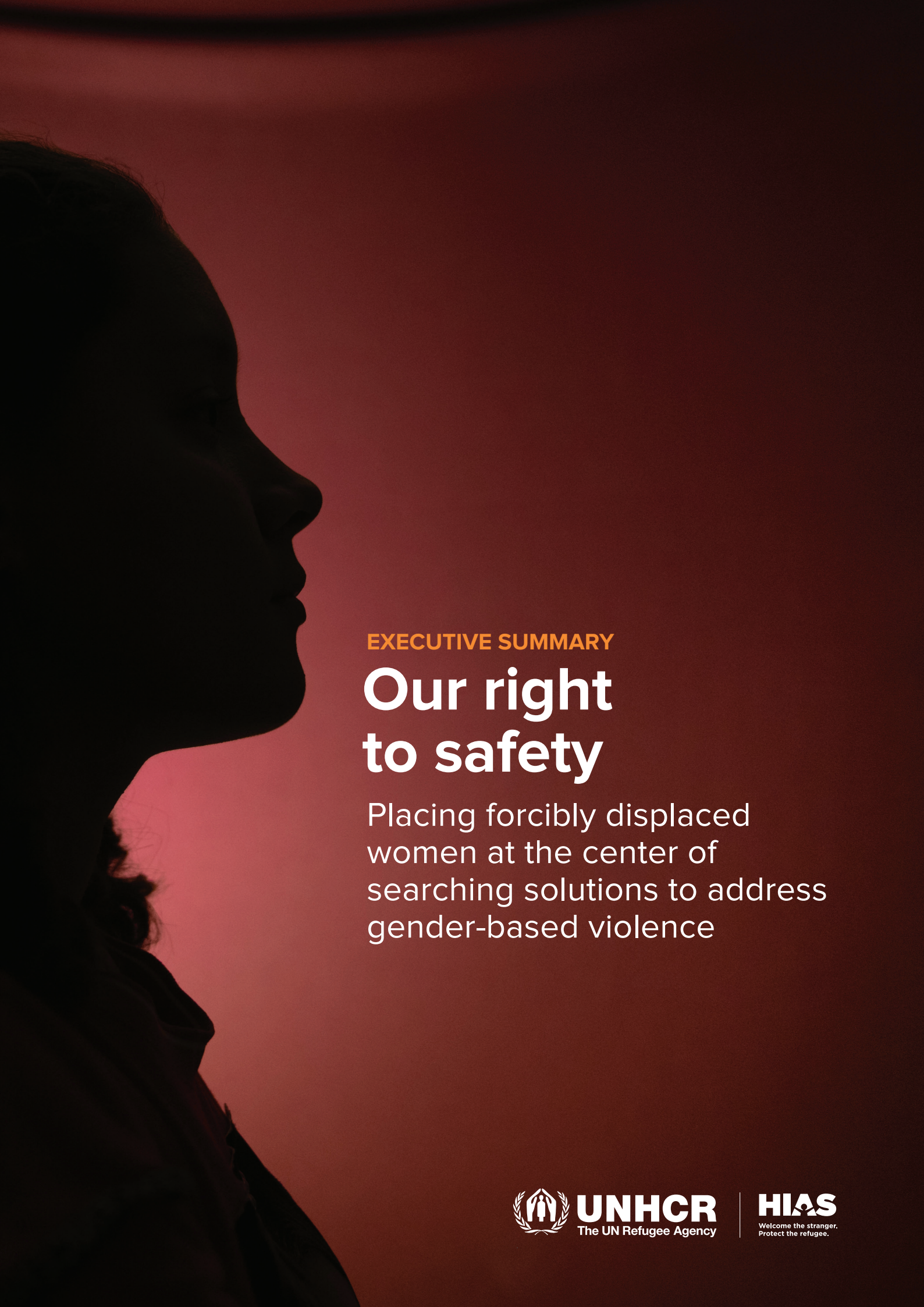


EXECUTIVE SUMMARY

Our right to safety

Placing forcibly displaced women at the center of searching solutions to address gender-based violence

UNHCR
The UN Refugee Agency

HIAS
Welcome the stranger.
Protect the refugee.

