



# RAPID GENDER-BASED VIOLENCE ASSESSMENT

Guyana,  
July 2022







Minister of Human Services and Social Security, Dr Vindhya Persaud featuring the joint services dressed in orange in support of the 16 days of Activism against gender-based violence



Law enforcement training in identifying and tackling GBV. Coordinated and delivered by the NCC in field team and community partners.

## ACKNOWLEDGEMENTS

Report Prepared by Associates for International Development, Inc (AIDInc)

Technical lead and Lead Author: Sarah Adomakoh:

Research Assistance: Arielle Gordon, Kaila Balch (Intern)

Field Research: National Coordinating Coalition (Guyana)

Funding for Research: Inter Americana Development Bank innovation Hub



## ACRONYMS & ABBREVIATIONS

CCOG	Catholic Charities of Guyana
Covid-19	Coronavirus Disease 2019
CSO	Civil society organization
FGD	Focus Group Discussion
GBV	Gender-based Violence
GPHC	Georgetown Public Hospital Corporation Association
GRPA	Guyana Responsible Parenthood
GSWC	Guyana Sex Work Coalition
HIAS	Hebrew Immigration Aid Society
HIV	Human Immunodeficiency Virus
ICG	International Crisis Group
ICT	Information Communication Technology
IADB	Inter-American Development Bank
INGO	International non-governmental organization
IPV	Intimate Partner Violence
IOM	International Organization for Migration
KII	Key informant interview
LGBT	Lesbian Gay Bisexual Transgender
NCC	National Coordinating Coalition
NGO	Non-governmental organization
MoHSSS	Ministry of Human Services and Social Security
PADF	Pan American Development Foundation
PANCAP	Pan-Caribbean Partnership Against HIV and AIDS
PRIMES	Population Registrations and Identity Management Ecosystem
R-GBV-A	Rapid Gender-Based Violence Assessment
R4V	Response for Venezuelans
SASOD	Society Against Sexual Orientation Discrimination
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRHS	Sexual and Reproductive Health Services
STI	Sexually transmitted infection
TIP	Trafficking in persons
VAWG	Violence against Women and Girls
UN	United Nations
UNDP	United Nations Development Programme
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
VAWG	Violence Against Women and Girls
WHO	World Health Organization
WRRGA	William R. Rhodes Global Advisor

## TABLE OF CONTENTS

<b>ACRONYMS &amp; ABBREVIATIONS .....</b>	<b>3</b>
<b>NOTE ON DEFINITIONS AND TERMINOLOGY .....</b>	<b>6</b>
<b>1 EXECUTIVE SUMMARY.....</b>	<b>7</b>
1.1 KEY MESSAGE & RECOMMENDATIONS .....	7
<b>RECOMMENDED SOLUTIONS .....</b>	<b>1</b>
<b>2 INTRODUCTION: BUILDING UPON PHASE 1.....</b>	<b>2</b>
2.1 OBJECTIVES .....	2
2.2 METHODOLOGY:.....	2
2.2.1 <i>Desk Review of published and grey literature:</i> .....	3
2.2.2 <i>Key Informant interviews</i> .....	4
2.2.3 <i>Focus Group Discussions and WhatsApp Service use Interviews</i> .....	4
2.2.4 <i>Constraints and limitations</i> .....	5
<b>3 CONTEXT - UPDATE ON VENEZUELAN MIGRATION IN GUYANA 2021-2022 (MIGRATION, POLICIES, AND ACTIONS) .....</b>	<b>5</b>
3.1 LACK OF AN ENABLING ENVIRONMENT FOR CHANGE .....	6
3.1.1 <i>Slow results amid persistent efforts in promoting gender quality</i> .....	6
3.2 PREVAILING VULNERABILITIES PROMOTING SALE AND EXCHANGE OF SEX AND TRAFFICKING .....	7
3.2.1 <i>An emerging light at the end of a long tunnel</i> .....	8
3.3 ECONOMIC OPPORTUNITIES IN THE TARGET REGIONS .....	9
<b>4 FORMS OF GENDER BASED VIOLENCE.....</b>	<b>10</b>
4.1 INTIMATE PARTNER VIOLENCE AND CONTROLLING RELATIONSHIPS .....	10
4.2 THREATS AND ECONOMIC VIOLENCE.....	11
4.3 SEX WORK AND SALE AND EXCHANGE OF SEX (SURVIVAL SEX) AND SEXUAL COERCION .....	12
4.4 LABOUR EXPLOITATION .....	13
4.5 TRAFFICKING AND CHILD SEX TRAFFICKING .....	14
4.6 SEXUAL HARASSMENT AND ABUSE OF POWER .....	14
4.7 OTHER AT-RISK GROUPS .....	17
<b>5 DRIVERS OF GBV IN REGIONS 1, 7, &amp; 8.....</b>	<b>17</b>
5.1 XENOPHOBIA HARMFUL STEREOTYPES AND XENOPHOBIA, AND STIGMATISING PERCEPTION AND BELIEFS ABOUT INTENTIONS VENEZUELAN WOMEN .....	18
5.1.1 <i>Cultural Norms and mores (driving harmful stereotypes and xenophobia)</i> .....	18
5.1.2 <i>Long-standing Traditional Perceptions of Gender norms and Roles</i> .....	19
5.2 POVERTY AND UNMET ECONOMIC NEED .....	20
5.2.1 <i>Limited or non-existent access to Livelihoods</i> .....	20
5.2.2 <i>Language barriers</i> .....	22
5.3 MISMATCH BETWEEN REALITY AND EXPECTATIONS OF OPPORTUNITIES IN GUYANA.....	23
5.4 LACK OF KNOWLEDGE OF EXISTING GBV SERVICES AND ACCESS TO INFORMATION AND AWARENESS OF LAWS AND RIGHTS .	23
<b>6 REPORTED DIFFERENCES FORMS AND DRIVERS BETWEEN THE REGIONS .....</b>	<b>24</b>
<b>7 SERVICE AVAILABILITY, ACCESSIBILITY AND GAPS IN REGIONS 1, 7, &amp; 8.....</b>	<b>26</b>
7.1 KEY INFORMANT COMMENTS ON SERVICE AVAILABILITY AND ACCESSIBILITY .....	26
7.1.1 <i>Emerging Evidence based improvements in National Coordination of GBV capacity and Services</i> ....	28

7.1.2	<i>Partnership Approaches in Service Delivery and resulting progress.....</i>	29
7.1.3	<i>Migrants’ perceptions of Service Accessibility and gaps in regions 1 ,7, 8.....</i>	31
7.1.4	<i>Services for other at-risk groups within the Venezuelan migrant communities.....</i>	32
<b>8</b>	<b>BARRIERS IN ACCESS TO SERVICES IN REGIONS 1, 7, &amp; 8 .....</b>	<b>33</b>
8.1	STRUCTURAL OR SYSTEM BARRIERS .....	33
8.1.1	<i>Justice and Legal Support.....</i>	33
8.1.2	<i>Access to protection for victims of trafficking.....</i>	35
8.1.3	<i>Access to Shelters and safe spaces.....</i>	35
8.1.4	<i>Access to Referral Pathways and Networks.....</i>	36
8.1.5	<i>Poor Service Quality, distribution and Underfunding.....</i>	37
8.2	HIDDEN BARRIERS.....	38
8.2.1	<i>Language barriers and information access.....</i>	38
8.2.2	<i>Cultural perceptions - Harmful Stereotypes and Discrimination.....</i>	38
<b>9</b>	<b>SUMMARY OF KEY ISSUES AND BROAD RECOMMENDATIONS TO ADDRESS EXISTING SERVICE GAPS AND BARRIERS .....</b>	<b>38</b>
<b>10</b>	<b>APPENDIX 1: SCRIPT FOR GAINING INFORMED CONSENT FROM SURVEY RESPONDENTS:.....</b>	<b>41</b>
<b>11</b>	<b>APPENDIX 2: KEY INFORMANT INTERVIEWS SCRIPT .....</b>	<b>42</b>
<b>12</b>	<b>APPENDIX 2: WHATSAPP SERVICE ACCESS SURVEY .....</b>	<b>45</b>
<b>13</b>	<b>APPENDIX 3: FOCUS GROUP DISCUSSION SCRIPT.....</b>	<b>47</b>

## NOTE ON DEFINITIONS AND TERMINOLOGY

This Assessment employs the United Nations Population Fund’s (2019) definition of Gender-Based Violence from the [Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#):<sup>1</sup>

**Gender-based violence** is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

In addition, this assessment take note and recognises the extensive work undertaken on GBV in Guyana between 2018 and 2021 and have sought to maintain the same definitions and terminology on this assessment to facilitate seamless translations and comparisons across the years to the current period in 2022.

**Migrants:** Throughout this assessment we have used the term “migrant.” We make the distinction between the term’s migrants and refugees and asylum seekers, all of whom reside in Guyana. The terms migrant and refugees are often used interchangeably in general non-technical discussions however they have different connotations when dealing with the nature, legal residency status and impacts of their migration. According to UNHCR *“A migrant is someone who has chosen to move (hoping to find new economic opportunities), and a refugee (or asylum seeker if they are in the process of applying for refugee status) is defined under international law as someone looking for protection because they fear persecution or have experienced violence or human rights violations in their home countries.”*

We note that while many thousands have migrated and fall under the definition of migrants, are claiming asylum in the countries to which they have fled. Therefore, due to this fluidity in defined situation of Venezuelan migrants arriving in Guyana, this assessment data collection sources, findings and recommendations relate to migrants, refugees and asylum seekers. Also, the identified drivers of GBV are not reported in past assessments to be in any significant extent correlated with or influenced by the differences in migration situation and legal standing between the migrants, refugees or asylum seekers. Although there is legislation that influences the right of the of undocumented migrants versus refugees to access services that respond to and prevent GBV. This warrants further assessment in terms of the influence of migration status on access to protection, health social support, gainful employment and education.

The choice of sole use of “migrants” to refer to all Venezuelans arriving in Guyana under this diverse migration status is in keeping with past assessments and reflects the current dialogue on preventing GBV target all Venezuelans entering Guyana regardless of legal status during this crisis period. The use of the term “migrants” does not reflect the formal context of the definition that exists in standardized research in the global in the international development and human rights domain.

