2025 Annual Human Rights Report

GENDER DYNAMIX

TRANS RIGHTS
ARE HUMAN RIGHTS

GENDER DYNAMIX

GDX

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High levels of stigma, discrimination and marginalisation of persons on the grounds of sexual orientation, gender identity and expression are well documented, as is the recognition that this leads to barriers in claiming agency, realising rights and accessing services, resources and opportunities. Heightened experiences of, and exposure to, violence and other human rights abuses commonly linked to one's sexual orientation, gender identity and expression are similarly evidenced. These barriers can, amongst others, lead to reduced access to health and other essential services, adversely affecting the physical and mental well-being of trans and gender diverse persons, as well as other members of the broader LGBTIAQ+ communities.

Human rights protections are firmly embedded in the constitutional and legal framework of South Africa, based on principles of human dignity, equality and freedom. This provides trans and gender diverse persons and other members of the broader LGBTIAQ+ communities equal legal recognition and protections. South Africa's legal and policy environment broadly prohibits discrimination (including on the ground of sex, gender and sexual orientation), protects all persons from all forms of violence, and promotes access to non-discriminatory services.

Notwithstanding these legal protections, trans and gender diverse persons and other members of the broader LGBTIAQ+ communities continue to experience social exclusion, marginalisation, discrimination, violence and other rights abuses in all aspects of their lives. Barriers to equitable access to services persist for trans and gender diverse persons, particularly when compounded with sex work, homelessness, drug use and/or HIV status. Moreover, reports demonstrate multiple and intersecting barriers that are directly linked to gender identity, expression and sexual orientation when accessing health and other essential services.

Since its expansion in 2024, the GDX led REAct programme is now implemented in selected areas of five provinces, namely the Eastern Cape, KwaZulu Natal, Gauteng, Northern Cape, and Western Cape. Collaborating with long-standing partners in these provinces, the REAct programme is now collectively applied by Gender Dynamix, Trans Wellness Project, Darling Pride Angels, S.H.E., Trans Hope, The Fruit Basket, and D'Gayle Diamonds. From January to October 2025, 458 incidences of human rights violations were recorded and responded to by implementing the REAct methodology. The majority of these human rights violations were experienced by transgender women between the ages of 25 and 45 years old, who are street-based, living with HIV, engaging in sex work and/or using drugs.

The *2025 Human Rights Report* provides an overview of human rights abuse incidences experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities. Designed to act as an advocacy tool supporting activities advocating for rights protections and service access of trans and gender diverse persons and other members of the LGBTIAQ+ communities, the report provides evidence that can assist in the ongoing engagements with policy makers and implementers in South Africa. The report seeks to ensure that human rights protections embedded in policies and laws are realised for trans and gender diverse persons and the broader LGBTIAQ+ communities. At the same time, the report affords the evidence to hold state and non-state perpetrators of rights violations to account.

Consistent with previous reports of 2023 and 2024, documented cases in 2025 provide clear evidence of multiple and intersecting violations of fundamental rights and freedoms, as embedded in the Constitution. Recorded incidences remain to be primarily associated with a person's gender identity and expression, sexual orientation, homelessness, HIV status and drug use. Furthermore, cases confirm that human rights violations are not a single incident, with one violation frequently leading to a series of subsequent abuses, due to a general lack of access to services and justice, as well as high levels of stigma and discrimination in all spheres of society. At the same time, trans and gender diverse persons and other members of the LGBTIAQ+ communities experience multiple occurrences of rights violations, due to their context and conditions. Homelessness, for example, often results in recurring experiences of forced removal and destruction of property.

Overall, documented cases of human rights violations between January and October 2025, were associated with the failure to protect; denial of service access; harassment and intimidation; and violence and abuse in both private and public spheres.

Data confirms the heightened risks of discrimination, harassment, violence, abuse and other rights violations for trans and gender diverse persons in all spheres of society. The State's failure to respect, protect, promote and fulfil the rights and freedoms of community members, as enshrined in the Constitution, are at the centre of the majority of cases documented. Between January and October 2025, over half of all cases recorded (56%) were linked to the State's failure to protect, and more than two-thirds of these incidences (68%) involved police and law enforcement officials.

Premised on the review and analysis of 458 documented incidences of human rights violations between January and October 2025 in various areas of the Western Cape, Eastern Cape, KwaZulu Natal, Gauteng and Northern Cape, the Report concludes with recommendations and advocacy actions. These focus on both the prevention of, and the response to, human rights violations based on gender identity and expression, sexual orientation, sex work, drug use, homelessness and HIV status. Advocacy actions emerging from the 2025 report emphasise, for example, the inherent need to address and respond to gender-based stigma, discrimination, violence and abuse in all spheres of society through, amongst others, capacity strengthening efforts to enhance legal literacy levels, visibility and voice of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities to advocate for equitable access to rights and inclusive services. Moreover, recognising the unabated occurrence and prevalence of human rights violations of trans and gender diverse persons and other member of the broader LGBTIAQ+ communities, it remains pivotal to identify and address impunity as a matter of urgency to ensure that duty bearers are held to account for the failure to protect, respect, promote and fulfil the human rights of all persons, without distinction.

The REAct programme and the development of the 2025 Human Rights Report have been supported by Frontline AIDS, and the COSPE supported Nali'Themba Project.

1 Introduction and Background

1.1. Gender Dynamix

Gender Dynamix (GDX), established in 2005, is the first registered Africa-based public benefit organisation to focus solely on the transgender and broader gender diverse community. What started as a vision, slowly grew into a grassroots organisation. GDX has since become an institutionalised non-profit organisation (NPO) that is fundamental to the development of the trans and gender diverse movement(s) in South Africa and across Africa.

For more than a decade, GDX has built up a strong track record in understanding the diverse nature of the work and the diverse needs of trans and gender diverse persons, both in South Africa and surrounding regions. Based on its organisational values, GDX seeks to work in ways that uphold ideals of self-identification, self-determination, respect for diversity, inclusivity, meaningful participation, transparency and accountability; whilst seeking to position trans and gender diverse persons through the realisation of their (our) autonomy and potential for nation-building.

Using a human rights framework, GDX undertakes to advance, promote and defend the rights of trans and gender diverse persons. GDX has contributed extensively to the body of knowledge on trans and gender diverse experiences, needs and rights, and has raised voice and visibility locally, regionally and globally. To date, GDX has focussed on issues of access to legal gender recognition, gender affirming healthcare, inclusive education and safety and security as its primary objectives.

1.2. REAct

REAct (Rights-Evidence-Action) is a methodology used globally to document, monitor and respond to human rights violations. GDX, with support from Frontline AIDS, customised the approach and related systems in order to document human rights abuses experienced by members of the trans and gender diverse community in the Western Cape. The 2022 and 2023 Human Rights Reports were informed by the cases documented in the Western Cape.

Since its expansion in 2024, the GDX led REAct programme is now implemented in selected areas of five provinces, namely the Eastern Cape, KwaZulu Natal, Gauteng, Northern Cape, and Western Cape. Collaborating with long-standing partners in these provinces, the REAct programme is now collectively applied by Gender Dynamix, Trans Wellness Project, Darling Pride Angels, S.H.E., Trans Hope, The Fruit Basket, and D'Gayle Diamonds.

Seeking to not only document and monitor human rights abuses, but also to respond to service and redress needs of individuals experiencing human rights abuses, the referral of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities to mental health support and other medical, legal and social services, is a key element of the project.

Applying a community-based approach, community members are trained to document cases of human rights violations and provide referrals for support and redress as and when required. Trained community members, known as REACtors, collect data on human rights abuses, and based on the evidence seek to:

- Improve the local response to individual emergencies.
- Influence change within communities and service provision that perpetuates rights abuses.
- Inform human rights-based programming, policy and advocacy purposed to advance rights realisation and service access without distinction.
- Identify community needs relating to human rights and social justice programming.
- Support civil society to source funding to continue this work.

REAct is a unique and powerful tool to gather the evidence needed to advocate for sustainable system level change at a local, national, regional and global level, and to inform evidence-based advocacy interventions.

Within the South African context documenting, monitoring and responding to human rights violations experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities remains paramount to, and an integral part of, the policy framework addressing human rights and gender related barriers to claiming agency, realising rights and accessing services, resources and opportunities.[1]

1.3. Human Rights and Trans and Gender Diverse Persons in South Africa

High levels of stigma, discrimination and marginalisation of persons on the grounds of sexual orientation, gender identity and expression are well documented, as is the recognition that this leads to barriers in claiming agency, realising rights and accessing services, resources and opportunities. Heightened experiences of, and exposure to, violence and other human rights abuses commonly linked to one's sexual orientation, gender identity and expression are similarly evidenced[2]. These barriers can, amongst others, lead to reduced access to health and other essential services, adversely affecting the physical and mental well-being of trans and gender diverse persons, as well as other members of the broader LGBTIAQ+ communities[3].

