



IMPACT OF ANTI-IMMIGRANT PROTESTS AND XENOPHOBIC VIOLENCE

ON MIGRANT SEX WORKERS IN SOUTH AFRICA

A Rapid Assessment by the African Sex Workers Alliance (ASWA) and the Southern Sex Workers Alliance (SASWA) documenting the impact of anti-immigrant protests and xenophobic violence on the safety, health, livelihoods, and human rights of migrant sex workers in South Africa.

EXECUTIVE SUMMARY

This report examines the impact of anti-immigrant protests and xenophobic violence on migrant sex workers in South Africa, drawing on findings from a rapid survey conducted by ASWA and SASWA.

The evidence points to a worsening protection crisis in which migrant sex workers face intersecting forms of vulnerability linked to migration status, stigma, criminalization, and weak institutional protection.

The findings show that many respondents are living in fear of violence, arrest, and harassment, leading to restricted movement, loss of income, and reduced access to essential services.

Respondents reported police extortion, discrimination, barriers to healthcare, and interruptions in access to treatment, including antiretroviral therapy. The cumulative impact has increased the risk of homelessness, food insecurity, social exclusion, and serious mental health distress.

The report concludes that the current response remains inadequate to the scale and severity of the crisis.

It calls for coordinated, rights-based action to protect migrant sex workers, including improved access to healthcare regardless of documentation status, emergency humanitarian assistance, stronger legal and protection mechanisms, support for community-led and civil society responses, and expanded mental health and psychosocial services.

1. INTRODUCTION

South Africa is experiencing a renewed wave of anti-immigrant protests and xenophobic violence that has placed migrant communities at heightened risk.

Recent reporting documents intimidation, threats, unlawful evictions, workplace discrimination, police extortion, and denial of access to healthcare and other basic services in cities including Johannesburg, Pretoria, and Durban.

These dynamics have been driven by vigilante-style mobilisation and wider socioeconomic frustration, but their effects are felt most acutely by migrants who are already socially and economically marginalised.

Within this broader crisis, migrant sex workers face intersecting forms of vulnerability. As both migrants and members of a criminalised and highly stigmatised population, they are exposed to multiple layers of exclusion, including targeted violence, reduced mobility, disrupted income, and diminished access to health and protection services.

The African Sex Workers Alliance and Southern Sex Workers Alliance conducted a rapid survey to assess the impact of anti-immigrant protests and xenophobic violence on migrant sex workers in South Africa. This report presents the findings of that survey and examines the consequences for safety, livelihoods, access to healthcare, and overall wellbeing.

2. CONTEXT AND SITUATION

The findings reveal a climate of fear, discrimination, and instability for migrant sex workers in South Africa.

Recent reports indicate that anti-immigrant mobilisation has intensified since 2025, with organised groups blocking access to public services, conducting intimidation campaigns, and legitimising exclusion through community-based rhetoric.

In practice, this has translated into unlawful restrictions on healthcare and education, harassment by civilians and authorities, and heightened insecurity in urban centres where many migrants live and work.

While a few respondents reported some level of support or temporary stability, the dominant pattern was one of rapid deterioration in living conditions. Respondents described escalating threats to their personal safety, income, housing security, and access to basic services. Taken together, these accounts suggest that xenophobic violence is not only episodic; it is restructuring everyday life around fear, immobility, and uncertainty.

KEY FINDINGS

3. EXPOSURE TO RISK AND HARM

- **Restricted movement and loss of freedom**

Many respondents reported living in constant fear of violence, arrest, or harassment. A reported 68% said they had restricted their movement or remained indoors because they no longer felt safe in public spaces.

"I'm always indoors hiding."

"I don't feel safe going out."

This confinement significantly affects their ability to work, seek healthcare, or access essential services, placing them at heightened risk of exploitation and deprivation.

- **Police harassment, extortion, and lack of protection**

65.4% of the respondents described negative experiences involving police, immigration officer or other authorities.

Interactions with law enforcement emerged as a major source of risk. Respondents described frequent document checks, bribery, extortion, and a lack of meaningful protection from xenophobic violence.

"Police ask for bribes to avoid detection."

"You must give money for them to let you go."

"The police are part of the people chasing me away."

These findings point to systemic vulnerability, where authorities often escalate rather than mitigate risk. A few respondents noted occasional positive interactions, suggesting inconsistency in enforcement and protection.

