethnographic fieldwork: "François said that only when he feels he does not know enough about a country or a situation does he turn to the law; otherwise, he relies on his feelings and intuition" (p.136). In the case that concerns us, the judge declared to know enough about the region and probably let his feelings and emotions take over. As we step outside, Anya remains perplexed by the mysterious exchange between her lawyer and the judge, as if she were a mere spectator in an intimate conversation that didn't concern her. Once we are back in the waiting room, the lawyer tells her, "It's all good! Never before have I been told that pleading was not necessary." Sophie embraces Anya, and once again, the tears begin to flow.

The judge's self-proclaimed expertise about the region, along with his apparent sensitivity to public compassion, was imposed upon Anya, ultimately allowing her cause to be heard. By adhering to a restrained and factual mode of expression, erasing her own voice from her testimony and allowing others to articulate her emotions, Anya was able to secure asylum. If, following Foucault (1977), we understand power as forming the subject rather than an external force, it becomes visible that Anya wielded the violence of the asylum court system to become a refugee. It reveals "A regime of power in which […] the possibility of continuing as a recognisable social being, requires the formation of maintenance of the subject in subordination" (Butler, 1997, p.27). Anya fulfilled the narrowly prescribed role: the quiet, crying, vulnerable asylum seeker, though not so quiet as to remain silent, not so tearful as to seem unstable, and not so vulnerable as to appear powerless. She carefully followed the

guidance of Sophie and her lawyer, providing concise answers while allowing the judge to articulate her experiences. This strategy stirred emotions in the courtroom, particularly when the judge inquired about Anya's pregnancy loss. By aligning herself with these power dynamics and enabling the judge to evoke the audience's emotions, Anya effectively validated her own experiences.

The course and outcome of Anya's hearing was an extremely rare case, as her lawyer pointed out when she said, "Never before have I been told that pleading was not necessary." This hearing was the only one I attended, and in fact it was not at all representative of day-to-day decisions. As highlighted in the introduction to this chapter, the National Court of Asylum (CNDA), which handles appeals only, grants protection in only 21.3% of cases (Forum Réfugiés, 2025). For Ivory Coast, out of 3,444 appeal requests in 2024, 2,383 were submitted by women, making it the nationality with the highest number of female applicants, just ahead of the Democratic Republic of Congo, which had 2,101 appeals by women. 33.4% of appeals submitted by women were accepted, compared to only 14,2% for men (151 out of 1,061) (CNDA, 2025). These statistics once again support Anya's lawyer's remark that the woman before Anya had a good chance of receiving protection, as there hadn't been three acceptances that day, - the average per judge, according to her - and because women had higher chances of success. The following story, that of Aissata, reflects on what can happen when a claim is not accepted, and when hope tries to cling to anything it can find.

The final decision

A social worker at a day shelter connected me with Aissata, a woman who had been denied asylum a month earlier and had returned to Paris from the province in the early months of my fieldwork. We sit facing each other in armchairs, as I explain the purpose of my research

and my interest in her post-asylum journey and its impact on her health as a woman. Aissata's husband enters the room carrying a child. I reiterate the purpose of our discussion, and he leaves, seemingly reassured. Originally from Guinea, Aissata had been living in a French province for multiple years. "My French is not very good" she insists, but she was able to provide very clear information. Aissata had received a two-month notice before being evicted from her asylum seeker accommodation. A little boy burst into the room. "You have two boys?" I ask. "No, I have four", she corrects me, "But if I'd had a girl first, I wouldn't have had so many children". Emotions well up in Aissata. Tears trickle down the side of her nose. "I am cut down there," she points to her genital area, "but having boys doesn't get you papers. I tried, I really tried, but the fourth one was also a boy. I just can't anymore". Worried about her distress, I attempt to put an end to the conversation, but it was too late. I cannot stop her flow of emotions. Despite my attempts, she persists, repeatedly emphasising, "Here, boy children are not regarded as children". She is inconsolable and I feel responsible. "I sleep outside with my four boys in the train station at Gare du Nord; here in France, boys aren't considered children". Her third child enters the room. She cradles him in her arms "You know, I take good care of my children, I myself never had hugs and kisses from my parents, so I make sure to give that to them".

This unsettling exchange resonated with a conversation I had had previously with Sophie, the jurist who frequently attended the day shelters to provide legal consultations for women. When I asked her about the impact of asylum rejection on the sexual and reproductive health of migrant women, her first comment was, "Well, one consequence is that women start thinking about having children". I pressed her for more details. "I've had women ask me if they should have a child, to try to have a girl, and so improve their chances of obtaining the refugee status," Sophie explained. I was now undeniably facing the following hypothesis: women who have undergone female genital mutilation (FGM) and bear daughters have better chances of

asylum, provided they can prove a genuine threat of FGM to their daughters. Conversely, it's apparently more challenging for uncut women to prove this risk.

Troubled by this finding, I decided to delve into published reports to see if this strategy was in fact a way to be regularised. I was not surprised to find that information on the motives of seeking asylum was nowhere to be found, as it is largely ignored in France (Freedman, 2008a). The only statistics available concern minors risking FGM. It is published by the OFPRA (the French refugee status determination agency) (ibid). As of December 2023, a 2024 report states that over 20,000 minors are under the legal and administrative protection of OFPRA for the reason of FGM. Otherwise, it is impossible to know the rate of applications for asylum related to FGM among women at OFPRA, as well as during their second appeal to the CNDA (National asylum court). On their website, the OFPRA, in a page titled "Addressing Vulnerabilities," states: "If your child, or the minor child for whom you are responsible, is at risk of Female Genital Mutilation upon returning to their country of origin, you may submit an asylum application on their behalf for this reason." Hence, this possibility is clearly enunciated. The asylum application process in this case implies a medical examination of the minor's external genitalia to evaluate the potential occurrence of FGM. Concurrently, the mothers of these minors often seek medical certificates documenting their own experiences of FGM, in an attempt to prove the risk within their family (Marques et al., 2023). The body becomes the medium through which the truth can be revealed (Fassin, 2011). The scars of FGM become credible proofs, disqualifying the voices of the women. Yet even with this physical evidence, suspicion can persist. Laura, a socio-educational assistant, once recounted the story of a man who was unable to specify which aunts had performed the FGM on his daughter, leading the judge to disqualify the story as dubious. "But it takes place among women only," Laura retorted while reading the OFPRA rejection report. "It's not surprising that the man doesn't know." The report also suggested that the low rate of FGM in Ivory Coast contradicted the notion of risk.

One thing was certain: it wasn't enough to have undergone FGM and to have a daughter in order to obtain asylum.

The threat of FGM cited as a vulnerability criterion justifying asylum echoes the culturalist framing that racialises gender-based violence (Freedman et al., 2022a, 2022b). FGM, like forced marriage, is highlighted as violence stemming from foreign practices that render migrant women vulnerable. Women who have undergone FGM are often characterised within a hegemonic narrative that depicts them as "A young black girl or woman, with African clothing, with her face sufficiently hidden" (Kaplan et. al, 2017). This representation is constructed within a discourse that evokes public compassion. When Aissata says "Boys are not regarded as children," she highlights the differential treatment given to female asylum seekers. Migrant women are perceived as inherently weaker, more exposed to danger, and therefore more in need of protection than migrant men (Freedman, 2019). This gendered and racialised treatment can indeed facilitate protection, such as obtaining asylum, but being categorised as vulnerable requires conforming to specific criteria. As Freedman explains clearly in her work, *The Use and Abuses of Vulnerability* (2019), "To do so [adhere to the criteria] may force them to act in ways that are contrary to their real self-perceptions and self-identifications, and in some cases, perhaps contrary to other interests" (p.2). Freedman gives the example of migrant pregnant women in Greece. She explains that EU policymakers have suggested that women intentionally become pregnant during their journey to Europe so that they gain easier access to asylum. But she stresses, "The situation is clearly more complex than this, with women becoming pregnant for many and varied reasons, including rape, lack of access to contraception, or a wish to have a child in a relationship which they have constructed during their exile" (p.11). Freedman concludes that in certain contexts, it may indeed be strategically beneficial for these women to become pregnant. Similarly to Freedman's observation, Aissata was abiding by the vulnerability criteria in the hope of getting protection.

Aissata's emotions, the marks of FGM on her body, and even the emotions of the judge were not enough to prove her status of victim in her first asylum application. She now attempts, with her body, to produce proof herself: by giving birth to a daughter. She places her female body at the service of her asylum claim. It is no longer a matter of conforming, adjusting, or learning the rules of conduct before a judge, but of creating the very proof of a need for protection – and, in doing so, creating, bringing into existence even, the very persecution that a judge is looking for. If Aissata were to bring a girl into the world, her daughter would likely face the risk of FGM. This attempt by Aissata and, according to Sophie, one also practiced by other women, could be interpreted as a misuse of the asylum system if such information were to fall into the wrong hands (see the Conclusion to this thesis). Yet, in fact, it stresses the intrinsic flaw of the bureaucratic asylum system: the system is one that rest on forms of proof that rarely are such, and that in reality generate the very vulnerability it seeks to identify. The asylum process does not simply recognise victims, it produces them.

Conclusion

The asylum procedure is a bureaucratic system seeking people who fit the very specific category of refugee, defined by the Geneva Convention as someone who fears persecution in their country and cannot receive protection from it. To access this refugee status, one must provide or embody proof. That is, it is necessary to demonstrate not only through documents but also possibly through one's body, voice, and words that one fits the definition of the true refugee. This involves a very particular language, a set of rules, which the women I met try to master, recreate, or even produce themselves with their bodies in order to obtain asylum. And when the proof does not lie on their side, but rather in the hands, ideas, and emotions of the judge, as often seems to be the case, they become spectators rather than actors in their own claim.

In this chapter, I argue that the asylum system does not merely require subjective proof of persecution but also produces persecution. I engage with the works of three scholars: D'Halluin, Fassin, and Kobenlisky, who have examined the emergence and nature of the forms of proof required in asylum claims in France, to reflect on three stages of the asylum process: the preparation of testimony, the court hearing, and finally, the rejection, which is unfortunately, the most common outcome (Forum Réfugiés, 2025). Drawing on their analyses of how evidence is conveyed through words, emotions, and the body, I reflected on the stories of three women seeking asylum that I met in shelters: Maria, Anya, and Aissata. During the preparation of her testimony, Maria was told by Sophie, the jurist, how to embody proof of her persecution: by being precise in her storytelling and by erasing her smile. I describe Maria's learning process as she attempted to become the face of a real refugee who fears for her life; a face that sometimes clashed with her natural expressions. Then I describe the courtroom stage, which Anya, despite her visibly intense stress, navigates flawlessly. She speaks eloquently, with it seems, just the right amount of words and emotions. I reflect on the judge's reaction, and how his moral sentiments carried a fateful weight on the final judge decision (Fassin & Kobelinsky, 2012). I show that proof does not always lie on the side of the persecuted, but rather on the subjective knowledge of the judge. I end with the asylum rejection, when the words, the emotions, and the body may not have been good enough proof, generating the need for new forms of proof. Aissata whose application was denied now attempts to give birth to a daughter, hoping that the child's risk of FGM will serve as evidence of her need for protection. Through her body, she tries to produce a living substantiation of her claim. I conclude that when the words, the expression, and the story do not suffice to prove persecution, women may end up putting their body to work in the hope of a successful appeal.

While this chapter focuses on the asylum process and the hope and efforts of three women to obtain it, it is important to highlight that asylum does not resolve all the challenges

faced by those previously considered undocumented. Obtaining a residence permit can be delayed, which complicates access to housing, employment, and welfare services (Forum Réfugiés, 2025). In addition, the permit must be renewed regularly, and, under the new immigration laws (see Introduction), this process has become increasingly restrictive. Furthermore, individuals with refugee or subsidiary protection status continue to face various forms of discrimination, which also act as barriers to social services, legal assistance, and the support they are entitled to.

CHAPTER 5

When Asylum Doesn't Work

Lucia and I are seated on a bench outside. Behind us is her accommodation. Through the window, slightly ajar, I catch a glimpse of the room. Two rows of three bunk beds and children's beds stand in regimented order. The space between the beds forms a narrow corridor. When I ask if the place is acceptable, she responds with a shrug of her shoulders and a faint smile. Her baby bump is now very prominent, and as I observe her struggle to find a comfortable sitting position, she settles for sitting with one leg bent on the bench.

> After the asylum request, since it didn't work out for me, it really traumatised me. Even today, sometimes I don't feel like myself. Sometimes I feel like I've lost many things I used to know well, and I start forgetting things easily. I don't feel like the person I used to be. I don't know how I'm going to start, how I'm going to end my life. You feel abandoned, you feel isolated, you don't know where to begin, everything becomes very difficult.

I had just asked Lucia how she experienced the denial of asylum. I hadn't dared to ask before, afraid it might overwhelm her. When I finally phrased the question, I added, "obviously if you don't want to talk about it, if it hurts too much, you don't have to, I'd completely understand". She replied:

> No, it doesn't bother me. When you're dealing with certain worries, sometimes talking about them feels like a release, like you're unloading. Speaking about your concerns, about what you've been through, helps a little.