1.3.1. South Africa's Legal Environment

Human rights protections are firmly embedded in the constitutional and legal framework of South Africa, based on principles of human dignity, equality and freedom. This affords trans and gender diverse persons and other members of the broader LGBTIAQ+ communities equal legal recognition and protections. South Africa's legal and policy environment broadly prohibits discrimination (including on the ground of sex, gender and sexual orientation), protects all persons from all forms of violence, and promotes access to non-discriminatory services.

The Constitution of South Africa affords everyone the right to equality and non-discrimination (Section 9), explicitly stating that no one may be discriminated against on the grounds of, amongst others, their sex, gender or sexual orientation (Section 9(3)). Constitutional guarantees also include that everyone has the right to have their dignity respected and protected (Section 10); the right to be free from all forms of violence from public and private sources, the right to agency and bodily autonomy, the right not to be treated in a cruel, inhuman or degrading way (Section 12); and the right to privacy (Section 14). Moreover,

the Constitution provides for everyone the right to have access to healthcare (Section 27), access to adequate housing (Section 26), and access to justice (Section 34). According to the Constitution, the state is legally obligated to respect, promote and fulfil these rights (Section 7).[4] Numerous laws have been enacted to give effect to these constitutional provisions, most notably the Promotion of Equality and Prohibition of Unfair Discrimination Act (known as the Equality Act) (No 4 of 2000), National Health Act (No 61 of 2003), and several pieces of legislation addressing sexual and gender-based violence (e.g., Sexual Offences Act, No 13 of 2011; Domestic Violence Act, No 14 of 2021).

In addition to promoting equality and preventing unfair discrimination, the Equality Act also explicitly prohibits harassment of individuals and groups of individuals based on sex, gender and sexual orientation, (Section 11), as well as hate speech (Section 10). The Prevention and Combatting of Hate Crimes and Hate Speech Act (No 16 of 2023), further recognises the notion of hate crimes and hate speech on the grounds of, for example, race, gender identity and sexual orientation, by imposing harsher sentences relating to hate crimes.

Notwithstanding these legal protections, trans and gender diverse persons and other members of the broader LGBTIAQ+ communities continue to experience social exclusion, marginalisation, discrimination, violence and other rights abuses in all aspects of their lives. Barriers to equitable access to services persist for trans and gender diverse persons, particularly when compounded with sex work, homelessness, drug use and/or HIV status.[5] Moreover, reports demonstrate multiple and intersecting barriers that are directly linked to gender identity, expression and sexual orientation when accessing health and other essential services.[6, 7]

Similarly, although South Africa affords the right to legal gender recognition, access to gender marker amendments remains severely limited for the majority of transgender persons. Although the Alteration of Sex Description and Sex Status Act 49 of 2003 (known as Act 49) affords transgender persons to legally amend their gender markers in their official documents, Section 2(1) of the Act specifies that this is dependent on applicants being in a position to access and prove that they have undergone medical and/or surgical gender affirming care.[8] For many, gender affirming medical and/or surgical care remains largely unavailable or inaccessible for a variety of reasons. These include long waiting lists for gender affirming surgeries in public health facilities, costs associated with accessing gender affirming care, and centralised provision of hormonal care in larger metro areas. These onerous legal requirements deter persons, particularly poor working class, peri-urban or rural transgender persons, from accessing this right.[9] The 2019 Botshelo Ba Trans Study[10] indicated, amongst others, that the overwhelming majority of transgender women participating in the study (94%) had not applied for a change in gender markers, albeit the fact that these services are available in South Africa.[11]

Discriminatory attitudes and practices by Home Affairs officials and employees,[12] as well as inadequate application and interpretation of the Act, present multiple barriers to trans and gender diverse persons seeking access to legal gender recognition.

Recognising the persistence of discriminatory laws and practices, as well as the pervasiveness of social and structural factors that continuously limit peoples' agency to realising rights and accessing services, South Africa's human rights-based response recognises that:

> *Specific challenges include inconsistent implementation of protective laws and policies and discriminatory attitudes and practices within law enforcement and healthcare provision, further limiting access to human rights protections.*[13]

Purposed to address persistent human rights and gender-related barriers in relation to human rights and access to HIV, TB and STI services for trans and gender diverse persons, the National Strategic Plan on HIV, TB and STIs, 2023-2028 focusses on amending Section 2 of Act 49 and related policies to facilitate just and timely access to legal gender recognition, and subsequent access to gender affirming healthcare and other essential services[14].

1.3.2. Access to Services

Access to health and other essential services is premised on the right to equal treatment and not to be discriminated against on any ground, including on the basis of gender identity, expression and sexual orientation. In the context of healthcare, the National Patients' Rights Charter[15], published by the Department of Health, further illustrates how the right to equality and non-discrimination (and other rights enshrined in the Constitution) are to translate into conditions of healthcare service access. The Charter includes that everyone has the right to be treated with dignity and respect and that no one can be denied the healthcare they need. Moreover, laws and policies regulating access to services are premised on the assurance that a person's personal and service-related information are kept private and confidential.

The reality is that access to inclusive and comprehensive services continues to be largely limited and/or denied to trans and gender diverse persons and other members of the broader LGBTIAQ+ communities. For many, accessing health and other essential services is accompanied by experiences of humiliation, abuse, as well as multiple and intersecting forms of stigma, discrimination and violence. This adversely impacts on decisions whether or not, as well as when and where, to access these services. A 2019 study that explored realities of violence, mental health and access to healthcare related to sexual orientation and gender identity and expression in South Africa revealed, for instance, that members of the broader LGBTIAQ+ communities delayed seeking healthcare or hid their gender identity and/or sexual orientation in order to avoid degrading treatment and other rights violations when accessing services.[16] In the specific context of accessing legal and medical gender affirming care, a recent study confirmed the critical gap between the need for and access to these services for trans and gender diverse persons.[17]

Pervasive stigma, discrimination, harassment, and other rights violations of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities in all aspects of their lives not only limits rights realisation, but also adversely affects access to, and retention in care. Lack of understanding of the realities and needs of trans and gender diverse community members, linked with prejudicial and discriminatory attitudes and beliefs among health and other essential service providers, are often cited as main barriers to service access.[18] In addition, the continuing failure by health and related education systems to comprehensively understand and recognise trans and gender diverse persons and their health needs maintains:

> *...the marginalisation and silencing of voices and representation of TGD people in healthcare, limiting their access and exacerbating poor health outcomes.*[19]

Access to services for trans and gender diverse persons is further impacted by the fact that, in many instances, the identity documents presented do not match the identity of the person. This leads to various risks of rights violations, especially in situations where service providers lack the knowledge and

understanding of the realities, risks and needs of trans and gender diverse persons both within and beyond service provision.

As with previous reports, the 2025 State of Healthcare for Key Populations Report highlighted numerous barriers to, and violations within, healthcare provision across South Africa.[20] Overall, the report reveals the continuous denial of access to services and treatment based on gender identity and expression, sexual orientation, sex work and drug use, despite the constitutional assurance of access to healthcare services without distinction. In 2024, access to services were denied to trans and gender diverse persons (18%), sex workers (18%) and people using drugs (30%).[21] The report further demonstrates that clinics remain to be experienced as hostile environments by trans and gender diverse persons (56%), sex workers (67%), and people using drugs (75%), as compared to 'other' public healthcare users (36%).[22]

The report further revealed that gender affirming hormones are generally unavailable and care provided in healthcare settings are seldom gender affirming. Data indicates that half of the transgender persons participating in the survey (615 individuals, 50%) would have wanted to access hormonal care at the clinic.[23] Yet, gender affirming hormones are currently not available at primary care level. This information further supports the need for decentralisation of gender affirming care and changes in national policy so as to ensure hormonal care access at primary level of healthcare provision.