---

<sup>1</sup> [https://www.unfpa.org/sites/default/files/pub-pdf/19-200\\_Minimun\\_Standards\\_Report\\_ENGLISH-Nov.FINAL\\_.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf)

# 1 EXECUTIVE SUMMARY

## 1.1 KEY MESSAGE & RECOMMENDATIONS

# TOGETHER ITS TIME TO RAPIDLY REDUCE GENDER BASED VIOLENCE & DISMANTLE ITS DRIVERS

### THE PROBLEMS

Culture & traditions > Ongoing Xenophobia, Stigma & Discrimination > Turning a Blind Eye & Abuse of Power

*Abuse and exploitation – “Police ask us for sex in return for legal documents”. (stay permit)  
“Exploitation; the Police demand we pay \$25,000 or give them sex to get our legal documents”*



PREVAILING CLIMATE OF GBV	MARGINALISATION OF MIGRANTS	INTENSIFIED GBV	HIDDEN GBV IMPACTS
<p><b>1 in 2</b></p> <p>Over 55% women in Guyana will experience Intimate partner violence.</p>	<p> Xenophobia, cultural norms, misconception and gender power imbalances drive stigma, discrimination &amp; marginalisation of migrant women and diminished access to needed social health and protective and legal services</p>	<p> IPV intensifies and remains hidden and until violence becomes extreme and visible e.g., through death and murders from IPV and rape</p>	<p> Migrant women are ‘accepting’ of their situation which “will not change”. in the hinterland have little access to support and women remain silent in region 8 in particular. Access to services and livelihoods remains blocked</p>
<p><b>1 in 5</b></p> <p>Over 20 per cent of women have experienced non-partner sexual abuse in their lifetime</p>	<p> Self-stigma, poor self-esteem due to undocumented status and ongoing abuse &amp; discrimination drives dependencies on sex and sex work for basic livelihood. Putting migrants at high-risk of sex abuse by clients, stranger’s and employers</p>	<p><i>“Women working in the mining regions are usually confined to small camps where they don’t know many people and don’t have much of a support system, making them susceptible to GBV sexual coercion and rape”</i> NGO Key Informant</p>	<p><i>Being an immigrant is complex, especially when you do not know the language; this is incredibly difficult for us Venezuelan women in this country, men see us as sexual objects, and we cannot defend ourselves through words...or seek assistance</i> Migrant</p>
<p><b>13%</b></p> <p>Experienced such abuse before age 18 Research shows that Being young is the most significant risk factor for non-partner sexual violence: rape, attempted rape, touching &amp; sexual harassment.</p>	<p> Over 60% of Venezuelan migrants in Guyana are single dependent women at high risk of sex abuse, rape, coercion, and being trafficked for sex and labour.</p>	<p> Sex &amp; labour trafficking of adolescents goes unreported by migrants in the hinterland regions</p>	<p>Ongoing sexual exploitation and IPV violence, risk and adverse impacts trickle down to children and adolescents of dependent women and women victims of IPV</p>
<p><b>0%</b></p> <p>Nowhere to run, nowhere to hide! In region 8</p>	<p>Region 8 is a <b>GBV protection desert</b>, with no viable outlets for support. GBV victims stay silent. Region 1 and 7 have support systems known by migrants</p>	<p>Anecdotal reports of how reporting all forms of GBV is met with discrimination by police and language barriers by health providers in regions 1 &amp; 7</p>	<p>Victims in regions 8 stay silent. Reports of women going missing and unreported, and unsolved murders of women that try to fight back.</p>



## RECOMMENDED SOLUTIONS

### There is an urgent need to



Undertake a legal review on policies that influence labour and sex trafficking and deter victims in accessing support



Strengthen law enforcement and community-based partnerships with police substations that encourage lawful address of GBV and harmful cases of abuse of power and exploitation in ways that promote reporting particularly in the hinterland regions



Support rural law enforcement in developing institutional level Standard Operating Procedures for GBV that align with national legislation and inter agency standards and provide training to relevant stakeholders on the content of the SOPs.



Undertake Institutional review and generate accountability standards & monitoring of employers, landlords and quality standards protection services to reduce GBV overall and abuse of power to the most vulnerable, not just towards migrants



Strengthen complaint and feedback mechanisms in the country but with a particular focus on the rural regions that are too far behind the urban areas, reflected by the stark inequities of access to basic and essential services reported.



[This is a human rights issue: The lack of such a foundational infrastructure to serve the most vulnerable communities is a major concern for the Guyanese governments, local and regional NGOs and international development community. Without these structures all aspects of opportunities for survival and livelihoods generation for migrants and other vulnerable groups remain non-existent



Provide sensitisation and training sessions on protection against sexual exploitation and abuse for front line workers, including police, military and immigration officials were identified.



Support access to basic essential goods and services for migrants by providing basic food, clothing and farming tools



Create ESL intervention to extend into the provision of GBV services delivered in Spanish Warao and by local trained community members training includes informed consent, confidentiality, respect for the survivor's wishes and provision of services and support without discrimination based on gender, age, race, or ethnicity.



Continue to strengthen partnerships and ensure a coordinated interagency and CBO response that addresses the needs and GBV risks of Venezuelans and returning Guyanese.



Explore the potential of GBV-focused language translation app



Implement and pilot a digital Legal platform in Spanish and English to support migrants in accessing the first line of legal support and facilitate their communications with law enforcement and health services and protection and safe keeping services



Promote partnerships with NGOs particularly in the hinterland to consistently fund and improve availability and conditions of shelter and protection services Ensure safety audits and quality standards are implemented in the shelters



Implement a monitoring and reporting process through a central data sharing platform for participating community partners to submit standardised data on quality, gender and age forms and risks of GBV, and context of events including survival sex, sexual violence, domestic violence, sex and labour trafficking, focused on cases involving Venezuelans migrants and returning Guyanese; platform would also monitor service outputs and related to GBV prevention, mitigation, legal advice and response services.



In collaboration with community NGOs servicing women, youth and economic empowerment, psycho-social support, to design and implementation of livelihood programmes targeting those at risk of all forms of GBV ensuring the business development capabilities of women and men and adolescents, vocational skills training, capacity building and education. Align these with English language courses





## 2 INTRODUCTION: BUILDING UPON PHASE 1

In January of 2022, NCC launched the project: *Combatting GBV in Migrant and Host Communities in Guyana*, funded by IDB under the umbrella of the Better Together Challenge. The 2022-2024 project builds on the momentum, successes, and lessons learnt from the NCC's previous 2-yr initiative funded by USAID. The objectives of this 3-year initiative are;

- To Increase awareness of GBV services across the regions of Guyana through widespread communication campaigns
- To promote widespread anti-xenophobia awareness through active campaigns on issues of GBV.
- To increase awareness of GBV across Guyana
- To improve understanding of GBV and strengthen the institutional response of GBV by service providers

To strengthen the GBV referral pathways and increase access by liaising with existing GBV service providers

It has been almost 18 months since the last Rapid Gender-Based Violence Assessment (R-GBV-A) focused mainly on regions 3 and 4 in Guyana, was conducted by NCC and Ladysmith during phase 1 of this project. This assessment builds upon the evidence gathered in that exercise and from the evidence of the earlier Regional Interagency Coordination Platform's March 2019 Assessment Report to generate baseline evidence of the realities with respect to GBV incidence, prevention, protection, and support of migrant Venezuelan women in regions 1, 7 and 8 and to provide actionable insights to inform programme expansion into these regions and development of integrated partnerships, programme and policy action approaches to support GBV victims, survivors and those at risk within the Venezuelan migrant groups and their host communities. We have adopted the same data collection approach as the 2021 assessment <sup>(ref)</sup>. The report concludes with a series of targeted recommendations to direct phase 2 of the NCC's initiatives for GBV response for Venezuelan migrants in Guyana

### 2.1 OBJECTIVES

Building on previous study findings, the Purpose of this assessment was to replicate data gathering and analyses for regions 1, 7 and 8 to develop an understanding of local baseline conditions and plan for expansion of service delivery. As such, the following objectives underlie this phase 2 assessment:

1. To identify forms of GBV most likely to be experienced by the Venezuelan migrant population in Guyana;
2. To identify drivers of GBV in the context of Venezuelan population movements into Guyana;
3. To identify current GBV services and interventions in Guyana;
4. To identify gaps, resource needs, and barriers to accessing GBV-related services for local and migrant communities.

### 2.2 METHODOLOGY:

The research for this R-GBV-A Phase 2 was carried out May to July 2022 by the NGO National Coordinating Coalition (NCC) with technical support of Marketworks Global, a technical partner of the NCC, using the framework developed by consultants Ladysmith, the research consultants for phase A (R-GBV-A- Phase 1)

The NCC was responsible for the primary data collection (KIIs and FGD) and collating and summarising of interviews transcripts, while MarketWorks was responsible for secondary data collection (peer-reviewed and grey literature) and for analysing, synthesising, and triangulating all data sources for the purposes of this report. Delays were incurred due to the impact of COVID-19 within NCC, the consultant and potential interviews at different points during the assessment period. The rapid assessment was undertaken over 7 weeks under constrained conditions that took into account the need for COVID – 19 prevention and virtual meeting protocols, the safety of the women, as well as the sensitive nature of the questions being asked. Therefore, research for this R-GBV-A-Phase 2 required victims to be interviewed in safe settings and coordinated by trusted service providers and complete anonymity.

Despite these constraints, this assessment has shed important light on the different experiences and access to services and support of rural migrants and the levels of GBV risk faced by the migrants in various situations and locations. The aim is to produce recommendations to help planners hear the voices of those on the ground and determine the broad trend in progress in addressing GBV and risk across the various communities reviewed. Particular to observe the setback and increased unmet basic and essential needs that have occurred within migrant communities due to the COVID-19 pandemic, as research on the impact of COVID-19 on the livelihoods of both Guyanese and Venezuelan women remains scarce.

In order to extend data gathered for regions 3 and 4 in Phase 1 and expand an evidence-based response to the more rural regions of 1,7 & 8, it was required that we use the same analytical framework of research questions to assess these four key factors that influence the GBV situation in Guyana. It is well known through scoping discussions and previous assessments<sup>2 3</sup> that majority of available GBV services are delivered in more urban regions 3 and 4. In contrast, regions 1,7 & 8 are sparse with health and social support and law enforcement institutional support. Victims, survivors, and women at risk are more likely to flee to seek support in regions 3 and 4, which are further away from their homes and where they are less likely to be found by the perpetrators. As a result, it was expected that compared with phase 1, significantly fewer key informants, service outlets operating within regions 1,7 & 8, and focus group discussion participants would be identified for participation in the interviews.

### 2.2.1 Desk Review of published and grey literature:

Primary Quantitative Data about migrants’ experience, coping, and impacts of GBV they experience is scarce, and this has been exacerbated by the global pandemic, including mobility restrictions and border closures. However, more evidence is beginning to emerge over the past 24 months due to several publicly profiled responses and partnership initiatives (discussed further in this report) in Guyana and the region. As such, our literature review framework builds upon key reports, media reports and particularly draws on where we, the stakeholders, are in the fight against GBV, leading on from four key comprehensive previous assessment documents:

1. 2019 R4V GBV assessment - INTER-AGENCY RAPID GENDER-BASED VIOLENCE ASSESSMENT REPORT IN GUYANA
2. 2021 R-GBV-1 assessment (USAID, Ladysmith, NCC)
3. 2019 Guyana Women’s Health and Life Experiences Survey Report by UN Women

---

<sup>2</sup> 2019 R4V GBV assessment - INTER-AGENCY RAPID GENDER-BASED VIOLENCE ASSESSMENT REPORT IN GUYANA

<sup>3</sup> 2021 R-GBV-1 assessment (USAID, Ladysmith, NCC)

#### 4. 2020 & 2019 Spotlight Initiatives Regional Program Document: Caribbean<sup>4</sup> by R4V /UNDP

To extend from the literature reviews during phase one, additional documentation of published, grey literature and new informational materials emerging between March 2021 and May 2022 were also sourced. This resulted in a review of 35 relevant documents, including international organisation reports, policy briefs, academic publications, and local newspaper articles.