Lucia is from the Democratic Republic of Congo and had just obtained emergency accommodation because her due date was approaching. It was the first time I was visiting her at her accommodation, as our first encounter, as well as all of our earlier interactions, had occurred at the shelter. When I asked how she was here, she said "ça va" (it's alright) but that it was hard to sleep with all the babies in the room. There were three newborns already, and soon her own child would join the crowded room. Before this, she had been living in a province in the north of France where she'd been sent during her asylum application. "There [in the

province] It was very complicated, you know," she said. She paused for a moment before continuing, "to get to a medical appointment, you had to take the bus, but from the shelter, there were only two buses a day. So, if you missed one, you had to sleep at the station. That's happened to me before, you know." "It's better here," she added.

Now she was back in Paris, because "asylum didn't work", Lucia no longer knew where "to start" or "begin", and she didn't know how it would "end." Sitting next to each other on that bench, we were both staring at the small tree in front of us when she said those words. It felt like something stopped in her life, and she didn't know how to start it again. She was going through something internal, and not just an external change, where she no longer felt like herself.

In French, the term *débouté* is used to refer to rejected asylum seekers. Etymologically, it derives from the verb *bouter*, meaning "to strike" or "to push," conveying the act of being forcefully expelled or cast out. The word hints at a physical action. Pushing or striking, and this requires flesh. Asylum rejection is not just an external experience, it implies contact with the body.

To date, very little research focuses on rejected asylum seekers, particularly women, despite the growing number of asylum refusals. Existing studies have examined: women's reliance on informal networks after leaving state-supported reception centres (Cibba, 2017; Kobelinsky, 2008; Pitkänen, 2014); the mental health of asylum seekers (D'Halluin, 2009; Gerritsen, 2006; Zeroug-Vial et al., 2014; Vanoeteren & Gehrels, 2009), and the everyday lives of asylum seekers (Aulanier, 2021; Kobelinsky, 2014). Other studies have addressed issues related to immigration detention (Fischer 2017; Yahiaoui & Pestre 2022), the deportation of undocumented migrants (Kobelinsky 2008), and even the lives of those expelled once they return to their countries of origin (Lecadet & Chappart 2015; Lecadet 2015). And beyond the French context, research has examined the impact of asylum decisions on migrants' mental

health. For instance, Mueller et al. (2010) in Zurich, and Silove and Mares (2018) in Sydney, Australia, have highlighted significant mental health challenges, including high stress levels and deteriorating health. Notably, Morgan et al. (2017)'s study, conducted in the UK, found that being refused asylum was the strongest predictor of depression and anxiety, and Schoretsanitis et al. (2018), by comparing those still awaiting a decision and those whose claims had been denied, concluded that asylum rejection may trigger additional acute stress.

However, in the French context, few studies have explored the consequences of asylum rejection specifically. The transition from the relative stability of asylum seeker status to irregularity is rarely theorised, as these categories tend to be studied in isolation (Bloch, 2013). Migrants are commonly classified as either undocumented, or asylum seekers, or refugees – those who have been granted protection. Rare are the studies that focus on the aftermath of a negative asylum decision and the consequences it entails not only administratively but also – examined even more rarely – in terms of its impact on the body. The sources cited above, which examine the mental health consequences of asylum decisions, are nearly absent in the French context. This absence is problematic as these international studies point to severe mental health repercussions that remain unexplored in France.

This chapter addresses this gap by examining the transitional moment from one form of precarity to another – from asylum seeker to irregular migrant (Goldring et al., 2009). Women who have just been rejected from asylum remain largely invisible due to methodological nationalism (Amelina et al., 2012) as they transition from one category to another, from 'asylum seeker' to 'irregular' or 'illegal' migrant status. "Methodological nationalism is an intellectual orientation that approaches the study of social and historical processes as if they were contained within the borders of individual nation-states" (Caglar & Glick Schiller, 2018, p.3) and therefore relies on nation-state binaries, such as migrants versus non-migrants. Women rejected from asylum retain certain remnants of regularity – such as

expiring medical coverage – but shift into a state of irregularity. They inherently defy the rigid categories of refugees, asylum seekers, or irregular migrants. While pathways to irregularity vary – from visa expiration to clandestine entry – this chapter focuses on one specific route: asylum refusal, whether after an initial application with no appeal[5] or following a rejected appeal[6].

This chapter focuses on the experiences of women who have been refused asylum and now live as irregular migrants in Paris. Through encounters in a context of prenatal and postnatal care, I analyse how these women navigate their condition of illegality that has been produced by the institutional structures they have encountered (Khosravi, 2010). To move beyond methodological nationalism and avoid viewing irregularity solely through the lens of the nation-state, I follow Willen's (2007) call for a "critical phenomenology of illegality" (p.8). Rather than limiting the discussion to the socio-political construction of undocumented or illegal migrants, I use discourse and narrative analysis to foreground the embodied experiences of irregularity. Being irregular is not just a juridical status or a political condition – it shapes specific ways of being in the world.

> "Local configurations of migrant illegality affect not only the external structure of migrants' worlds, but can also extend their reach quite literally into illegal migrants' 'inward parts' by profoundly shaping their subjective experiences of time, space, embodiment, sociality, and self" (Willen, 2007, p.3).

What I aim to show in this chapter is that the social production of irregularity becomes a lived reality that can seep into the body and be internalised by rejected asylum seekers. This system of irregularisation can be so traumatic that it extends beyond external contextual changes in these women's lives (Mountz & Loyd, 2014; Willen, 2007). Throughout my analysis, I am careful not to suggest a direct correlation between asylum rejection and the bodily distress experienced by these women, as many other factors, unknown to me as a

[5] First application is done with the Office Français de Protection des Réfugiés et Apatrides (OFPRA), the French Office for the Protection of Refugees and Stateless Persons (see definition section).
[6] The appeal is done with the Court Nationale du Droit d'Asile (CNDA), the National Court of Asylum Law.

researcher, must shape their lives and health. However, I argue that the bodily experience cannot be dissociated from this pivotal event: the rejection of asylum. This moment inevitably triggers significant changes in their lives that are material, emotional, and physical.

I organise this chapter around bodily reactions – fainting, breastfeeding, and getting pregnant – in order to challenge disembodied analyses of the impact of asylum rejection. I begin with a short overview of what it means to be denied asylum in France. Then I present two forms of bodily interruption caused by rejection: fainting and losing the ability to breastfeed. However, I close the chapter not with an interruption, but by presenting an expression of continuity: that of getting pregnant. Through the analysis of such event, I aim to illustrate the body's capacity, while constrained, to withstand the socio-legal interruptions that asylum rejection entails.

Drawing from a sub-sample of 32 women who had been rejected from asylum (see Methodology), this chapter offers the stories of three women – Aya, Kouadio, and Louise – as representative case studies. While their experiences do not characterise all rejected asylum seekers, their narratives provide an in-depth, human-centred understanding of the specific challenges they face. I have chosen to use thick description to contextualise exchanges and conversations that took place during women's consultations with staff in day-shelters. I do this to emphasise how the repercussions of asylum rejection – loss of accommodation, healthcare coverage, social-follow up for instance – are inseparable from the women's already precarious mental and physical states, shaped by their traumatic migratory journeys. Furthermore, each story does not represent a single type of difficulty, as women in Paris do not experience their lives in isolated segments: all their obstacles intertwine, accumulate, and intensify.

Of the 32 rejected asylum seekers I met, at least 27 were from Sub-Saharan Africa – 15 from Ivory Coast, nine from the Democratic Republic of Congo, one from Angola, and two from Equatorial Guinea – while the origins of five remain unknown. This distribution reflects

broader trends observed during my fieldwork, where Sub-Saharan women made up the majority of those seeking care from midwives in the five shelters and the maternity ward of the hospital (see Methodology). All three consultations I describe in this chapter took place with the same midwife, Caroline, who works across four different shelters. Each consultation happened in a day-shelter: spaces where women, their children, and sometimes their partners can come to eat and rest during the day. In each of these shelters, Caroline has a dedicated room that she transforms into a consultation room – with sometimes a medical reclining chair – and offers to see women, parents, and their children. The consultations I describe were either spontaneous, where women, knowing Caroline was present that day, approached her directly, or arranged in advance, often with the help of the shelter's social workers. I have intentionally removed any information regarding the exact cities these women previously lived in during their asylum application, referring only to the province to indicate that they were located away from Paris.

Being rejected from asylum in France

"When asylum is refused to you, all assistance is cut off," Lucia explained. Under the French asylum system, when an application is rejected, the person becomes irregular and may receive an Obligation to Leave French Territory (OQTF). The OQTF is an administrative measure issued by the French state which requires that a foreign national must leave France within 30 days at their own expense, or immediately in certain cases (Service Public, 2024). OQTFs are rarely enforced, yet migrants holding an OQTF live in constant fear of being arrested by the police, as they would then risk being placed in a detention centre where they would face forced deportation. However now, under the new Retailleau regulation, which refers to proposed measures presented by Senator Bruno Retailleau, Minister of the Interior since September 2024 from the conservative party Les Républicains (LR), an OQTF could be

sent systematically to rejected asylum seekers, and these measures could be enforced more strictly (Public Senat, 2024).

When a migrant is rejected from asylum, they lose their financial aid, the *Allocation pour demandeur d'asile* (ADA)[7], their accommodation in reception centres – if ever received – and access to health coverage (Complémentaire Santé Solidaire (CSS)). These benefits received during the asylum application are what Lucia calls "small rights", "as they might give you 300 euros per month if you have a child". While awaiting the decision from the French Asylum Office (Office Français de protection des réfugiés et apatrides (OFPRA)) and, in case of appeal from the National Asylum court (Cour Nationale du droit d'asile (CNDA)), asylum seekers are issued a provisional social security number and a certificate of entitlement to ensure their access to healthcare and coverage of their medical expenses (Caisse Nationale de l'Assurance Maladie, 2025). If the asylum application is rejected, the healthcare expenses for illness or maternity will be covered for six months starting from the expiration date of the asylum application certificate. "But, after some time, when the healthcare is also cut off, then you have even bigger problems," explained Lucia, whose healthcare expiration date was getting closer.

After losing access to universal healthcare coverage, migrants can claim free healthcare under State Medical Assistance (SMA or Aide Médicale d'Etat (AME)). To benefit from this state-subsidised health programme, irregular migrants can only apply after residing for three months in France. In addition, they are under the obligation to show some proof of residency, and their income must be below 10,339 euros a year. If they do not meet these criteria, they can still benefit from emergency care in public hospitals. SMA is granted for one year and its renewal is not automatic; irregular migrants need to submit another application. France's healthcare protection for irregular migrants is an exception among Western states, but SMA is

[7] Financial aid provided to asylum seekers while their application is being processed.

difficult to access. 82% of eligible persons do not even apply for it (Médecins du Monde, 2022). The main factors which account for such under-utilisation are ignorance of rights, language difficulties, fear of being called in for questioning, complexity of administrative procedures, healthcare professionals' refusal to provide healthcare, and individuals' preoccupation with other issues such as accommodation and food (Boisguérin & Pichetti, 2008, André & Azzedine, 2016). However, despite its imperfections, SMA remains a real safety net for migrants with precarious status. There also exist hospital units that offer intermittent emergency healthcare, medication, and social assistance to individuals who are uninsured or lack access to the regular healthcare system. These units are known as *Permanence d'accès aux soins de santé* [Permanent access to health services] or PASS (Geeraert, 2018).

A more informal repercussion of asylum denial – not enforced by law, but that I saw occur almost systematically – is that rejected asylum seekers often choose to leave the city where they were sent during their asylum application and make their way back to Paris. They often do this because, on asylum rejection, they lose their place in the accommodation provided by the asylum system, or know it will soon be withdrawn. In addition, once their asylum claims are rejected, they are no longer considered asylum seekers and lose access to the limited support services tied to that status. As a result, many feel isolated in the remote areas where they have been placed and are drawn back to Paris in the hope of social connection, support, and accommodation. Since the dismantling of the Calais camp in October 2015, France has seen a territorial decentralisation of asylum seekers (Slama, 2020). The regionalisation of accommodation systems, managed by the French Office for Immigration and Integration (OFII), has placed asylum seekers in locations far from their community networks, across the entire metropolitan territory. These new placements are frequently in isolated areas, distant from city centres, supermarkets, and with limited access to public transportation or reliable internet (Naselli, 2018). It is therefore unsurprising that many migrants choose to return to Paris

after their asylum applications are rejected. This move toward the capital is often explained by the presence of more NGOs, a larger community, and the fact that people are less isolated and can more easily access basic needs, such as food. It does even happen that social workers from the asylum system advise rejected asylum seekers to return to Paris.

Relocating often leads to further disruptions, particularly for a woman who had begun medical care in the province, such as prenatal or postnatal follow-up. It is very common for a woman to no longer have her past medical records, especially concerning her pregnancy care – even if, in rare cases, these records were printed for her. Some women would mention during consultations that they had the medical files printed, but they're in a suitcase left "at a friend's house." The old file created in the province is not accessible online, as there is no centralised digital platform. As a result, when women resume care in Paris, often no information is transferred to the new midwife, who has to start from scratch. Relocating to Paris also means that the woman needs to create a new *domiciliation*, which is a registered address. This is a very important thing to have for many administrative procedures, such as registering for maternity care, applying for SMA, or requesting accommodation. And often, there is a waiting list just to obtain this *domiciliation*.