In addition to discriminatory attitudes, trans and gender diverse persons experience structural and institutional discrimination and violence based on the environment in which services are provided. Premised on binary and heteronormative understanding, places of service provision largely fail to provide gender neutral bathrooms, and electronic filing systems that allocate 'gender' according to a person's sex assigned at birth as encoded in the identity number. These structural and institutional barriers not only exacerbate the risks of abuse and other rights violations when accessing services but also perpetuate that trans and gender diverse persons are referred to by names and pronouns that are not congruent with their gender identity.[24]

Overall, the 2025 State of Healthcare for Key Populations Report not only evidences the abundance of rights violations within public health settings, but also demonstrates the correlation between gender identity and expression, sexual orientation, sex work and drug use on levels of access to, and experiences of, healthcare provision. The report recommends:

> *The National Department of Health has a critical role to play in ensuring that members of key populations receive appropriate, compassionate, and non-judgemental care. That means moving beyond outdated thinking and prioritising services that work — like harm reduction and gender-affirming care. It is time to amend policies and implement existing national guidelines so that public health facilities and community outreach across South Africa can offer services that meet people where they are, not push them away.*[25]

1.3.3. Sexual and Gender-based Violence

The risks of sexual and gender-based violence, including intimate partner violence, are intrinsically linked to sexual orientation, gender identity and expression, as well as sex work, drug use, homelessness and actual or perceived HIV status. At the same time, sexual and gender-based violence based on sexual orientation, gender identity and expression present not only public health concerns, but also major human rights concerns.[26, 27]

There is a general lack of data on the actual incidence and prevalence of sexual and gender-based violence experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities in South Africa. This is despite numerous reports demonstrating high levels of sexual and gender-based violence perpetrated against trans and gender diverse persons and members of the broader LGBTIAQ+ communities in South Africa,[28] and the need to recognise sexual orientation, gender identity and expression as risk factors for sexual and gender-based violence.[29, 30]

In many instances, gender identity and sexual orientation are generally not included in official sexual offences crime statistics released by the South African Police Services (SAPS). At the same time, evidence shows that police officials often refuse to open cases of sexual violence based on sexual orientation and gender identity.

Trans and gender diverse persons who have been sexually violated or raped often do not report such cases to the authorities due to fear of further victimisation and a general lack of trust in the justice system.[31]

1.3.4. Failure to Protect

It is the state's constitutional obligation to respect, protect, promote and fulfil the rights enshrined in Bill of Rights without distinction[32], which includes the State's responsibility to ensure that everyone is equally protected against discrimination, violence and other rights abuses.

Persistent discrimination, coercion, violence and other rights abuses experienced by trans and gender diverse persons in all aspects of their lives clearly demonstrate the State's failure to protect everyone without distinction.

Recurring reports of abuse and rights violations by the police and law enforcement agents, as well as correctional services personnel, are a clear indication of the State's failure to protect.[33, 34] Similarly, evidence underscores the persistence of rights violations within the healthcare sector and other essential services.[35]

Notwithstanding the progress made pertaining to legal recognition and protection of trans and gender diverse persons and members of the broader LGBTIAQ communities, human rights abuses persist relentlessly, as illustrated in reports and narratives of community members' experiences of violence. Although access to justice is provided for in law, in reality access to justice remains limited and/or denied based on gender identity and expression, sexual orientation, as well as for persons selling sex and using drugs. High levels of impunity further foster and perpetuate the prevalence and occurrence of violence and other rights abuses of trans and gender diverse persons.

Consistent with findings of the 2023 and 2024 Human Rights Report, incidences of human rights abuses recorded in 2025 clearly evidence multiple and overlapping violations of fundamental rights and freedoms, as enshrined in the Constitution. Documented cases undoubtedly demonstrate that violations are predominantly based on gender identity and expression, sexual orientation, drug use, sex work, homelessness and/or HIV status. At the same time, documented cases confirm that human rights violations are not a single occurrence and/or event, as one violation often leads to a series of subsequent abuses, due to the high prevalence of stigma and discrimination in all spheres of society and a general lack of access to services and justice.

2 Report Scope, Methodology and Limitations

2.1. Scope and Objective of the Report

The report provides an overview of human rights abuse incidences experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities in seven identified areas in South Africa. Human rights violations have been documented in five provinces (Western Cape, Eastern Cape, KwaZulu Natal, Gauteng and Northern Cape) between the period of January to October 2025.

Overall, the *Human Rights Report* is designed to act as an advocacy tool for GDX and LGBTIAQ+ communities, towards supporting activities advocating for rights protections and service access of trans and gender diverse persons and other members of the LGBTIAQ+ communities. The report provides evidence that can assist in the ongoing engagements with policy makers and implementers in South Africa. The report seeks to ensure that human rights protections embedded in policies and laws are realised for trans and gender diverse persons and the broader LGBTIAQ+ communities.

Albeit the REAct programme expansion and reach into selected areas in four additional provinces, it is beyond the scope of this report to provide a provincial and/or national overview of human rights abuses encountered by trans and gender diverse persons and other members of the LGBTIAQ+ communities. Similarly, it is beyond the scope of this report to capture the full extent and impact of human rights violations experienced by trans and gender diverse persons in the identified areas of each of the five provinces. Instead, this Human Rights Report aims to provide some insight into the nature, prevalence and occurrence of human rights abuse cases documented by Gender Dynamix (Cape Town, Western Cape), Trans Wellness Project (Lutzville, Western Cape), Darling Pride Angels (Darling, Western Cape), S.H.E. (East London, Eastern Cape), Trans Hope (Umlazi, KwaZulu Natal), The Fruit Basket (Johannesburg,

Gauteng) and D'Gayle Diamonds (Kimberley, Northern Cape), between January and October 2025, by implementing the REAct methodology.

2.2. Methodology

The report encompasses the review and analysis of human rights violations reported to GDX and its partners, whilst consulting existing literature relating to human rights challenges experienced by trans and gender diverse persons in South Africa.

From January to October 2025, 458 incidences of human rights abuses were recorded and responded to by trained REACtors from GDX, Darling Pride Angels, Trans Wellness Project, S.H.E., Trans Hope, The Fruit Basket and D'Gayle Diamonds. Details, such as case demographics and information of human rights violations, were collected by means of in-person one-on-one interviews. Following good ethical standards as well as ensuring the confidentiality of community members, the data was uploaded to a secure online platform for storage. Premised on human rights protections embedded in South Africa's constitutional, law and policy framework, incidences of abuse were accordingly categorised as human rights violations.

Information collated was subsequently analysed and synthesised to highlight emerging trends based on the kind of violations, the basis thereof, the perpetrators of these violations, as well as responses and interventions addressing the needs of survivors of human rights violations.

2.3. Limitations

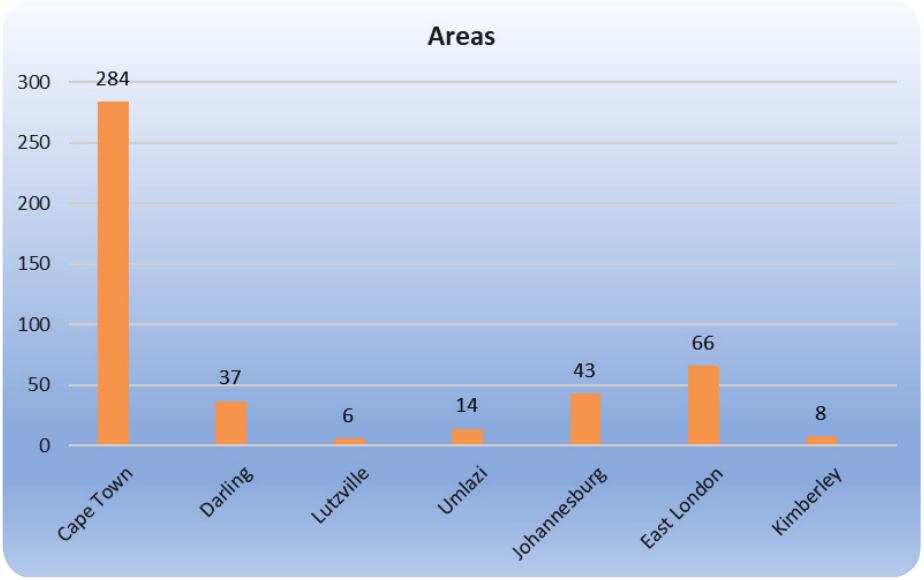
It is vital to note that in most instances, one recorded case involves multiple human rights violations, with multiple perpetrators of human rights abuses experienced by trans and gender diverse persons and other members of the LGBTIAQ+ communities.

Furthermore, resource and capacity constraints impacted on the number of cases that could be documented within the identified areas between January and October 2025.

The 2025 Human Rights Report can therefore only provide a 'glimpse' of human rights violations experienced by trans and gender diverse persons and other members of the LGBTIAQ+ communities.

