

# MONITORING OF GENDERED THREATS

FOR MIGRANT AND REFUGEE WOMEN AND GIRLS FROM VENEZUELA  
LOCATION BRIEFS



# CONTENTS

Acknowledgments .....	3
Background .....	4
Methodology .....	5
<b>Results Analysis by Country .....</b>	<b>6</b>
<b>ECUADOR</b>	
Tulcan .....	6
Manta .....	8
Huaquillas .....	10
<b>PERU</b>	
Tumbes .....	13
Lima .....	16
Tacna .....	19
<b>BRAZIL</b>	
Pacaraima .....	21
Boa Vista .....	23
Manaus .....	25

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## BACKGROUND

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Data collection, Tulcan - Ecuador.

More than 7.2 million refugees and migrants have left Venezuela due to economic hardship and social unrest. Women and girls and LGBTQI+ persons face particular vulnerabilities such as intimate partner violence, sexual assault, harassment, forced sex work, and survival sex to access basic goods and services.

This project was born out of the need to understand gendered threats for refugees and migrants from Venezuela. Anecdotal evidence suggests that many affected women and girls can often not access medical care and support services along their migration routes. Many survivors suffer in silence due to shame and fear of repercussions, including deportation. Lack of knowledge about how and where to seek help and the limited availability of gender-sensitive services are barriers that prevent people from accessing sexual and reproductive health services, such as prenatal care, HIV and sexually transmitted infection testing, as well as clinical management of rape.

This research was a collaboration between the International Organization for Migration (IOM) and Queen's University, with financial support from Elrha. Using a “sensemaking” (SM) approach, we reached 9116 unique Venezuelan refugees and migrants in Ecuador, Brazil, and Peru who shared a total of 9339 migration micronarratives. The objective was to identify real-time gendered threats along various migration routes, including risks of GBV. The research was carried out to inform R4V organizations about the situation of women and girls and had a practical objective—with effective data collection, gender-based violence threats can be identified and addressed promptly, and the needs of survivors can be better met.

The ultimate goal of this work is to design programming that is more responsive to refugees' and migrants' needs through more efficient data collection and analysis to improve the safety, well-being, and sexual and reproductive health of migrant and refugee women and girls from Venezuela.



## METHODOLOGY

SM is a narrative capture tool that records brief narratives and supporting contextual information on a topic of interest. For this research, Spryng.io was used to gain insight into the gendered migration experiences of Venezuelan women and girls. Participants were asked to share a migration experience using one of three open-ended prompts about the migration experiences of Venezuelan females, such as “provide a story that illustrates the biggest fear or dream of women and girls who have left Venezuela.” The research team collected both first- and third-person narratives. The resultant narratives, which are typically shorter than traditional qualitative transcripts and are therefore referred to as “micronarratives,” could be audio recorded or typed by participants. Subsequently, participants add context to the experience by responding to a series of pre-programmed questions about the events shared in the micronarrative and the participants’ socio-demographic information, thereby producing quantitative data. The survey was originally piloted among 25 Venezuelan migrants and refugees who provided feedback to refine the final version. The survey was administered on the Spryng.io app, and interviewers collected the data digitally on hand-held tablets.

Between January and April 2022, data were collected in three locations in each country: Brazil (Pacaraima, Boa Vista, and Manaus), Peru (Tumbes, Lima, and Tacna), and Ecuador (Tulcan, Manta, and Huaquillas). Spanish-speaking research assistants, many of whom were Venezuelan, completed a three-day training that included sensemaking methodology, research ethics, prevention of sexual exploitation and abuse, and psychological first aid. All data were collected in Spanish using handheld tablets out of earshot of others. Micronarratives were transcribed and translated from Spanish to English using the Sonix.ai software.

The team validated the preliminary results with Venezuelan community members and GBV service providers through a series of feedback focus group discussions in Peru, Ecuador, and Brazil in July 2022.

## ETHICS

Informed consent was obtained from each participant, and data were confidential since no identifying information was collected. No compensation was offered for participating since the survey was brief (12 - 15 minutes). Through IOM and partners, referral mechanisms were in place for any participant who required medical services, including post-sexual assault care, psychosocial support, or immediate aid such as food or shelter. Ethics approval was obtained by Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (#6029400).

## LIMITATIONS

The preliminary results included in these location briefs must be interpreted within the context of the study’s limitations. First, the study used a convenience sample, and while there was a vast number of respondents, it is possible that key groups were missed. The results, therefore, cannot be generalized. Second, sensemaking micronarratives tend to have less detail and depth than traditional qualitative interviews, and, as a result, important ideas and experiences may have been omitted. This was mitigated by engaging with Venezuelan community members through a series of feedback focus group discussions in Peru, Ecuador, and Brazil in July 2022. Third, the surveys were conducted and recorded in Spanish, and translation errors may have affected the analysis. Nevertheless, using a sensemaking approach, the research team was able to reach a large number of traditionally hard-to-reach participants across varied geographic locations.

## RESULTS ANALYSIS BY COUNTRY

### ECUADOR

#### TULCAN



Tulcan respondents were 57% female, and 54% of the narratives were first-person (lower than other sites). Narratives in Tulcan were more likely to be about younger women/girls (59% aged 19 – 30 years and 11% < age 18). Tulcan had a good representation of LGBTQI+ respondents (6%) as well as women/girls with a disability (13%). In Tulcan, 56% of respondents indicated that COVID did not impact the woman/girl. Most respondents in Tulcan had been recently displaced (66% < 1 year). Women/girls in Tulcan faced high levels of poverty (71% identified as poor or very poor), and narratives in Tulcan were likely to be negative (47%), with another 29% rated as neutral.