While in this first section I have presented only the administrative and geographical disruption a rejected asylum seeker faces, there are also, of course, deeply embodied, intimate, and somatic repercussions. Being denied asylum is an administrative decision that causes concrete suffering in women's everyday lives (Sigona, 2012). These decisions become tangible through the consequences they impose, and they inevitably affect the bodies of those who are refused asylum (Scheel & Tazzioli, 2022).

Fainting

Kouadio entered the room with slow steps, followed by her two and three-year-old daughters, who rushed in eagerly. The little girls scanned the room for toys, quickly spotting the colourful rocking cradle behind my chair. Kouadio let her body slump into the chair in front of the midwife and me. The phrase "Children are trying to awaken their mothers," – repeated by social workers – echoed in my mind. It was true that some women appeared to be in a state between sleep and wakefulness. They were awake enough to answer the midwife's questions, but their breathing was slow, almost as if they were still in a dream, and their movements heavy and sluggish. This was especially noticeable when a woman was a mother, as her children contrasted sharply with her weariness, their eyes scanning the space with energy. As Kouadio pulled a stack of documents from her bag, her two daughters had already found the cradle, climbed in and out, and repositioned it several times.

Caroline and I took turns introducing ourselves. I recited the usual statement: "My name is Joséphine, and I'm a researcher. I'm interested in the health of women who, like you, have experienced migration. I often accompany Caroline during consultations, but I can step out if you prefer to speak with her alone." The answer was always the same: "No problem, you can stay. I don't mind" (see Methodology). In the midst of the chatter of the two agitated girls conversing in Bambara, we got to know Kouadio's painful story. Twenty-seven weeks pregnant, she was entering the seventh month of her pregnancy. Caroline asked for her birthdate, in order to create a new medical file. Calculating in my head, I realised Kouadio was only twenty-one years old. Kouadio had been living in a French province during her asylum process. She explained, "When asylum is over, they told me to leave the place [the asylum accommodation]".

During my fieldwork, in consultations or informal conversations with women in shelters, I kept hearing this phrase: "When asylum is over", in French "*quand l'asile est fini*". In fact, nearly every time a woman referred to the denial of their claim, they expressed this interruption this way. I was struck by this choice of words. How could asylum be over, *fini*, if, in a way, it had never really begun? Saying something is over implies that it had a beginning. And strangely, it also sounded as if there had been a predictable endpoint from the start, because of the nonchalant tone with which the women uttered the phrase. *Fini* seemed to suggest an interruption that was part of a foreseen process. This language, used by Kouadio but also by many other women rejected from asylum, suggested a temporality that was different from the one implied by legal categories. For these women, asylum seemed to begin not with the acceptance of their application, but during the application process itself. Through these "small rights" – as Lucia called them – such as housing, healthcare, a monthly stipend, and social support, they got a first taste of asylum, even though these benefits would disappear as soon as their claim was denied. Such support, however, was not systematically guaranteed during the application – far from it. Some women were never accommodated due to limited capacity, or because they had refused assistance once in the past which meant they were permanently excluded as potential beneficiaries (Forum Réfugiés, 2025). Others struggled to access services because of language barriers, missed appointments, lack of staff, or simply long delays. But when women did receive these "small rights," being refused asylum meant losing even these modest forms of support.

While an asylum claim is under review, the applicant is not classified as "irregular." So, by elimination, they are provisionally "regular", but a very fragile form of regularity. Once the claim is denied, this appearance of regularity crumbles. So, when women said "asylum is over" I think they were not just referring to the administrative decision, but they were in fact alluding to the disappearance of a brief period of protection. A social worker once put it plainly:

"The asylum application is an illusion of stability that is quickly taken away from them." Another expression I heard repeatedly, at least ten times in different consultations, was "asylum didn't work" ("*l'asile n'a pas marché*"). Again, the verb "to work" was telling. It didn't just suggest a failed claim, but a broken system, as if the bureaucratic system itself had malfunctioned. The problem wasn't their asylum application but, rather, the system that failed them.

When Kaoudio was living in a province in France – far from Paris, where the Immigration office sends asylum applicants for the duration of their claim, typically by bus or train – she received prenatal care, and her last ultrasound had shown a potential abnormality of her placenta. "They told me to have another ultrasound in March, but I had already left by then," she explained calmly to Caroline, her face showing no emotion. Caroline inquired about her pregnancy follow-up upon arriving in Paris, "How did you resume your pregnancy follow-up once in Paris?" she asked, but Kouadio turned to her eldest daughter and shouted in Bambara. The three-year-old girl was violently swinging her little sister in the cradle, making her scream with laughter as the swing was almost tipping over. "I fainted," she finally answered. I looked at Caroline, perhaps in search of an emotional reaction that Kouadio herself wasn't showing. She continued, "I fainted in the streets of Paris, and they brought me back to the hospital, where I was registered at a maternity clinic."

Fainting marks a bodily interruption. It only lasts a couple of seconds or minutes, but it signals that the body is giving up. It falls to the ground, loses its verticality, and can no longer stand. I find this image to be a strong reflection of the embodied consequence of the condition of irregularity. The body manages just enough to survive – through informal networks and limited access to healthcare – but is constantly under threat, ready to collapse at any moment. As one woman told the midwife and me during a consultation, "*On tient bon*" ["We hang on"]. Those were the only words she uttered during an entire consultation when the midwife asked

how she was doing. Like Kouadio, the woman had just returned to Paris since "asylum didn't work". The rest of her responses were silent nods to the midwife's questions. For some women, when asylum was over, what followed was hanging on, merely surviving (Ambrosini, 2012). Echoing Davies et al.'s (2017) description of the living conditions in Calais before the camps were dismantled, I am reminded of Mbembe's (2003) concept of "bare life,"[8] or "forms of social existence in which vast populations are subjected to conditions that strip them of their humanity, rendering them living dead" (p. 40). Irregular migrants are kept "alive but in a state of injury" (p. 21). It is a form of interruption, fainting, the body stops functioning at the individual level, which also echoes the dysfunction of the system mentioned earlier, where the social system itself ceases to function.

To complete the medical file, Caroline asked about Kouadio's previous births to assess any potential risks for her current pregnancy. "Did you give birth vaginally to your two girls?". "Yes". "Were they born in Guinea?" "No, the first one was born in prison. In Libya. The women around me, they helped me. They were like family. It was as if we were from the same ethnicity or from the same country". Caroline's eyes widened. Though she had heard of atrocities, women rarely delved into such details. She couldn't help but ask "But how did you cut the umbilical cord?". "With a can of sardine". I didn't notice the little girl beside me tapping on my shoulder, as I was in shock. She pointed to her beauty mark on her little finger "there's chocolate inside," she whispered, pretending to devour the small spot.

Most asylum seekers have lived through terrible, traumatic experiences – stories that when I listened to them, I could feel a tightening pressure in my stomach. Of course, trauma is not exclusive to asylum seekers. Just because someone does not apply for asylum does not mean they have experienced fewer terrible things than an asylum seeker. Many people never apply for asylum: whether out of fear, lack of knowledge, mistrust in the process, or simply

[8] Term coined by Agamben in *Homo Sacer: Sovereign Power and Bare Life* (1998)

because they don't know how to begin. But what I want to stress is that it is almost certain that asylum seekers, and hence people whose asylum claims are rejected, have experienced dramatic and particularly violent events in their lives, and that these events could have happened before, during, and after arriving in France (Mueller et al., 2010; Morgan et al., 2017). And as suggested in Chapter 4, the asylum process itself adds another layer of emotional difficulty. For women whose claims are denied, this marks another form of suffering, as the horrors they faced are not acknowledged. The system *isn't working*, and they are left *hanging on*.

Breastfeeding

It was the second time Aya had knocked on the midwife's door, asking for Doliprane – the most common paracetamol in France. The first time, she hadn't asked directly. She had started by talking about her headaches, circling around the request. But this time, she got straight to the point, just poking her head into the consultation room with her stroller with her child right outside the room. The midwife, Caroline, invited her in and gestured toward the chair. Turning away from her desk, now facing the woman who remained standing, she said gently, "They're not candies, you know." Aya nodded. "You've finished them already?" Another nod. "My headaches… I can't sleep" Aya explained pointing to her head again with her right hand. "It's a strong medication," Caroline said, "and it won't solve your problems."

Headache is one of the most common symptoms among refugees suffering from post-traumatic stress disorder (Westergaard et al., 2023). As an ethno-therapist, a psychologist who considers cultural representations and beliefs in her therapeutic approach, once explained during a debrief with the shelter's team: "When women tell you they have headaches because of too many problems, they really do have headaches because of their problems. These

symptoms are real and shouldn't be dismissed. Take them seriously". The mind is overwhelmed and cannot manage the emotions and so the body speaks, often through debilitating pain (Tullio et al., 2023). A comprehensive review estimated that asylum seekers and refugees experience high rates of PTSD, depression, anxiety, and psychosis, conditions closely linked to somatic symptoms such as headaches (Blackmore et al., 2020). And another study stresses that these mental health issues are especially prevalent among failed asylum seekers (Mueller et al., 2010).

Caroline turned back to her desk and began writing the prescription. She stamped it with the shelter's signature – making it free at the pharmacy – handed it over, and used this moment to check in further. "Please sit down," she insisted. Aya finally sat down, letting her body collapse into the chair. "I'm exhausted," Aya said. "I walk everywhere, from here to Hôtel-de-Ville, every day." When Caroline offered suggestions for transport, Aya's gaze dropped. She sighed. "I'm afraid of being stopped by the police. I'd rather walk than take the bus or metro". Public transportation can be a source of deep anxiety for irregularised migrants. It imposes visibility and a sense of entrapment. Being in a bus or a metro means being visible in a confined space (Willen, 2007). Even waiting at a bus stop can induce fear (ibid). Hence, since the rejection of her asylum claim, Aya's legal status had drastically changed her relationship to space and time. As Willen (2007, p.9) writes, "Life as an illegal foreign resident is really like living underground. You're anonymous, without a name, without an identity, without an address. You live underground, no one can know about you, no one can find you." So Aya walked – everywhere, whatever the distance. With a stroller, with her child, she navigated the city on foot. Each journey took longer, but walking offered her a sense of control. On foot, she could choose the roads she took. She could avoid the risky ones, the enclosed ones. She could stay in motion while remaining invisible.

At night, Aya explains, her "anxiety takes over" and she can't sleep. "We [her and her child] sleep very close to each other in the same bed," Aya says, "I hold him tight" she explains, bringing both hands to her torso in a gesture resembling a hug. Multiple women in consultations spoke of nightmares that woke them up during the night, on top of already very disturbed sleep. The experience of irregularity doesn't stop even when the body tries to rest. Sleep disorders are particularly common in migrants, often as a response to psychological disturbances such as post-traumatic stress disorder, depression, and anxiety (Richter et al., 2020).

When Caroline asked about the baby's health, Aya placed her palm over her right breast and said, "I'm no longer breastfeeding." Then she tapped her temple, as if to explain why. "Too much stress since I got here." Since leaving her accommodation in the provinces and arriving in Paris, breastfeeding had become impossible for Aya. In her head, "It was too complicated" to continue breastfeeding her child. Research in France shows that women in precarious situations are less likely to begin breastfeeding and more likely to stop within the first month (Jacques, 2014). Social isolation, poor nutrition, psychological stress are some of the main reasons. The same study says that some migrant women – with precarious status – speak of headaches and a deep fear that their trauma might pass through their milk. They worry that their suffering contaminates their ability to nourish. Jacques (2014), in her qualitative study based on individual semi-directed interviews with women living in precarious situations in France, recorded the following insight from one participant: "if the head suffers," one woman said, "so does the body" (p.51). Another, convinced her body had shut down, told researchers: "I have no milk… I am… how can I explain… I feel empty inside" (ibid, p.51). These testimonies help me make sense of Aya's gesture – her finger tapping her temple – when asked about breastfeeding. Since her return to Paris, her head was in pain, so her body suffered too. The consequences of asylum rejection extend far beyond legal status or housing. They seep

into the body, altering it in quiet ways. The impact is not only material, it is intimate and embodied.

Getting pregnant

"It itches down below." This phrase prompted Louise's first visit to Caroline's small consultation room in a day shelter in Paris. It was a common opening line, which often led to discussions far beyond the initial issue. Again and again, women consulting Caroline used the same expression, "It itches down below." It felt like these few words enabled women to approach a midwife, in a gentle way, without revealing too much about their bodies and health. Paradoxically, even as they spoke about a very intimate discomfort, it seemed that they framed it as something very distant from themselves, "down below." The expression detached the problem from their own bodies in a way, softening the weight of the problem. And the word "itch" carried a certain lightness. It suggested that they reported something minor, something that could be easily fixed.