3 Findings

GDX and partners facilitated the documentation, monitoring and response to 458 incidences of human rights violations through the implementation of REAct. These cases were documented between January and October 2025 in areas of the Western Cape (City of Cape Town, Belville, Delft, Darling, Lutzville), Eastern Cape (East London), KwaZulu Natal (Umlazi), Gauteng (Johannesburg) and Northern Cape (Kimberley).

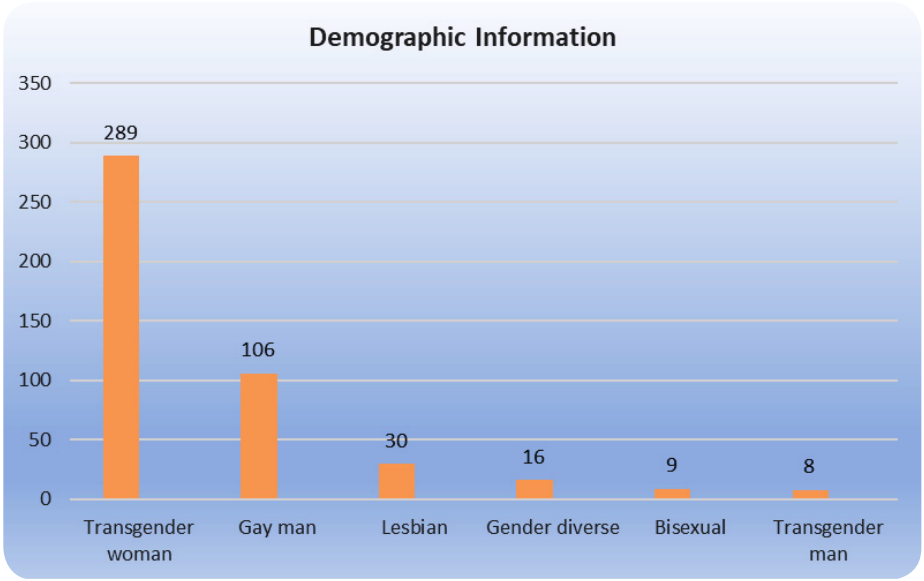


The majority of these human rights violations were experienced by transgender women between the ages of 25 and 45 years old, who are street-based, living with HIV, engage in sex work and/or use drugs.

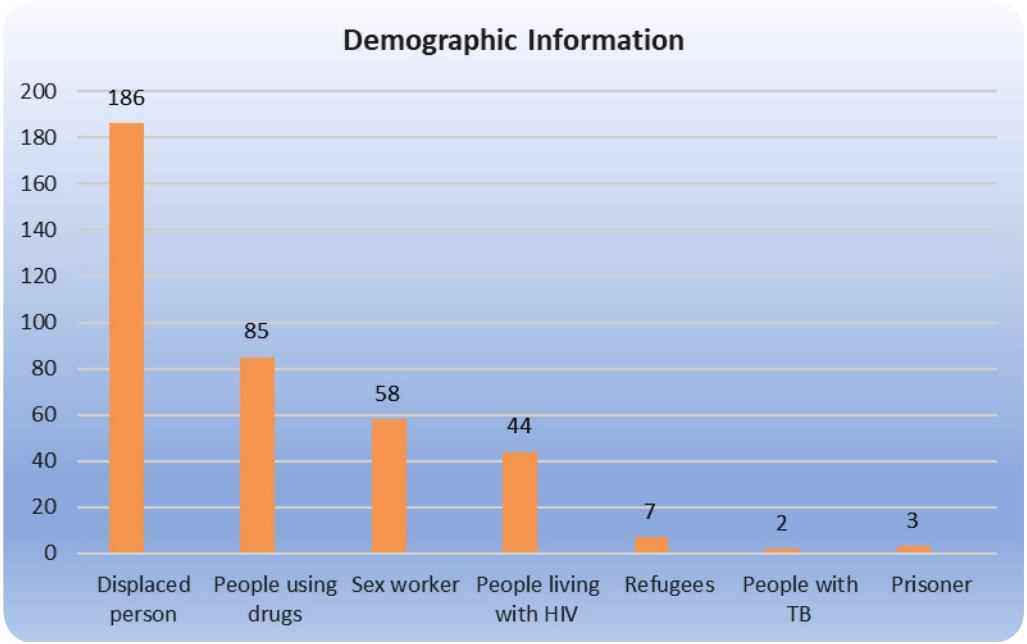
Over and above demographic information, the findings below are presented by emerging themes from the analysis of the recorded human rights violations, indicating the kind of violations experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities. Moreover, the findings describe the perpetrators of these abuses, the redress sought by survivors, as well as redress efforts undertaken by GDX and partners to address the persistent occurrence of rights violations.

3.1. Demographic Information

Incidences of human rights violations documented in 2025 recount experiences of stigma, discrimination, violence and other rights abuses of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities. About two-thirds of cases documented (313 cases, 68%) were reported by trans and gender diverse persons. The graph below provides more information.

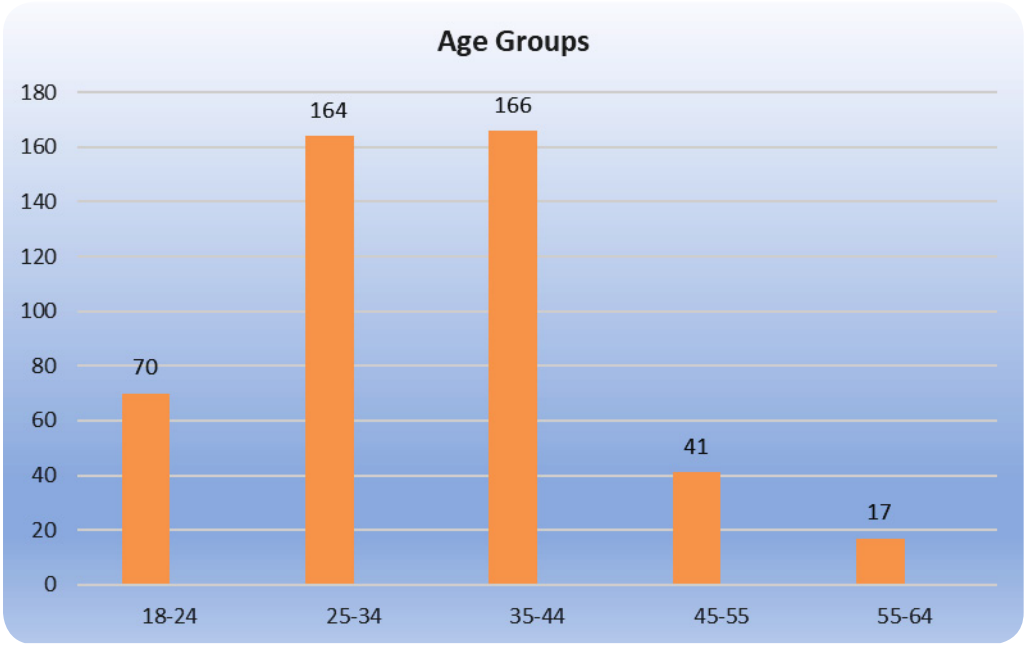


The majority of documented human rights abuse cases were reported by transgender women (289 individuals, 63%). A significant number of transgender women reporting human rights violations further self-identified as members of key and other priority populations (181 individuals, 63%), including street-based (119 individuals), using drugs (64 individuals), engaging in sex work (44 individuals), and living with HIV (26 individuals). In addition, a third of gay men reporting human rights violations (36 individuals, 34%) self-identified as street-based (17 individuals), using drugs (7 individuals), engaging in sex work (6 individuals) and living with HIV (6 individuals). The chart below provides more details.



Nearly three quarters of documented cases between January and October 2025 were reported by individuals between the ages of 25 and 44 years old (330 individuals, 72%), with about one third of cases reporting by individuals between the ages of 25 and 34 years old (164 individuals, 36%), and one third by persons between the ages of 35 and 44 years old (166 individuals, 36%). Of all cases documented in in these age groups, 205 incidences were reported by transgender women between the ages of 25 to 34 years old (90 individuals) and 35 to 44 years old (101 individuals). Only 58 cases (13%) were reported by individuals above 45 years old, and 70 cases (15%) by persons between the ages of 18 to 24 years old.

The marked differences in reporting of cases by age group could be indicative of varying levels of knowledge and understanding of human rights and redress mechanisms for rights abuses between the age groups. At the same time, increased case reporting by persons between the ages of 25 and 44 years old could also be an indicator of heightened risks of violence and other rights abuses for trans and gender diverse persons and other members of the broader LGBTIAQ+ communities in this age group. The chart below provides more details by age.