#### RESEARCH THEMES IN TULCAN

##### Taking Care of Family Members

Many narratives shared about taking care of family members by women/girls in Tulcan were about the 'burden of care' on women taking care of their children. The three most predominant themes about the impact of this burden of care were: a) women sleeping in the

streets with their children, b) women experiencing robberies, and c) women enduring assaults, including rape. There were also narratives about kidnapping and physical dangers along the migration route through Colombia. Care responsibilities resulted in fewer work opportunities for women as they needed to stay with their children. Most respondents identified needing increased access to shelters both along the migration route and in Tulcan. The absence of shelters resulted in many women sleeping on the streets for extended periods, exposing them to additional risks. Other required services identified by respondents included assistance with documentation, better systems for reporting assaults or robberies, and access to childcare services so that women could find more regular employment to support their families.

##### Pregnancy

Many pregnant women in Tulcan migrated to provide a better future for themselves and their families. They described the hardships faced in Venezuela, including financial insecurity, resulting in their leaving. Respondents also shared the difficulties experienced during the migration journey, with many having traveled alone and arrived in Tulcan without money or shelter.

##### Gender-Based Violence (GBV)

GBV was highly prevalent and was perpetrated by a variety of actors, including partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, 'los hinchas,' employers, mafia, and strangers. Border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served were identified as being particularly high risk.

**Intimate partner violence (IPV):** IPV included abuse both in Venezuela and in new relationships formed in transit and destination. IPV resulted in mental health problems and a need for medical assistance, in addition to significantly impacting children and sometimes resulting in death. Many respondents talked about unwanted pregnancies with barriers to accessing abortion, as



well as contracting sexually transmitted infections and HIV. Challenges accessing legal/police support were frequently noted, with the recognition that although these barriers exist for all women, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be engaging in sex work or transactional sex.

**Sexual Exploitation and Human Trafficking:** Although some respondents shared voluntarily exchanging sex for basic goods, there were clear examples of exploitation in the sense that there was no alternative option for survival, and often a third party was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary. There were reports of kidnapping occurring in many locations. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole body organ trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla.

**Transactional Sex:** Sex was typically exchanged for: material needs to survive, money to meet survival needs, employment, transportation within the host country or along migration routes, or crossing international borders. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries (personnel at borders, taxi drivers, truck drivers, and persons offering transportation in their private vehicles); (2) perpetrators related to law enforcement within host countries; (3) perpetrators related to conflict/instability (paramilitary); (4) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). In the following quote, a young girl was sexually abused while attempting to obtain food: "She went to ask for food from some

gentlemen who were there, and the gentlemen told her, 'Come on, let's go over there, we'll give you lunch.' And they raped her, raped her, and mistreated her all over, but we didn't notice". [SID1884, Tulcan]. Negative consequences of transactional sex included poor mental health or distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancy, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex was an important driver.

### **Experiences of LGBTQI+ Refugees/Migrants**

Many LGBTQI+ respondents in Tulcan shared narratives about their migration experiences through Colombia, where they were often exposed to armed actors, such as criminal gangs, guerrillas, and paramilitaries. Robbery was common and exacerbated pre-existing poverty, leaving some LGBTQI+ individuals without any documentation. There were also reports of attempted kidnapping, and of officials charging LGBTQI+ migrants who cross the border. LGBTQI+ respondents frequently identified a lack of access to shelter, and when left to sleep in the streets, the risks of sexual violence and exploitation appeared to be higher. Lodging was so difficult that one LGBTQI+ respondent described even being forbidden to sleep on the streets because of discrimination against their sexual orientation and gender identity. Some LGBTQI+ migrants described being denied access to shelters in addition to discrimination within the host community, where they were sometimes treated with contempt and insulted. Trans-women seemed to experience particular mistreatment and were more likely not to have their gender identity recognized. One transgender woman reported that drivers rejected her from their vehicles because of her gender identity, and transportation was often challenging, leaving many to endure long walks. Respondents also shared experiences of sexual violence as well as sexual exploitation and sexual slavery, all of which LGBTQI+ refugees/migrants seemed to be at particular risk for.

## MANTA



Manta respondents were 84% female, and 82% of the narratives were first-person. Manta had the highest number of narratives about girls under 18 (16%) and about young women aged 19 – 30 (46%). Manta had a good representation of women/girls with a disability (7%) and the highest proportion of narratives about pregnancy (19%). In Manta, 61% of respondents felt that COVID had made things significantly worse for the woman/girl. Most respondents in Manta had been displaced slightly longer, either 1 – 3 years (40%) or 3 – 5 years (32%). Women/girls in Manta faced high poverty levels (67% were identified as poor or very poor). Narratives in Manta were likely to be negative (47%) or neutral (26%).

### RESEARCH THEMES IN MANTA

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Manta were about the ‘burden of care’ on women caring for their children. Some respondents described caring for parents, grandchildren, and siblings, but the vast majority were mothers caring for their young children. While caring for their children, Manta respondents experienced robberies, assaults, rape, kidnapping, and sleeping on the streets. Some mothers reported engaging in sex work out of necessity to provide for their children. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed

to stay with their children. Identified necessary services included assistance with documentation, increased access to shelters, and increased access to healthcare as well as better systems for reporting assaults or robberies. Another frequently requested service was childcare so that women could find more regular employment to support their families.

#### Pregnancy

One challenge highlighted by pregnant respondents in Manta was finding employment as a pregnant woman. Jobs available to refugees/migrants were often physically demanding or sexually exploitative. These difficulties in finding meaningful work further heightened the challenges experienced by refugees/migrants as they struggled to provide shelter and food for their families.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, ‘los hinchas,’ employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option. Often, the exploiter was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary.

As one respondent shared, “... she arrived at a place where she started to work and, according to what she tells us, they started to prostitute her and killed her.” [SID 15776, Manta].