"Do you put anything inside?" Caroline inquired, gesturing towards her vaginal area in a circular motion. Once again, the word vagina remained unspoken. The conversation continued with the absence of a clear subject. "No," Louise replied, her frown betraying her confusion. Caroline took out an illustrated informational card from the Ikambere association, an organisation for women with precarious status, depicting two women conversing in a kitchen, "What are you cooking?" one asks. "A love night. You put it in your vagina, and the man loves it. But... it's painful," the other responds. "Don't do that. It destroys the inside of your vagina". At the top of the informative card, in bold font, were the words: "**Don't put anything in your vagina**". Louise held the card, her finger guiding her through the text slowly. I wondered if she could read. The very slow pace of her finger across the text made me question. Twice before, women only admitted later in the consultation, often visibly embarrassed, that

they could not read. But I didn't say a thing, letting Caroline lead her consultation. On the back of the card, ingredients were listed as examples, with big red crosses over the images: "traditional plants, alum stone, chemical products: methylene blue, naphthalene, lemon, ginger, honey, mint, hemp leaves..." Louise tucked the card into her plastic bag filled with medical papers. Caroline smiled, we exchanged smiles, refraining to comment on her unsolicited gift.



Front and back of the Ikambere association informational card.
Source: (Ndiaye & Bennis, 2021)

Born in Ivory Coast, Louise arrived in Paris in August 2022 and found herself redirected to a French province during her asylum application process. As women often put it, she summarised her recent arrival in Paris with the simple phrase "Asylum didn't work". Amidst the background noise of the 115 hotline (see Chapter 1) and the soft breathing of her five-month-old baby sleeping in the stroller behind her, Caroline began creating a new medical file on her laptop.

A man entered the room and greeted Caroline and me. Louise turned around and announced, “He’s my husband”. He settled quietly into a chair behind his wife, next to the stroller. Caroline resumed the consultation. “How did your childbirth go? Do you have the delivery overview documents?”. Louise explained that she left all her belongings at her friend’s place. “That’s okay” Caroline reassured, accustomed to such situations. Because Louise had received prenatal care and given birth in a hospital while still an asylum seeker, Caroline had no records of her medical history. Geographical shifts due to asylum rejection create disruptions in medical follow-ups. When a woman moves, access to previous medical records is often lost. Sometimes, as in Louise’s case, women do have printed copies of their medical files. But understandingly, they don’t carry these documents with them on the streets. Instead, they leave them with friends or acquaintances, who, in many of my ethnographic cases, live outside of Paris.

When Louise added that she also had lower stomach pain, Caroline steered the consultation toward the topic of contraception. I noticed how Caroline was now considering the convergence of several factors: Louise had stopped breastfeeding, complained of lower stomach pain, and mentioned “itching down there.” In previous consultations, she had often raised this question in cases of asylum rejection, where geographical displacement frequently led to interruptions or absence of postnatal care. “Are you doing anything to avoid getting pregnant right away?” Caroline asked. She had learned to avoid the term contraception, as it wasn’t always familiar to the women she met. “They gave me the medication,” Louise replied. “You mean the pill?” Caroline clarified. “Yes”. “How is that going? Do you manage to take it every day?” “Well, the prescription I was given expired, so I stopped” Louise replied. I glanced at Caroline. We had had numerous conversations about the challenges of pill-based contraception for homeless women. Often, women were prescribed this method, despite its impracticality given their state of homelessness. Louise explained that, since her postnatal care

was interrupted by her return to Paris, she did not have a chance to renew her prescription. “Did they introduce you to alternative contraceptive methods, the IUD, the implant, or the injections?”, Louise appeared perplexed, “No, they just gave me the medication, the pill”.

In this context, it is impossible to know whether Louise consciously decided not to renew her prescription for the contraceptive pill, or what she calls “the medication”, or if it simply happened by default. Regardless, it is important to note that for a rejected asylum seeker, renewing a prescription is a far from straightforward process. First, as Louise suggested, medical follow-up is interrupted due to the geographical move that often follows asylum rejection. And when they arrive in Paris, women often explain during consultations that their priority is finding a place to sleep, while resuming medical care is rarely a request that comes from them directly. Moreover, once asylum is denied, the healthcare coverage for asylum seekers known as Supplementary Health Insurance (CSS Complémentaire Santé Solidaire) expires. In some cases, it can be extended for six months beyond the expiration of the asylum application receipt, but renewing it requires navigating the bureaucratic process of France’s national health insurance system – a long, slow, and often poorly understood administrative procedure. When asked if they still have CSS coverage, many women simply do not know. Another option open to women in this situation is applying for state medical assistance (SMA), which is available to all, including those with irregular status, but the process can be lengthy. More immediate alternatives exist: individuals with irregular status can get a prescription by visiting a Permanent Access to Healthcare Service (PASS) – a medical service providing free medical consultations for all – or by going to a sexual health centre. Or, like Louise, they may see a midwife or healthcare professional at a shelter, though this is a rare service in these facilities. However, accessing these services requires awareness, energy, and time, resources that are often scarce for those living in precarious conditions. Fear is another barrier. Attending medical appointments means moving in the city, making oneself visible, and hence increasing

the fear and risk of arrest. Still, it is also possible that Louise consciously decided to stop her contraception, but simply did not feel comfortable sharing this decision with the midwife and me or her husband.

Caroline stood up, searching in the transparent box on the floor. She extracted a long pink and white box: “Would you mind taking a pregnancy test?” she asked. Louise nodded, opening her eyes wide, almost looking relieved. Caroline took the stick out of the box, placed it in a cup, and wrapped it in paper. “Here” she said passing it to Louise. “This way, no one will know what you’re doing”. Louise left with mysterious object rolled in paper, leaving her husband in the room. Upon her return, Louise handed the test to Caroline. Two clear lines. They exchanged glances. I tried to read Louise’s reaction, I looked at her eyes, her lips, her hands, but I saw nothing. She returned to her seat, her back to her husband who, now cradling the baby at the end of the room, widened his eyes, understanding Caroline’s expression. The room fell into silence, making audible the persistent ringing of the 115 hotline, offering messages in various languages: “Please hold, a listener will be with you shortly”. Caroline informed Louise that she will schedule a dating ultrasound as soon as possible to determine the pregnancy’s stage. Caroline then turned to Louise. “In France, you have the right, within a certain timeframe, to decide that you don’t want the pregnancy,” Louise interjected firmly, “No, I want to keep it”. Caroline nodded, rarely hearing a different response.

In migration discourse and policy, the figure of the irregular pregnant woman occupies a paradoxical position, suspended between the paradigm of vulnerability and the figure of a threat (Freedman et al., 2025). Policymakers and institutions often frame these women as symbols of vulnerability partly in response to critiques of migration and asylum systems that fail to account for structural inequalities especially those related to gender and sexual orientation (Freedman, 2019). As discussed in Chapter 1, the emergency accommodation system operates on categorisations of vulnerability. For example, a woman who is seven

months pregnant is given priority for shelter. However, this label is double-edged. While pregnancy qualifies these women for support, women are also cast as threatening figures. This framing draws on racialised narratives in which Black migrant women's childbearing is perceived as a danger to the white nation-state (Erel, 2018; Sarahoui, 2021). For instance, in Marseille, a southern city in France, a member of the Rassemblement National, a French far-right political party, spoke of the "very high birth rate in the northern neighbourhoods and immigration that continues to sweep the city" as a "migratory submersion" and a threat of "replacement" of the people of Marseille (Siddiqui, 2021, p.10). Without expressing such openly racist views, some healthcare professionals have described the pregnancies of certain Black migrant women as a sign of irresponsibility. I recall one midwife telling me, "We have to talk to them [irregular migrant women] about contraception before they give birth, otherwise they don't listen" and "there is a problem of birth spacing." This discourse portrays these women as lacking awareness in their own decision, as not fully understanding what it means to have a child and become a mother. These comments can contribute to reproductive racism, which Siddiqui (2021) defines as "racism […] which uses certain women's bodies as conduits for the production of national identity whilst propelling conspiracy theories of a demographic takeover – with violent consequences for those constructed as a threat" (p.9). State institutions, healthcare professionals, and broader racialised public discourse, frame the pregnancies of Black, undocumented women as not just as a source of societal discomfort but as something to be feared. The underlying concern is control: professionals describe back-to-back pregnancies as a "problem" because, as one midwife put it, "they don't listen." This essentialising discourse describes these women's bodies as escaping institutional control, and this perceived loss of control is a problem.

While President Macron speaks of "demographic rearmament," encouraging French women to have children, in the French overseas territory of Mayotte, the Director of the

Regional Health Agency announces plans to *"offer"* sterilisation to young Mahorian and Comorian women (Delanney, 2023, Virole, 2024, p.9). Meanwhile, in Paris, I observe the moral judgment placed on migrant women who become pregnant while undocumented. Instead of questioning why a woman is pregnant given her precarious situation, the real question should be: why is she in such precarity while carrying a child? As I discuss throughout this thesis, an irregular migrant woman can find herself homeless, even in the seventh month of pregnancy. While the reproductive capacities of migrant women are restricted and made precarious, the reproductive capacities of French women are incentivised for nationalist ends (Siddiqui, 2021).

The question of access to contraception is relevant, as it highlights the precarisation of healthcare and medical follow-up when a person is pushed into irregularity. However, stopping at this observation would risk reproducing a racialised discourse of control of migrant bodies. Focusing only on the issue of access to contraception among migrant women can obscure women's desires and decisions. Here, Louise is pregnant, and whether she wanted this pregnancy or not is not the question. But it is probable that her pregnancy was indirectly linked to the rejection of her asylum application, through the interruption of her postnatal follow-up. She is pregnant, and the state and healthcare professionals cannot change that, at least, not from within. Yet from the outside, her position as a Black irregular pregnant woman means more judgment, discrimination, and potential complications of the pregnancy (Eslier et al., 2022).

In the chapter preceding this one (Chapter 4), where I recount my encounter with Aissata, a woman who has just been denied asylum, she explained to me during a one-on-one conversation in a shelter that she had tried to have a daughter in order to file an appeal. This idea emerges from a reality: an asylum claim based on the risk of female genital mutilation (FGM) for a young girl, when the mother herself is excised, has a better chance of being successful. However, the process is far from guaranteed, as one must still prove the existence of risk and that FGM is a systematic practice in the woman's country and specific region of

origin (see Chapter 5). Still, Aissata puts her reproductive system in service of her survival. In a way, she attempts to counter this abrupt ending: the end of her asylum seeker status by giving birth to a girl. She is trying to reignite a sense of hope: of having a daughter, of appealing, and of ultimately obtaining refugee status.

In Chapter 4, *Bad Mothers*, where I discuss the perceptions and also the lived experiences of racialised migrant women in France as mothers, I share conversations I had with various women, also in shelters, who spoke to me about their pregnancies and the arrival of their children as a new beginning. I share again here the words of Angélique, who spoke to me about the birth of her daughter, not long after learning her appeal had been rejected:

> Being a mother brings us joy. You're no longer alone and worried in your corner, always thinking. A child brings reassurance to life. The child makes little funny faces and it gives you joy. You feel happy to have a child close to you. And in some ways, it also makes things easier for us; you are seen, you are recognised when you are a mother in society. The child opens little doors for you – places where people wouldn't receive you, wouldn't give you a hand, or help you. But because of the child, people have pity on the child, we need to help the mother because she has a child. People help you when you have children.

This birth, for Angélique, seems to stand in contrast to the violence of the abrupt end to asylum seekers' support. She talks about doors opening, things getting easier, recognition, which seem to soften the interruption of her access to the "small rights" associated with the asylum procedure. While at the beginning of this chapter Lucia says, "When asylum is refused to you, all assistance is cut off," Angélique, on the other hand, says, "People help you when you have children."

Conclusion

This chapter tells the story of three women I met with Caroline, a midwife who works in shelters. For all three of these women – whose names I have changed to protect their

anonymity: Kouadio, Aya, Louise – their experiences illustrate the embodied effects of administrative irregularity.

During these consultations, these women revealed aspects of what life was like for them on their return to Paris after being denied asylum, or, as they say, after "asylum didn't work." Kouadio, from Guinea, through her frail body and slow words, embodied the exhaustion of living in a state of irregularity. Seven months pregnant, her body was so weak that she fainted in the streets after her return to Paris. Aya, a woman from the Democratic Republic of Congo, tries to quieten her headaches with *Doliprane*, a painkiller, but without success. Since coming back to Paris, the pain has persisted, and she is no longer able to breastfeed her child. Finally, Louise, from the Ivory Coast, learns she is pregnant during the consultation. She had not renewed her prescription for birth control after returning to Paris, once her asylum claim was rejected.

These three women are living stories of embodied irregularity. Their stories, as revealed through these consultations, show how legal status can in effect slip into the body, through the dramatic consequences that a state of limbo and fear imposes. These women endure the precarity imposed by their status, and their bodies send signals of distress – loss of consciousness, the inability to breastfeed. And yet, the pregnant body can, at times, stand in contrast to these interruptions, both administrative and physiological. Pregnancy signifies renewal, a beginning, and it seems that it is precisely for this reason that it can provoke fear and judgment among professionals as well as in political discourses on migration.

CONCLUSION: Part I

Unknown and Untold stories

"Qualitative research accounts are characterised by absences; absences resulting from what can not be told because it is not known and from what cannot be repeated because it should not be stated" (Rappert, 2010). Who are the absentees from my thesis? Those I met, sometimes in a fleeting exchange or sometimes in daily conversations, yet I chose not to cite. And those I never met at all, because I went to places where they would not be. Who slips through the mesh of analysis, when fieldnotes are transformed into chapters? And why did I make them disappear? This chapter does not seek to expose the hidden, nor to treat "The missing as the outcome of preventive ethical measures," but rather to reflect on the absentees that did not make an appearance in my previous chapters (Rappert, 2010, p.576). Why were they absent? What does their absence mean?