Introduction

Gender-based violence is a serious violation of human rights and a major public health problem. Gender-based violence (GBV) refers to any threat or action that is perpetrated against a person's will, is based on socially ascribed differences between males and females and causes harm; it also describes the violence perpetrated against women, girls, men and boys with diverse sexual orientations and gender identities, as well as non-binary individuals because it is driven by a desire to punish those seen as defying gender norms. It is based on gender discrimination and unequal power relationships between men and women.[1]

GBV takes various forms, including physical, sexual, psychological and socio-economic violence, forced marriage, denial of resources, opportunities or services, incidents in digital environments, female genital mutilation and trafficking in persons for the purpose of sexual exploitation, including sexual slavery, domestic servitude and servile forms of marriage. These acts can occur in public or in private.[2]

GBV is under-reported, but it is known to happen in all contexts, remaining a serious problem around the world, including Latin America. In contexts of humanitarian crises and forced displacement, the risk of suffering gender-based violence rises significantly, and disproportionately affects women and girls.

A refugee is someone who has been forced to flee from their country of origin or habitual residence due to persecution, threat to life, liberty or physical integrity or violations of their human rights as a result of armed conflict, serious public disorder or different situations of violence. The region of Latin America and the Caribbean is facing an unprecedented situation of forced displacement, combining mixed movements from different countries, including Venezuela, Honduras, El Salvador, Nicaragua, Haiti and Guatemala. All of these countries are affected by violence, social and economic instability and gender inequality.

According to the UNHCR estimates that by mid 2022, there are 19.9 million forcibly displaced and stateless persons in the region.[3] Of the total number of displaced persons in the Americas, 37% are women, 38% men, 12% girls and 12% boys.[4] Over 6.13 million Venezuelan refugees and migrants have left their country; around 5.08 million of them are in the region. By June 2022, there were 956,000 displaced persons in and from Honduras, El Salvador and Guatemala,[5] including over 636,000 asylum seekers and refugees in other countries.[6] At the same time, 236,000 persons from Nicaragua are in need of international protection.[7]

1 UNHCR, *UNHCR Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence*, 2020, p. 5.
2 UNHCR, *UNHCR Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence*, 2020, p. 5.
3 UNHCR. *Mid-year trends 2022*.
4 UNHCR, *Global Trends Forced Displacement in 2020*, 2020b, p. 17.
5 MIRPS, *Annual Report of the Comprehensive Regional Protection and Solutions Framework*, p. 9.
6 MIRPS, *Support Platform for the comprehensive regional protection and solutions framework (MIRPS) to address forced displacement in central America and Mexico*, 2021a, p. 1.
7 UNHCR, *Refugee Data Finder*.

Objective and methodology

The United Nations Office of the High Commissioner for Refugees (UNHCR) and HIAS together drew up this assessment on how gender-based violence (GBV) affects women in situations of forced displacement in seven Latin American countries: Brazil, Colombia, Costa Rica, Ecuador, Mexico, Peru and Venezuela. The general objective is to understand the protection risks and challenges exposing adult refugee women in all their diversities to GBV in the context of forced displacement and after they reach their destination countries. The study also seeks to identify best practices to prevent and mitigate the risks and respond to gender-based violence, and recommend actions to support the interventions addressing the problem. Acknowledging the disproportionate risks faced by women, this assessment focuses on the situation of cisgender women and women with diverse sexual orientations, gender identities, gender expressions and sexual characteristics in situations of forced displacement. Participating women had different characteristics, nationalities and ethnicities. The assessment did not consider the situation of girls and female adolescents, as a similar study was being carried out with these age groups.