Manta had many references to kidnapping, often referring to paramilitary groups or kidnapping in Colombia. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole body organ trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla groups. Speaking of children, one respondent said, “Paramilitaries kidnap them” [SID17913, Manta],



and another respondent reported, “Many people like to do bad things to children, they steal them.” [SID15686, Manta].

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, passage between international borders, etc. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children’s needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary); and (4) opportunistic perpetrators who took advantage of migrants’ precarious legal status (smugglers, employers). Sexual activity was also exchanged to obtain and maintain employment and purchase stolen belongings. One respondent shared, “There were many days of rain, hunger, sleeping in the street, and being cold. I had to sell my body to feed my children, I had no diapers, and I had nothing until I arrived in Ecuador” [SID14654, Manta]. Another woman reported, “I went back to look for my children. I did not want them to go through that, not my daughter; I gathered all the tickets, and I had to sell my body here, I had to do many things, but here I am with my children in a new life, many people have helped me, they have lent me a hand, but these are things that I will never erase from my mind” [SID15394, Manta]. A range of consequences were reported, including poor mental health/distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancies, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that

although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Venezuelan women tended to be hyper-sexualized, which resulted in sexual harassment in different aspects of refugees’/migrants’ lives. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex was an important driver.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

### Experiences of LGBTQI+ Refugees and Migrants

LGBTQI+ respondents in Manta often migrated to provide a better quality of life for their children and families, including access to education, as well as due to lack of employment and insecurity in Venezuela. Some reported having no support networks in Manta, while others received support from friends, relatives, or Ecuadorian citizens. Sexual violence was prevalent, especially in border areas, and the risks were exacerbated by having to sleep in the streets. LGBTQI+ refugees/migrants feared having to seek out transportation (‘pedir cola’), as they often felt that it made them very vulnerable to abuse and exploitation by drivers. Some respondents who traveled with children also reported concern about the children being kidnapped at the border. Other LGBTQI+ refugees/migrants encountered armed actors such as guerrillas in Colombia. Along the migration route and in Manta, respondents experienced discrimination because of their sexual orientation and gender identity and because they were refugees/migrants. This discrimination was manifested as mistreatment and accusations of LGBTQI+ individuals having come to steal and damage their peace of mind.

## HUAQUILLAS



Huaquillas respondents were 85% female, and 72% of the narratives were first-person. Huaquillas had a higher number of narratives about women aged 19 – 30 (50%). In Huaquillas, 9% of the narratives were about a pregnancy which was higher than most other sites. In Huaquillas, 45% of respondents felt that COVID had made things significantly worse for the woman/girl. Most respondents in Huaquillas had been displaced for 1 – 3 years (58%). Women/girls in Huaquillas faced one of the highest reported poverty levels (80% were reported to be poor or very poor). Most narratives in Huaquillas were reported to be negative (74%).

### RESEARCH THEMES IN HUAQUILLAS

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Huaquillas were about the 'burden of care' on women caring for their children. Some respondents described caring for parents and grandchildren, but the vast majority were mothers caring for their children. While caring for their children, respondents in Huaquillas experienced robberies, assaults, and sleeping on the streets. Some mothers reported engaging in sex work out of necessity to provide for their children. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Identified necessary services included assistance with documentation, increased access to

shelters, and increased access to healthcare as well as better systems for reporting assaults or robberies. Another frequently requested service was childcare so that women could find more regular employment to support their families.

#### Pregnancy

Pregnant respondents in Huaquillas focused on experiences of xenophobia, particularly when attempting to access medical care at Ecuadorian hospitals and clinics. Refugees/migrants described discrimination based on the host community's perception that they intentionally gave birth in Ecuador to secure Ecuadorian citizenship for their child, thereby taking opportunities away from Ecuadorian nationals. Such xenophobic attitudes often delayed the time to receive care and sometimes resulted in premature expulsion from the hospital after giving birth.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, 'los hinchas,' employers, drug dealers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary, and organ trafficking was raised as a theme.

Huaquillas had many references to kidnapping, often referring to paramilitary groups or kidnappings in Colombia. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole body organ trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla groups.

**Transactional Sex/Sexual Exchanges:** Sex was mainly exchanged for money, food, shelter, maintaining or securing employment, transportation, and passage between international borders. Exchange of sex for





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Data collection, Huaquillas - Ecuador.

transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary); and (4) opportunistic perpetrators who

took advantage of migrants' precarious legal status (smugglers, employers). The following quote details a sexual exchange perpetrated at the border, "My mom took us out of Venezuela 2 years ago because she says that we will have a better future here. But when we were at the border, we no longer had any money and they offered to transfer us in exchange for sex and so she had to do it. She got pregnant with my little brother, but she lost at 6 months and was in the hospital a lot. I had to prostitute myself until she was able to go out for me to eat and give food to my 10-year-old brother, but I didn't tell her." [SID15008, Huaquillas].

A range of consequences were reported including poor mental health/distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancies, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Respondents talked about resultant unwanted pregnancies and faced barriers to accessing abortion, as well as contracting sexually transmitted infections, including HIV. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children and specifically sexual abuse and harassment in school settings. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex was an important driver.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

## Experiences of LGBTQI+ Refugees and Migrants

LGBTQI+ respondents experienced discrimination based both on their nationality and on their sexual orientation and gender identity. In some cases, discrimination resulted in LGBTQI+ refugees/migrants being denied access to services and support available to other refugees/migrants. The double discrimination, based on nationality as well as being LGBTQ+, made it especially difficult to find formal employment, forcing some to engage in precarious and exploitative work, including sex work, to meet their basic needs. Sex work often increased the risk of violence from clients and police. Without employment and because discrimination made it difficult to access shelters, many LGBTQI+ refugees/migrants lived on the streets. This was especially common during transit and during the first months in Huaquillas. While on the street, LGBTQI+ refugees/migrants were significantly more exposed to violence, including robberies, physical beatings, sexual violence, and trafficking. Transportation was often prohibitively expensive, and combined with the power inequality between refugees/migrants and drivers, LGBTQI+ respondents were at high risk of sexual exploitation and abuse by drivers who demanded sex in exchange for transportation. Sexual violence perpetrated against LGBTQI+ refugees/migrants was also prevalent, including while migrating through Colombia and Ecuador and in work environments in Huaquillas. Violence against LGBTQI+ refugees/migrants was usually not reported to the police. This was because reported violence was typically not investigated or punished, and there was a strong perception that this impunity occurred due to a disregard for the lives of LGBTQI+ individuals and refugees/migrants. As with other respondents, there was also a fear among LGBTQI+ individuals that going to the police would result in deportation.