I choose to reflect both on groups of people and specific individuals who do not appear in my ethnographic chapters. I begin with those I never had the chance to meet, the isolated women who never came to the places where I was, whose paths never crossed mine. There are also those I paid less attention to because they did not fit the scope of my research: French citizens. Then, there are some individuals I intentionally chose not to mention, until now: a staff member, Max, whose behaviour I found problematic, and Angèle, a woman who I feared would feed into stigmatisation of the delinquent migrant. And there are also those who were present, yet remained invisible in my writing: queer migrants. And finally, I reflect on the story of Aissata (see Chapter 4) and wonder if she should have been absent in my writing. Throughout my reflections on these absences, I use strategies of withholding information, pseudonymisation, and sometimes fiction, in order to make these individuals unidentifiable.

Isolated women

I first met Aminata during a consultation at a family day shelter, accompanied by the midwife Caroline. When the midwife asked Aminata when she arrived in France, she hesitated, saying, "2021... no, 2022," her tone trailing off as if punctuated with a question mark. The only information we had about her was written on a piece of paper that she handed to us in an envelope when she entered the consultation room. In print, it read:

> Madam, Sir, on behalf of Mrs. Aminata Diallo, I am writing to you in an attempt to find a solution to her extremely precarious situation. She is compelled to engage in sexual relations with a fellow countryman who is currently "hosting" her in the 93 area [north of Paris]. Just recently denied asylum, she will lose her administrative *domiciliation* [registered address] in Paris. Could you refer her to an association for the protection of women victims of sexual violence, try to find accommodation for her, and arrange for psychological/social support... I am, of course, available for further discussion. Awaiting your response, please accept, Madame, Sir, the assurance of my highest consideration

The violence this woman endured was written out, starkly, in black and white. In the third person, in the conventional format of an official letter, with the handwritten signature of a lawyer breaking the symmetry of the printed page below. This letter was striking, especially given how, in consultations, stories of shelter in exchange for sex are often implied through vague statements like, "I stay with a man I met at the station" or "Yes, I have a place to stay," without much further detail. But here, it was unmistakable: "She is compelled to sexual relations" because he is "hosting her."

Aminata said she tried calling Paris' 115 hotline but only rarely managed to secure accommodation (see Chapter 1). "After all that, I found boys who offered to let me stay at their place in exchange of sleeping with them". I'm struck by the blunt honesty of her statement, particularly the use of the term "boys," which seemed to suggest a certain innocence. "Are you taking any method to avoid a pregnancy?" Caroline inquired, deliberately avoiding the term "contraception," which was often unknown to women consulting the midwife. Aminata recounted her attempts to take oral contraceptives, only to have the man she is currently

sleeping with throw them away. Concerned, the midwife inquired about Aminata's last period. "Two weeks ago," Aminata responded. She then explained resorting to emergency contraception after each sexual intercourse. "Do you know how many times you've taken it?" Caroline asked, worried. "I'm not sure," Aminata replied, shrugging her shoulders. "Do you know that the pill does not necessarily protect against infections?" Caroline asked. "Would you like me to schedule an appointment for you at a sexual health centre to check everything? It's a place where a woman can address her health concerns," she added. Aminata accepted immediately. Hearing that Aminata took the Plan B pill after each encounter struck me deeply: violent, non-consensual intercourse followed by a powerful medication that often causes sickness. Aminata spoke very softly throughout the conversation. She often looked at me as she responded to Caroline's questions. As the consultation progressed, Aminata's head gradually lowered and eventually her eyes closed. Caroline suggested she lie down on the examination table to rest. As soon as her head touched the pillow given by the midwife, she seemed to fall asleep.

Aminata was one of the women who made it to the midwife's consultation room, but I kept thinking about all the other women who remained isolated, trapped in relationships where they were exploited or confined. Of course, just because she walked through the doors of an association didn't mean it would put an end to her abusive relationship, or to the everyday violence that an undocumented migrant woman faces. And I am not suggesting that associations that are either day-shelters or other services aimed at migrants are the key to a better life, as it is possible some women might find help and support within another community. But at least, the women may become better informed about their rights, receive social support and, as in Aminata's case, medical care could be arranged. My research is therefore marked by this absence: the absence of those women who never reached out to services aimed at migrant women and who remained isolated. Aminata could have been one of them. Even though I was

not only conducting my research in shelters, but sometimes also outside, at the town hall square, or informal makeshift camps (see Chapter 1), the women I met were still not completely isolated, since they knew about Utopia 56, the organisation that drew them to these spaces. I am left wondering who the unseen women are, how they live, and what other challenges they face that I could not observe during my research.

French citizens

During my fieldwork, I volunteered at two different shelters. One catered exclusively for migrant women with precarious legal status, and who were either pregnant or caring for young children. The other provided support to single women living in precarity more broadly, including French women experiencing homelessness. As my research focused on the experiences of migrant women with precarious status, when I began volunteering at the second shelter for single women, I was more drawn to conversations with women I knew had a migratory background. My interactions with French women in the shelter were not fewer, but when I recorded them in my fieldnotes, I often felt they were somehow less relevant to my research. Moreover, since the staff members around me were aware of the focus of my research, they too tended to direct me toward women identified as migrants. I recall a social worker once telling me, "You can sit in on my interview this afternoon, but just so you know, it's not with a woman who has a migratory background." Although these meetings seemed to stand outside the boundaries of my research topic, I still attended them. And looking back, I realise that the homeless French nationals and the homeless non-French women had more in common than I thought: the difficulty of finding stable accommodation, the deterioration of mental and physical health that came with long-term homelessness, and experiences of racial and gendered discrimination. Thus, I sometimes felt discomfort in my selective focus, valuing certain stories over others. Picking out encounters came with my own biases: Who did I consider a migrant

and who did I see as a citizen when I did not have their legal documents before my eyes? And also, what systems of control or stigmatisation would I reproduce by trying to find out their legal status? It has since become clear to me that, in a way, my approach unintentionally reinforced the idea that migrant women form a distinct separate category: an exceptional being who is inherently different, an "other" (Cabot & Ramsay, 2021, p.291).

There was a woman I met in this shelter, an older, perhaps seventy-year-old white French national, who, according to the staff, "Had been there for quite some time". I interpreted, perhaps mistakenly, this ambiguous phrasing to mean over a year. She was now a resident and had been "stabilised", as the staff would say, with a guaranteed bed in the shared sleeping space each night. During the day, she always occupied the same chair in the same corner. She never took her lunch in the dining area, but instead returned to her spot with her tray. The staff didn't say a thing, perhaps because "She had been here for a long time now." At least once a day, I would sit beside her, and we would have long conversations about the city of Paris, poets I had never heard of, and the various European capitals she had once visited. I initially regarded these interactions as breaks, because she did not fit the figure of the migrant I had framed as the subject of my study. Her stories of life in a particular arrondissement in Paris, her familiarity with the city, and her whiteness gave me the impression of stability and privilege far removed from the dislocation and crisis I thought I was studying. Constrained by my own prejudices, I was initially struck by her presence in the shelter. One day, I asked a social worker for more context. She explained that the woman had a hoarding disorder, which had ultimately forced her out of her home. I began to think more critically about her situation. Like all women in this shelter, she had been displaced, and her presence challenged the dominant, though problematic, crisis narrative so often attached to displacement.

Her accumulation of things had led, paradoxically, to her dispossession and eventual displacement. Cağlar (2016) offers a useful reflection on processes of dispossession and de-

exceptionalises transnational migration as the sole form of displacement. She writes: “The processes of dispossession and displacement are entangled with the accumulation of capital” (p.961). Her work invites me to think more expansively about displacement, and how accumulation of capital or anything really, can lead to unremarkable eviction (Caglar & Glick Schiller 2018). Sassen (2014) also argues that “Anything or anybody, whether a law or civil effort, that gets in the way of profit risks being pushed aside – expelled” (p.213). Even those who are legally produced as citizens, but who do not participate productively to the capitalist system may be framed as a deviant threat disturbing the semblance of national normalcy (Van Barr, 2017).

Deconstructing what constitutes displacement beyond the figure of the mobile migrant leads me to reflect on the not spatially displaced (Ramsay, 2017). Askland (2018, p.233) for instance, refers to “broken time” to theorise about displacement without movement. She suggests that there can be a “before and an after”, in which one’s sense of self alters, resulting in an experience of loss. This idea resonated during a metro journey I took with women from the shelter on our way to an activity. Weekly activities, ranging from sports classes to painting classes, sometimes involved taking transport from the shelter to another place. On this particular day, a member of the shelter staff, six shelter beneficiaries (women using the shelter) and I were heading to a tea and drawing session. One woman, let’s call her Jane, stood beside me, her face turned toward the window, “I don’t want people recognising me,” she said. “I used to be one of them, riding the metro, heading to work. I don’t want people from my previous life seeing me like this”. Her reference to a “previous life” suggests a form of displacement that is not just spatial, but existential. Though she still navigated the same urban Parisian space, Jane no longer felt that she belonged. Now she was, in her own words, “no longer one of them”, a feeling that Lubkemann (2008) describes as being displaced in place. Though I don’t know

the specific details of her story, I don't think I need to. The power of her statement lies precisely in how clearly it articulates social dispossession, a loss of her former self (Standing, 2011).

I take the time to share the stories of these two women here, and to reflect on their words and the feelings they generously shared with me, because they allow me to think about the limits of my research topic. They make me consider how choosing a research subject inevitably excludes certain people. While this exclusion can allow for a more focused study of individuals identified as migrants, who indeed may experience and live through different realities because of that status, it can also lead to overlooking or neglecting other encounters that shaped my experience while conducting my research. These experiences show that the distinctions we draw are not always very clear, especially when precarity takes over, as in the case of homelessness.

Max

"You're going to have a lot to say about us," the director of the second shelter where I was volunteering once said to me. This remark referred to a staff member, I call him Max, who had been dismissed, first temporarily, then permanently, for exhibiting problematic behaviour toward the women using the centre. The director made this comment in reference to Max, implying that my thesis would address and analyse his concerning actions.

In my presence, Max sometimes behaved violently toward women and also members of staff, not directly physically, but, for example, by slamming doors in their faces or speaking to them very sharply, sometimes screaming. One day, at the shelter's closing time of 6 p.m., when women who were not staying overnight had to be asked to leave, he said to me, "Get them out of here". His sentence in French was "*Dégage-les moi de là*" so perhaps a better translation would be "Shoo them out". These are just some examples, but each day they piled up, with daily lines added to my notebook. When I recounted these events to my supervisors,

they encouraged me to discuss them in my thesis. But I decided otherwise. I did not want the behaviour of this particular man to take up space in my research, where I had so much to say about other challenges migrant women had to face daily. However, this decision did not stop me from speaking out in the field. Both my decision not to spend time dissecting this man's actions in my ethnographic chapters, and to speak out are choices that can be questioned and critiqued. However, I still want to be transparent about them, as I think they can open up important conversations about participant observation.

At first, I shared my concern about this man's behaviour with a staff member I was close to, let's call her Camille. We often shared our emotions during work hours, talking in detail about how, for example, an altercation between two women made us feel. Once, a women using the centre spat on her. I wasn't there that day. But the next day, we talked about it, not just the incident itself, but how she experienced it. Her lack of reaction. Her concern about how she was beginning to normalise these types of events. We shared our worries about how disturbing events now seemed to slide off us, as if they no longer affected us. Our desensitisation started to trouble us. The topic of the staff member, Max, came up naturally in our conversations from the start because Camille worked with him daily and was therefore the most affected. The man would sometimes yell at her, question her behaviour toward women using the centre, and prevent her from isolating herself in the office to take a break; "This is my desk," he would say. I let Camille know that I had also noticed this man's behaviour, which wasn't just unpleasant, but unacceptable, I stressed.

There was a strong sense of cohesion within the shelter team. This is completely understandable, given the emotional difficulty of the job. A feeling of being supported by others seemed fundamental to work. This sense of cohesion was even reinforced just before I arrived at the shelter, due to an event that had marked the entire team. The director told me that a staff member had been fired after a women using the centre filed a complaint against her. I

didn't get more details, but the director said this had created a fear among staff that they could be accused by a women using the centre at any time, lose their jobs, or worse, be sued. I think this fear contributed to the delay in reporting the man's behaviour to management, even though I believe the director, who was present every day at the shelter, must have already known. Another factor that made the situation even more complex was that Max had a behavioural disorder. He said so himself. That's actually how I heard about it first, through him, when we went to buy lunch together on my first day as a volunteer. So his unconventional behaviour, like running across the shelter, jumping, suddenly singing, and screaming was seen as part of his condition, and it probably was, and thus normalised. I think it was difficult to accuse the man for what could be described as part of his disability. But for me, the final straw was the day I was at the hospital with Angélique, who had just been informed of her hospitalisation (see Introduction). I called the shelter to inform them that Angélique would not be sleeping there that night, but instead staying at the hospital. Later, Camille told me that Max, after hearing the news, said, "I'm not going to watch her bags [which she had left at the shelter], I'm going to throw them in the trash if she doesn't pick them up real soon."