The methodology used included a mixed approach combining both quantitative and qualitative data collection techniques, including a desk review and data-collection in the field. In total, in the seven countries participating in the assessment 1,008 surveys were conducted with women in situations of forced displacement, 46 focus groups with refugee women, 6 focus groups with male refugees, 24 in-depth interviews with female refugee GBV survivors and 126 key informant interviews with stakeholders involved in response to and prevention of GBV. Through these various instruments 1,522 people were consulted, mainly forcibly displaced women. This is a non-representative study; however, it provides findings of interest for various stakeholders.

Profile of women participants

Of the total number of women surveyed, 62% were refugee and migrant women from Venezuela, 12% from Honduras, 10% from Nicaragua, 9% from Colombia, 2% from El Salvador, 2% from Haiti, 2% from Guatemala and 1% from other countries. Most of the women surveyed were women of working age, 55% between 30 and 59 years old, 42% between 18 and 29, and 2% elderly women. Of the total number of women participating in the surveys, approximately 6% had diverse sexual orientations or gender identities. Similarly, 17% self-identified as afrodescendants and 3% as indigenous. 3% of the participants reported to have a disability and 16% a chronic medical condition. 6% of the women were pregnant at the time of the survey.

In terms of education level, most had completed high school/secondary (44%) or basic/primary (28%) schooling. One out of every four women had arrived in the host country between one and three years earlier, and one out of five a shorter time, between two and six months. Of the participants, 61% had documentation proving their regular status in the country. Almost 30% were female heads of household, i.e. they were alone with dependent children aged under 18. **Out of every two women surveyed one did not work outside of their home, and of those who worked, 92% worked informally** with variable earnings, leading to an alarming level of unemployment.

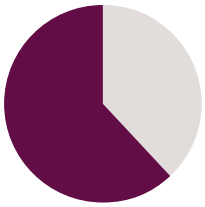
Main findings of the assessment

The findings of the assessment confirm that GBV is a risk and a problem that is causing harm through the forced displacement or human mobility dynamics in the countries of origin, transit and destination. The region of Latin American continues to show significant gender inequalities, leading to risks in various private and public contexts: domestic, community, workplace and institutional. The assessment demonstrates how on many occasions GBV is not identified as a priority problem by refugee women, given the endless needs they are facing (starting with the urgency to cover their basic needs).

In their **countries of origin,** women forced to flee experience high levels of violence, a weak response from the security and justice institutions, limited employment opportunities and difficulty in accessing services; this is the situation of Honduras, El Salvador and Guatemala.[8] Moreover, physical, sexual and psychological abuse by their partners, relatives and criminal groups may add to the situation of insecurity they face or even be the main reason forcing them to flee.

In situations of human mobility and forced displacement, women are forced to flee from their countries to escape from hunger, poverty and above all violence, in order to save their lives and the lives of their children. As a result, they face the breakdown of family relationships and social networks, uprooting from and abandonment of their community, and in some cases separation from their children. The mourning processes caused by the material and emotional losses entailed by human mobility affect mental health, making them more vulnerable during transit and also at the destination. While the primary data from this assessment did not investigate whether GBV may be a reason for fleeing, the literature review and the anecdotes shared by women reflect this problem as one of the reasons refugee women in the region are forced to flee from their countries.

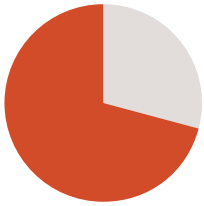
The threat of GBV is also present on the journey in search of safety and protection, i.e. during **transit**. Due to the limited pathways for seeking asylum at official border points, the requirements for formal entry into the different countries of the region, and the closure of borders as a measure to contain the pandemic, women who are forced to flee from their countries must enter through irregular crossing points (known as *trochas*), where there is a limited presence of institutional and humanitarian actors, and criminal groups are often present. This situation puts them at risk of theft, extortion, sexual violence or forced disappearance. Previous studies from other United Nations agencies have identified a lack of appropriate attention at checkpoints in border areas.[9]



62%

of refugee women

surveyed felt unsafe or very unsafe in terms of the possibility of suffering GBV during transit.



