

Displaced, homeless and abused: The dynamics of sexual and physical abuses of homeless Zimbabweans in South Africa.

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Persons who are internally displaced (IDPs) often become refugees in other countries as they move from their own country to others. Africa has about 11.8 million IDPs in about 21 countries of about an estimated global 24.5 million IDPs in 52 countries (Wikipedia, http://en.wikipedia.org/wiki/Internally_displaced_person). What is unfortunate about IDPs is that they are hardly recognised as ‘bonifide refugees’ as enshrined by the 1951 UN treaty and as a result are often neglected by the governments of the countries involved and almost all of the time, little or nothing is done to help them. IDPs have been described as “long-term poverty-stricken populations, neglected by authorities” (1). Such is the case of homeless Zimbabwean refugees in South Africa.

Women, children and refugees are usually the victims of sexual/physical and gender-based violence (SPGBV); they are affected in different ways and yet little evidence exists concerning SPGBV of refugees/IDPs in Africa. Too often, in their flight to safety, whether due to wars, or other reasons e.g. irresponsibilities of government leaders as in the case of Zimbabwe), they experience violence, abuse and exploitation based on their gender and helpless situation (2, 3) at the hands of those who are supposed to protect them; soldiers, border guards, immigration officers etc. (4, 5). According to the UNHCR, sexual exploitation of refugees (and IDPs) is widespread, occurs with impunity, people placed to care for them were perpetrators of the same abuse, and boys and girls were affected alike from the age of 5, while girls between 18 and 23 were the most frequently abused (6). Internally displaced women are more affected by violence against women than any other women’s population in the world and all refugee women are at risk of rape or other forms of sexual violence. Once women have fled their homes, they are further exposed to the risk of sexual violence and exploitation (7).

Sexual violence is regarded by the UN as one of the worst global protection challenges due to its scale, prevalence and profound impact (8). According to the Refugee Council (9), about half a million women were raped during the Rwandan genocide, more than 90% of women and girls over the age of three suffered sexual violence in parts of Liberia, while three out of four women have survived sexual violence in parts of Eastern Congo. The same report argues that between 4,000 and 10, 000 migrant women and girls are estimated to be sexually exploited in the United Kingdom (UK). Many of them report suffering physical and sexual violence before, during and after their journey to the UK. Arrival in the UK should signal safety, but refugee women are highly likely to belong to one or more of the groups that are at higher risk of rape than the UK average (5%). Poorer women are up to three times more likely to report being raped. Most refused asylum seekers are destitute, and many are homeless, further elevating the risk of sexual violence or exploitation. Why does this exploitation happen? Poverty, abuse of power, inequity and extreme disparity between caretakers and refugees leading to dependency (5, 6,), helplessness and hopelessness with consequences for poor mental health (9, 10) are all factors that have been explored to explain the phenomena.

The Sexual Violence Research Initiative cited in the Refugee Council (9) argues that existing research into sexual violence is limited, particularly in the developing world, because of a history of cultural taboos and lack of political leadership and as a result, huge gaps are reported in the literature.

Authors (11) have reported violence against women during conflicts. Unfortunately, despite the enormity of the problem facing these groups, research studies are scarce thereby creating serious knowledge gaps. In an attempt to close these gaps, this study therefore, attempts to address the following research questions: (1) What nature of abuse is experienced by Zimbabwean refugees?; (2) Who are the perpetrators?; (3) What are the sexes of the perpetrators?

Study on abuse experience by Zimbabwean refugees

The present study is part of a larger investigation concerning Zimbabwean refugees. One hundred and twenty five homeless Zimbabweans in South Africa responded to a questionnaire containing questions on demographic items and Post migration difficulties. The sample consisted of 125 homeless Zimbabweans in Polokwane (formerly known as Pietersburg) in Limpopo Province, South Africa. Polokwane serves as a passage route from Zimbabwe to other parts of South Africa. Participants were recruited via fliers that were posted on public sites and facilities such as non-governmental organization (NGO) buildings, shopping malls and other locations that were frequently visited by homeless Zimbabweans and the unemployed. Interested individuals came to a private room in a designated mall (Savannah Mall, Polokwane) where they were screened on eligibility for participation. The mean age of the participants was 28.3 years (range 18 to 49). The majority was male (57.6%). The mean length of stay in South Africa was 4.8 months.

Sexual and Physical abuses/Perpetrators and Sex of perpetrators

Table 1 shows that about 56.8% of the victims were physically beaten while 52% were sexually harassed and 44% of men and women willingly negotiated their bodies for money, easy passages and other gains.