I spoke twice with the director, sharing my concerns. Already aware of some incidents from accounts by other members of staff, she told me to write everything down. "Send me an email every time you would like to report something," she said, and Camille told me the director told her the same thing. I understood that she needed written evidence before taking steps to suspend him. So I sent an email with three short anecdotes I had jotted down in my notebook, including the "Shoo them out" incident. A few weeks later, the man no longer came to the shelter, and I was informed that he was on leave. Then I received an email informing me that an investigation had been opened and that inspectors would be coming to speak with the team, individually, on a specific day, when we were expected to be present. I admit, the announcement of the investigation made me uncomfortable. I think I played a significant role

in triggering the action. Maybe I'm overestimating my impact and the director had already started the process and it just took time, coinciding with the start of my fieldwork. But since I had encouraged Camille to speak up and had personally spoken with the director two or three times about specific events, I couldn't help but feel that I was, at least in part, responsible for the man's departure. It was a heavy mental burden, especially as an external actor, and not a member of staff. But again, maybe I'm overestimating my influence in the process.

So I found myself sitting across from two male inspectors, in an office of the shelter, where I was usually attending consultations. This time I was the one being interviewed, the one answering the questions. They asked me to introduce myself. I stated my name, exactly like women would do when sitting across from social workers or midwives. I described my role in the shelter, my responsibilities and my daily actions at the shelter. They re-read the events I had documented in my email sent to the director and asked me to confirm every detail. I was both disturbed by the weight of this responsibility and stressed. I was sweating, but I focused hard to make sure I didn't forget anything, didn't exaggerate anything, but also didn't minimise anything. I tried to describe better where the woman was standing when Max approached her, putting his face close to hers, singing the lyrics of a song I didn't know: "La, la, la, you'll be hanged, la, la," as he walked away. The woman widened her eyes, smiled awkwardly, and didn't move, as she stood in line to get her tray in the cafeteria area. I said to the inspectors, "Singing those lyrics, as I assume they are lyrics from a real song, to a woman who has likely experienced terrible things is just not unacceptable."

Today, now that I am no longer a volunteer in this shelter, no longer in the field, but writing my thesis, I still cannot tell if I made a mistake. I observed a behaviour that I found problematic in a new environment. So, was it just me who found these actions abnormal in a place where cohesion is key? Did the man's departure cause more damage than his continued presence would have? A woman asked me one day, "Where did Max go? I haven't seen him

in a while?" I thought I had done the right thing, but did I interfere in something that didn't concern me, and that I couldn't fully understand?

Anthropologists such as Léo Manac'h and Sara Cesaro reflect on the difficulty of naming and preventing the forms of violence that can emerge within relationships of care between migrants and volunteers (ICM Co-Front Seminar, 2025). At a recent seminar, these researchers proposed considering how such violence, which can be physical, verbal, psychological, or symbolic, can occur in both directions: from migrant persons toward volunteers and vice-versa. They observe that "The moral and humanitarian dimension of associative involvement, defined by the rightness of its cause, prevents a reflexive examination of the conditions of engagement and of the power relations that may be reproduced there" (ibid, para.1). Freedman and De Andrade (2024b) go so far as to examine intimate and sexual relationships between volunteers and refugees and the power dynamics embedded within these relationships, in the same region as my research, Île-de-France. They point out that these interactions are understudied and obscured by the moral facade of solidarity movements: "In this context the (re)production of racist and gendered forms of violence is common, and often overlooked" (Freedman & De Andrade, 2024b, p.36). Looking back, I believe I made the right decision not to frame Max's behaviour as a central theme in my thesis as it allowed me to explore other important themes in detail. Nevertheless, I think discussing the power dynamics between him and the women using the centre remains important and could be given more attention in my future work.

Angèle

I did not speak about Angèle before. I was afraid of contributing to the stigmatisation of foreigners by recounting the violence she had committed, even though she had also been a victim. In a context where the figure of the foreigner is mediated as a delinquent and aggressor (ICM Co-Front Seminar, 2025), how could I speak about a migrant woman who had committed

offenses? Here, I have chosen to speak about Angèle, not as delinquent, but as a homeless woman living in Paris, as she once said: "I am not just a beneficiary (person using the centre), I am also a woman."

Angèle feels afraid when she sleeps. She sleeps in a tent outside. To protect herself, she wears underwear over her trousers: "it's protection against rape," she explains. Her strategy gave me chills. Angèle also reports being followed by what she called a "prostitution network", without specifying who was involved, that pressures her into sex work.

> While I was staying at a social hotel[9], I shared a room with two other women. The place has a reputation as somewhere women become pregnant; women bring men into the room. My belongings were stolen, food, clothing. If you don't have money or food, they assume you are willing to sell sex. So I left the hotel, went back to the tent. For them, a woman living in a tent signals that she is available for prostitution. I sleep with a whistle and have a friend in a nearby tent. If men approach I blow the whistle. But it's tricky, because if I whistle, they realise I'm a woman. One man once lingered outside my tent for four hours, from midnight until four in the morning; at one point he even began to open my tent.

I wrote down everything Angèle said in my notebook, while I sat next to her. "I'll send you the email I sent to the police to file a complaint," she told me, and she did. "It could be interesting for your thesis," she added. She did not go to the police in person because she explained she was in an irregular legal situation and did not know what would happen if she were to go in person. She was scared.

On one occasion, an organisation focused on women's sexual health set up an outreach stand at the shelter. Angèle approached a volunteer who showed her a female condom. "Do you know what this is?" the member of the association asked, then answered, "It's a condom for women," after Angèle shrugged. Angèle replied, "Ah, but I'm not sexually active at the moment." The volunteer answered straight away, "As a specialist in sexual health, I can also tell you that some women who are afraid at night use the female condom as protection. They

[9] The term "hotel" is used locally in French to refer to a certain type of temporary housing for homeless individuals, which is often for migrant men and women. The term "hotel" It is used because these facilities used to be hotels for tourists (see Chapter 1).

put it on before sleeping in case something happens." Angèle reacted angrily, "No, but I would kill the man. I have a knife and a glass bottle." She showed the bottle from the bag. The volunteer, apparently unsurprised, responded calmly, "Yes, but some women might be different, they could be more shy." "And I am LGBT" added Angèle, giving another reason why this condom was no use to her. "You can also open the condom with your hand and put it on the vulva, and then have protected fun with your female partners" explained the association volunteer.

Two months later, Angèle was arrested by the police and transferred to a detention centre, before being deported back to Ivory Coast, the country she had left eight years ago. I chose to end her story here, refraining from elaborating on aspects that would risk reinforcing her identification as a delinquent. Instead, the narratives I have just shared allow me to draw attention to the gendered experience of being homeless that I also discuss in Chapter 1. Being a homeless woman at night is dangerous, Angèle explains, and her irregular situation made her too scared to file a complaint. Angèle's story also underlines another silence in my thesis: homosexuality and queerness more broadly, an absence in my writing, though not on the ground.

Queer migrants

Heterosexuality prevails over all other forms of sexual orientation across my chapters. In the first chapter, I describe women with their male partners, in the second, I write about heterosexual love between migrant women and migrant men, and about fatherhood, again implicitly suggesting a heterosexual relationship. Nowhere do I mention the existence of queer migrants. This absence is primarily due to the fact that the reception and support systems for migrants are profoundly heteronormative. The migrant man, even if absent, is frequently tied to the migrant woman, as Angélique's remark suggested: "They [the social workers] think men

traumatise us" (see Chapter 2), or by a midwife's comment: "If you ever meet the prince charming," talking about contraception. Also, prenatal care for pregnant women implied heterosexuality, even though the frequency of sexual violence and rape challenged this assumption. Throughout my fieldwork, heterosexuality was taken for granted. Interactions between professionals and migrant women were framed through that presumption.

Across the many consultations I attended between migrant women and social workers and midwives, I encountered only one woman who explicitly told Caroline, the midwife, that she had left her country because "She liked women" and that her life was at risk in the Democratic Republic of the Congo (DRC). To preserve her anonymity, I will call her Gloria. She had been referred to Caroline by her social worker and had already been in France for one year. Gloria stood by the open door of the consultation room, looking at Caroline and I who were chatting inside. We invited her to come in. I asked if she minded me staying during the consultation. She already knew who I was, we had briefly spoken before in the common room of the shelter, and she agreed, smiling timidly. She sat down on the chair next to me, so that both of us were now facing Caroline. Touching her belly under her sweatshirt, she explained that she was five months pregnant. Then, reaching behind her back, she explained she was suffering from back pain. Caroline listened carefully, leaning towards Gloria to not miss a word, then said, "Alright, we'll look at that. Would you like to lie down on the examination table? You would probably be more comfortable." Gloria agreed and stood up breathing heavily, pulling herself up onto the examination table. Opening Gloria's medical file, Caroline said, "So I see that you've been here for a year now." Gloria nodded and said, "Yes, I left because I like women." Caroline later told me that she had already learned from Gloria's social worker that Gloria had been tortured by her family because of her sexual orientation. She had then been forced into marriage and had a daughter, with whom she fled. After passing through Turkey and Greece, she arrived in France, where she applied for asylum. Living in an asylum

seekers' reception centre, she engaged in sex work, and Gloria explained that "The condom broke." This was five months ago.

Lying down, tears began sliding down Gloria's temple. Caroline stood up, took Gloria's hand, and said, "I can feel this pregnancy is complicated for you." Gloria nodded. "Have you told your daughter?" Gloria replied "No". "Would you like me to put you in touch with the association AG Mois? They can help you think about your situation, and what you want to do." AG Mois is an association that supports women facing psychological difficulties in relation to pregnancy or the prospect of motherhood. Gloria answered with a simple "Yes."

Both Caroline, the midwife, and Margaux, a social worker, told me they had met several women from the DRC who had fled because of their sexual orientation. Gloria was therefore not an isolated case, but she was the only one to speak of it in my presence. I recount this consultation between Caroline and Gloria because it points to a blind spot in my research, one that certain academics are now addressing. Cesaro (2023), in her article *Silencing Queer Asylum Seekers within the French Reception System*, highlights the persistent suspicion migrants face when expressing their queerness, as if it were a strategy to obtain the vulnerable status and strengthen their asylum claim. As Cesaro (2023) writes, "Migrants are mostly considered heterosexual" (p.58), which is what happened during my fieldwork: women were considered heterosexual unless they explicitly stated otherwise.

Aissata

So far, I have been reflecting on those absent from my writing. But today, having written my ethnographic chapters, I also find myself thinking about those stories that perhaps should have remained absent. In Chapter 4 of my thesis, on the process of seeking asylum, I recount my encounter with Aissata (see the third section of Chapter 4, titled *The final decision*). Aissata had been denied asylum a month earlier and had returned to Paris from the provinces

during the early months of my fieldwork. In our one-to-one interview, something I now regret (see Methodology), she explained to me that she had desperately tried to have a daughter in order to strengthen her asylum claim, by demonstrating the risk of Female Genital Mutilation for her child, a practice she herself had endured. Her first claim had been rejected because her risk of persecution had not been recognised. She was now homeless in Paris, sometimes sleeping in the train station, Gare du Nord, with her four sons. These were her words: "But if I'd had a girl first, I wouldn't have had so many children […] I am cut down there, but having boys doesn't get you papers. I tried, I really tried, but the fourth one was also a boy. I just can't anymore."

"Ethnographies are written with particular audiences in mind and reflect the presumptions carried by authors regarding the attitudes, expectations, and backgrounds of their intended readers" (Van Maanen, 2011, p.25). As I write my thesis, I often picture an audience of academics, primarily those in my field of study, migration studies, a field often leaning left. But once submitted or published, my work will no longer be confined to this imagined restrictive crowd. I will have no control over who reads it. What if it falls into the wrong hands? The hands of readers with diverging intentions. What if, rather than promoting understanding, it exposes migrant women to greater scrutiny? If Aissata's strategy is an act of last resort, what harm might come from revealing it?

Fassin (2015) speaks of the tension between an "Ethics of conviction" and an "Ethics of responsibility" (p.192). On one side, I want to scream my findings to expose the oppressive nature of migration policies. Spending time with migrant women, who have endured not only hardships before and after their migration journey but also the increasingly repressive French migratory policies, has made me want "To take a stand" (Mazzocchetti, 2016, p.19). Yet an "ethics of responsibility" calls for the consideration of potential misappropriation and the possibility of misuse (Fassin, 2015, p.192). Publishing, or making my thesis accessible to all,

means disclosing information about women's ways of navigating asylum. This knowledge, if misappropriated, could reinforce harmful stereotypes of migrants as deceitful, exploitative, or even criminal. "On the one hand, describing the migrants' stratagems for survival may affect them in their everyday forms of resistance and reinforces pre-established opinions and stereotypes. On the other hand, remaining silent obscures the actor's dimension, the role of the State, and institutional violence" (Mazzocchetti, 2016, p.17). In a context where the French state's discourse, policies, and laws are becoming increasingly oppressive toward migrants, whether asylum seekers, rejected asylum seekers, or refugees, the question of whether to reveal survival tactics becomes deeply sensitive. Ticktin (2011) in her work *Casualties of Care* also reflects on her disclosure of sensitive information. She recounts the story ACT UP Paris, an association fighting against HIV/AIDS, who received calls from irregular migrants inquiring about how they could infect themselves with HIV in order to obtain legal status in France (p.192). Ticktin accounts for this request by explaining that an asylum application from a sick person would be prioritised. She concludes her book on immigration and humanitarian policies in France by stating:

> I want to end by saying that it has not escaped my attention that anti-immigrant proponents could try to use the ethnography of this book to play into the rhetoric of immigrants as "liars" who manipulate the system in order to take advantage of state benefits – in other words, they could try to use what I show are the multifaceted ways in which sans-papiers[10] have responded to restrictive and exploitative French legislation in order to have a chance at better lives.[…] I think it would be difficult even for anti-immigrant proponents to hide the violence of a system that makes infecting oneself with HIV a viable option for a better life. The policies grounded in a politics of care are what make it more legitimate to be sick than to be a worker. Every sans-papiers I met preferred to work than to be sick, but they were not always given that choice (p.225).