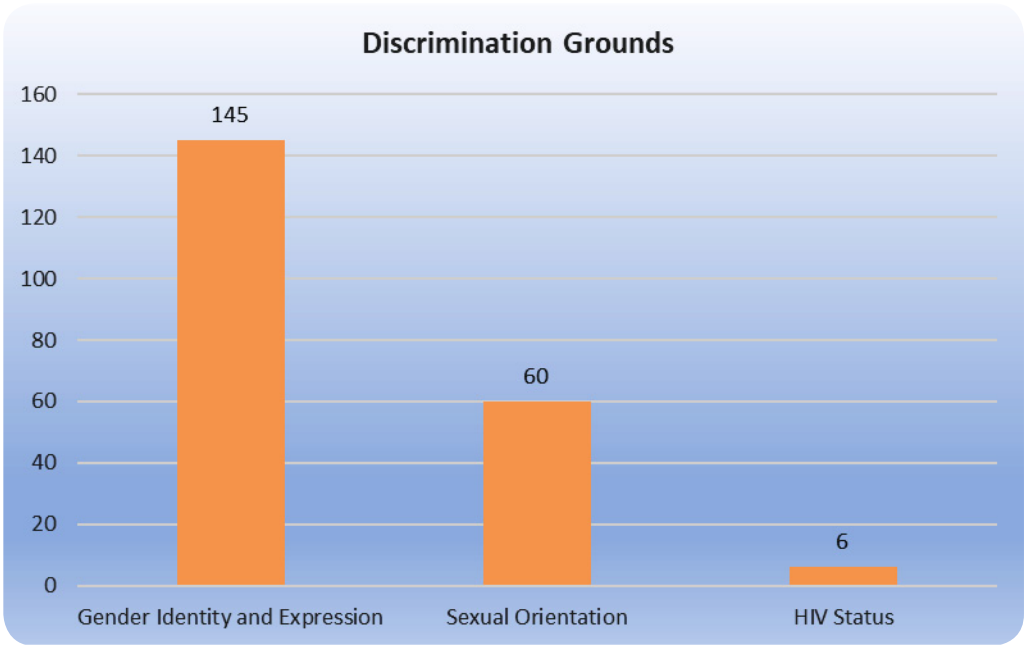


3.2. Type of Human Rights Violations

Equivalent with previous reports of 2023 and 2024, documented cases in 2025 provide clear evidence of multiple and intersecting violations of fundamental rights and freedoms, as embedded in the Constitution. Recorded incidences remain to be primarily associated with a person's gender identity and expression, sexual orientation, homelessness, HIV status and drug use. Furthermore, cases confirm that human rights violations are not a single incident, with one violation frequently leading to a series

of subsequent abuses, due to a general lack of access to services and justice, as well as high levels of stigma and discrimination in all spheres of society. At the same time, trans and gender diverse persons and other members of the LGBTIAQ+ communities experience multiple occurrences of rights violations, due to their context and conditions. Homelessness, for example, often result in recurring experiences of forced removal and destruction of property.

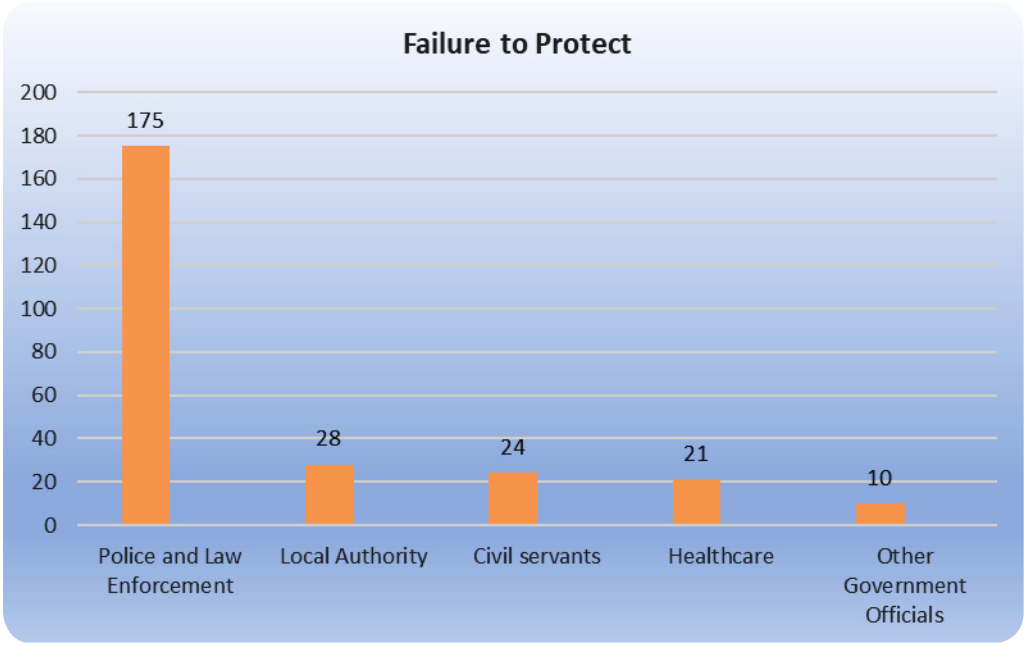
Almost half of all the recorded cases (211 cases, 46%) were explicitly linked to discrimination and other subsequent rights violations based on gender identity and expression (145 cases), sexual orientation (60 cases), and HIV status (6 cases). The majority of these human rights abuses were committed by the State (107 cases, 51%).



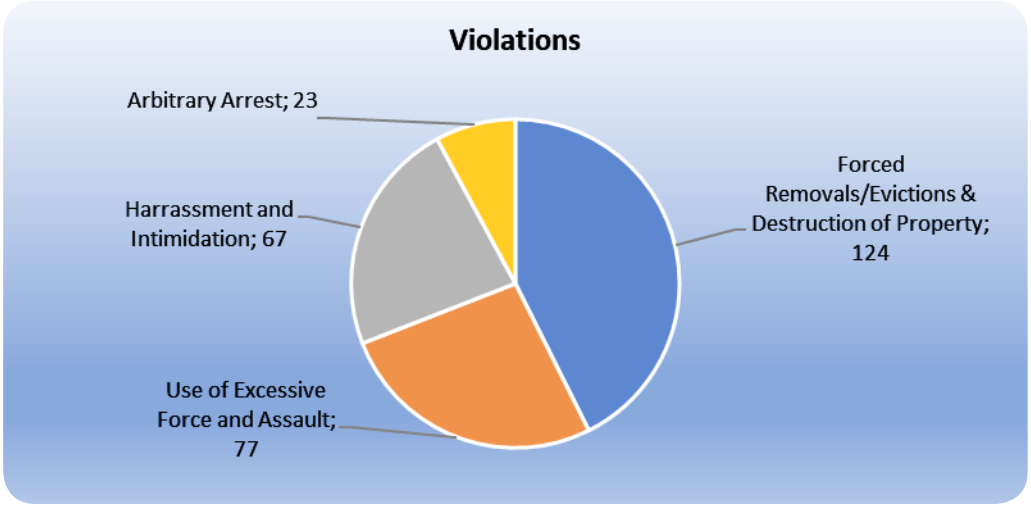
Generally, documented cases of human rights violations between January and October 2025 were associated with the failure to protect; denial of service access; harassment and intimidation; and violence and abuse in both private and public spheres.

3.2.1. Failure to Protect

Data confirms the heightened risks of discrimination, harassment, violence, abuse and other rights violations for trans and gender diverse persons in all spheres of society. The State's failure to respect, protect, promote and fulfil the rights and freedoms of community members, as enshrined in the Constitution, are at the centre of the majority of cases documented. Between January and October 2025, over half of all 458 cases recorded were linked to the State's failure to protect (258 cases, 56%). Of these, more than two-thirds of incidences involved police and law enforcement officials (175 cases, 68%). Furthermore, 21 cases indicated healthcare providers and 24 civil servants, including shelter personnel, as failing to respect and protect human rights. The chart below provides more details.



The 175 recorded cases detailing police and law enforcement officials' failure to protect and respect human rights of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities included occurrences of forced removals/evictions and destruction of property (124 incidences), use of excessive force and assault (77 incidences), harassment and intimidation (67 incidences), and arbitrary arrest (23 incidences).



Like findings revealed in previous Human Rights Reports of 2023 and 2024, forced removals/evictions and destruction of property, as well as harassment and intimidation, and use of excessive force continue to be common experiences of particularly street-based trans and gender diverse persons in Cape Town areas (i.e., City of Cape Town, Belville, Delft).