## PERU

## TUMBES



Tumbes respondents were 68% female, and only 30% of the narratives were first-person (later is lowest across all sites). Tumbes had a higher number of narratives about girls under the age of 18 (11%). Tumbes also had a higher proportion of respondents identify as being of Afro-descent (17%) and a higher proportion of narratives about pregnancy (12%). In Tumbes, 23% of respondents felt that COVID had made things significantly worse for the woman/girl. Most respondents in Tumbes had been displaced 1 – 3 years (42%) or 3 – 5 years (30%). Women/girls in Tumbes faced one of the highest reported poverty levels (75% were identified as poor or very poor). With 94% of narratives being rated negative, respondents in Tumbes shared the lowest number of positive and neutral experiences across all sites.

## RESEARCH THEMES IN TUMBES

**Taking Care of Family Members**

Most of the narratives shared about taking care of family members by women/girls in Tumbes were about the 'burden of care' on women caring for their children. Assaults, including rape, robberies, and sleeping on the streets, were predominant themes described by

women in Tumbes, in addition to mothers engaging in sex work out of necessity to provide for their children. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Identified necessary services included better systems for reporting assaults or robberies, assistance with documentation, increased access to shelters, and increased access to healthcare. Another frequently requested service was childcare so that women could find more regular employment to support their families.

**Reasons for Leaving Venezuela**

Many women left Venezuela because they were struggling at home due to emotional and physical abuse within the immediate family, financial insecurity, and lack of prospects for the future.

**Pregnancy**

Although responses relating to pregnancy experiences in Tumbes were limited, an overarching theme shared by nearly all respondents who spoke about pregnancy was that of violence during migration. Specifically, pregnant women experienced violence, including robberies and assaults. Multiple respondents reported miscarriage as a direct result of physical violence.

**Gender-Based Violence (GBV)**

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, 'los hinchas,' employers, and strangers.

**Sexual Exploitation:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary.

**Kidnapping and Human Trafficking:** There were reports of kidnapping occurring in many locations. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole body organ



Data collection, Tumbes - Peru.

trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla groups. “The trafficking of people has also been seen mostly in the region of Tumbes, where they are also smuggled illegally.” (SID24098, Tumbes)

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, the passage between international borders, etc. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children’s needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary); and (4) opportunistic perpetrators who took advantage of migrants’ precarious legal status (smugglers, employers). Respondents in Tumbes often spoke of exchanging sex within the host community for money to meet basic needs and take care of family members. A range of

consequences were reported, from stigmatization and poor mental health to near-death experiences, physical danger, and/or drug use. One respondent shared the following: “She had to accept some indecent proposals to be able to survive and feed her children” [SID18002, Tumbes]. Respondents also felt stigmatized for being Venezuelan (which was often synonymous with being a prostitute) and experienced pregnancies, sexually transmitted infections, trafficking/loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex was one of the drivers. “Well, I recommend that you do not shut up, do not shut up, because I was one of those people who, by shutting up, I almost died. [...] They should not be silent or speak out. Seek help. If family members do not help, look for a neighbor or friend. Signal that you are in danger.”[ SID19096, Tumbes].

**High-Risk Locations for GBV:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

### **Experiences of LGBTQI+ Refugees/Migrants**

Some LGBTQI+ respondents reported sexual violence prior to migration, and many did not feel supported by their families or by the system in Venezuela. IPV was also described, with trans women being the main survivors. One respondent shared, “I escaped and met my first partner on the street. And he began to prostitute me and also drank and drugged me” [SID24237, LGBTQI+ respondent in Tumbes]. Several respondents experienced robberies, especially during migration, and with a particular perpetrator in Colombia known as ‘Los hinchas.’ Theft typically

exacerbated pre-existing poverty. Unemployment was commonly reported due to xenophobia and discrimination related to sexual orientation and gender identity. Because of difficulty finding employment, men and women with diverse sexual orientations and gender identities sometimes resorted to sex work, where they faced violence from clients and the police. Finding a job was even more difficult for those with children in their care. Unemployment was a barrier to accessing housing and food security. For those able to find employment, many experienced labor exploitation in the form of working long hours for minimal pay. Workplace sexual harassment was also a risk, especially for women, who were often hypersexualized by host societies. Many respondents were left to beg for money or food on the streets, while others stayed in exploitative jobs because they had no other survival options. Few LGBTQI+ respondents received support from the state, and many had migrated without support networks because their families had rejected them due to their sexual orientations and gender identities. This rendered LGBTQI+ refugees/migrants particularly vulnerable, as they faced both xenophobia and discrimination because of their gender identity and sexual orientation, with little to no support. When mentioned by respondents, existing support tended to be from friends, partners, or civilians who offered a lending hand.