The final words of her book guided my decision to include Aissata's story, to build on Ticktin's own words: "I think it would be difficult even for anti-immigrant proponents to hide the violence of a system that makes someone [give birth to four children while homeless, or to

[10] *Sans-papiers* means undocumented [literally *without papers*]

give birth to a girl who would actually face eventual persecution] a viable option for a better life " (ibid). The violence of this last-resort strategy cannot be denied. In France, in a desperate attempt to obtain a residence permit or refugee status, unfortunately some migrant women resort to creating the conditions of their own persecution.

Conclusion

This chapter has reflected on those who have been absent in my writing; either because I never met them, or because I have not spoken about them until now. I have considered why there are absent in my ethnographic chapters and what that absence might signify.

I ask myself several questions about my methodological approach. Who are the people I did not see, and therefore did not necessarily take into account through my ethnographic lens? In this case, they might be the women who are the most isolated, most discriminated against, and most exposed to violence: the ones who remain absent in much academic research. As my encounter with Aminata, and with other women, suggests, some women deliberately remain unseen, out of fear of being arrested, discouraged from going out, or because they are caught within networks of prostitution.

A second question concerns the people who were present, but whom I did not necessarily consider: who are those whose time and interactions with me do not translate into my writing? Here, it would be useful to turn to the literature in critical border studies (Cabot & Ramsay, 2021; Scheel & Tazzioli, 2022), which challenges the methodological nationalism that underpins work in migration studies, where identity is defined according the to the state, and where the stigmatising aspect of the migrant label becomes more visible. One question that would deserve more attention is: How categorical thinking can inadvertently reproduce the very boundaries they aim to critique?

A third question I ask myself concerns which stories to tell, even when they are relevant to the research. Here, the reflection is not only methodological but also, as in the previous point, ethical. Considering the potential consequences of one's writing, or of future publications, is a core responsibility of the researcher. This requires asking: How might someone who does not necessarily share my perspective perceive this information? And: What might they say or do with it?

CONCLUSION: Part II

We Are Not Fine

When Caroline didn't have any scheduled appointments, she didn't stay isolated in her consultation room. Instead, she would go out to meet women in the common rooms or the cafeterias of the shelters. This morning, that's what she did, and I followed her. As we stepped into the large, bright common room with a view of the Seine, I saw seven women slouched on the two couches and some sitting on the carpeted floor, their backs resting against the seats. Six of them were clearly pregnant, some well into their third trimester judging by the size of their bellies. As she entered, Caroline exclaimed with a warm tone, "*Comment allez-vous Mesdames*?" [How are you ladies?] A few responded mechanically, "Fine." But then, one woman straightened up slightly, now sitting deeper into the couch and said, "Well actually, no – we're not fine." Then, turning to others, she asked, "Why do you say you're fine if you're not?" Caroline and I stood still in the middle of the room, listening as the woman continued: "We're sleeping outside. It's cold. And look at her," she said, lifting and pointing her chin toward one woman whose belly was visibly heavy. "She's about to give birth, and she's also out on the streets." There was a pause. Some of the women lowered their eyes, while others began to nod in agreement. "So no," she repeated, shaking her head. "We are not fine."

Heavy eyelids, sometimes tears that escape, restless glances, awkward smiles, slow movements, these are the images that come to mind when I think back to my fieldwork, which already feels distant. Women I met were not fine. Of course, there were also spontaneous smiles, even laughter, but they were rarer, at least in the moments and places where I was. How can one speak about lives shaped by hardship in a productive way, that is, useful? This is the question I have asked myself throughout my writing, and that I continue to ask as I write this conclusion.

When agency falls short

In my introduction, I discuss Angélique's statement: "*Quand on vient ici, la vie change. Nous, les migrants, on est obligé de subir certains sorts*" [When we come here, life changes. As migrants, we are forced to endure certain fates] because it captures the enduring hardships that migrant women experience daily in Paris. I now want to return to this sentence because it provides an effective entry point for outlining the development of my analytical framework.

My thesis, which initially aimed to focus on the notion of sexual and reproductive health, a notion that appeared in my emails when I contacted associations at the beginning of my fieldwork (Methodology, p.17), very quickly dissolved once I began my fieldwork. In my research proposal during my first year at Oxford, I even spent time trying to define it, relying on institutional definitions: "a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction" (WHO, 2022). But the term sexual and reproductive health simply did not exist in the fieldwork context: it never came out in the words of the migrant women in met. This is not to say that this theme was absent from their everyday difficulties, but it did not exist under this term or in this form. I therefore decided to abandon this technical, medical term, which was obscuring the realities of the women's struggles. Women spoke of difficulties more broadly: "*c'est difficile*" ["It's difficult"], they would often say, or as Angélique put it: they are forced to ensure certain fates. Their struggles intersected at the junction of administrative denial, ruptured medical care, and homelessness, all of which inevitably affected their sexual and reproductive health, but which, for them, were embedded in a daily life shaped by precarity, far removed from a technical and top-down policy-oriented language.

Angélique's word *sort*, which I translated in English with the word "fate", is defined as "what befalls (someone) due to chance or supposed predestination; a condition imposed on or reserved for a person or category of people" (LeRobert, n.d.). At first glance, the notion of *sort*,

as used by Angélique, could therefore refer to a state that is both imposed and inescapable, especially since she emphasised that she was "forced to endure". This interpretation could echo a broad body of literature in migration studies, particularly on migrant women and the idea of vulnerability as an almost inherent condition. Narratives of victimisation have long dominated academic, humanitarian, and political discourses on migration, especially regarding migrant women (Anderson, 2012; Malkki, 2005; Rajaram, 2002; Ticktin, 2011). These narratives often cast migrant women as specific kinds of victims: victims of cruel traffickers or smugglers, of patriarchal foreign men, or of backward cultural practices from their countries of origin (Mainwaring, 2016). Then, when scholars began drawing on Agamben's (1998) concept of bare life, life at the level of basic survival, migrant women started to be seen as victims of the state. By reclaiming the discourse of vulnerability, these authors shifted focus to the role of the state as the oppressor. They emphasised women's lack of agency not as a consequence of external foreign violence, but due to overwhelming state power (Agamben 1998; McNevin 2011; Nyers, 2006). Migrants were seen as victims of the state's unchecked power, which rendered their lives devoid of any protection and capacity of resistance.

But, as Angélique also points out, her life changed because she made the decision to "come here" (to France). The fact that she left her asylum accommodation, or simply that she undertook the process of seeking asylum in the first place, points to something that transcends passivity and just vulnerability. And this is precisely what another branch of academic literature has sought to highlight, one that initially had a strong influence on my thinking: the literature on agency, developed to counter the vulnerability narratives. In response to these portrayals of migrants, and especially migrant women, depicted as passive victims, there has been a growth in academic scholarship devoted to exploring agency in migration studies. For instance, some scholars have turned to the framework of Autonomy of Migration (AoM) (Papadopoulos et al., 2008). This approach reframes migrants not as mere subjects of state control, but as actors

capable of undermining state power through everyday strategies (Borelli et al., 2023; Papadopoulos et al., 2008; Karakayali & Rigo, 2010). However, this framework has been criticised for romanticising migration, for depicting it as an unrealistic form of political resistance (Scheel, 2013). Critical feminist scholarship has also contributed to this discussion by interrogating the intersection of agency and vulnerability. Drawing on critical feminist literature on vulnerability (Butler, 1997; Cunniff Gilson, 2016; Cavarero, 2009), scholars have argued that vulnerability itself can be a strategy of survival (Freedman, 2019; Grotti et al., 2018; Nyabola, 2017). For example, Freedman (2019) talks about the strategic use of the label of vulnerability by migrant women "to support their own agency and autonomous projects" (p.3) and Grotti et al. (2018) discusses "migrant patients [who] exercise agency that belies the equation of vulnerability with passivity" (p.14) In their respective works, these authors emphasise how migrants enact agency precisely in the spaces where they are presumed to be powerless, and how sometimes their vulnerability becomes their agency.

> Some women may also use the fact of being pregnant to help them to advance their migration and to gain protection. Being pregnant is one of the most visible signs of 'vulnerability', and one which is thus easy to demonstrate to immigration officials or police. Some EU policy makers have suggested that women deliberately get pregnant on the journey to Europe in order to gain access and protection more easily. The situation is clearly more complex than this, with women becoming pregnant for many and varied reasons, including rape, lack of access to contraception, or a wish to have a child in a relationship which they have constructed during their exile (Freedman, 2019, p.10-11).

Indeed, "the situation is clearly more complex that this" (ibid), so why has there been a shift in academic discourse from vulnerability to agency, resistance, and strategies of survival? Why are we, as researchers, so eager to find agency: to name it, to spotlight it, and to declare: "Here it is"? "As helplessness, simplicity and victimisation rank among the most pervasive of these stereotypes – especially as applied to women – historians and others have understandably been drawn to emphasise how Africans act in the world in profound and varied ways, glossing those actions as 'agency'" (Thomas, 2016, p.328). Stierl (2018), for instance, argues that

framing migration through the lens of resistance is not a romanticised attempt to "give voice to the voiceless" (Spivak, 1988) but a necessary tool to understand "deeply political and embodied mobilisations over questions of inclusion and exclusion, belonging and unbelonging, (access to) rights and resources, survival, and, more generally, the ability to lead liveable and dignified human lives" (Stierl, 2018, p.2). Looking at agency shifts our attention from the figure of the migrant woman as a passive object to a subject who produces her own forms of existence and meaning (Borelli et al., 2023). This framework also sheds light on how languages of victimisation and passivity can serve as instruments of control, creating distinctions between the "good" and the "bad" migrant (Cunniff Gilson, 2016; Baynham, 2006). The assumption that vulnerability necessitates protection can then legitimise paternalistic forms of power and reinforce structures of control rather than enabling resistance (Butler et al., 2016, p.1).

But as I spent time engaging with this literature while processing my data, I found myself up against a wall, unable to defend my theoretical commitment to identifying and analysing agency. When I presented my preliminary findings and used the often-contested term "agency", someone asked me: "Aren't they [the women] just trying to survive?" and "Do all actions then constitute agency?" These were very relevant questions, ones that really pushed me to reflect more deeply on my use of the term. How could I be sure that what I was witnessing was indeed agency, especially when the women themselves were not using that term to describe their actions? What other expressions of potential agency was I omitting? And what were the consequences of rendering such behaviour invisible? Answering these questions is definitely not straightforward, and I quickly realised that I was not alone in grappling with them. Scholars have long pointed out the conceptual difficulties embedded in the notion of agency. Mainwaring (2016) notes: "Examining questions of agency raises the question of how to delimit it" (p.295). Safouane (2020) puts it more bluntly: "Agency as a concept is fraught with

difficulties that must be carefully taken into account." Indeed, engaging with this term often felt like handling a fragile, already cracked vase.

Abu-Lughod (1990) questions researchers' as well as her own scholarly drive to extract moments of resistance. She hints at the limits of agency by asking how scholars can discern instances of resistance while not "misattributing to them forms of consciousness or politics that are not part of their experience – something like a feminist consciousness or feminist politics". Mahmood (2012) pushes the critique further, radically questioning the academic search for agentic behaviour. She confronts Foucault's assumption that "*on se soulève, c'est un fait*" [people do revolt, that is fact] (Foucault, 1979, para. 9) and writes: "The belief that all human beings have an innate desire for freedom, that we all somehow seek to assert our autonomy when allowed to do so, that human agency primarily consists of acts that challenge social norms and not those that uphold them is itself a culturally specific ideology" (Mahmood, 2012, p.5). Even when scholars like Safouane (2020) challenge the idea that agency is necessarily transformative, showing how migrants internalise dominant discourses to gain legitimacy as asylum seekers, the analysis still revolves around an underlying logic of reaction to something. Mahmood invites us to step further back. She questions the assumption that a person is in a quest for liberation and resistance. What if forms of docility or passivity in the eyes of neoliberal frameworks were also signs of agency that, instead of being invested in subverting power, would signal endurance and adaptation? "What may appear to be a case of deplorable passivity and docility from a progressivist point of view, may actually be a form of agency – but one that can be understood only from within the discourses and structures of subordination that create the conditions of its enactment. In this sense, agentival capacity is entailed not only in those acts that resist norms but also in the multiple ways in which one inhabits norms" (Mahmood, 2012, p.15).

In this sense, searching for signs of agency is inherently biased, as it privileges certain behaviours that are most visible through a liberal scholarly lens. Mahmood reminds us : "If the ability to effect change in the world and in oneself is historically and culturally specific – both in terms of what constitutes 'change' and the means by which it is effected – then the meaning and sense of agency cannot be fixed in advance" (p.14). The issue, then, was that by theorising agency in particular ways, I was reproducing narrow assumptions about what counts as meaningful action.