Among afrodescendant women the feeling of being unsafe reached

71%

8 OCHA, *Humanitarian Needs Overview El Salvador, Guatemala & Honduras*, 2021, p. 17; UNFPA. *Situation Report. Period: January to June*, 2021.

9 UN Women Ecuador, *Mujeres, violencias y frontera (Women, violence and borders)*, 2018, p. 30 (available in Spanish).

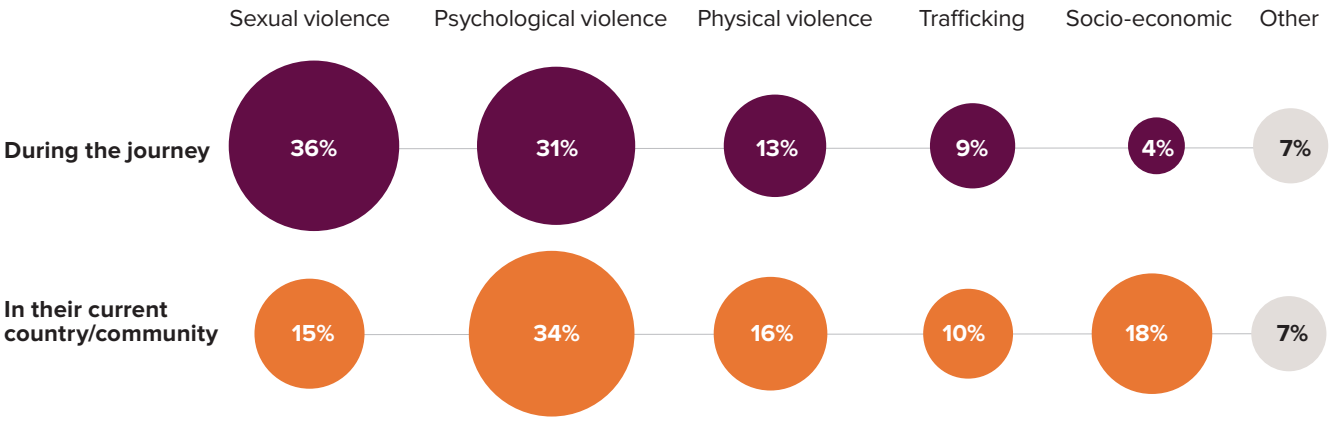
Participants reported that they had little information about their rights and the services available. The limited availability of shelters or safe houses and the lack of protection services in border areas puts them at higher risk of violence by organized crime and drug traffickers, along with trafficking and smuggling networks. When the borders were closed as a containment measure to prevent the spread of COVID-19, there was an increase in the number of crossings through non-official border points and the risks during transit rose subsequently. This means that 42% of women who arrived in their current country of stay in 2016 or earlier felt unsafe or very unsafe when travelling, while the proportion rose to 76% of women who arrived in the second half of 2021.

1 out of 3 women

do not feel safe at the destination

The assessment also identified that the risk of suffering GBV continues in the country of **destination**. Refugee women and other with international protection needs surveyed indicated that the difficulty in meeting their basic needs, unemployment and barriers to accessing rights and services exposes them to situations of violence in public spaces, in the home, in services and in the workplace, where they may be at risk of labour and sexual exploitation. They stated that intrafamily violence can escalate due to factors such as stress and tensions associated with displacement and uprooting, food and financial insecurity, and the restrictions on movement and the economic crisis caused by the COVID-19 pandemic. Among the women surveyed, 34% felt unsafe or very unsafe in terms of the risk of suffering GBV in their current community.