##### 2.2.2 Key Informant interviews

Expert opinions were derived through the qualitative Key Informant Interviews (KII) through which informants from all service organisations (e.g. international organisations, national / state organisations, regional or local organisations, and civil society organisations) working to support anti-GBV measures were contacted and freely shared experiences as service-providers and their knowledge on the GBV landscape and ecosystem in Guyana, particularly in regions 1,7 and 8, including trends, differences in manifestation and drivers of GBVs between the regions. The questionnaires were expanded upon drill-down questions in order to identify regional differences in service access, users' experiences, forms and drivers of GBV, questions were also modified to relate to the different type and mandates of the service organisations (see Appendix 1)

Although most key informants' main offices were located in regions 3 and 4, interviewees included in phase 2 assessment were mainly organizations where their reach extends nationally or to the regions under study. A total of 15 *Key Informant Interviews* focused on the above-mentioned objectives, were held with stakeholders in International Organizations (8), National Institutions (4), City and Local Government Organizations (7), and Civil Society Partners / Grassroots Organizations (11) Focus Groups Discussion (FGD)

Data was gathered via Focus Group Discussions (FGDs) which were formatted as shown in Appendix 2, a total of 30 *Venezuelan migrant women* from Regions 1, 7 and 8 were targeted. Each FGD lasted for approximately one hour. One meeting was held via Zoom, while the others were conducted in person, observing distancing protocols.

Further data were generated from an *online survey that was administered to a WhatsApp group of Venezuelan migrants n=15* (see Appendix 3). Members of the group were made aware that the survey was entirely optional. Given best practice around online GBV research, the survey focused on access to services, and did not ask any specific questions about experiences of violence.

##### 2.2.3 Focus Group Discussions and WhatsApp Service use Interviews

The Focus Group Discussions and online survey enabled open discussions into the experiences of migrants and impacts, coping mechanisms, their networks and perceptions. Although survey respondents were not required to disclose their sex, Migrants surveyed were all women. The women were asked to share their knowledge of existing services and ease of accessing these as well as their perceptions on the barriers to access. Scope of questions were in keeping with UN Women's standards about conducting GBV research online. As such to reduce the occurrence of bias, mental health impacts of recalling personal experiences, a numbered questions were posed in the third person, whereby informants are able to share

---

<sup>4</sup> In Guyana, the **Spotlight Initiative (SI)** to eliminate violence against Women and Girls continues to support the national response to address GBV issues in Guyana. The Spotlight Initiative is a global initiative of the United Nations, the objective of which is to eliminate all forms of violence against women and girls.



wider viewpoints not based on their own experiences, but also provide anecdotal information based on their networks and knowledge of others' experiences within their Peer groups.

#### 2.2.4 Constraints and limitations

The research team felt that the COVID-19 lockdown and prevention protocols created further fragmentation in access to much-needed and essential support services. Furthermore, it was globally noted that economic pressures within households and partnerships have exacerbated GBV and therefore increased women's experience of different forms of violence, making them more vulnerable and less likely to reach out to participate in data gathering and sharing their perspectives in the absence of effective protection services. Therefore, although several women were approached, and a minimum number of 30 were targeted, only 28 individuals from regions 1, 7 & 8 responded to the survey. The victims and survivors we reached were those who managed to stay in touch with at least one community-based provider in their region. Through these providers and community representatives, women were reached, as well as through snowballing. As a result, one limitation of both research assessments was the bias in real perspectives of access to services and existing gaps. As a result, the KI interviewers serve very well to enable triangulation, validation and drilling down into the FGD findings.

Data was collected using a combination of assessment tools, loosely following CARE's Rapid Gender Analysis (RGA)<sup>5</sup>. We drew information using 3 of the six primary assessment tools and guides: brief online survey data collection on service knowledge, focal group discussion with storytelling, and key informant interviews. The RGA approach acknowledges that this way of gathering data is imperfect, particularly in hard-to-reach situations where information is highly sensitive, and data collection is complicated. However, this participatory ethnographic approach is a valuable way of gathering data in order to "understand, appreciate and engage and encourage key anti-GBV actors and sufferers (Quay, 2019)<sup>6</sup>.

### 3 CONTEXT - UPDATE ON VENEZUELAN MIGRATION IN GUYANA 2021-2022 (MIGRATION, POLICIES, AND ACTIONS)

The exact number of Venezuelan migrants in Guyana is not available. However, the number of assessments by IOM and R4V has estimated that by September 2020, 23,310 Venezuelans were living in Guyana, and by December 2021, 29,000 Venezuelans were registered. As the economic, political, security and human rights situation continue to deteriorate in Venezuela, Guyana and the rest of the countries in the LAC region continue to experience an increasing number of Venezuelan migrant arrivals and Guyanese returnees that have been displaced from Venezuela.

In November 2021, the UNHCR representative for Panama, Philippa Candler, in her heartfelt briefing to the press at the Palais de Nations in Geneva,

*Guyana is home to an estimated 24,500 refugees and migrants from Venezuela, including some 2,500 indigenous Warao. Some have settled in hard-to-reach areas near the Venezuelan border, and others in or around the towns of Mabaruma and Port Kaituma. Since early 2020, some 250 Warao also found refuge in Anabisi in northern Guyana.... More than half of this group are children.*

---

<sup>5</sup> Rapid Gender Analysis (RGA) researched by CARE: Good Practice Framework: <https://www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf> and gender analysis Toolkit:

[http://gender.careinternationalwikis.org/care\\_rapid\\_gender\\_analysis\\_toolkit#care\\_s\\_rapid\\_gender\\_analysis\\_toolkit](http://gender.careinternationalwikis.org/care_rapid_gender_analysis_toolkit#care_s_rapid_gender_analysis_toolkit)

<sup>6</sup> Isadora Quay, June 2019. Rapid Gender Analysis and its use in crises: from zero to fifty in five years <https://www.tandfonline.com/doi/abs/10.1080/13552074.2019.1615282>

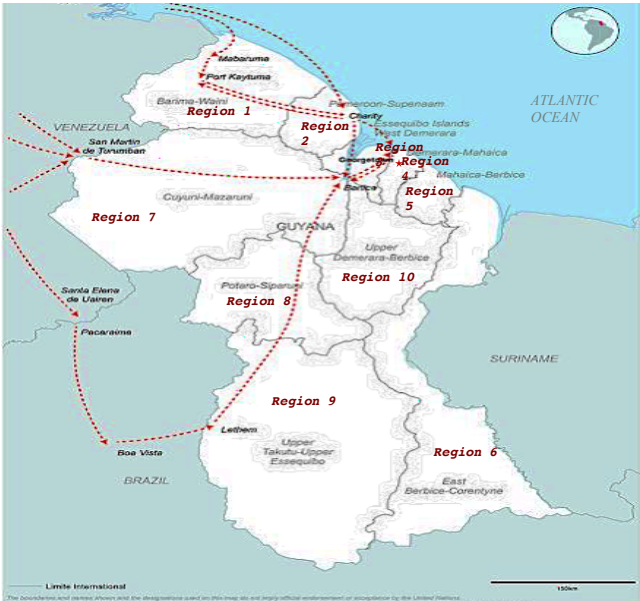
In her speech, Ms. Candler underscores:



*...the Access to services for these communities is limited and the delivery of aid is impeded by remoteness, lack of transport infrastructure and distances. Assessments conducted in October and November among Warao refugee and migrant households indicate mounting needs, aggravated by the economic downturn caused by the COVID-19 pandemic.*

UNHCR continues to call for the regularisation of Venezuelan migrants globally, encouraging host countries to maintain access to asylum procedures and expand the regular stay (90 days in Guyana) for refugees and migrants in vulnerable situations. To work together to provide protection and support appropriate to needs including for separated or unaccompanied children and also victims of sexual and gender-based violence, trafficking in persons and taking actions against traffickers smugglers, xenophobia and discrimination.

As outlined in the Regional Interagency Coordination Platform’s March 2019 Assessment Report (ref), most migrants travel by boat to the port-town Charity in Region 2, where they then travel by boat to Georgetown in Region 4 or Bartica and the mining region of Region 7. Some continue to Port Kaituma or Mabaruma in Region 1. Alternatively, a lesser proportion travel by car, through the border town San Martin de Turumbán to Bartica and the mining region. A small number cross by the more expensive but safer mode of car or plane from Brazil.



**Fig 1. Main Migration routes from Venezuela to Guyana**

Migrants' routes from Venezuela primarily pass through regions 1, 3, 4, 7 and 8. Regions 3 and 4 are urban communities, while 1,7 and 8 are the hinterland that comprises approximately ten per cent of Guyana’s overall population, with mining and unsustainable agriculture (e.g., logging) as the main source of economic livelihoods. Consistent income-generating opportunities are limited, and is one of the main reasons for higher than national average measurements of poverty and inequality in these regions. Weak communication infrastructure and sparse distribution of health and social support services result in limited access to basic services such as education and health; and costly and limited transport infrastructure options. For economically disenfranchised women, particularly migrants, informal labour opportunities are sparse in the hinterland. As such, migrants are more likely to fall into the sale of sex or sex for favours as well as into controlling and sexually coercive relationships with Guyanese men.

**3.1 LACK OF AN ENABLING ENVIRONMENT FOR CHANGE**

**3.1.1 Slow results amid persistent efforts in promoting gender quality**

However, ongoing media reports and key informant anecdotes on VAWG are stark that singular and collective efforts to promote equality between women and men are challenged by the inability to shift

culturally deep-seated mores and practices, beliefs and attitudes about gender, further delineated by race class and education. It seems that remnants of past legacies of colonial history that put women as the underclass and normalized violence against women still prevails with respects to how VAWG is viewed and reported in communities and households and tackled in the field by law enforcement. Worryingly, this environment prevails despite the interventions of Guyana’s governing bodies that have acknowledged the urgency of the problems and its impact on women’s health and productivity, and their households, and have participated in global policy making and protection initiatives to end violence against women since 1975<sup>7</sup> (More on this in section 8.1.1)

According to the 2019 report by UN women on GBV in Guyana<sup>8</sup>, the Constitution protects women’s participation in civic, economic, social and political life and makes it illegal and unconstitutional to discriminate against women. However, Guyana lags behind other Caribbean countries in specific gender development and equity such as labour participation and income-earned metrics (World Economic Forum, 2015<sup>9</sup>). In 2018, for example labour force participation rate was 41 per cent, compared to 55% in the SIDS of the Caribbean (International Labour Organization, 2018) where it is reported that female headed households have greater opportunities for income generation across both formal and informal sectors. In Guyana, across both these sectors women’s work is mainly concentrated in low paying, non-unionized, unregulated, unprotected and labour-intensive levels with archaic and unreasonable accommodation for women with children, occupational health, safety protections and limited maternal health support<sup>10</sup>. The Global Gender Inequality Index ranks Guyana at 122 out of 154 countries (UNDP, 2017).

In addition to policymaking interventions, for over a decade, clear evidence and calls to action to tackle VAWG and specifically IPV have been issued by many agencies, researchers, activities and feminists despite the slow change in diminishing its incidence and adverse impacts<sup>11</sup>. In fact, The WHO report of 2013 estimates a 27% prevalence rate of intimate partner violence in the Caribbean. This is just above the global average of 26%. With respects to IPV in Guyana, for years only anecdotal reports existed on the extent of IPV being even higher here than that reported for the Caribbean average. Until 2019, when Contreras-Urbina and colleagues shared findings from the first evidence informed report on IPV in Guyana, confirming higher levels: The survey found that 38% of 1,498 women surveyed aged 15 to 64 yrs. old in all ten administrative regions reported being physically and or sexually assaulted during their lifetime<sup>(3)</sup>.