Table 1 Sexual/Physical abuses, behaviour type, perpetrators and sex of perpetrators

Variables	n (N=125)	%
Sell body for money	55	44.0
Sexually harassed	66	52.8
Physically beaten	71	56.8

From table 2 below it becomes clear that fondling (63.2%) followed by attempted rape (44.8%) were highly reported. On perpetrators, border officers (44.8%) and police (17.6%) were pointed out as the culprits of sexual and physical abuses of refugees in this study. Single males were in majority (54.4%) and in some cases these were jointly carried out.

Table 2: Type of behaviour, perpetrators and sex of perpetrators

Variables	<i>n</i> (<i>N</i> =125)	%
Type of behaviour		
Rubbing Penis	22	17.6
Fondling	79	63.2
Digital Penetration	05	04
Attempted Rape	56	44.8
Rape	43	34.4
Oral Sex	12	9.6
Anal Sex	11	8.8
Perpetrators		
Relatives (Uncles, fathers etc)	15	12
Police	22	17.6
Border officers	56	44.8
Others	10	08
Sex of Perpetrators		
Single Male	68	54.4
More than one Male	12	9.6
Single Female	14	11.2
More than one Female	06	4.8

From the findings of the study, the following conclusions can be made:

- Zimbabwean refugee experienced several migration difficulties bringing about marital, educational, economic and family dislocations.
- In South Africa, participants are experiencing sexual and physical abuse of different types with border officers and police as main perpetrators with majority as single males.
- These findings form part of an emerging research literature examining refugee sexual and physical abuses/difficulties in a South African context.

And based on this study, the following recommendations can be made:

- Migration problems involving refugees and IDPs are complex and so demand multifaceted solutions which should include broadly: Attitudinal change among African leaders in Africa. African Governments particularly those where emigrations are common should expedite economic and social action reforms in their countries to minimize the need to migrate.
- Host countries should put in place humane programmes to minimize triggering factors that can predispose refugees to psychological problems. These programmes should also target the local population on developing positive attitude to refugees.
- In addition, psychological practices in host countries should begin to seriously recognise the role of cross-cultural factors in mental health including attributions of illness, diagnoses, and treatment.
- Discriminatory practices and die-hard policies of host countries should be abolished and must seem to be reflected in the constitution of the host countries.

Note that the views expressed in this article are those of the author and do not necessarily represent the views of PHASA.

References:

1. 2006 Global IDP Study. Internal Displacement: Global overview of trends and development in 2006. Internal Displacement Monitoring Centre (IDMC). Norwegian Refugee Council. April 2007. [www.internal-displacement.org] Accessed 20 July, 2014.
2. Keygnaert I, Vettenburg N, Temmerman M. Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *Culture, Health & Sexuality*. 2012;14 (5):505-520.
3. Idemudia ES, John WK, Wyatt GE. Migration Challenges among Zimbabwean refugees before, during and after arrival in South Africa. *J Inj Violence Res*. 2013a;5(1): 17-27.
4. Ferris EG. Abuse of power, sexual exploitation of refugees, women and girls. *Signs: Journal of women in culture and society*. 2007; 32 (3):584-591.
5. Idemudia ES, Williams JK, Boehnke K, Wyatt GE. Gender differences in Trauma and Posttraumatic Stress Symptoms among Displaced Zimbabweans in South Africa. *Journal of Traumatic Stress Disorders and Treatment*. 2013b; 2:3.
6. United Nations High Commissioner for Refugees and Save the Children UK. Sexual violence and exploitation: The experience of refugee children in Liberia, Guinea, and Sierra Leone. New York; UNHCR;2002.
7. UNHCR. 2008 Global Trends: Refugees, Asylum-Seekers, Returnees, Internally Displaced and Stateless Persons. UNHCR; 2009.
8. Egeland J. UN Under-Secretary General for Humanitarian Affairs, addressing the UN Security Council, 21 June 2005.
9. Refugee Council. The vulnerable women's project. Refugee and asylum seeking women affected by rape or sexual violence. Refugee council; 2009.
10. Idemudia ES. Associations between demographic factors and perceived acculturative stress among African migrants in Germany. *African Population Studies Journal*. 2014;28 (1):449-462.
11. Jinan U, Jo AM, Lama Z. Women, War, and Violence: Surviving the Experience. *Journal of Women's Health*. 2008;17(5): 793-804.