Main types of GBV that refugee women can suffer as perceived by participants

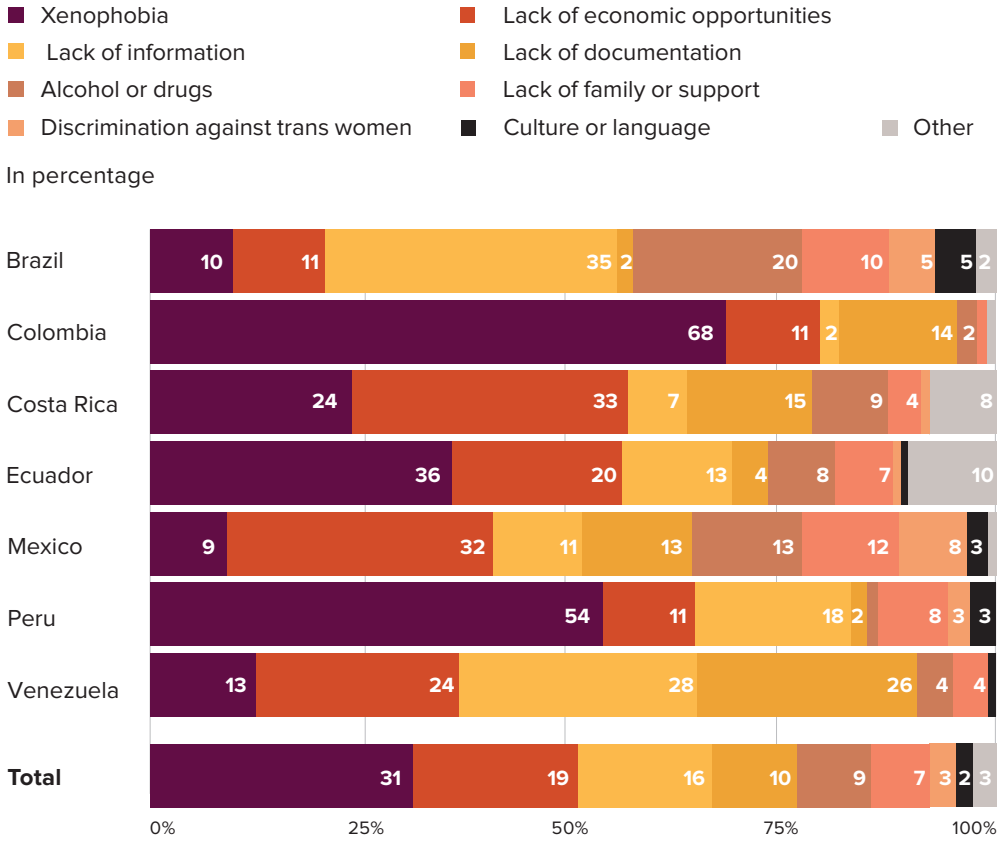


While all women may be at risk of gender-based violence, the experience of forced displacement increases the risks. Generally, refugee women and those in contexts of human mobility do not have support networks, economic resources or knowledge of their rights or the services available. Moreover, they are afraid of being detained or deported, which is one of the factors that stops them from seeking support when they need it.

Forcibly displaced women consider that the main contributing factors exposing them to higher risk of suffering gender-based violence are **xenophobia (31%), lack of economic opportunities (19%) and lack of information about the services available (16%).** Xenophobia is closely connected to the hypersexualization and objectification of their bodies, especially of Venezuelan women, resulting in sexual advances by men on the street, in parks, on transport and in the workplace.

"We are not in our country, so we are discriminated against; it is harder to earn respect because people see us as foreign and all the time act as though we were sex workers or husband-stealers."
WOMEN'S FOCUS GROUP, RORAIMA, BRAZIL

Graph 1: Risk factors



The lack of livelihoods, the vulnerability of forcibly displaced women and the need to obtain resources to meet their basic needs are perceived and used by men as a mechanism to propose the sale or exchange of sex. Various stakeholders consulted also reported that refugee women and those in human mobility are under constant risk of human trafficking for the purpose of sexual or labour exploitation.