## LIMA



Lima respondents were 77% female, and only 43% of the narratives were first-person (later is lowest across all sites except for Tumbes). Approximately 14% of narratives were about girls under 18 (second only to Manta at 16%), and another 53% of narratives were about young women aged 19 – 30. Lima had a higher proportion of respondents identify as being of Afro-descent (17%). In Lima, 35% of respondents felt that COVID had made things significantly worse for the woman/girl. Most respondents in Lima had been displaced 1 - 3 years (54%) or 3 – 5 years (32%). Women/girls in Lima were described as having higher relative wealth, with 47% identified as having average income and 48% identified as being poor or very poor. With 87% of narratives being rated negative, respondents in Lima shared the second-lowest number of positive and neutral experiences after Tumbes.

### RESEARCH THEMES IN LIMA

#### Taking Care of Family Members

There was an absence of themes specific to Lima, as few respondents discussed taking care of family members. However, there were experiences that connected to themes found in other locations. Most of the narratives about caring for family members by women/girls in Peru were about the ‘burden of care’ on women caring for their children. Some respondents described caring for parents and grandchildren, but the

vast majority were mothers caring for their children. While caring for their children, Peru’s respondents experienced robberies, assaults, sexual exploitation, and kidnapping. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Identified necessary services included documentation assistance, increased healthcare access, and better systems for reporting assaults or robberies. Other frequently requested services in Peru were increased access to shelters to decrease the risks of sleeping on the streets and access to childcare so that women could find more regular employment to support their families.

#### Pregnancy

Although there were a limited number of pregnant respondents in Lima, finding suitable employment in Lima while pregnant arose as an important issue. Experiences among pregnant women varied from having their salaries decreased when the pregnancy was discovered to being forced to panhandle as a means of income because no other work options were available. Unemployment led to increased food insecurity and unstable housing.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, ‘los hinchas,’ employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There are also frequent examples of work being involuntary: “There is a lot of lies, because women are very deceived in that sense. They say I’m going to offer you a job, don’t worry and when they get here, on the contrary, they are then put to prostitution.” [SID 17330, Lima]

There were reports of kidnapping occurring in many locations. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which



Validation workshops with GTRM partners (GBV sub-sector) Lima - Peru.

children seemed to be specifically targeted for whole body organ trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla groups. Prevalent themes included the exchange of sex for employment and falsely advertised jobs wherein women believed they were pursuing legitimate employment but were forced and/or coerced into sex work. One individual stated, “They say I’m going to offer you a job, don’t worry and when they get here [], they are then put into prostitution” [SID17330, Lima]. “12-year-old girl. She was a minor, a Venezuelan girl who was kidnapped here for the purpose of human trafficking. She was kidnapped when I went there” [SID18535, Lima]

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, the passage between international borders, etc. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children’s needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary);

and (4) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). Respondents in Lima most often exchanged sex for money to meet their basic needs. A range of consequences were reported, from stigmatization and poor mental health/distress to physical danger and/or drug use. Respondents also felt stigmatized for being Venezuelan (which was often synonymous with being a prostitute) and experienced pregnancies, sexually transmitted infections, trafficking/loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex were important drivers.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

## Experiences of LGBTQI+ Refugees and Migrants

LGBTQI+ respondents experienced discrimination based both on their nationality and on their sexual orientation and gender identity, particularly when trying to access health care. This double discrimination made it especially difficult to find formal employment, forcing some to engage in sex work to meet their basic needs. Sex work often increased the risk of violence from clients and police. Other respondents were informally employed, making it difficult to take time off to attend to health issues and resulting in LGBTQI+ respondents only seeking medical care once they had a health emergency. In other informal jobs, employers often took advantage of respondents' lack of documentation to pay them lower wages and to report them to the authorities if they asked for better working conditions.

Respondents often reported using informal border crossings due to a lack of documentation, exposing them to many dangers, including exploitation, robbery, and violence by armed actors (especially on the borders with Colombia). Some reported being detained at the border with Peru for days because they were without formal documentation. Transportation was often prohibitively expensive, and combined with the power inequality between refugees/migrants and drivers, LGBTQI+ respondents were at high risk of sexual exploitation and abuse by drivers who demanded sex in exchange for transportation. Women also faced the risk of being kidnapped by prostitution rings, and their lack of documentation was a barrier to accessing support services, health care, and justice. Respondents often arrived in the host country without knowing anyone or having support networks, including services from state agencies.



## TACNA



Tacna respondents were 74% female, and 62% of the narratives were first-person. Approximately 14% of narratives were about girls under 18 (second only to Manta at 16%), and another 58% of narratives were about young women aged 19 – 30. In Tacna, 54% of respondents felt that COVID had made things significantly worse for the woman/girl. The duration of displacement was longer in Tacna, with 30% reporting more than one year, 42% reporting 1 to 3 years, and 30% reporting 3 to 5 years. Women/girls in Tacna were described as having higher relative wealth, with 40% reported to have average income and 53% reported to be poor or very poor. In Tacna, 61% of narratives were rated as negative.

### RESEARCH THEMES IN TACNA

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Tacna were about the ‘burden of care’ on women caring for their children. Some respondents described caring for parents and grandchildren, but the vast majority were mothers caring for their children. While caring for their children, respondents in Tacna experienced robberies, assaults, sexual exploitation, and kidnapping. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Identified necessary services included better systems for reporting assaults or robberies, assistance with documentation, increased access to shelters, and

increased access to healthcare. Another frequently requested service was childcare so that women could find more regular employment to support their families.

#### Pregnancy

Pregnant women in Tacna described challenges with the healthcare system, especially difficulties accessing adequate healthcare for their pregnancies. They also described feeling isolated and helpless throughout the migration journey, as many traveled alone without their family members. This left many pregnant refugees/migrants even more vulnerable to abuse and violence along the migration route.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, ‘los hinchas,’ employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There are also frequent examples of work being involuntary. “She worked in a house where they first told her that she would help with the cleaning, but then they abused her there, they did not let her leave that house, and they had her locked up in a room where they only fed her once, and every two days a man came to abuse her, they practically prostituted her and didn’t let her go out.” [SID 22592, Tacna]

Prevalent themes also included the exchange of sex for employment and falsely advertised jobs wherein women believed they were pursuing legitimate employment but were then forced and/or coerced into sex work. One individual shared, “They take advantage of the girls who arrive with the intention of crossing the border looking for a job” [SID21326, Tacna].