### 3.2 PREVAILING VULNERABILITIES PROMOTING SALE AND EXCHANGE OF SEX AND TRAFFICKING<sup>12</sup>

For several decades, Guyana has been recognising the existence and battling gender-based violence (GBV) in the form of smuggling and trafficking in persons. However, according to a 2018 report by the US State Department<sup>2</sup>:

---

<sup>7</sup> Qualitative survey in VAWG Guyana 2013 WHO

<sup>8</sup> Contreras-Urbina, M., Bourassa, A., Myers, R., Ovince, J., Rodney, R. & Bobbili, S. (2019). Guyana Women's Health and Life Experiences Survey Report. Government of Guyana. Retrieved from: <https://caribbean.unwomen.org/en/materials/publications/2019/11/guyana-womens-health-and-life-experiences-survey-report>

<sup>9</sup> The Global Gender Gap Report 2015 – World Economic Forum (WeForum). <https://www3.weforum.org/docs/GGGR2015/cover.pdf>

<sup>10</sup> (International Labour Organization, 2018). (p. 13)

<sup>11</sup> (Danns, & Parsad, 1989; Lazarus-Black, 2007; Mohammed, 1991; Peake, 2008; Trotz, 2004)

<sup>12</sup> In keeping with the terminology from the previous *R-GBV-A of 2021*, this assessment uses the terms “sale and exchange of sex” and “sex work” to refer different circumstances that drive and give rise to informal sex for favours. “Sale and exchange of sex” emphasizes the economic and ‘resource needs’ imperative of the sex-for-money exchanges and acknowledges the precarious position of the person engaging in this activity. The term “sale and exchange of sex” (instead of “survival sex” or “sex for favours”) was recommended by a peer reviewer of this Assessment. The term “sex work” is used to emphasize the income-generating nature of the activity as in work undertaken by a sex worker. This Assessment aims to use the same terms that were used by KIIs and FGDs, while also recognizing that given the precarious nature of those engaged in these activities, in reality there is likely a blurring of the categories. For more on the distinctions, see McMillan 2018.



*“Guyana is a ‘receiving’ country for economic migrants, and a source and a destination country for men, women, and children subjected to sex trafficking and forced labour.”*

Despite programme, national and institutional policy measures in place to combat trafficking of children and women within the hinterland regions as well as between the hinterlands, Georgetown and the wider Caribbean, there has been little headway made. The influx of migrants, mainly of whom fall in the productive and reproductive age groups, are primarily women, creating an additional unprotected labour pool for trafficking by perpetrators within and beyond Guyana. The 2019 R-GBV-A assessment reports that women and children from various countries in the region, including Venezuela, are subjected to sex trafficking in mining communities in the interior and urban areas, and this situation predates the current Venezuelan migrant crisis situation. much of this is unreported to law enforcement or monitored and tackled by existing authorities on the ground, for many reasons discussed further in section XX, the full extent and impact of trafficking remains unknown.

Since 2002 it has been reported in *The Caribbean Regional Strategic Framework for HIV/AIDS 2002 to 2006*<sup>13</sup> that inward and outward migration is increasingly being dominated by females, reversing the trends previously observed across the Caribbean. This pattern persists: For example, IOMs displacement tracking matrix assessment<sup>14</sup> for Migrants into Guyana, undertaken between Sept and Dec 2020 highlights key demographics of a strong snowball sample of 1400 migrants. The survey found that approximately 60% were women and over 40% of migrants travelled alone without families, while 53% were single and 47% married or cohabiting. This recent survey confirms that a growing number of Venezuelans are leaving their country and trying to build sources of income to provide for their dependents with them, or families back home and this influx is fueling the networks and increased activities in smuggling and trafficking in persons, labour and sexual exploitation and violence against among women and girls.

Many of the female migrants in the productive and reproductive age groups are not moving with spouses and children, creating situations of vulnerability, both with regards to trafficking, and increased likelihood of entering dependent relationships and social interactions where sex becomes the main currency of exchange for needed resources. These dependencies also open the doors to multiple partnering practices, informal and formal sex work (exchange of sex for sale), sex trafficking and excess drug and alcohol intake during social interactions. These situations present heightened risk of HIV AIDS among migrant women who find themselves in these precarious dependent situations. Despite several interventions funded through the regional AIDS responses by governments and international agencies, the environment of both GBV and HIV transmission risk fueled by cultures of sale of sex has remained and become more hidden and even an accepted way of life in the sparse hinterland regions. In fact, in the 2021 assessment a key concern raised by some interviewees was the increasing rates of sexually transmitted diseases, including HIV, amongst sex workers and in survival sex relationships and brief interactions. This transmission was discussed in the context of gender-based violence in situations where women contracted STIs as a result of sexual abuse and coercion.

### **3.2.1 An emerging light at the end of a long tunnel**

Despite the dark clouds that remain and hinder progress in tackling GBV and VAWG in Guyana, there are some successes through deeper collaborations are beginning to emerge. For example, in December 2021, amid increasing visibility of VAWG through published assessments and media reports and the collective work of stakeholders through the spotlight initiative and other anti-GBV related projects, the Guyana Ministry of Human Services and Social Security and the Bar Association of Guyana ***signed the legal Pro-***

<sup>13</sup> [https://web.worldbank.org/archive/website00173/WEB/PDF/WW1\\_5393.PDF](https://web.worldbank.org/archive/website00173/WEB/PDF/WW1_5393.PDF)

<sup>14</sup> [https://www.iom.int/sites/g/files/tmzbd1486/files/dtm/guyana\\_dtm\\_201808-09.pdf](https://www.iom.int/sites/g/files/tmzbd1486/files/dtm/guyana_dtm_201808-09.pdf)

**bono 500 initiative** - an agreement to provide free legal representation for 500 victims of gender-based violence. As part of the Ministry's mandate led by Minister Dr. Vindhya Persaud to end gender-based violence, specifically violence against women and girls in Guyana, it has spearheaded programmes focused on improving the quality, availability, and reach of free services to victims of gender-based violence.

### 3.3 ECONOMIC OPPORTUNITIES IN THE TARGET REGIONS

According to ILO's 2018 report, ample opportunity exists for an integrated programme and policy response that invests in green economic development initiatives and skills development for the hinterland. These are in the areas of sand enterprises and ecotourism. Such investments could introduce micro and small enterprise ownership into female-headed and traditional households, reduce community dependence on unsustainable logging and mining activities, and reduce women's dependence on sex for favours and resources by providing viable employment options while preserving the rich biodiversity and cultural heritage of the region. (Source: ILO)

<b>Region 3: Economic Activities</b>	
The <i>Essequibo Islands-West Demerara Region</i> is made up of the islands in the Essequibo River such as Leguan and Wakenaam, and a population of 91,328 people who live in villages, many along the coast with thousands of reclaimed hectares of land for suitable for farming (the Boerasirie Extension Project. Rice farming is predominant, with small amounts of sugar and coconut cultivation and Sugar cane and there is some beef and dairy farming.	Rice Sugar Coconut Beef Dairy
<b>Region 4: Economic Activities</b>	
<i>Demerara-Mahaica</i> is an urban region of Guyana, bordering the Atlantic Ocean to the north, and contains the country's capital Georgetown. The main economics activities are farming, livestock, fruits and ground provisions and manufacturing of furniture, food stuff clothing and textile, along with business and professional services	Livestock Fruits Ground pro vision manufacturing
<b>Region 1 Economic Activities</b>	
The <i>Barima-Waini</i> region is located in the NW on the border with Venezuela with villages mainly made up of Amerindian populations. The main economic activity is <b>mining</b> , followed by logging in the highland and agricultural activity. The population is highly vulnerable with this limited access to basic services such as drinking water, medical care, electricity and food. Aside from mining, the main livelihoods to a much lesser extent are subsistence agriculture, hunting, fishing, and foraging, but these are limited due to lack of access to farming tools and other infrastructure. In addition to the limited farming activities, there is evidence of a high level of unemployment among women (UNICEF, 2017). Furthermore, there is an increase in women as heads of households in this region heightening economic vulnerabilities. A study on violence against Indigenous women and girls carried out by UNICEF (2017) showed that the increase in woman-headed households in this region, increased economic vulnerability. Community leaders express an interest in creating opportunities by enhancing Indigenous agricultural systems, as well as protecting Indigenous ways of life. (Source IOM 2018. EMPOWERMENT OF INDIGENOUS COMMUNITIES FOR SUSTAINABLE LIVELIHOODS) `	Mining Logging Hunting Fishing
<b>Region 7 Economic Activities</b>	
Cuyuni-Mazaruni is a region of Esequiban Guyana, in dispute by Guyana and Venezuela, bordering Brazil to the south and Venezuela to the west. The main economic livelihood for the 15,342 population is mining for gold and diamonds. Controlled by Omai Gold Mines Ltd, the biggest gold producer in this Region and in Guyana. (Source: Ministry of local government and regional development region 7 Guyana). To a much lesser extent, crops are cultivated in the eight Amerindian settlements mainly to supply the settlements and gold and diamond mines.	Mining (gold, diamonds) Crops cultivation
<b>Region 8 Economic Activities</b>	
POTARO-SIPARUNI - Region 8 The Potaro-Siparuni Region is predominantly forested highland with a small portion of hilly sand and clay and is home to the famous Kaieteur and Orinduik Falls. The inhabitants of this region, merely 5,737 in number, are involved in gold and diamond mining and forestry. Mazda Mining	Gold mining Diamond mining Forestry

Company Ltd has the largest operation in this region. The Iwokrama Rainforest Project is partly located in this region. Migrants operate in hospitality, local selling and/or sex work delivered to the mining population

In recent years, budgets have been significantly increased to address infrastructure needs, education and bringing community access to running water; for the first time in 2016, the scope and collaboration toward improving the physical infrastructure that would better support the expansion of supportive health and social services across the rural regions 1,7 and 8<sup>15</sup>

## 4 FORMS OF GENDER BASED VIOLENCE

### 4.1 INTIMATE PARTNER VIOLENCE AND CONTROLLING RELATIONSHIPS

All KIs Interviewees and FGD participants emphasised the main form of GBV as the predominance of physical violence, coercion and control within relationships ranging from live-in partners, to ‘outside woman’ to relationships based on sex for resources and favours.

The single unemployed and dependent status of many migrant Venezuelan migrant women arriving in Guyana<sup>16</sup> seeking income generating opportunities to care for children accompanying them and those back home, places them in a state of economic disempowerment and dependency, ultimately giving them no choice but to fall into controlling and abusive relationships with Guyanese men.

*"Migrants experience all forms of violence, including physical, emotional, sexual, and blackmailing. Whilst some violence is perpetrated as IPV among household members, migrants are also exposed to violations from the host community and service providers"*

*Key informant, NGO*



KIs engaged in programme delivery reported that in a number of cases within Guyanese – Venezuelan relationships, Venezuelan migrant women who arrive in the country without a plan for employment or a network with other settled migrants, have fallen quickly into causal relationships and babies with Guyanese men, with neither having made no commitments to partnership. Therefore, they remain with no ties to the community, but burdened with the stresses of migration and the welfare of a new baby, and some

having other children from past partners, become strongly financially and emotionally dependent on the non-committed partner. Particularly in the Hinterland Regions where economic opportunities are sparse for women and covid further hinder availability of income generating opportunities. In such cases IPV was seen to manifest as physical violence emotional abuse, sexual violence. Research undertaken by UN women and UNDP demonstrate the direct links within different cultures between the economic dependency status of single women/mothers and IPV. As highlighted previously, impact of the public

<sup>15</sup> (<https://mlgrd.gov.gy/category/region-8/>)

<sup>16</sup> Pre-Covid demographic data on Venezuelan migrants notes that approximately 70 percent arrive in the country alone, and that approximately 60 percent of total migrants are women with over 80% of women migrants under 35 years old (see Venezuelan Migrants and Refugees in Latin America and the Caribbean, 2020 P 8) based on 2019 data.



health lockdown and border closure measures on trade and livelihoods, due to the COVID Pandemic, has reportedly exacerbated the incidence of GBV in households.