One text that made me take my distance from the notion of agency was Thomas's (2016) *Historicizing Agency*. She very straightforwardly writes: "Agency often slips from being a conceptual tool or starting point to a concluding argument, with statements like 'African women had agency' standing as the impoverished punch lines of empirically rich studies" (p.324). I immediately felt targeted by that criticism. The concept had seemed promising, a way to make my work easier, to sprinkle my case studies with the term agency. Thomas (2016) refers to this appeal to agency as the safety argument, because it is, quite simply, a way of protecting oneself:

> When a graduate student completes, for example, a year or more of conducting research in Uganda on, say, the history of girls' schooling and is overwhelmed by how to make sense of the mountain of material that she has gathered, a natural and obvious 'out' is agency: African girls and their parents engaged schooling for their own reasons and shaped it towards their own ends. Because the graduate student, by then, has read countless books and articles that have articulated 'African agency' as 'a' or 'the' key argument, she feels comfortable doing so herself (ibid, p.329).

This passage felt like a message directly addressed to me. I did, in fact, feel overwhelmed by the mountain of material, but also by the diversity, and the emotionally charged nature of what I had in front of me, in my fieldwork notebooks. By then, I had filled six notebooks in a very tight, italic handwriting, as if trying to fit as many words as possible on each page. My writing style had even prompted a comment from a social worker on day: "You'll only need one notebook for the whole year with a handwriting like that." For me,

speaking of agency, of moving beyond narratives of vulnerability, was almost a way to honour the stories of these women who had trusted me, who had been willing to open up, to talk to me. And because of my proximity to these women and the daily struggles they faced, I was constantly revolted, upset, sad. I was a daily witness to their survival. So I wanted to highlight their decisions, their choices, and maybe I was doing exactly what Cabot (2019) warned researchers against: "Stop thinking that as anthropologists we are so special: stop thinking we have particular power to make a politically significant impact on the wider world" (p.269). And I was also surely reproducing, although on a small scale, the paternalist and interventionist tendencies that have shaped anthropology's own colonial history (Nyamnjoh 2015, Ortner 2016), what I like to call the white saviour syndrome that claims to bring justice to migrant women. And yet, as Thomas (2016) suggests, I was supported by a mountain of academic work on agency **(**Bailey, 2014; Mainwaring, 2016; Paret & Gleeson 2016; Rydzik & Anitha, 2020), so I thought I couldn't be doing something entirely senseless. But of what potential richness was I depriving my analysis by taking refuge in this concept?

La débrouille

It was important for me to take this theoretical detour in order to explain, as clearly as possible, the aim and contribution of my thesis. Letting go of the notion of agency helped me to make sense of the purpose of my work. To address the theoretical limitations of this previous approach, I was pushed to complicate and historicise the narratives, to be more attentive to their layers, and therefore open up more surprising, creative and accurate ways in which humans act in the world, and make sense of their world (Berlant, 2010; Thomas 2016).

In the first chapter, *Finding a Place for the Night,* I highlight the greatest difficulty faced by the migrant women I met: homelessness. It was the most discussed and ever-present concern throughout my fieldwork: the constant ringing of the 115 hotline in the background,

endless requests to social workers and midwives for a night at any shelter, waiting at the Town Hall place while hoping Utopia 56 could offer a solution, or setting up camps with tents in the streets of Paris. This anxiety never disappeared for the women I met. Even when they were granted a few nights in emergency accommodation, they knew it would not last. It is this ever-present distress that I tried to emphasise ethnographically, as well as the ways women navigate the city, finding places and strategies to sleep somewhere, anywhere. In French, an informal term used to describe a homeless person and which I often heard professionals use when talking about the situation of the women I met, was *femme à la rue*, which literally means woman in the streets. I think *femme à la rue* expresses exactly what I'm trying to convey in this chapter: if women are homeless, they are still somewhere, in the city of Paris, creating connections with organisations and individuals, finding temporary places to sleep, and being very much present, not just home-less. And there are many other places that serve as refuges for women that I do not analyse or take into account, such as women sleeping in someone else's home: "a friend," "a family member," "a man," or simply "with someone," as some of them told the social workers and the midwife during their conversations. And I think that looking only through formal structures gives us a more limited, and sometimes misleading, understanding of these women's lived experiences. What I describe here only scratches the surface, and it could be explored much more deeply.

In the second chapter, *Are you in Love?* I became aware of the value of my position as a researcher in consultation settings. Since I was not the one carrying out the procedures, creating a medical file, or submitting an accommodation application, all my attention could be focused on the women's reactions to the professionals' questions and statements. And I was sometimes able to talk about these exchanges afterwards with both sides: the migrant women and the professionals. I therefore had an almost 360-degree view of these interactions, which allowed me to notice certain subtleties: discomfort, misunderstandings, and fears. The

interactions the women have with people working in an association or a hospital are embedded in systems of power. As one staff member in a shelter noticed: "When they walk into the social workers' office, they [the migrant women] all become docile." What he interpreted as docility was the women's understanding that these people could influence administrative procedures or their medical care. And what stood out to me in particular were the intimate questions about their relationships with migrant men, asked within this context of power imbalance, where the women's silences, expressions of discomfort, or very brief answers revealed their apprehension about what these responses might trigger. Even if the questions were not necessarily asked with suspicion, the women experienced them differently, and they contributed to the broader system of surveillance they face every day in Paris, especially when they are in a situation of irregular status. It is a dynamic that is currently being explored, for example by the researchers Freedman, Cesaro and Tyszler, through their seminars and work *At the Frontiers of Solidarities*, on power relations within the spaces of advocacy for exiled people (Projet ANR Solifro, 2023). This chapter also opens up the topic of migrant men depicted as potential dangers for women; "they think men traumatise us," Angélique told me, a subject already noted by researchers such as Freedman (2016) and Kleinman (2019) and one that deserves further attention.

Through my presence as a volunteer in a day centre for women and children, and because I was following midwives, I inevitably encountered women who were pregnant, had children, or both. In the third chapter, *Bad Mothers*, I discuss how this new role or status as a mother could amplify women's experiences in both directions: it could create significant anxiety, as they tried to meet their children's needs while lacking stable accommodation, or any accommodation at all; but it could also provide moral support, and sometimes open the door to both emotional and material assistance. I paid particular attention to how this status is perceived by the professionals the women encountered daily, and how gendered, racialised,

class-dependent, and legally-shaped notions of what it means to be a good mother clashed with the realities of Black migrant women who are illegalised and homeless with children. This discussion of women being denied access to the status of a good mother is not simply a conversation of moral judgment but is part of and contributes to the scholarship on reproductive justice for migrant women (Carayon, 2024; Virole, 2024). Migrant women are often denied the social, legal, and material supports necessary to exercise reproductive autonomy and care for their children. And ethnography allows us to go beyond questions of rights and to highlight these experiences of injustice embedded in the everyday lives of these women.

In the fourth chapter, *The Asylum Seeker Who Smiled*, I examine the lived experience of the asylum process, a procedure that cannot be reduced to a single interview. As Sophie, the legal expert I accompanied during consultations, would tell the women: "This process will be difficult, it will require you to speak about your past. You might have nightmares. Are you ready to do that?" What I show in this chapter is that it was not only a matter of retrieving the past but of presenting that past in a particular way. Sophie prepared the women to tell their stories with the right emotions, trying to erase a smile, yet she had no control over other factors such as statistics, the acceptance rate of certain judges, for instance, or the judge's subjective opinion: "I know this region very well". This evidentiary system, from the most subtle signs, such as a tear, to the more permanent ones, like FGMs, scars and having given birth to a daughter, is sometimes not enough. Outcomes can still depend on subjective elements: the moment the tear falls and how the judge perceives it, or whether the judge concludes, based on "their knowledge and expertise," that the little girl is at risk of FGM. Even the most bodily forms of evidence, inscribed in the flesh, become entangled with intangible elements. But what was the most striking was seeing how a system that defines itself as protective, even in its very name, the Office for the Protection of Refugees and Stateless Persons (OFPRA), responsible for first-instance applications, can become a source of harm. It pushes some women into

making themselves even more vulnerable, such as attempting to give birth to a daughter and not a son several time in order to create a risk of FGM, a risk that they hope will justify their need for protection. The asylum system does not merely identify the victims it seeks, it produces them. It is this double-edged dynamic that I aim to continue exploring, as also discussed by Freedman (2018), Grotti (2018), and Gerbier-Aublanc (2021), in their respective works on migrant women.

In the fifth chapter, *When Asylum Doesn't Work*, I present the bodily dimension of irregularisation through asylum refusal. In this final chapter, as in the previous one, I focus on lived experiences of asylum rejection, not merely as an administrative decision devoid of consequences. "When asylum doesn't work" or "when it is over," as several women told me, they experience irregularisation in the deepest parts of themselves. This process entails an exponential precaritisation of their lives, often involving the end of accommodation, medical coverage, and social support, alongside fear of arrest, geographic displacement, and many other effects. Just like the asylum application process, the refusal of asylum becomes inscribed onto women's bodies, which become exhausted, deprived, and marked by deteriorating mental health, with many reporting constant, unbearable headaches. Highlighting these bodily and psychological consequences reveals the inner mechanisms of the system of irregularisation (De Genova, 2016; Tazzioli, 2019). It is, in part, this daily, repeated precaritisation that produces irregularity. This is why I want my future research to continue looking more closely at everyday lived experiences, modes of being in the world, and not only the judicial or sociopolitical dimensions, to grasp the micro-elements that contribute to broader systems of categorisation, such as that of the illegal migrant (Willen, 2007).

What ties these chapters together is women's *débrouillardise*, a noun derived from the verb *se débrouiller*. *La débrouillardise or la débrouille* are nouns, used in familiar settings, that came up multiple times during my fieldwork, especially by social workers, midwives, and

shelter staff, and more rarely among migrant women themselves. If we look at today's dictionary definition of *se débrouiller*, it says: "*Trouver un moyen quelconque, s'arranger pour*", which means "To find some kind of way, or any possible way, to find a way to" (Larousse, n.d.). But it is also defined as "*Se contenter de quelque chose, s'en satisfaire*", which I can translate as "To be content with something, to be satisfied with it" (ibid). But, as suggested by Vigh (2009), Reed-Danahay (1996) offers a particularly pertinent definition: "The ability to make the best of, or take advantage of, a situation; and get out of, or manage to cope with, a difficult situation. It has to do with "making do" in the face of hardship, but also with trying to turn such circumstances to one's own advantage in order to "make out"" (Reed-Danahay, 1996, p.62). Hence, the noun *débrouillardise* can refer to many different things: doing, taking advantage, getting out, trying, coping, etc… *Se débrouiller* cannot be reduced to one simple type of action. As I explain in my first chapter, Utopia 56, the association that assists those left behind by the Samu Social emergency accommodation system through the hotline 115, refers to itself as *"Le 115 de la débrouille."* Here, *la débrouille* also signifies the last resort, a way of finding solutions beyond those offered by the state. A social worker also employed the term once when he was explaining to me what he saw as the three types of women he encountered during social consultations at the day shelter. First there were *les Blédardes* (the Homebound): mothers, often illiterate and unfamiliar with administrative procedures; "They don't even know what asylum is," he said. Then came *les Lettrées* (the Literate): educated women who, according to him, were often more emotionally fragile. Finally, he described *les Débrouillardes*: women who had activated multiple social supports, sometimes counterproductively, "yet believed they were entitled to housing assistance". Although I felt very uncomfortable with his categorisation, I found his description of the *débrouillardes* insightful. It struck me as a term rarely applied to women in such contexts, especially since anthropologists have typically used it to describe migrant men (Jamoulle, 2013). What I also

noted was his insistence that the actions of these *débrouillardes* were not necessarily productive; he even used the word "counterproductive." His judgment of what was productive or not remains a subjective interpretation, but it underscores that *débrouillardise* can take very different forms, sometimes apparently moving in opposite directions. The word resurfaced two times in women's own accounts: *"On se débrouille,"* and the general *on [we]* seemed to include other women like them, thereby evoking a shared struggle of getting by.

La débrouille, a word that emerged from my fieldwork, is I think an accurate way to describe my contribution to previous attempts at describing migrant women's lived experiences. The term foregrounds the diversity of action or inaction that I try to describe in each of my chapters. Migrant women's *débrouillardise*, their ways of getting by, extend in time and space. Their everyday challenges lie in the immediate present: finding a meal, a place to rest, somewhere to sleep. But they also lie in their efforts to make a viable life for themselves, as Angélique would say, "To settle for a little." The struggle stretches over time. And it also stretches across space: in a shelter, in front of a social worker during a consultation, on the street, sitting on the ground at the town hall place, resting in a hospital bed. Their *débrouillardise* is exercised daily and takes different forms. Caroline, the midwife, once told me at the end of a consultation, "If I had the strength, I would stay with them for a full 24 hours, to see what they must do when they leave the shelter." Sitting beside her, we were both aware of the extent of the struggle that unfolded outside the walls of the consultation room, beyond the shelter, and beyond daylight. I too did not have the emotional strength to follow them for 24 hours, and that is why this thesis can only tell part of these women's stories.

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