City police came to me and took all my stuff; they threw my bags on the truck and made me run after my stuff as I was screaming form my documents and medication that was in my bags. When they threw it off the truck it fell into the river, everything was damaged. [June 2025]

We were evicted from where we live in Cape Town. The law enforcement broke down all of our structures and took all of our belongings and our personal stuff like our ID's, meds etc. [September 2025]

I am a 60-year-old transgender woman that is on the streets of Cape Town. Law enforcement said that I must go and that I am a man, I must break down my structure and go. I told the one office that I am on the streets for a very long time, I am out of the public eyes, I don't do any harm to people. He then grabbed me by my neck and smacked me in my face. He then pushed me until I fell down and took out a stick an beat me. [October 2025]

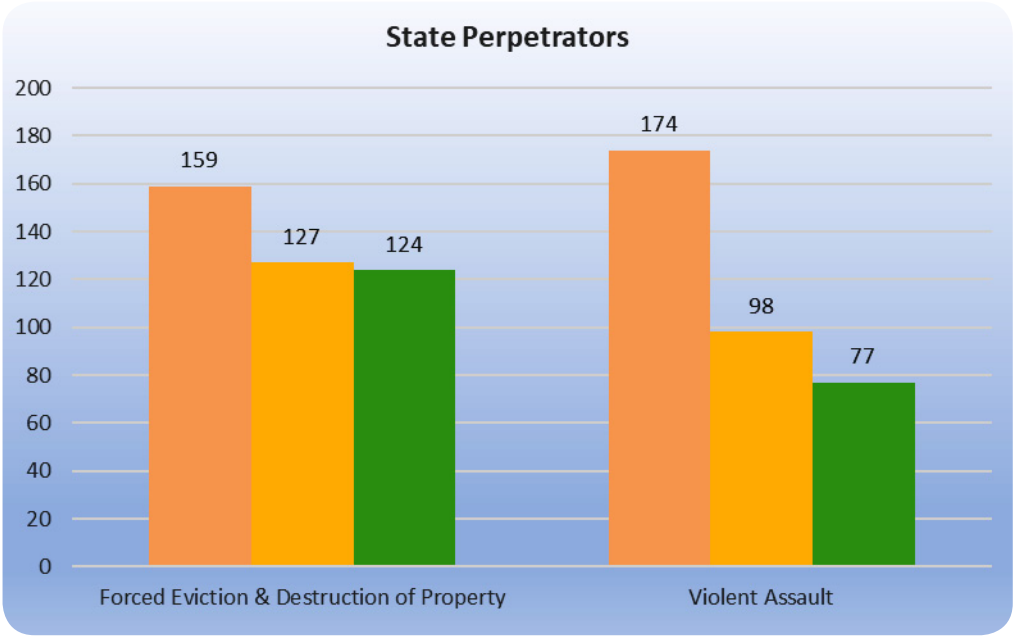
Forced removals and destruction of property are further linked to excessive use of force by police and law enforcement officials, as well as public humiliation. In most cases, gender identity and expression, homelessness, sex work and assumed drug use are at the core of these incidences.

> *I was asleep on the sidewalk and police officials came up to me and started spraying me with pepper spray. Then they took my walking stick and started to hit me all over my head with it. I was laying with my boyfriend's bag in my hand, and they thought that I stole the bag from someone. I explained to them that the bag is my boyfriend's bag, they started to laugh at me and my boyfriend arrived they forced us to pull down our pants and to show our private parts.* [February 2025]
>
> *I live on the coastline of Cape Town on the beach front and law enforcement officials come every morning to us to search for drugs, beat us and then arrest us for no reason. I was last week in prison for one day without stating for what I've been arrested for.* [September 2025]
>
> *Law enforcement officers evicted us from where we live. They took my documents with my ARV medication. They said to me that I don't need the medication and the one officer said that the reason for why I am sick is because I act like a woman, but I am still a man. They took my clothes and blankets.* [October 2025]
>
> *Last week, law enforcement took my medication when they searched through my house. I then went back to the clinic to get my new prescription. This week they evicted us and took again my medication. I have to go back to the clinic again to go fetch new medication for me. I ask them not to take my medication, yet they do it over and over again.* [October 2025]

The violence and abuse perpetrated by police and law enforcement officials, including forced removals and the destruction and confiscation of property, that is highlighted in the recorded cases, clearly demonstrates not only the heightened risks of rights violations experienced by trans and gender diverse persons, but also the intrinsic links between gender identity, expression, sexual orientation and gross human rights violations.

Of all documented cases between January and October 2025, nearly three-quarter (333 cases, 73%) were associated with acts of forced evictions and destruction of property (159 incidences, 35%) and acts of violent assault (174 incidences, 38%). More than two-thirds of these incidences (225 incidences, 68%) were committed by representative of the State, the vast majority of whom were police and law

enforcement officials (201, incidences, 89%). Confirming data trends from previous years, human rights violations experienced can be directly linked to the State's failure to protect, promote and respect without distinction the rights of everyone.



The data clearly evidences that a significant number of rights violations experienced and reported by trans and agender diverse persons and other members of the LGBTIAQ+ communities are committed by representatives of the State, with police and law enforcement officials as the most common perpetrator of these acts.

3.2.2. Denial of Access to Services

Access to health and other essential services (e.g., social, police, legal, home affairs) is commonly associated with stigma, humiliation, abuse and other rights violations, for members of the LGBTIAQ+ communities, regardless of protective law provisions and awareness raising and sensitisation efforts. Fundamentally grounded in discriminatory, transphobic and homophobic attitudes and practices within

and beyond service provision, the risks of violations are further compounded for trans and gender diverse persons, as service access requires identification documents and in most cases a person's gender identity is not accurately reflected in the identity document used to access services.

I came back home for a party when I found that my place was broken into. I then went to the police station to open a case when the officer told me to my face that they don't take cases from moffies and men that act like females, I need to go and sort it out myself. [January 2025]

I went to the hospital to collect my medication, the Pharmacist then told me that this will be the very last time that he would help me, a moffie. I told him that I'm not a moffie I'm a gay man. I then reported the matter, and the manger told me to my face that I'm lying, and I want to cause trouble with his staff. [January 2025]

I was denied access to medical help by a nurse at Johannesburg Hospital after I had gone to treat a minor hand injury. I trusted the nurse with my identity, after that the nurse used the situation against me, I was not helped, instead discriminated and subjected to religious preaching by the nurse. [August 2025]

As a transgender man I faced bullying, misgendering, and intrusive questioning by nurses at X Clinic. I visited the clinic for PrEP services, and I informed the nurses that I'm a transgender man. Instead of respect and professionalism, the nurses asked invasive questions about my gender identity, misgendered me, and failed to respect my identity. I felt unsafe and uncomfortable, leading me to abandon the clinic. [August 2025]

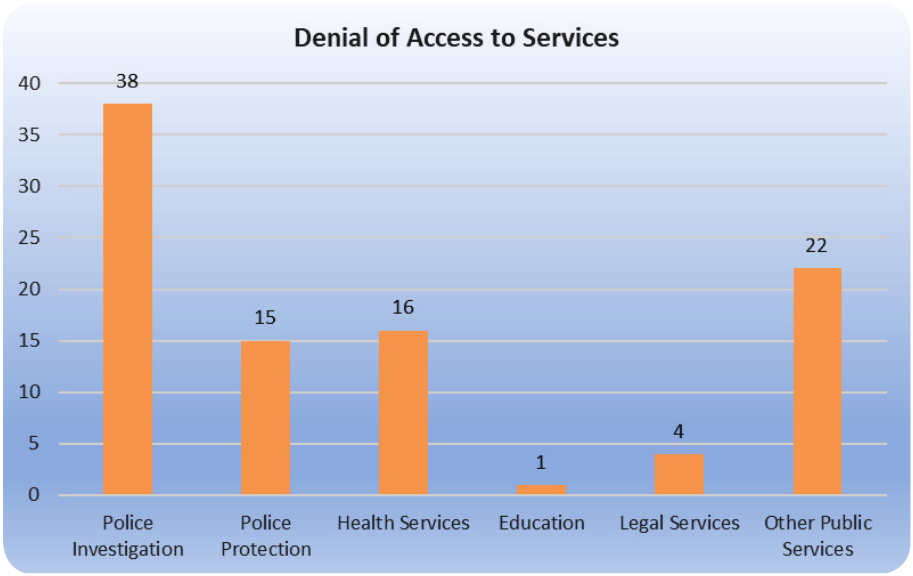
I went to the Department of Home Affairs to change my gender marker and wanting more information on the process. I was rudely told by a home affairs official that that is not something they care about or do and that they will not take time to further engage "these types" of applications. I was told to go to another home affairs office, which is further than the one I came to. [September 2025]

I was at the police station to have my ID certified. When I got to the police officer, he took my ID and laughed, asking why I would change myself to be someone else. The police officer showed my ID to the rest of the police officers in the office. The all laughed at me. Saying I am the joke. I must go home, wash the make-up from my face and come back as the person on the ID to have it certified. I wanted to speak to the station commander he also just laughed and did not discipline the officers. I left with my ID uncertified and too afraid to go back to the station. [October 2025]

A fifth of all cases recorded between January and October 2025 (96 incidences, 21%) were directly linked to limited and/or denied access of services for trans and gender diverse persons and other members of the broader LGBTIAQ+ communities. The majority of these incidences were associated with denied and/or limited access to police services (53 incidences, 55%) and health services (16 incidences, 17%). In addition, in 22 incidences (23%) trans and gender diverse community members were denied and/or experienced inhumane treatment while accessing other public services, half of which were related to safe space/shelter access (11 incidences).