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, and passage between international borders. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to

care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary); and (4) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). Respondents in Tacna most often exchanged sex for money to meet their basic needs. A range of consequences were reported, from stigmatization and poor mental health/distress to physical danger and/or drug use. Respondents also felt stigmatized for being Venezuelan (which was often synonymous with being a prostitute) and experienced pregnancies, sexually transmitted infections, trafficking/loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships in transit and destination. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex were important drivers.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

#### **Challenges accessing support:**

Some respondents in Tacna described reporting violence to law enforcement but receiving no help. : "So I, as a Venezuelan woman, on behalf of all women

in the world, ask all governments to seek better laws to protect women a little more, especially immigrant women who are currently suffering and living very negative experiences due to discrimination." [SID16534, Tacna]. Others described reporting violence and having a more positive outcome, as in this example "I called the manager, I told him the situation, we tried to call the police, and we were able to get the girl out of the place" [SID17303, Tacna]

#### **Experiences of LGBTQI+ Refugees and Migrants**

LGBTQI+ respondents experienced discrimination based both on their nationality and on their sexual orientation and gender identity. In some cases, discrimination resulted in LGBTQI+ refugees/migrants being denied access to services and support available to other refugees/migrants. The double discrimination, based on nationality as well as being LGBTQI+, made it especially difficult to find formal employment, forcing some to engage in precarious and exploitative work, including sex work, to meet their basic needs. Sex work often increased the risk of violence from clients and police. Without employment and because discrimination made it difficult to access shelters, many LGBTQI+ refugees/migrants lived on the streets. This was especially common during migration and during the first months in the host community. While on the street, LGBTQI+ refugees/migrants were significantly more exposed to violence, including robberies, physical beatings, sexual violence, and trafficking.

Transportation was often prohibitively expensive, and combined with the power inequality between refugees/migrants and drivers, LGBTQI+ respondents were at high risk of sexual exploitation and abuse by drivers who demanded sex in exchange for transportation. Sexual violence perpetrated against LGBTQI+ refugees/migrants was also prevalent, including while migrating through Colombia and Ecuador and in the work environments in Tacna, with women/girls noted to be at particular risk partially due to the hypersexualization of Venezuelan women. Violence against LGBTQI+ refugees/migrants was usually not reported to the police. This was because reported violence was typically not investigated or punished, and there was a strong perception that this impunity occurred due to a disregard for the lives of LGBTQI+ individuals and refugees/migrants. As with other respondents, there was also a fear among LGBTQI+ individuals that going to the police would result in deportation.

## BRAZIL

### PACARAIMA



Pacaraima respondents were 85% female, and 90% of the narratives were first-person. Respondents in Pacaraima were more likely to be slightly older (32% were aged 31 – 45 years, and almost 18% were older than 45). Pacaraima had a good representation of Indigenous women/girls (8%) as well as women/girls of Afro-descent (8%). Pacaraima had more narratives about contraception (11%) than other locations, and 50% of respondents indicated that COVID had worsened the women/girl's situation. A large majority of respondents had been newly displaced to Pacaraima (82% < 1 year). Although women/girls in Pacaraima faced extreme poverty (21% extremely poor and 56% poor), respondents there were also more likely to share positive experiences (45%).

### RESEARCH THEMES IN PACARAIMA

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Pacaraima were about the 'burden of care' on women caring for their children. Some respondents described caring for parents and grandchildren, but the vast majority were mothers caring for their children. While caring for their children, respondents in Pacaraima experienced sleeping in the

streets, assault including rape, and robberies. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Identified necessary services included assistance with documentation, increased access to shelters, and increased access to healthcare. Although childcare was identified as an important need in other locations, it was not brought forward in the same way by respondents in Pacaraima.

#### Pregnancy

The experiences of pregnant refugees/migrants varied in Pacaraima. Like other locations, experiences of violence, humiliation, and discrimination were prevalent. In addition to these experiences, pregnant respondents in Pacaraima also described how unstable family structures had forced them to leave Venezuela alone. This often increased the dangers and gendered threats. Some respondents reported a positive experience accessing the healthcare system in Pacaraima, while others reported negative experiences. Overall, medical care was considered more accessible in Brazil, which was often the reason for migrating to Brazil rather than other countries.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, 'los hinchas,' employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative in the sense that there was no alternative option, and often an exploiter was making additional gains and/or was in a position of relative power. There were also frequent examples of sex work being involuntary.

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, and passage between international borders. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators





Validation workshop with GBV service providers, Pacaraima - Brazil.

who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; and (3) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). Respondents in Pacaraima described a range of perpetrators and motivations, including precarious border crossings wherein transportation was offered in exchange for sexual favors. However, respondents also reported exchanging sex for money to meet their basic needs. One individual shared: "Being girls, they abuse them by offering them sexual service jobs, where they often see under pressure to accept since they don't have a plate of food at home" [SID14258, Pacaraima]. A range of consequences were reported, including poor mental health/distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancies, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during transit and destination. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex were important drivers.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

### **Experiences of LGBTQI+ Refugees and Migrants**

LGBTQI+ respondents in Pacaraima described the challenges faced in Venezuela that had prompted them to migrate, including lack of food, insecurity—including death threats—lack of health care, as well as trying to support their families financially and educate their children. Others migrated due to discrimination and family rejection in Venezuela based on sexual orientation and gender identity. LGBTQI+ respondents often continued to experience discrimination as they migrated—both because they were refugees/migrants and because of their sexual orientation and gender identity. Discrimination was manifested as maltreatment by law enforcement, sexual harassment, and difficulty accessing shelters and housing. As a result, some occupied traditional lands belonging to Indigenous communities. Unemployment was also challenging; some LGBTQI+ respondents could not find work despite having university degrees. For others, their education had been interrupted in Venezuela, and they were seeking educational opportunities in Brazil. Respondents described that UN organizations, human rights organizations, family members, and other members of the LGBTQI+ community served as important supports.