*"Intimate partner violence is observed between migrant women and Guyanese men.... After impregnating migrant females, conflict tends to intensify, and Guyanese men flee.*

*Though the root cause isn't clear, cultural difference is a primary contributor" ... FGD participant region*

1

*Physical and sexual violence is the most common among migrant women in this country because we have no documents; men rape and physically abuse many Venezuelan women...*

The majority of FGD participants were survivors of some form of GBV, and, without being asked about their specific experiences needed to share specifically about *the Guyanese culture that turns a blind eye towards violence against women* such as physical abuse, sexual coercion and rape perpetrated dependent women, and IPV relationships, particularly within the hinterland regions, and not just towards women migrants:

#### 4.2 THREATS AND ECONOMIC VIOLENCE

Women migrants described how unfairly some of their peers that take on informal work as domestics and maids are treated by their employers. They described threats within intimate relationships,

- *They kill and beat us. We are sexual, physically, verbally and psychologically abused.*
- *Rape, abuse and physical violence (region 7)*
- *I am a survivor of physical violence and have also lost Venezuelan friends who Guyanese citizens have killed. (Region 7)*
- *I have friends who experienced violence, mainly in the mining areas of this country. Women are raped, beaten and even killed for refusing to have sex with men. FGD region 7*
- *A woman I knew told me that she was raped by men who drugged her against her will to make her lose her mind and then sexually abused her. FGD region 7*
- *I have only heard of women abused, physically and verbally violated. (Region 7)*
- *Notably, there was one instance of a same-sex relationship that did not escalate to physical violence though emotional abuse was evident.*
- *Women in this country are sexually abused and experience physical and verbal violence.*
- *Physical and sexual violence is the most common among migrant women in this country because we have no documents; men rape and physically abuse many Venezuelan migrants. (FGD participant Region 7)*

particularly with Guyanese male partners, whereby male partners take their earnings under threats of reporting their undocumented status or removing their children. In some cases, such relationships evolve into one underpinned by threats of violence, enacted violence and sexual coercion, and the male partners often have other women partners under the same levels of control. The women stay put to keep their children safe and maintain some flow of resources, despite the violent situation, as the law prevents women from leaving the country to return to Venezuela without an exit permit signed by the father.

*I have seen cases where they require us to work between 12 to 20 hours a day as a maid, and then they do not pay us and threaten to report us to the police.*

FGD participants region 7

*Manipulation and threats and faced by Venezuelan sex workers and Exploitation of Migrant women who resort to Survival Sex, Labour Exploitation. Key informant*

FGD participants from region 7 reported instances of denial of resources: *"Verbal (for example, small casual comments or threats like if you don't have sex with me, you will not get paid today.*

The 2019 Interagency R-GBV-A highlights that the law in Guyana requires that migrant women are “*legally required to present an exit permit signed by a child’s father to leave the country*”, even under high-risk circumstances where they are seeking protection elsewhere. In addition, the lengthy documentation process deters Venezuelan women from registering the births of their children born to migrants, and this pushes them further into dependent situations as when children are not naturalised, there is an increased opportunity for parents to use children to control their partner. In region 1, two FGD participants described how they had been threatened by police.

#### **4.3 SEX WORK AND SALE AND EXCHANGE OF SEX (SURVIVAL SEX) AND SEXUAL COERCION**

While Guyana has a strong history of sexual exploitation and trafficking particularly within the hinterland region. As highlighted previously, the influx of migrants who enter Guyana with no promise of formal or informal employment due to a number of barriers has inadvertently provided an increased supply of sex labour driven by the migrants themselves or trafficked through non-marital partners and established pimps. Barriers to employment, including barriers to documentation that permits formal employment and lack of English-speaking language ability, give rise to the economically vulnerable situation the migrants find themselves. In 2019 it was reported<sup>17</sup> that just over one-quarter of working migrants were employed in the formal economy in Guyana. FGD migrant participants shared that many women who have turned to the sale and exchange of sex are not career sex workers and had formal employment in Venezuela and participated in the formal economy at home in Venezuela.

Additionally, both KIIs and FGDs revealed that the sale and exchange of sex are highly dangerous for migrants compared with local sex workers, reporting that they were usually subject to robbery and exploitation from clients, raped and left unprotected by the police as a result of the illegal nature of sex work. As a result, due to the fear of deportation, these major crimes do not get reported, and there is an ongoing lack of action taken to punish the violators, which exacerbates the violence toward migrant sex workers.

- *“Being an immigrant is complex, especially when you do not know the language; this is incredibly difficult for Venezuelan women in this country, men see us as sexual objects, and we cannot defend ourselves through words” ... (FGD participant Region 7)*
- *“As sex workers, we are often robbed, and our monies are taken away”*
- *Guyanese would lie and report to the Police that the sex worker robbed them, and then the Police would charge the (migrant) sex worker. This is a new trick the men are using not to pay the sex*

<sup>17</sup> Source: The Migration Policy Institute’s Regional Profile

*workers. They say this is their country. The sex workers are forced to repay the men what they claim they lost.*

The reported dearth of formal and informal economic opportunities in the hinterland regions means that many of the migrant women go where they can earn an income, to Port Kaituma, Bartica and the mining areas. The assessment did not explore the nature and extent to which Venezuelan male migrants sourced employment or turned to sex work in exchange for money.

The past and current assessments found that the trafficking and sale of sex situation remain heightened in the mining regions where illegal armed groups control or ‘police’ the environment. And the Venezuelan migrant women are concentrated in these areas, with little or no means of informal employment income. The women either worked informally in bars, hotels, nightclubs, and restaurants or those unable to make ends meet for themselves or their children from their salaries turn to sale and exchange of sex<sup>18</sup>.

The 2021 assessment report is consistent with these findings and also highlights accounts given by key informants interviewed (KII) that some women are tricked or coerced into sex trafficking and sexual exploitation because they do not understand English and therefore do not know what they are getting themselves into and are often unable to recognise unsafe interactions. In the 2019 report key informant cite incidences of abuse of power by some members of the police force who seek to exploit the women either to exchange either sexual acts or a fee for receiving police-led services. Our assessment findings were consistent with the previous reports for the hinterland region 7:

*" Some migrants have dependents back home in Venezuela; because of language barriers, many can't get decent work and end up in ""forced"" prostitution and ""survival"" sex work – the risk for violence is higher in these situations.*

#### **4.4 LABOUR EXPLOITATION**

As discussed in previous sections, economic opportunities in the hinterland regions are limited and the influx of Venezuelans has been accelerated by economic hardship experienced by households across the region due to the COVID Pandemic (section x) further compounds the extend of unemployment among men and women migrants of productive age groups that make up the labour force.

*“Sexual abuse and exploitation - Police ask us for sex in return for legal documents”. (Stay permit)  
“Exploitation; the Police demand we pay \$25,000 or give them sex to get our legal documents”*

Due to their vulnerable and often undocumented legal status, Venezuelan women and men migrants do not feel they are in any position to demand pay equal to their Guyanese counterparts. As such, they are routinely subject to labour exploitation, including excessively long continuous work hours, low or unpaid wages, verbal and physical abuse and sexual harassment

*.... There is a lack of jobs, migrants are taken advantage of due to lack of knowledge of rights, discrimination”*

*“I have witnessed racial and labour discrimination and abuse of power, leaving a bitter pill on the experience of Venezuelans in Guyana”. (Region 7)*

Women in region 8 cited more instances of labour exploitation that regions 1 and 7. The apparent breakdowns in accountabilities of employers reported in this region, may be due in part, to the sparse

infrastructure and population and dearth of support NGOs whose presence can provide a watchdog effect as they promote the rights of the migrants:

*“It’s not easy... people always try to take advantage”.*

#### 4.5 TRAFFICKING AND CHILD SEX TRAFFICKING

While there were insufficient resources available to delve into the perceived extent of child sex and labour trafficking among migrant populations in Guyana, there were a few reports given through FGD, and these were consistent with the 2019 FGD reports of Venezuelan adolescent girls between 16 and 17 years old being victims of trafficking in persons in bars and brothels in Guyana, particularly in the mining areas. These adolescents usually travel alone and use fake identification cards to enter Guyana. Some children have been seen begging and involved in child labour in the towns and also in the mines. Indeed, a project delivered in the hinterland regions in collaboration with the Guyana Sex work coalition, Blossom Inc and NCC in 2012 revealed<sup>19</sup>that sex and labour trafficking among adolescents remains hidden and highly prevalent in specific communities. The project focused on sensitising villages leaders, police and family members on saying “no” to trafficking and to strive to keep girls in school longer, than age 14, particularly in the Amerindian communities. The existing risk among girls 14 to 17 is heightened within the Venezuelan migrant communities.

*I see child sex abuse particularly of under-age teen is “In one case, a migrant organized sex for sale with a minor”.*

#### 4.6 SEXUAL HARASSMENT AND ABUSE OF POWER

**AIMING FOR CHANGE: GUYANA CHRONICLE: Police stations made more ‘comfortable’ for Domestic Violence survivors**



*The newly-commissioned Parfaite Harmonie Police Station. (Department of Public Information (DPI) photo) December 2019*

FGD participants in region 7 reported instances of being ‘blocked’ in accessing basic information, education and even essential services, such as reporting to the police. In several ways, interviewees (both KIIs and FGD participants) highlighted that authority figures; police, employers, and clients are aware that migrant women are not well-informed about local laws, their rights, or where to go to report cases of abuse or exploitation. In some cases, interviewees also reported that members of the police, the army, and immigration authorities have at times, requested sexual favours in exchange for their support, particularly when migrants are attempting to renew immigration documents.

As described previously, this fear of reporting by women, and subsequent lack of punishment of the perpetrators fuels an environment where perpetrators have ‘license’ to commit violence against the migrant women, unabated. In mining towns, in particular in region 1, the FGD migrants highlighted that the police will ignore reports of gender-based violence made by the victim, because they the women are

<sup>19</sup> Rural action girls project: under the DFID funded project taking action against stigma and Discrimination in the Caribbean 2009 to 2012. A Human Rights-Based Anti-stigma & Discrimination Programming to increase access to Health, Education & Employment and improve outcomes in vulnerable & marginalised groups [http://www.rsdu.org/UploadFiles/UploadImages/July2012\\_Spotlight\\_Magazine\\_update.pdf](http://www.rsdu.org/UploadFiles/UploadImages/July2012_Spotlight_Magazine_update.pdf)



foreigners and seen as illegal prostitutes by the police, so the policemen in question is more likely to side with the perpetrator. The accounts seemed to differ by region whereby region 7 reported better interactions with law enforcement compared with region 1.