Compared to the 2024 Human Rights Report data, it is important to note that documented cases in 2025 show an overall decrease in human rights violations associated with denied and/or limited access to services (from a total of 25% in 2024 to 21% in 2025). Albeit the significant decrease in cases relating to health services (9%) and police services (5%), there also has been a significant increase in cases involving 'other public services' from 5% in 2024 to 23%, most notably with the denial of access to shelter and safe spaces (11 incidences, 11%).

The decrease in incidences of service access denial could be as much indicative of enhanced levels of sensitisation and awareness amongst service providers, as of enhanced levels of disengagement with service providers, due to past experiences of rights abuses whilst accessing services. At the same time, it is essential to take note that in 2025 services for trans and gender diverse persons, especially in the context of health, were largely unavailable due to the Trump administrations executive orders resulting in funding cuts and subsequent closure of health services and facilities.



Shelters, by their very design, should provide refuge and a safe space without stigma, discrimination, marginalisation, violence and other rights abuses. Yet, these 'safe spaces' are often experienced as spaces of further violence and victimisation based on gender identity, expression and sexual orientation.

> *I am at a 'pride shelter' and the shelter management didn't want me to use the female showers as they said that I was "acting like someone that is nonbinary". I said for a pride shelter what is going on, they then said that I must move out, I left and I am now at X safe space, sitting with the same problem.* [September 2025]
>
> *Shelter manager is transphobic. Both my partner and I and are living in the shelter. We are constantly targeted by the manager. He makes a lot of comments about us dating, saying that I am still a man, because of what my ID says. He refuses to use my preferred name. My partner asked me to marry him in the shelter, and as soon as the manager found out he gave us notices of termination because we are dating. I don't understand, straight couples are accommodated in the shelter.* [September 2025]
>
> *I am in X safe space and the staff at the shelter discriminate against the queer community living in the shelter. As a transgender woman, I have to beg for toiletries and one officer said that I can't have it because I "am a man and they just giving it to the real women".* [October 2025]
>
> *I am currently staying in a shelter. After enjoying watching a soccer match on tv and cheering for the team I was supporting, the security at the shelter grabbed my arm and told me soccer is "a man's game" and I should rather focus on netball. I said okay. The security guard got offended with me just saying okay. He then smacked me 3 times in the face and told me I am lucky, if it was outside of the shelter he would have finished (killed) me. The matter was reported to the building manager, and nothing happened to the security guard. This tells me that the shelter managers are not taking into account the safety of vulnerable homeless groups.* [October 2025]

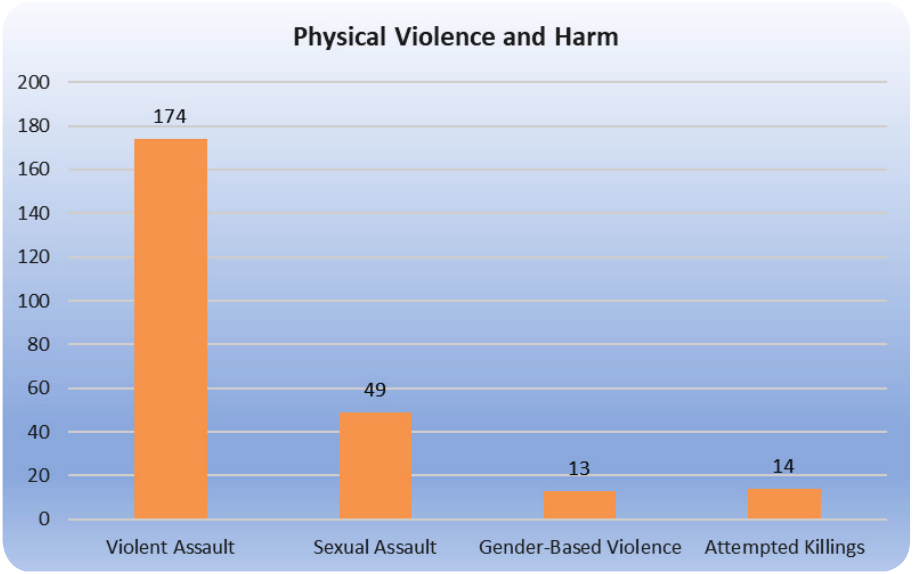
3.2.3. Abuse and Violence

Further supporting previous findings, 2025 data confirms that violence and abuse by public and private sources alike are a recurring experience for trans and gender diverse persons and the broader LGBTIAQ+

community. Incidences of assault, including sexual assault and rape are often not reported to the police, due to fear of further victimisation.

> *I was raped by my partner and two of his friends. They came back from a party, and he then wanted to have sex. I said no and he then went into the kitchen and came back with a pole and beat me over the head and then started to rape me with his friend. I went to the police to report the matter, and they told me that they can't not open a case for me because I don't know what happened and that I made it all up.* [January 2025]
>
> *I was in my bed sleeping when a guy broke into my house and raped me. I knew who it was and asked him to leave and that I will not report him and he left. I got dressed and went to the police station. The officers on duty did not want to help as this is a "sensitive matter". I had to wait for 5 hours for the officer to arrive who dealt with sensitive cases. I was asked to type up my own statement and then asked to wait again. I waited for 8 hours feeling and smelling dirty just for the police to tell me that there are no rape kits in town and told me to wait for 4 more hours. I left the police station feeling ashamed for wanting to report the case and making myself vulnerable before them.* [June 2025]

More than half of human rights abuses documented between January and October 2025 were associated with acts of physical violence and harm (250 incidences, 56%). The majority of these cases were linked to violent assault (174 incidences, 70%). In addition, a quarter of recorded incidences indicated sexual violence, rape, gender-based violence and intimate partner violence (62 incidences, 25%). The chart below provides more details.

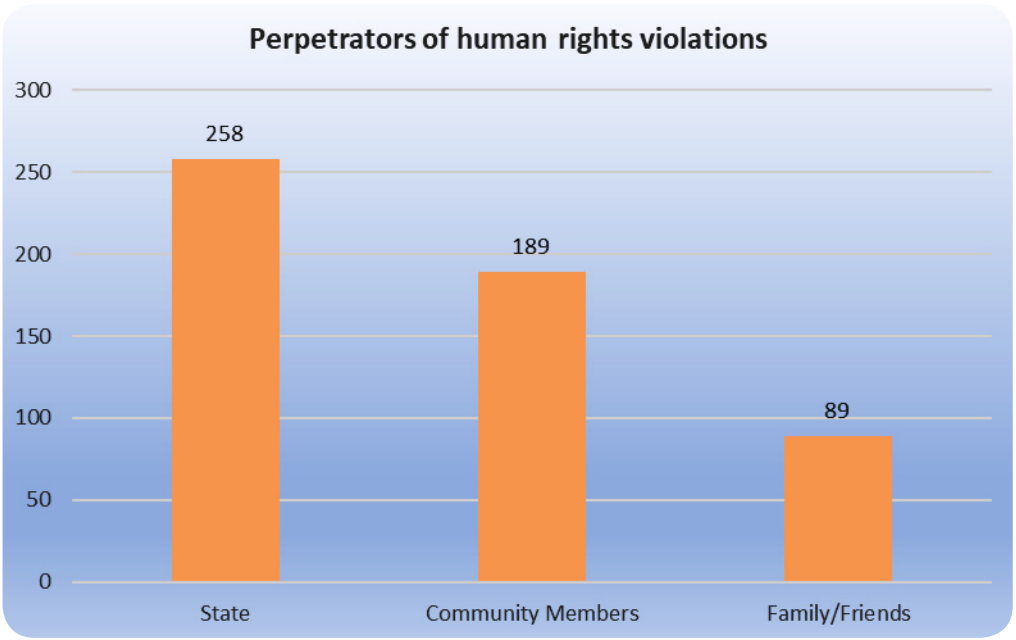


The 2025 data show an overall increase of 6% in violations linked to committing acts of physical violence and harm, compared to findings presented in the 2024 Human Rights Report. While this increase could reflect rising levels of violence and impunity for acts of violence at a societal level, the data could also be indicative of rising numbers of street-based trans and gender diverse persons and other members of the broader LGBTIAQ+ communities with exacerbated risks of violence and abuse.