## BOA VISTA



Boa Vista respondents were 86% female, and 87% of the narratives were first-person. Respondents in Boa Vista were more likely to be slightly older (33% aged 31 – 45 years and almost 16% > age 45). Boa Vista had a good representation of LGBTQI+ respondents (6%) as well as women/girls with a disability (13%). Boa Vista had the highest number of respondents indicating that COVID had made things much worse for the woman/girl (61%). A large majority of respondents had been newly displaced to Boa Vista (58% < 1 year). Although women/girls faced extreme poverty in Boa Vista (22% extremely poor and 49% poor), respondents were more likely to indicate positive experiences (44%).

### RESEARCH THEMES IN BOA VISTA

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Boa Vista were about the ‘burden of care’ on women caring for their children. Some respondents described caring for parents, siblings, and grandchildren, but the vast majority were mothers caring for their children. While caring for their children, respondents in Boa Vista experienced sleeping in the streets, assault including rape, and robberies. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Most respondents in Boa Vista identified a need for increased access to shelters along the migration route and in Boa Vista. Without access to

shelter, many refugees/migrants slept on the streets for extended periods, exposing them to additional risks of violence. Other requested services included assistance with documentation, increased access to healthcare, and childcare so that women could work to support their families.

#### Pregnancy

Pregnant respondents in Boa Vista reported being humiliated and receiving poor treatment in their host community, particularly in healthcare settings. Respondents also worried about the lack of employment for pregnant women and explained that if there was no shelter available, they were forced to sleep on the streets without food or money for their children. Refugees/migrants described having endured many challenges during migration, hoping to secure an education and a better future for their children.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, ‘los hinchas,’ employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary.

There were reports of kidnapping occurring in many locations. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole-body organ trafficking, and c) sexual or labor exploitation/trafficking.

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, and passage between international borders. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or

sex work to care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; and (3) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). In the following quote, a participant described her experience with sex work and subsequent pregnancy, "I was 'prepagó' ... and I met a guy who took me out of the bar where I was working, and I got pregnant, and I was mistreated after that. It almost killed me. I left him and was alone again... I went through a lot of humiliation from my husband's family. Many Brazilians humiliated me a lot, first of all because of the language, because of other things that they told me I was dirty" [SID21241, Boa Vista]. A range of consequences was reported, including poor mental health/distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancies, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

**Intimate Partner Violence (IPV):** IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of GBV:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex were important drivers.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/

outdoors, and working in locations where alcohol is served.

**Access to resources:** One respondent in Boa Vista [SID22588] referenced preparing brochures for the media and non-Spanish speaking physicians on the care needs of refugees/migrants, including sexually transmitted infections and contraception. This was identified as a good practice.

### **Experiences of LGBTQI+ Refugees and Migrants**

LGBTQI+ respondents in Boa Vista experienced discrimination based both on their nationality and on their sexual orientation and gender identity. This was manifested as verbal abuse, beatings, stabbings, death threats, and attempted murder perpetrated by host community members and other refugees/migrants. Discrimination extended to other family members, and some mothers reported difficulty enrolling their children in school. Trans-women experienced particularly severe discrimination and maltreatment. Abuse often remained unreported and unpunished, as many refugees/migrants feared being deported, was ashamed, and were distrustful of the legal system. When reports were filed, the authorities often took little action. Due to discrimination, LGBTQI+ respondents also had trouble finding work. In some cases, certain jobs (e.g., construction work) were perceived as traditional 'men's work,' and homosexual men were therefore excluded. When they were able to find employment, many LGBTQI+ respondents tended to have informal jobs where they were at risk of labor exploitation, which was exacerbated by a lack of legal documentation. Unemployment led other LGBTQI+ respondents to turn to sex work, which exposed them to violence perpetrated by clients, pimps, and the police. LGBTQI+ respondents were at high risk of sexual exploitation and resultant health impacts, as explained by one individual, "...we transvestite girls have to prostitute, not to be a 'garota', and many things where we run the risk of encountering many sexually transmitted diseases" [SID22790, Boa Vista]. Finally, LGBTQI+ respondents often could not access shelters or housing due to discrimination. As a result, many lived on the streets, especially during transit, exposing them to sexual and other violence. Of those able to access shelters, there were experiences of discrimination from peers and shelter staff, and LGBTQI+ couples were often separated into different rooms, as shelters tended to favor traditional families.



## MANAUS



Manaus respondents were 73% female, and 85% of the narratives were first-person. Respondents in Manaus were more likely to be slightly older (29% aged 31 – 45 years and almost 17% > age 45). Manaus had a good representation of LGBTQI+ respondents (6%) as well as women/girls with a disability (13%). In Manaus, 29% of respondents indicated that COVID did not impact the woman'/girl's situation. Overall, Manaus respondents had been slightly longer in Brazil (41% 1 - 3 years). Women/girls in Manaus were more likely to have average relative wealth (58%), and respondents were also more likely to indicate that the shared experience was positive (51%).