*My experience at the beginning was challenging because I had to adapt to the change in culture and language;*

*I was petrified to go out on the street because of the lack of respect and sexual harassment by Guyanese men.*

*My experience as a migrant woman here in Guyana is heart-breaking as we receive a lot of social contempt because of our nationality.... Horrible. Region 7 FGD*

*I knew of a case in Puruni of a woman who men tried to rob, and she resisted, and they ended up raping her. She reported the issue to the police, but the police did not act quickly, and everything went unpunished. (Region 7)*

*I have seen harassment and heard obscene words in the streets; many women have been humiliated, beaten, raped and murdered. (Region 7)*

*Harassment from men on the streets and from law enforcement. Guyanese are inhumane in the way they treat Venezuelans. I have never experienced this sort of treatment in Venezuela. Venezuelans are violent, but they respect each other (FGD Region 1)*

*Bullying, sexual harassment, we are all perceived to be prostitutes or sexual objects just because we come from a Spanish-speaking country. FGD region 7*

*It isn't easy being in a country. When walking on the road, people use disrespectful words toward us. (Respondent said she ignores the remarks and keeps going). Region 1*

*People assaulted me, and no one helped me. There is no cooperation or interest in assisting migrants by the community members. I stopped reporting to the Police because they take your report and don't do anything. FGD region 1*

*It is difficult; there is nowhere to go for help. A friend in Arakaka was raped, and because the perpetrator had money and power, she didn't get any justice. She was not taken seriously. FGD region 1*

*I have witnessed racial and labour discrimination and abuse of power, leaving a bitter pill on the experience of us Venezuelans here in Guyana. (FGD Region 7)*

*It is horrible; a friend who worked in the Mahdia backdam-region 7 had a problem with someone. He drove his vehicle over her, and she lost her leg. To this day, she got no justice. (Region 1 FGD)*

*The experience of an immigrant woman is challenging because we experience abuses from the local society, such as rape, disrespect as a woman, educational blockade. Region 7*

This pattern of abuse of power and turning a blind eye by those sworn to protect, calls for urgent advocacy and education of the public toward changing attitudes and practices from hate and harm to benignity (kindness and tolerance). This trend also indicates an urgent need for reviews and revisions to institutional monitoring and accountability standards for police, employers and other authority figures to which migrant women have been reported to fall prey, such as Landlords. Indeed, this pattern is a long-standing issue and barriers to access to safety and protection and reducing GBV against women in Guyana’s hinterland regions, and mostly towards migrant women<sup>20</sup>. The pattern has been highlighted through all reports since the Spotlight Initiative’s 2019 Country Programme report and the 2021 R-GBV-Assessment. The 2021 report specifically notes “police in hinterland regions are sometimes perceived as being involved in buying/selling sex, and in exploiting migrants and other vulnerable populations” (p31). As discussed in detail in the previous section, there were reports by FGD participants, of member of the police turning a blind eye. The accounts seemed to differ by region whereby region 7 reported better interactions with law enforcement compared with Region 1.



As observed with region 1, migrants from region 8 felt that they *had nowhere to turn for help*. The FGD participants were unable to identify sources for support and were more likely than participants from region 7 to be fearful about sharing about the abuse they saw being perpetrated by those in positions of power, such as employers, landlords and law enforcement.

*-We can't raise voice to male because them gonna beat us and when a complain go to police, they just put the man on bail and that is all.*

*Is about we not have rights.*

An air of acceptance of the “bad’ without the good

*"I have heard of the bad experiences of other people that are very bad, on the other hand, I could not complain, it has not gone too badly for me...*

Within region 8, unlike the other regions 1 and 7 that we assessed, migrant women interviewed expressed some degrees of acceptance the “bad” situations they found themselves in upon fleeing to Guyana:

*...being a migrant woman is not easy... but even so, I have run with the ability to face all kinds of obstacles that I have had to face"*

*-Honestly, I have not gone through that, but there are cases of many women who find themselves in need of someone to help them financially and end up getting involved with the locals and end up mistreated, dead, disappearing, exploited or fleeing from those people*

In the Dec 2021 Data Tracking Matrix survey by IOM<sup>21</sup>, the 1343 respondents were asked whether they had experienced any form of discrimination, 56 per cent stated no, while 43 per cent said yes, their main

<sup>20</sup> In the 2019 Inter-Agency assessment , Venezuelan women reported employers asking them for sexual favours or being abusive and obscene. Again, in the 2021 R-GBV-A women reported workplace sexual harassment enacted against them consistently. They also cited how even landlords attempt to sexually harass women migrants.

<sup>21</sup> <https://dtm.iom.int/reports/guyana-flow-monitoring-surveys-venezuelan-nationals-guyana-september-%E2%80%94-december-2021>

reason stated was their nationality, inability to integrate (language) and discrimination towards returning Guyanese-Venezuelans. When asked if they would return to Venezuela as a result of their experiences, 49 per cent said no, 43 per cent said yes, while seven per cent said undecided.

#### 4.7 OTHER AT-RISK GROUPS

1. Indigenous (Warao) people; are another at-risk group. As heightened in section 2, the UNHCR in 2021 reported some 2500 *indigenous Warao in Guyana mainly settling in hard-to-reach areas near the Venezuelan border and others in or around the towns of Mabaruma and Port Kaituma and some in the North, with a high proportion of those from the North being children*. The 2019 assessment reported that *some other Warao families are staying in temporary shelters; like the one at the dock in Mabaruma*. The movement of the Warao people across Guyana is limited, and they prefer to reside in regions where they can communicate in their Warao language. Only a few of them speak Spanish and they are generally unable to communicate in English and the lack of transportation services in the hinterland remains a significant barrier to their access to services and integration with other Venezuelan communities. Key informants and FGD participants report high incidences of sexual exploitation and abuse. Given the historical land disputes between Guyana and the Warao people, some have been offered parcels of land for settlement, while many are still living in poor conditions. The 2019 assessment highlights that the Warao are highly exposed to labour exploitation in Guyana as well as to survival sex and human trafficking.
2. LGBTI: The assessment did not explore GBV treatment towards migrants that identify as LGBTI during the FGDs and KII, questions. Participants did not raise the issue of marginalisation and abuse towards migrants that fall into this sub-group during the FGD
3. Children and adolescents. No updates were collected during this assessment on the abuse of children of migrants. Through the 2019 assessment, FGD participants in Bartica and Port Kaituma (region 1), reported that Venezuelan children have on occasion been bullied in schools based on their nationality and discriminated against when they do not have the resources to pay for the school uniforms, shoes, or books. They also revealed that cases of GBV involving children of the host community are known to be occurring but are not being reported.
4. HIV Risk: Migrants are the fourth major risk group in the Caribbean. The most vulnerable migrants are the undocumented men and women who cross borders as informal commercial petty traders, mineworkers and agriculture workers or sex workers. They are most subject to the exploited violence and abuse reported in the previous sections at mechanisms in the form of sale and exchange of sex places the migrants at heightened risk of contracting and transmitting HIV. This reality fuels further community blame, shame and stigmatising attitudes, judgment and isolation against this group. The psychosocial impact is intensified as the migrants often lack local family support. The marginalisation experienced and loneliness felt increases their self-stigma, and disempowered mindsets<sup>22</sup>, driving them further into dependencies and abusive and violent relationships.

## 5 DRIVERS OF GBV IN REGIONS 1, 7, & 8

Despite decades of interventions in the form of legislative commitments and ensuing policies and programmes since 1979 to tackle GBV and its root causes by Guyana's government, other state and

---

<sup>22</sup> A Caribbean Sub-regional Analysis on Sex work and HIV. . [https://www.researchgate.net/publication/316122938\\_A\\_Caribbean\\_Sub-regional\\_Analysis\\_on\\_Sex\\_work\\_and\\_HIV](https://www.researchgate.net/publication/316122938_A_Caribbean_Sub-regional_Analysis_on_Sex_work_and_HIV)

community actors and global development agencies, the disproportionate incidence of GBV in Guyana (38%/43%) continues to prevail and remains above the Caribbean average of 28% and the global average of 26%.

## 5.1 XENOPHOBIA HARMFUL STEREOTYPES AND XENOPHOBIA, AND STIGMATISING PERCEPTION AND BELIEFS ABOUT INTENTIONS VENEZUELAN WOMEN

Overall, there is a related widespread assumption that migrants are “*causing too many problems in Guyana*”. These negative assumptions give rise to xenophobia<sup>23</sup> which negatively impacts Venezuelan women, who assume — not incorrectly — that they will be discriminated against if they try to access services (see section on barriers to services). These findings have also been documented in other countries experiencing influxes of Venezuelan migrants<sup>24</sup>

Venezuelan women, in particular single young females experience discrimination in their local communities, and as such, this promotes their lack of full participation in civil society, including the withdrawal or inability to pursue education, skills training. This cycle of lack of access to opportunities and personal growth promotes further disadvantages and societal discrimination and greater reliance by these women on formal or informal sex work and emotionally and financially dependent relationships. The stark xenophobia, stigma and discrimination reported by the migrant women highlights the ongoing need to step up awareness-raising campaign and strategies, promote responsible media reporting and other well targeted stigma and discrimination reduction strategies. Strategies should engage all levels of communities and institutions and raise awareness across all various forms of Stigma and discrimination and address their psychosocial, economic and mental health impacts on the affected marginalised groups including migrants and subgroups such as sex workers, PLHIV, LGBTQ, marginalised youth

### 5.1.1 Cultural Norms and mores (driving harmful stereotypes and xenophobia)

*“Cultural understandings about the position of women in society, the lack of equal educational and work opportunities, the specific vulnerabilities associated with displacement, directly impacts and heightens the risk of women, LGBTIQ+ persons, persons with disabilities and indigenous communities to GBV and exploitation”*

Guyana is a multi-ethnic country with many cultures and subcultures and religions within the culture and is embedded within a history of colonization and slavery and existing power dynamics and economic stratifications between the ethnicities. Together, these factors often underpin variations in community attitudes and practices, including the normalization of IPV, incest and labour and sex trafficking. So, while the Caribbean is usually implicitly treated homogenously when citing statistical outcomes and incidences, there is a failure to explicitly capture the nuances, complexities and differences in beliefs, faith and cultural mores across the region. For example, East Indians comprise the majority group in Guyana and Trinidad, while Chinese and Amerindians make up the minority group in Guyana and Suriname, and Jamaica has a predominantly Black population, whereas Chinese are empowered minority groups in this country. No studies to date conclusively identify the extent to which the identified factors influence and

---

<sup>23</sup> Note: As a point of clarification, harmful stereotypes and xenophobia are not forms of GBV, however, they are included here as they give rise to sexual harassment (which is a form of GBV) on Trinidad and Tobago, 2019 & European Journal on Criminal Policy and Research’s [publication](#) on Peru, 2021).

<sup>24</sup>see Washington Post’s [analysis](#) on Colombia, 2019, Relief Web’s Report



correlate with GBV incidence in Guyana, particularly Intimate partner violence, however, key informants reported anecdotally on cultural factors that differentiate and influence the nature and forms of GBV in Guyana.