3.3. Perpetrators of Human Rights Violations

Trans and gender diverse persons and other members of the broader LGBTIAQ+ communities experience exacerbated risks of human rights violations in all aspects of their lives. Community members encounter rights abuses in public and private spheres committed by state and non-state actors alike. Perpetrators of rights violations recorded between January and October 2025 equally ranged from state actors (e.g., police, health, social, legal) to non-state actors (e.g., community members, family and friends). Similar to previous Human Rights Report findings, 2025 data evidence that incidences of human rights violations commonly involve more than one perpetrator, especially in situations where individuals seek redress and justice. As a result, multiple perpetrators from both public and private sphere are implicated in recorded human rights abuse incidences.

Supporting 2024 human rights abuse data trends, the majority of human rights abuse incidences recorded in 2025 were linked to violations perpetrated by the State (258 incidences, 56%). Moreover, more than two-thirds of violations were committed by 'community members', inclusive of neighbours, church members and community members at large (189 incidences, 41%), and almost a fifth of cases involved 'family/friends', including current and past intimate partners (89 incidences, 19%). The chart below provides more details.

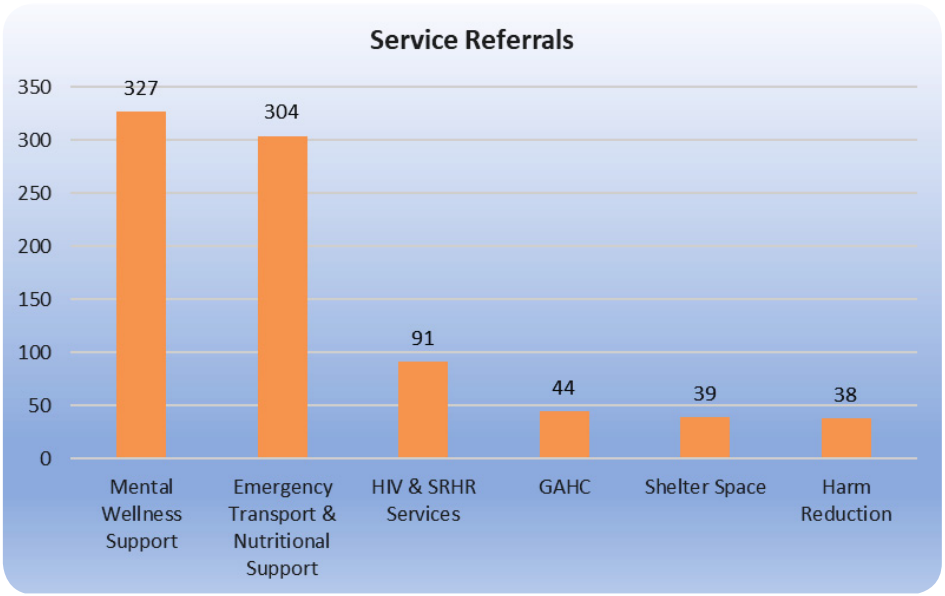


The 2025 data clearly indicate the persistent heightened risks of rights violation from both public and private sources as experienced by trans and gender diverse persons and other members of the broader LGBTIAQ+ communities, despite rights protections based on sexual orientation and gender identity embedded in constitutional guarantees and legal and policy frameworks.

3.4. Redress and Access to Services

Balancing the need to document human rights abuses with the needs of survivors of violence and other rights violations remains fundamental towards ensuring evidence generation for advocacy purposes encompasses ensuring service access for the individuals concerned. To safeguard this balance, the REAct programme focusses proportionately on human rights abuse documentation and responses. Premised on the understanding that service and support needs are determined by survivors of rights violations, service and support referrals vary from case to case. During January to October 2025, community members were assisted with access to a wide range of services and redress mechanisms, including access to mental wellness support; HIV, sexual and reproductive health and gender affirming healthcare services; as well as emergency transport and nutritional support.

Overall, in nearly three-quarters of recorded incidences, survivors of violence and abuse were assisted with psycho-social support referrals (327 referrals, 71%), including referrals to HIV support services (65 referrals) and post-violence support services (33 referrals). In addition, survivors were further referred to gender affirming healthcare services (44 referrals), and shelter spaces (39 referrals). Moreover, more than half of violence survivors (304 persons, 63%) were supported with emergency transport (207 incidences), as well as nutritional support (97 incidences). The chart below provides more details about additional service access referrals.



A core element of GDX's REAct programme remains that of facilitating access to services for survivors of violence and abuse. Premised on the approach that survivors' needs determine the service access required, referral requirements and support provided through the programme will differ from year to year. However, despite the annual variances in the scope of service access referrals, referrals facilitated correspond to the demographic profile of persons who experienced human rights violations between January and October 2025.

3.5. Advocacy Interventions

Premised on the notion of evidence-based advocacy, GDX and partners implemented various interventions advocating for human rights protections and access to services free from stigma, discrimination and other rights abuses, based on the evidence of human rights violations collated in the 2025 Human Rights Report.

Informed by, and based on case details, GDX and partners engaged in a vast array of advocacy activities ranging from awareness raising and sensitisation efforts with service providers and at community level; supporting survivors with case specific and individualised legal support; and facilitating access to psychosocial support services and to further access to gender affirming healthcare and legal gender recognition services. Moreover, Human Rights Report data is commonly utilised to support policy and law reform efforts, and engagements with human rights monitoring mechanisms to further substantiate the need for system level change processes.

4 Advocacy Priorities and Recommendations

Premised on the review and analysis of 458 documented incidences of human rights violations between January and October 2025 in various areas of the Western Cape, Eastern Cape, KwaZulu Natal, Gauteng and Northern Cape, the following recommendations and advocacy actions emerged. The recommendations focus on both the prevention of, and the response to, human rights violations based on gender identity and expression, sexual orientation, sex work, drug use, homelessness and HIV status. Recognising that emerging human rights abuse trends recorded in 2025 further support the findings of previous Human Rights Reports, the following recommendations are consolidated.

- Recognising the scope and impact of human rights violations of LGBTIAQ+ community members on rights realisation and service access, it is essential to address gender-based stigma, discrimination, violence and abuse in all spheres of society.

- There is a need for intensified gender sensitisation training in all spheres of service provision, including healthcare, social, legal, police and correctional services, education, as well as law enforcement.

- Taking cognisance of bullying, harassment and intimidation, based on gender identity and expression and sexual orientation, in public and private spaces, it is crucial to implement awareness raising and sensitisation interventions on multiple levels.

- Recognising that the recorded cases demonstrate that human rights violations are predominantly committed by representatives of the state, it is pivotal to address impunity as a matter of urgency and hold duty bearers at all levels of government to account for failure to protect and respect fundamental rights and freedoms of trans and gender diverse persons and members of the broader LGBTIAQ+ communities.

- Notwithstanding human rights protections embedded in laws and policies, it is of utmost importance to ensure that all people, irrespective of their gender identity and expression and sexual orientation, are equally positioned to claim agency, realise rights and access services free of stigma, discrimination, violence and abuse.

- There is a continuous need to strengthen the legal and policy framework to enhance human rights protections for trans and gender diverse persons and other members of the broader LGBTIAQ+ communities, including through the decriminalisation of sex work, the decriminalisation of drug use and drug possession for personal use.

- Recognising the unabated occurrence and prevalence of human rights abuses of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities, it is pivotal to further enhance legal literacy levels and increase the visibility and voice of trans and gender diverse persons within service provision as well as at a community level.

- Ongoing documentation and monitoring of human rights violations of trans and gender diverse persons and other members of the broader LGBTIAQ+ communities is crucial towards strengthening evidence-based advocacy agendas.

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