### RESEARCH THEMES IN MANAUS

#### Taking Care of Family Members

Most of the narratives about taking care of family members by women/girls in Manaus were about the 'burden of care' on women caring for their children. Some respondents described caring for parents, grandchildren, and siblings, but the vast majority were mothers caring for their children. While taking care of their children, respondents in Manaus experienced sleeping on the streets, assaults including rape, and robberies. Overall, the burden of care falling to women/girls resulted in fewer work opportunities as they needed to stay with their children. Most respondents in Manaus identified increased access to shelters along the migration route as a priority need. Without access

to shelters, many refugees/migrants slept on the streets for extended periods, exposing them to additional risks. Other identified necessary services included assistance with documentation, increased access to healthcare, and childcare so that women could find more regular employment to support their families.

#### Pregnancy

Overall, pregnant refugees/migrants in Manaus shared more positive experiences. They spoke of the desire to leave Venezuela to find a better future for themselves and their families. Many respondents expressed gratitude for their new lives in Manaus and for the generous donations received from various organizations.

#### Gender-Based Violence (GBV)

**Perpetrators of GBV included:** partners/ex-partners, family members/friends, landlords, truck/taxi drivers, motorcyclists, coyotes, border guards/police, paramilitary groups, 'los hinchas,' employers, and strangers.

**Sexual Exploitation and Human Trafficking:** Although some respondents described voluntarily engaging in sex work or exchanging sex, these sexual exchanges were almost always exploitative because there was no alternative option, and often an exploiter was making additional gains and was in a position of relative power. There were also frequent examples of sex work being involuntary. One story from Manaus also referenced the risk of possible organ trafficking, "then he thought they were going to take out all our organs and rape all of us." [SID18058, Manaus]

There were reports of kidnapping occurring in many locations. Occasionally, the reason for kidnapping was unclear. However, many cases were believed to have possibly been related to a) illegal selling of children to parents looking to adopt, b) organ trafficking in which children seemed to be specifically targeted for whole body organ trafficking, c) sexual or labor exploitation/trafficking, and d) recruitment of child soldiers by paramilitary and guerrilla groups. "At the border, the greatest danger is to fall into a prostitution or white slavery network that we know exists and where" [SID20457, Manaus].

**Transactional Sex:** Sex was exchanged for money, food, shelter, maintaining or securing employment, transportation, and passage between international

borders. Exchange of sex for transportation and/or basic survival needs (i.e., money, food, shelter) was most common. Venezuelan refugees/migrants with children noted they engaged in sexual exchanges or sex work to care for their children's needs and medical care. A variety of perpetrator types were identified: (1) perpetrators who acted as gatekeepers of movement within the host country or between countries, including persons offering transportation in their private vehicles and border officials; (2) perpetrators related to law enforcement; (3) perpetrators related to conflict/instability (paramilitary); and (4) opportunistic perpetrators who took advantage of migrants' precarious legal status (smugglers, employers). Respondents in Manaus indicated that individuals providing transportation commonly perpetrated this type of GBV, including at precarious border crossings wherein refugees/migrants were often offered transportation in exchange for sexual favors. One individual shared, "The driver offered to sleep with me so he could bring me for free" [SID20535, Manaus]. A range of consequences were reported, including poor mental health/distress, feeling stigmatized for being Venezuelan (which was often synonymous with being a prostitute), pregnancies, sexually transmitted infections, death or near-death experiences, trafficking, and loss of freedom, as well as family separation.

Intimate Partner Violence (IPV): IPV was described both in Venezuela as well as with new relationships during and post-migration. The violence resulted in a need for medical assistance and mental health problems, and it affected children, in addition to sometimes resulting in death. Accessing legal/police support was often a challenge, with the recognition that although barriers existed for women of all nationalities, it was particularly challenging for Venezuelan women due to xenophobia and lack of documentation. Some partners threatened to have children taken away, and it was unclear if there were legitimate risks of having children apprehended by welfare/other organizations if the mother was known to be trading sex.

**Other forms of Gender-Based Violence:** There were frequent examples of abuse of children. Sexual harassment/assault in the workplace was also prevalent. Respondents indicated that xenophobia and a perception that all Venezuelan women want to engage in transactional sex were important drivers.

**High-Risk Locations for GBV included:** border crossings, unsupervised trails, sleeping in the street/outdoors, and working in locations where alcohol is served.

**Access to Supports:** Some respondents from Manaus described receiving help from Indigenous communities. Compared to other locations, in Manaus, there were more references to general community supports and improved access to health care than in Venezuela. There was, however, still an overwhelming need in Manaus for improved access to shelter.

### **Experiences of LGBTQI+ Refugees and Migrants**

LGBTQI+ respondents in Manaus experienced discrimination based both on their nationality and on their sexual orientation and gender identity. This manifested as rejection, threats, and beatings perpetrated by host community members and other refugees/migrants. During transit, as well as in Manaus, many LGBTQI+ respondents reported not having a support network, and parents were sometimes left as sole caregivers for children. Many difficulties were encountered along the migration route. For instance, many LGBTQI+ respondents used informal border crossings ('trochas'), with which they were typically unfamiliar and with unknown safety risks. It was not uncommon for individuals such as drivers to exploit LGBTQI+ refugees/migrants by increasing prices until they were prohibitively expensive. As a result, many LGBTQI+ respondents had to walk very long distances along dangerous and physically demanding routes. During transit, some LGBTQI+ respondents had to pay bribes and informal fees and were victims of scams related to securing legal documents in Brazil. An additional challenge was the danger of being deported by the authorities, especially by federal law enforcement. Due to xenophobia, LGBTQI+ respondents also had difficulty finding work. In some cases, certain jobs (e.g., truck driving) were perceived as traditional 'men's work' and therefore were considered inappropriate for women. The lack of employment was particularly problematic because many LGBTQI+ respondents migrated to find work. Finally, LGBTQI+ respondents often could neither access shelters while in transit nor housing in Manaus. Those able to access shelters often reported that being in a shelter offered them a support network and protected them from multiple forms of violence, including nighttime police beatings on the streets.



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