"I arrived in Medellín because I had been offered a job. But once I got there it wasn't what I had been told. They wanted me to be a webcam model. I went there with a nanny job offer. I was contacted by my neighbours in Venezuela. I spent four months locked up against my will until I could escape."
WOMEN'S FOCUS GROUP, CALI, COLOMBIA

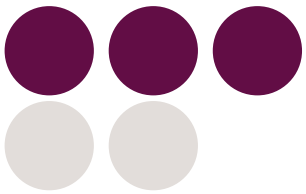
"Men think that all Venezuelan women in the street are sex workers... we know that many women when they first arrive (...) work as prostitutes. (...) some because they wanted to and others because they needed to (...) this labelled all of us..."

WOMEN'S FOCUS GROUP, TULCÁN, ECUADOR

The women surveyed stated that, if suffering GBV or at risk, it would be hard for them to seek help from the institutions, mainly due to the fear of being detained or deported as they did not have regular status in the country of destination, or because they felt they may be discriminated against by public officials (due to variables such as nationality and ethnicity). This perception was heightened in the case of indigenous, transgender and afrodescendant women. It should be noted that close to 40% of the women surveyed had an irregular status, and of those with documentation 10% had an expired permit.

In the context of the COVID-19 pandemic, women in human mobility have been affected differently and disproportionately as they were required to assume most of the workload of unpaid care, such as caring for the sick and children, mainly when the schools were closed.[10] Lockdown measures had a harmful impact on their income and access to goods and basic services, making them more vulnerable and exposing them to negative coping mechanisms, such as the sale or exchange of sex. While there is no specific data on femicides of refugee women in the region, the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) identified that between January and June 2021 there were 49 femicides and nine attempted femicides against Venezuelan refugee and migrant women in different countries, 23% perpetrated by partners or ex-partners.[11]

The risks of eviction and therefore homelessness of refugee women and those in human mobility also rose during the pandemic, mainly due to the loss of employment. Respondents also made reference to situations of sexual harassment and violence by landlords to prevent eviction. Social distancing made women more isolated from their support networks and increased the risk of intimate partner violence, linked to the tensions experienced within the nuclear family due to the consequences of the pandemic itself (loss of livelihoods, sickness or death of relatives and/or acquaintances).



3 out of 5 women

feel that Covid-19 has put refugee women at greater risk of gender-based violence

In the case of my partner I'm not going to do anything, I leave him in peace, why would I report him? For them to take me first? I have no papers, I have nothing here."

IN-DEPTH INTERVIEW, COLOMBIAN WOMAN IN VENEZUELA

10 R4V, *Riesgos de violencia de género para mujeres y niñas refugiadas y migrantes de Venezuela (Risks of gender-based violence for Venezuelan refugee and migrant women and girls). p.1. (available in Spanish)*

11 R4V, *Regional Consultations of Groups suffering Disproportionate Impacts: Needs and Proposals for 2022. Gender-Based Violence.*

The region has a wide regulatory framework on GBV prevention and response which, in general, includes women with international protection needs. However, the assessment identified that there are still challenges to guaranteeing the rights of refugee women, ensuring they are not exposed to a greater risk of GBV and offering an appropriate response to the survivors of GBV. It should be kept in mind that **only half of the participants knew about some of the GBV response services available in their communities.** Key informants interviewed made reference to a limited institutional capacity for helping refugee women at risk of or survivors of GBV, and to the need to improve the technical capacities of service providers (including health care, justice, psychosocial support, safe shelter and livelihoods).

"All countries of Latin America have established roadmaps and laws (...). What I have seen (...) is that the services are not accessible to refugees and migrants. They require documentation they don't have. The national protection system requires a police report for the women to take legal action, and often this is the last thing they want. Sometimes refugee women do not know their rights. Medical and legal advice doesn't mean they will be deported, but they think it does."

KII, UNFPA, REGIONAL

"A person without documentation is going to be very scared of the possibility of being deported or at least getting into trouble, so they hold off on reporting situations of violence and don't contact any institution."

