

# Response to the Gender-Based Violence resulting from the Xenophobic Attacks in South Africa

Mendy Marsh

Interagency Working Group (IAWG)

Cairo, Egypt

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For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# Background

- May 11, 2007, outbreaks of xenophobic violence spread throughout the major metropolitan areas
- 40,000 mostly African non-nationals and their families displaced
- June, 2008 (beginning of assessment) 13,872 IDPs remained:
  - Gauteng Province: 6,586 IDPs in 13 sites
  - Western Cape: 4,707 IDPs in 46 sites



# Background (cont.)

- Rapid interagency assessment in Gauteng and Western Cape Provinces:
  - Identify the nature and scope of sexual violence, including rape and sexual exploitation, during the xenophobic attacks and within IDP sites
  - Identify the other vulnerabilities commonly faced by displaced women and girls
  - Identify key GBV-related protection concerns for local integration

# Assessment Findings

- Rapid assessment: qualitative overview based on individual interviews and focus groups

*“We are not safe here. We are here because we fled the war. Many of us were raped in our countries. We can’t go home, and now we have been humiliated all over again as women.”*

– IDP Woman, Western Cape

# Assessment Findings (cont.)

- GBV used to threaten, disperse individuals and families from their communities
- IDP women from Somalia, DRC, Burundi, Rwanda, and Zimbabwe
- Difficult to determine scope of problem:
  - No standardized data collection/reporting
  - Fear of arrest and deportation
  - Low availability of services
  - Low degree of trust in health care providers and police
  - Low awareness of the value of medical or other assistance
  - Stigma associated with acknowledging victimization

# Assessment Findings among the encamped

Few cases of SV in IDP camps visited; however, women and girls repeatedly identified *risks* of sexual violence in IDP camps due to:

- Overcrowded sleeping arrangements
- Lack of privacy
- Poorly designed shelter sites
- Sanitation facilities



# Other Gender-related Concerns

- Lack of participation in site decision-making processes
- Lack of services specifically designed to meet the needs of women and girls (including MISAP)
- Domestic violence
- Loss of livelihood
- Fear associated with their uncertain immigration status
- Anxiety due to information gaps about registration status and what might happen in any integration process

# Response

- Child-centered spaces
- Review of site consolidation plans
- SOPs adapted for South Africa
- Discussion of GBV during Protection Cluster
- Training and planning process for Western Cape govt on child protection and IASC guidelines
- Reintegration plan including GBV and SEA issues
- Distribution of financial assistance packages
- Planned trainings for government service providers



# Lessons Learned

- GBV assessment was necessary to stimulate response
- Assessment report was a useful tool to guide response, e.g., in review of site consolidation plans
- Utilization of surge capacity needed
- Need to address all humanitarian emergencies within a country context where the cluster system is operational

# Lessons Learned (cont.)

- GBV prevention and response must be prioritized and supported by the heads of all UN agencies in order to garner appropriate support and action within the UN, the government, and local and international NGOs
- All humanitarian personnel should be sensitized to assume that GBV, especially SV, is taking place in situations of conflict, disaster and civil unrest, and that it is a serious and life-threatening protection issue that must be urgently addressed, *even in the absence of reliable data*