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KEY FINDINGS

3. EXPOSURE TO RISK AND HARM

- **Loss of livelihood and risk of homelessness**

76.9% of the respondents reported loss of income or reduced earning opportunities. One of the most urgent impacts is the loss of income. Fear and restricted movement prevent many from working:

**"I am almost homeless... I can't work or get food."
 "I can't pay my rent or buy food."**

Reported Effects

Economic Impact	Estimated Prevalence
Reduced Clients	Very common
Inability to work safely	Very common
Completely work stoppage	Common
Increased financial insecurity	Common

Key Statistics

More than three-quarters of respondents experienced economic hardship directly linked to xenophobia.

The immediate consequences included inability to meet basic needs, increased reliance on external support, and heightened exposure to exploitation. Economic instability placed many respondents at immediate risk of homelessness and hunger.

The economic instability reported places many individuals at immediate risk of homelessness and hunger.

- **Barriers to healthcare and health Risks**

Access to healthcare was severely disrupted, particularly for undocumented migrants with 69.2% of the respondent reporting healthcare access challenges. Respondents reported denial of care at clinics and hospitals, interruptions in access to chronic medication including antiretroviral therapy (ART), and fear of seeking care because of possible exposure, intimidation, or arrest.

**"No identification, no entry into hospitals."
 "They are declining access whether documented or not."
 "We are pleading for ARVs... our health is at risk."**

These barriers represent a serious public health concern, particularly for individuals requiring continuous treatment.

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KEY FINDINGS

- **Discrimination and social exclusion**

Sex workers described widespread stigma and hostility from communities.

“They say we are killing the country.”

The intersection of xenophobia and the stigma associated with sex work deepened social exclusion, further marginalising respondents and limiting their access to community support, justice mechanisms, and essential services.

Key Statistic

Nearly 7 in 10 respondents reported that Xenophobia negatively affected access to healthcare.

- **Mental health and emotional distress**

The cumulative effects of violence, fear, and exclusion had a significant impact on mental health. Respondents described anxiety, chronic stress, depression, and hopelessness, indicating that the crisis is also producing a serious psychosocial burden.

“I’m really depressed.”
“Everything is going south for us.”

These findings indicate a growing mental health crisis among migrant sex workers.

4. EXISTING SUPPORT AND PROTECTIVE FACTORS

Despite the severity of the crisis, some respondents identified limited protective factors and support mechanisms that helped them cope with immediate risks.

- **Individual Support Systems**

These included family or partner support, temporary shelter, and informal networks that provided emotional or material assistance.

“I have a roof over my head and a good support system.”

- **Community and institutional support**

Some respondents also reported fair treatment from certain community members, occasional police assistance, and limited outreach by health services, although these forms of support were inconsistent and unevenly available.

“Some people were supportive and treated everyone fairly.”

However, such support remains inconsistent and unreliable.

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- **Role of organizations**

Respondents underscored the importance of NGOs, community-based organisations, and human rights actors in providing healthcare referrals, legal assistance, emergency support, and advocacy.

These organizations remain critical in addressing protection gaps that state institutions have not consistently filled as they are seen as critical actors in addressing current gaps.

5. PRIORITY NEEDS IDENTIFIED

54% of the respondents explicitly requested for support.

Most requested forms of assistance ;

Support Need	Frequency
Safety and Protection	High
Legal assistance	High
Income support	High
Healthcare access	Moderate
Shelter and housing support	Moderate
Food assistance	Moderate

- **Immediate Needs**

1. Access to healthcare services, including ART and chronic care
2. Food assistance and income support
3. Shelter and rent assistance

- **Protection Needs**

1. Legal Assistance
2. Protection from law enforcement abuse and xenophobic violence
3. Access to documentation

- **Additional Needs**

1. Psychosocial and mental health support
2. Safer working environments

6. CONCLUSION

The findings demonstrate that xenophobic violence has created multidimensional vulnerability for migrant sex workers in South Africa.

Their ability to live safely, sustain livelihoods, and access essential services has been severely undermined by a combination of social hostility, institutional exclusion, and weak protection responses.

Key risks include forced confinement driven by fear, economic instability and risk of homelessness, restricted or denied access to healthcare, and exposure to police harassment, extortion, and corruption.

Although some individuals benefit from limited support systems, these remain insufficient to address the scale, severity, and structural nature of the challenges documented in this report.

7. RECOMMENDATIONS

Addressing these urgent issues will require coordinated, rights-based, and multi-sectoral interventions involving government institutions, civil society organisations, health providers, and legal protection actors to;

- Strengthen access to healthcare, regardless of documentation status
- Provide emergency humanitarian support, including food and shelter
- Enhance legal protections against exploitation, violence, and harassment
- Support community-based and NGO interventions
- Expand mental health and psycho-social support

A multi-sectoral response involving government, civil society, and international organizations is critical to safeguarding the rights and well-being of migrant sex workers.