KII, NATIONAL CAMPAIGN FOR FREE ABORTION, COLOMBIA

"High levels of sexual violence are identified. However, Venezuelan women do not report it, and when we ask in the public institutions about GBV incidents, there are very few reports, mainly because there is a general fear among the women that they will suffer discrimination or retaliation due to their legal status."

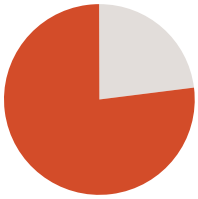
KII, UNHCR, ECUADOR

Refugee women and those in human mobility who are survivors of GBV rarely approach service providers, whether due to lack of trust, fear of being revictimized, fear of retaliation by the perpetrator, or detention or deportation when their status is irregular.

This assessment also identifies **intersectional discrimination** variables that increase the risk of suffering gender-based violence in certain groups of women forced to flee. For example, the perception of insecurity due to GBV during transit is higher for afrodescendant women (71% in comparison with the average of 62%).

1 out of 2 women

surveyed did not know the services available to women at risk or suffering gender-based violence.



77%

among indigenous women were unaware of the services.

Indigenous women made reference to greater challenges in accessing GBV response services, due to the language barrier and discriminatory attitudes on the grounds of their culture. In general, 55% of the participating women stated they did not know the GBV response services available. Among indigenous women, this figure was 77%.

Women with diverse sexual orientations, gender identities, gender expressions and sexual characteristics shared high levels of homophobia, lesbophobia, biphobia and transphobia, placing them at high risk of suffering GBV. The sale or exchange of sex is on many occasions the only strategy for meeting their basic needs, which can also make them the target for other risks, such as trafficking for sexual exploitation.

Participants with disabilities generally stated they were not aware of the existence of GBV response services and faced limitations in accessing such services. They also have very limited opportunities for formal employment, exposing them to greater risk of GBV. Out of all the participants, 65% of women with disabilities were not working outside the home, compared to 53% of women in general.

Women travelling alone with their children face challenges in accessing livelihood opportunities and often find themselves in situations of precariousness and poverty. Female heads of household are more exposed to negative coping mechanisms, as they have to ensure the protection of the children and adolescents under their responsibility, and their dependent family members. 60% of women in this situation did not know the response services available for women at risk or survivors of GBV. For women travelling completely alone, transit has proved to be high risk with 70% feeling unsafe or very unsafe at this point in the displacement cycle (compared to the general average of 62%).

"When I got here I didn't find it easy to start working, I felt very uncomfortable, the first few days I didn't stop crying. A friend here worked on the street, sex work, that's where it started."

IN-DEPTH INTERVIEW, TRANSGENDER WOMAN, VENEZUELAN IN COLOMBIA

Main conclusions of the assessment

the risk of gender-based violence is present throughout the forced displacement and human mobility cycle, in the countries of origin, transit and destination.

Transit is a time of high risk.

- The main type of GBV identified at this time is sexual violence (36%), followed by psychological violence (31%) and physical violence (13%).

The risk of gender-based violence continues in the **country of destination**.

- In the country of destination, 34% of participants considered that the main type of GBV they may face was psychological, followed by socio-economic violence (18%).
- There are factors that can expose women to a greater risk of GBV, such as xenophobia (31%), lack of job opportunities (19%) and limited access to information (16%).
- Public spaces (54%) were identified as the main place of risk, followed by the home (21%) and workplace (10%).

Refugee women have little knowledge of their rights and the services available in their communities.

- 62% of the participants do not know the rights that refugee women and those in human mobility are entitled to in case of suffering or being at risk of GBV, and 55% are unaware of the services available in their communities. This gap in the access to information is a contributing factor that could place forcibly displaced women at greater risk.

There is an extensive regulatory framework, but there are still barriers to accessing GBV response services.