For example, given sex work is legal in Venezuela while still illegal in Guyana, the labelling of most Venezuelan migrant as sex workers is underpinned by this distinct moral judgement and drives the reported Xenophobia and justification of denial of their rights by gatekeeper staff at various service outlets, including police stations and health care settings. Given the different legal standings and moral perceptions around sex work between Guyana and Venezuela, Guyanese women see Venezuelan women as 'loose' and always ready to steal their men, as such, this moral judgement, jealousy and fear drive verbal abuse and other forms of discrimination within health care settings and in public and often results in lack of support for women migrants in need of empowerment, information or protection from GBV. The fact that these service providers' roles are to keep all citizens and migrants safe and informed according to their human rights, but instead, they have become the source of harm and fear, further isolates the migrants and increases their risk of all forms of reported GBV.

*... there is a lot of verbal abuse based on race and nationality, for example, snide comments that include phrases like 'you Venezuelans' and 'you Spanish women' where the context makes it abusive...Migrant woman region 7*

### 5.1.2 Long-standing Traditional Perceptions of Gender norms and Roles

*Power dynamics in relationships; the women are often the only ones working and making decisions for the household, likely causing the man to feel inadequate. Further, the stigma attached may cause them to question their manliness, which may cause tension in the relationship that often leads to GBV.*

#### **Key Informant**

Key Informant Interviewees shared opinions of the existence of ingrained sexist gender norms and machismo behaviours in Guyana more in the rural areas, that shape broader expectations that women should stay at home and fulfil the traditional caregiving and domestic roles and also take on those roles even if they earn income outside the home. This fuels discord within relationships and households and therefore increases the risk of violence and economic dependence and control. These restrictive gender norms and related roles are widespread around the world, and in the Caribbean and as a result it is a key driver of IPV. FG participants reported that the IPV risk is even greater in Guyanese Male-Venezuelan women relationships as such relationships are particularly difficult for the more independent Venezuelan women.

*"Men prevent women from working with the promise that they will care for them. However, the conditions under which they are taken care of are prone to GBV."*

*"Jealousy based on cultural interactions and financial restraints. According to a Venezuelan elder, animated relationships involving threats have always been common in Venezuela. As migrants face the language barrier and limited jobs, male-female relationships are prone to violence".*

*"The impact of GBV weighs more on migrant women, who are often the financial go-getters within their families and the victims of GBV".*

*"Migrant men, on the other hand, are usually job-hunting with little to no success and are often the perpetrators."*

As described by key informants and FG participants “gender relations are underscored by the traditional belief and need to control the woman (see above section on IPV and controlling relationships), which can, in turn, lead to abusive and controlling relationships where men restrict women’s movements and activities.

KIIs also spoke about violent tensions between Guyanese and Venezuelan men. This was discussed in the context of informal squatter communities, particularly in the mining regions and usually driven by alcohol and drug abuse practices by the male partners. Reportedly, tensions arise from jealousy, mainly between Venezuelan men who are jealous of Guyanese men in relationships with Venezuelan women, also, in situations where Guyanese men required more control over their more independent female Venezuelan partners.

*...“clear, cultural difference is a primary contributor; for example, the platonic public display of affection between the opposite sex is common in Latin culture but alien to the masculinity of most Guyanese men”.*

*“Venezuelan men don’t appreciate the extra attention Guyanese men give their partners while engaged in meaningful employment, and ultimately spirals into a GBV situation”.*

*“For example, a man sat outside his partner’s workplace, eventually asking her to quit because the boss was too nice to her”.*

## **5.2 POVERTY AND UNMET ECONOMIC NEED**

From the comments and feedback from stakeholders interviewed in this assessment, levels of poverty and unmet need described within the migrant community appeared to be associated with their race, gender and education including English language ability, with Gender being the underlying or cross-cutting determinant as to the depth of poverty experienced. reportedly participants cited that both male and female migrants in rural areas experienced high unemployment seeking informal work where they could get it and this is consistent with the evidence. For example, in 2021, unemployment rates were high<sup>25</sup> at 64% with those employed working mainly within low-paid informal jobs. In IOM’s Data Mobility Tracking Matrix assessment respondents were asked what area of employment they were working in: Commerce (54%) had the highest frequency of responses mainly from women, followed by construction, dominated mainly by men, with 18%, Homemaker with 7%, Mining/Energy with six per cent, Beauty with 4%. Agriculture, Transport and Public service with two per cent each. Tourism, Education and other areas with one per cent each as well.

### **5.2.1 Limited or non-existent access to Livelihoods**

Key informants and FGD participants reported that for single women and in some cases, women in relationships with Venezuelan male migrants, as a result of increasing poverty in the migrants’ household, some women feel they have no choice but to engage in survival sex (sale and exchange of sex ‘for favours’) to feed their household and make ends meet. In addition, the stress of economic deprivation and psychological impact of displacement with unending uncertainties of the future was cited to contribute to increased GBV among Venezuelan couples. The onset of covid pandemic and its lingering outbreak phases

---

<sup>25</sup> Mobility tracking matrix Sept -Dec 2021

has further constrained the ability of both male and female partners to engage in informal labour or sex work and resulting poverty was also cited as a key driver of the physical violence in households

During our assessment interviewees (KIIs and FGDs) consistently mentioned poverty and need for basic survival as the underlying reason for why women, and in this case, Venezuelan women remain in violent or controlling relationships, with Guyanese men. They also described controlling behaviours underpinned by gender norms in Guyana that resulted in women being disarmed from earning livelihoods, thereby keeping them under the control of the Guyanese male partner and placing them at risk of being silent victims of violence. This is discussed in more detail in section 5. Indeed, the 2019 Spotlight Initiative Country Programme Report describes prohibition from working by a partner as the most common form of economic abuse in Guyana.

*“Economic stresses and a lack of resources are key drivers of gender-based violence against women migrants”*

*“Economic circumstances – unemployment; inability to have income and pay rent - frustration leads to family violence and intimate partner violence.*

*“Inadequate finance; securing a job, often unstable or incapable of funding an accustomed lifestyle, (Venezuelans are known for their celebratory lifestyles, but, as migrants, they poorly prioritise meagre funds and sacrifice the necessities like food and rent)”*

*“The economic situation and vulnerability of migrants, migrants’ reluctance to report GBV due to the lack of proper documentation, and the language barrier. All these factors make it easy for migrants to be exploited”.*

*“Economic circumstances; lack of jobs, migrants are taken advantage of due to lack of knowledge of rights, discrimination”,*

*“Lack of means; Dependence on others for sustenance; substance miss-use; illegal status in the country; communication difficulties”*

*“Exploitation due to economic situation, survival sex due to the problem and the need to support the family”.*

*“Economic situation; lack of employment, exploitation due to survival sex, alcohol consumption”.*

During the height of the COVID outbreak, for those in informal employment, the lockdown prevented them from working or gaining consistent access to buyers of their goods or services, resulting in reduced income and exacerbating their levels of household need for necessary goods and services. For women engaging in sex for sale (survival sex) and sex work, social venues where migrants looking for income through sex works and survival sex would need to frequent in order to source their clients were closed included nightclubs, 40% capacity for restaurants and bars, Curfew from 12:00 am to 4:00 am, the use face masks and social distancing prevented access to potential clients. These factors exacerbated the poverty and unmet need felt by the migrants and dependents, leaving them at the mercy of being coerced and exploited by local Guyanese men and the police looking to score sexually. In the 2021 R-GVB-A assessment key informants shared that as a result of the increasing poverty experienced during Covid -19 Pandemic;

*Some women engaging in the sale and exchange of sex began living with clients when they no longer had a place to stay, which exposed them to further violence*

In this 2022 assessment FGD participants reported that some women lived with clients once they were evicted and in other cases were asked to exchange sex with landlords to avoid eviction for non-payment of rent. The situation has not abated but appears to have intensified with similar accounts given since the start of the pandemic. The R4V July 2020 assessment findings also state that some of those women who have been evicted:

*“Have been moving to the mining areas to secure livelihood opportunities. This situation increases their vulnerability to becoming Victims of Trafficking and/or exploitation and Covid-19.”*

## **5.2.2 Language barriers**

The language barrier (persons engage in relationships where they don't speak the same language but convince themselves they can make it work, and do at first, but later open a lot of room for misunderstandings that lead to aggression, resulting in GBV)

*...the language barrier complicates it; when I go to make purchases at the shops, the vendors insist that I speak English, or I will not receive any service. This makes me feel upset. FGD Region 1*

*Being an immigrant is complex, especially when you do not know the language; this is incredibly difficult for Venezuelan women in this country.....*

*..some migrants have dependents back home in Venezuela; because of language barriers, many can't get decent work and end up in ""forced"" prostitution and ""survival"" sex work....*

*The language barrier between migrant women and Guyanese partners*

In the 2019 R4V assessment, the language barrier amid lack of professional references was the main barrier to formal economic opportunities in Georgetown. However, in the hinterland regions the lack of both informal and formal economic opportunities, in addition to the language barriers further compounded the migrants' inaccessibility to employment. Key informants and FGD participants highlighted that as a result of this most married and single Venezuelan women and Guyanese returnees end up working under conditions of economic and labour exploitation, being verbally and physically abused and sexually coerced or abused by either their employers or co-workers. They report in both the previous and current assessments that in some cases, as a result of the lack of understanding, some have been tricked into trafficking and end up working in bars and having sex with clients in exchange for money. This situation extends to regions 1,7 and 8, where many women resort to survival sex, not because they want to, but because there is no other option to help their families in Venezuela.

*Often, they don't have a family or support system here.*

*Fear to report to law enforcement agencies status due to illegal entry into Guyana*

*“Women working in the mining regions are usually confined to small camps where they don't know many people and don't have much of a support system, making them susceptible to GBV sexual coercion and rape”*



In the 2021 assessment, migrants emphasized that:

*“No woman wants to do sex work, we do it because we are forced to, and we have no other option”.*

In this assessment in Port Kaituma (region 1) women shared that they started working in sex work after arriving to this town and facing difficulties communicating in Spanish and finding a well-paid job that could allow them to cover their living expenses and send money or goods to their families in Venezuela who depend on them. Many stated that they were professionals in their country and had a decent life in Venezuela and that their families do not know what they are doing in Guyana.

### 5.3 MISMATCH BETWEEN REALITY AND EXPECTATIONS OF OPPORTUNITIES IN GUYANA

There is believed to be a psychosocial and emotional health and well-being impact associated with arriving in a strange country with hopes and expectations of a better life than the one left behind, however, the reality for most migrants is of arriving *into a nightmare situation of need and neglect and loneliness* within the hinterlands of Guyana, a nightmare one from which they cannot easily flee to return to their homelands, so many seek survival and coping within aggressive, dependent and coercive relationships or agree to underpaid employment and conditions of servitude or ‘ownership’ by traffickers and employers.

*Vulnerability of the migrants. Migrants come here with certain expectations quickly shattered when reality presents itself.*

*GBV is prevalent in Latin America, but compounded when migrants arrive in Guyana, and the circumstances of their migration begin to take a toll on their realities.*

### 5.4 LACK OF KNOWLEDGE OF EXISTING GBV SERVICES AND ACCESS TO INFORMATION AND AWARENESS OF LAWS AND RIGHTS

In the case of migrant women, language barriers also underpinned their reduced networks and further isolation, lack of access to important information on their rights and awareness about local laws, and available services. It was felt by FGD participants that this level of isolation made them unable to exit violent situations.