- Key stakeholders consulted stated that they perceive the humanitarian sector as the main responsible for working on prevention of and response to GBV for women in human mobility.
- Refugee women at risk of GBV or survivors of GBV do not seek support due to fear of rejection, stigmatisation, detention and even deportation. They are also afraid of the possibility of retaliation by perpetrators.
- Xenophobia, lack of documentation, language barriers and lack of economic resources to travel to spaces where services are offered are some of the variables mentioned by the participants as limitations to accessing GBV response services.
- Stakeholders consulted referred to the need to increase both human and financial resources and the technical capacities of institutions in order to respond to GBV.

The COVID-19 pandemic increased the risks and affected GBV prevention and response services.

- The pandemic has had a great impact on the social and economic situation of Latin American countries. The gender inequality gaps already existing were aggravated, and in the context of forced displacement this can have a greater impact. During the pandemic unemployment, the risk of eviction, the overburden of house chores and care tasks, and the challenges related to the xenophobia, have exposed refugee women to a higher risk.

Gender-based violence does not affect all refugee women homogeneously.

- There are specific risks to women of diverse SOGIEC, indigenous women, female heads of household or women who are traveling alone, with disabilities or health conditions, as well as to afrodescendant women.

Taking into consideration the findings described above, the assessment offers the following recommendations to authorities in countries of asylum, United Nations agencies, non-governmental organizations and civil society actors to strengthen GBV prevention, risk mitigation and response efforts:

- Guarantee that women with international protection needs have access to the asylum system, with procedures that are suitable from a gender, age and diversity perspective, applying a survivor-focused approach.
- Promote other forms of regularization so that women in human mobility can more easily access documentation, as this is a fundamental factor for exercising rights and accessing services.
- Strengthen and support national protection systems for survivors of GBV and advocate for the inclusion of displaced populations in these systems.
- Diversify the information dissemination channels and expand culturally sensitive socio-educational strategies for women forced to flee, so that they know their rights and the services available.
- To the national authorities, humanitarian and development stakeholders, support the work and partnerships with grassroot women's organizations, women's networks and movements, which play a key role in disseminating information and in building a community solidarity and sorority.
- Continue developing capacity-building and awareness-raising efforts for service providers, whether GBV specialist and non-specialist, based on the international standards described in GBV interagency guidelines.[12]

12 Further information at: UNHCR, GBV IMS, IMC, IRC, UNFPA, UNICEF and USAID, *Interagency Gender-Based Violence Case Management Guidelines,* 2017; GBV AoR, *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming,* 2019; GBV AoR, *Handbook for Coordinating Gender-based Violence Interventions in Emergencies,* 2019.

- Promote the creation of safe spaces for women forced to flee, where they can connect with other women in the community and receive information and support in the referral to different services, depending on their wishes.
- Ensure access to mental health services for women refugees who are survivors of GBV and wish to receive this support.
- Work on economic empowerment of women as a fundamental pathway for tackling the inequalities between men and women.
- Work with men in host communities, male refugees and service providers to build capacities, train and raise awareness about positive masculinities.
- Follow up the efforts so that humanitarian actors mainstream GBV risk mitigation throughout their programming cycle, as stipulated in the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.[13] It is extremely important to implement risk mitigation measures in shelters hosting populations in human mobility.
- Conduct an analysis of the security situation in communities where there are higher concentrations of refugee populations, given that public spaces are considered places of high risk.
- Strengthen a coordinated response based on standardized procedures between different sectors and services, to offer an integrated assistance to survivors in line with the Inter-Agency GBV Case Management Guidelines.[14]

13 IASC. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, 2015.

14 UNHCR, GBV IMS, IMC, IRC, Primero, UNFPA, UNICEF and USAID. *Interagency Gender-Based Violence Case Management Guidelines*, 2017.

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UNHCR
Regional Bureau for the Americas
Building 126, Salterman Street,
City of Knowledge,
Panama City, Panama
acnur.org

HIAS
Regional Office for Latin America
and the Caribbean
Building 101, Luis Bonilla Street,
Panama City, Panama
hias.org

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