*Due to their illegal status and lack of knowledge of rights, many women are afraid to report these GBV cases. Key informant*

*“Lack of education/sensitization of victims; Key informant*

Region 8 focus group participants reported the existence of no known services and migrants are accepting of the fact that there is no place to call on for help other than to try to get to Georgetown:

*“I have no knowledge of any association or organization that helps anyone in a GBV situation in my region*

*-No field work has been disclosed in the regions outside the capital and the organizations are not distributed and that all of them are centered in the capitals, not in the most precarious regions.*

This situation appears to drive the occurrences of GBV, which go unreported. As a result, unreported GBV is described as normal way of life where women have no rights - for both migrants and Guyanese communities within region 8.

*-Because men think they have all the rights in their country.*

*-I think because is how Guyanese people grow up.*

*-Because Guyanese men violent.*

*-Because Guyanese and Venezuelan grow up different is about misunderstanding.*

The migrants highlight that the GBV enacted towards Migrants in its various forms is in fact the normal the way of life in the mining communities for both Guyanese and migrant women:

*-I think it is the culture that is bad, the environment where the Guyanese are raised, the vices, high consumption of marijuana, alcohol, and drugs, their behaviours are like animals*

*-It's normal for them here.*

## 6 REPORTED DIFFERENCES FORMS AND DRIVERS BETWEEN THE REGIONS

When the more urban regions 3 and 4 are compared with the sparsely populated and policed regions 1, 7 and 8 both Key informant experts from implementing agencies and community groups FGD migrant participants agree that more likely to observe or experience IPV in regions 3 and 4 including physical assault and emotional and economic abuse, whereas within 1 and 7 there appears to be more instances of GBV and enacted discrimination in the forms of physical violence, rape, public harassment and failure to help persons being publicly attacked by random male strangers, controlling partners or coercive acquaintances.

*“In the Hinterland regions, namely regions 1,7, 8 and 9, sexual violence tends to be more prevalent due to the accentuated power imbalances”.*

Informants shared that cases of deprivation of liberty/ imprisonment/sexual slavery are hidden in plain sight in the Hinterland Regions;

*“Many of the GBV cases in all these regions intersect with Trafficking in Persons (TiP) and other types of exploitation.”*

In regions 3 and 4, the power dynamics of the relationship may lead to GBV. The data from the DTM assessment demonstrates that economic imbalances are more stacked in the hinterland than in regions 3 and 4 with more women migrants able to find informal sources of income compared to women migrants in 1, 7,8. In the mining regions (7&8), where sex work is more common, as reported in the previous section, women are exposed to GBV when forced to do specific work or refuse to do such work or perform favours. The 2018 and 2021 human rights reports<sup>26</sup> US state department and reports from other online development sources<sup>27</sup> report that Women are affected from as early as 18 years old to 27 years old. In

<sup>26</sup> <https://www.state.gov/reports/2021-country-reports-on-human-rights-practices/guyana/>

<sup>27</sup> <https://caribbean.unwomen.org/en/news-and-events/stories/2019/11/1-in-every-2-women-in-guyana-will-experience-intimate-partner-violence>

some areas, there is a silence and blind eye turned on child sex and labour trafficking with girls as young as 14 years old, under the consent of the family.

Some Key informants relayed that migrant women in the hinterland engage in survival sex and mainly experience physical and sexual violence, whereas those in regions 3&4 experience intimate partner violence. Women between the ages of 20-45 years are mostly affected.

*"In the hinterland regions 1,7 & 8; The majority of the female migrants engage in sex work and also face abuse by their clients and/or partners (manipulation and threat; sexual violence and sexual exploitation)"*

Key informants reported that GBV forms differ between the hinterland regions 1,7,8 and urban areas. While some migrants in FGD shared that they did not think clear differences in forms existed between regions, more shared that they did think that cultural differences between the regions exist with respects to different levels of 'freedom' or empowerment of women. For example, an adolescent migrant, shared about her inability to go somewhere because her boyfriend was opposed, even instances of her having to send a picture of her outfit whenever she went out. There were often emotions of hurt, anger and blame directed on the local community and those in positions of authority as FGD participants described other drivers of GBV in the region: While all regions experienced the same drivers of GBV, these were reported to vary in terms of how much they contributed to prevailing GBV. In regions 7 and 1 drivers were more likely fueled by xenophobia, language barriers and power imbalances, while power imbalance and lack of access to support and protection services were key drivers in regions 8, driving a culture of acceptance of the hidden nations of GBV as a means of self-protection.

#### **Region 7 FGD**

- This violence takes place in this country because many of the entities in charge do not carry out their work correctly and also because many of these battered women are very afraid that these men, after being released from prison, will kill them.*
- Due to the lack of education of the people and the new generations.*
- Because they have no education or love for their neighbour*
- Due to the intense uncontrolled exploitation of lounges, and nightclubs, among others.*
- Due to the excessive consumption of liquor and drugs, and because there is no respect for Venezuelans.*
- Drug and alcohol use greatly influences.*
- Violence occurs anywhere because they have no mercy in their hearts*
- I think it's because many Guyanese are uneducated.*

#### **Region 1 FGD**

- The sex workers believe they experience all types of violence because of their work.*
- jealousy; Guyanese men are jealous and possessive of their partners, which often results in violence.*

#### **Region 8 FGD**

- Violence here is normal. Men like to beat women and Guyanese women don't like us.*
- Violence against women here is normal because we are not Guyanese.*
- I suffer violence, verbal, and I had to run away with my son from the father because he thinks I don't have rights here.*
- We all are different with different dreams and will never going to be okay.*
- Is about we not have rights.*

## 7 SERVICE AVAILABILITY, ACCESSIBILITY AND GAPS IN REGIONS 1, 7, & 8

### 7.1 KEY INFORMANT COMMENTS ON SERVICE AVAILABILITY AND ACCESSIBILITY

Both Key informants and migrants reported that most services are concentrated within regions 3 and 4, located mainly in Georgetown. From interviews with KI in previous R-GBV-A assessments (2019 and 2021) And in the current assessment (2022), it was determined that very few services operate comprehensively within the hinterland regions 1,7,8 where the migrants we interviewed reside, and in region 6 also. This is a major concern to the KIs that operate in the service space of GBV prevention and support to the migrants themselves.

*"The health institution does not have the capacity to offer, in a structured manner, services to either prevent/respond to Gender-Based Violence.... There are no Social Workers and no Psychologists."* **Key Informant**

It is felt that the scarcity of resources and services directed towards the hinterland regions to tackle the long-standing and growing problem of GBV within the host and migrant communities, indirectly communicates to the would-be perpetrators that the need to prevent GBV is not a priority. This therefore gives rise to ongoing acts of violence that remain "hidden and accepted". This dearth in availability of comprehensive protective spaces has persisted for decades despite progress in policies and legislation across Guyana, and proven implementation of actions and partnerships between community, government and international agencies that successfully tackle GBV in rural areas. Fragmentation of funding available for successful and proven community-based strategies to run consistently has caused a lack of sustainability of these interventions and a loss of tacit knowledge and human resources that make them successful and builds trust within the at-risk communities. For example, without adequate funding and sustained revenue, key informants from the CBOs we interviewed consistently reported in past and present R-GBV-A assessments that it is too costly to travel from regions 3 and 4 to the remote areas to provide consistent services and increased access to GBV prevention, support and protection. As such most use WhatsApp as a means of communication, although access to ICT and connectivity in some of the hinterland areas remains poor<sup>28</sup>. *Without physical services in place, access to online support, advice and emergency response networks is the best alternative and required infrastructural upgrade to enable the delivery of e-services and establish an effective digital GBV support ecosystem or platform.*

The glaring absence of comprehensive services or integrated responses linking key actors together is viewed by Key Informants as an enabler of risk and incidences of GBV in all its forms as discussed previously. This lack of service infrastructure results in a "lack of policing and regulation" of the policies that are in place to identify, prevent and respond to GBV. Without such an ecosystem of linked services and key actors in place, IPV remains an accepted norm and the most violent forms of GBV including trafficking rape and sexual exploitation remain hidden and crimes against the victims remain unsolved.

There are no shelters in regions 1,2, 7 & 8 but IOM has funding to pay for an apartment that serves as emergency housing in region 7. Those who can afford to, flee to Georgetown with the support of existing community-based organisations that struggle with skeleton funding, to support them consistently. Key informants described the following services: Community-led responses in regions 1 and 7 are delivered mainly through three partners in Guyana, the Guyana Sex Work Coalition (GSWC), Hebrew Immigrant Aid Society (HIAS and Blossom Inc. In Region 7 the Guyana Women Miners and Hope Foundation are also key service providers. Region 8 is particularly sparse in terms of service availability. As a result, it was

---

<sup>28</sup> (Spotlight Initiative's Country Programme Document, 2019, p89).



particularly difficult to identify and source migrants in this region due to lack of a supportive NGO operating in this area that that are usually a trusted point of contact for these women. All FGD participants reported that they were unaware of any support services available to help them with essential services and expressed needs including employment, English classes, and financial support. This dearth of support is a key driver of GBV and lack of accountability and incidences of abused of power in region 8 and this requires urgent attention.

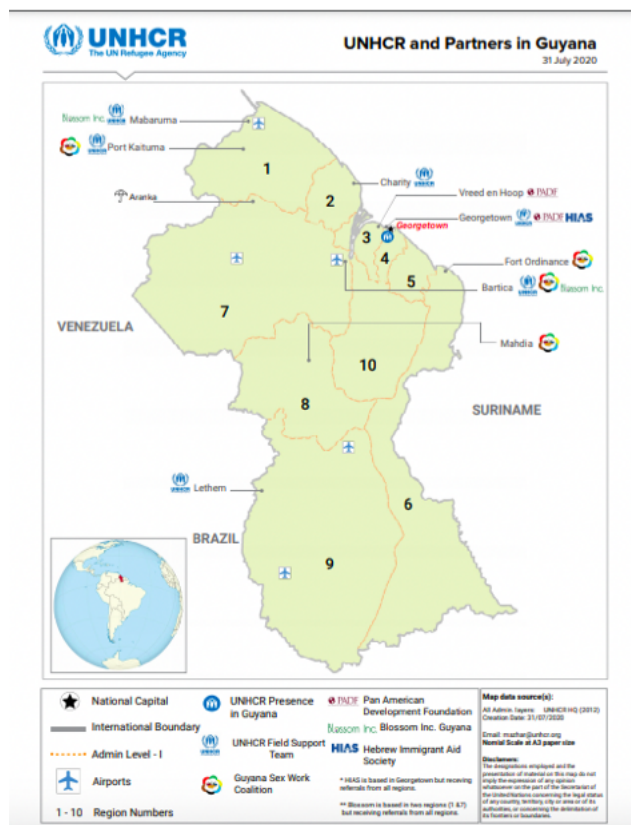
As with other sparse hinterland areas, the main service providers, the NGOs, do not have offices in this region, community members in need of protection and assistance operate through WhatsApp support groups and are able to contact the organisations via WhatsApp & Facebook. At-risk women, victims and survivors from this region are only able to physically access service once they are in Georgetown.

**GSWC** works with Venezuelan migrant women, including sex workers. They have peer educators in Regions 1, 6, 7 & 8 (Port Kaituma, Berbice, Aranka, Mahadia). There are also GBV Protection Officers in Region 4 who document and monitor cases of violence against women. The package of services includes sensitisation on Human Rights, GBV, support groups for GBV survivors and referral to other service providers. Sensitisation is conducted with migrants and host community leaders. Other GSWC activities include;

- Identification of cases of GBV
- referral of cases of GBV to HIAS,
- Responding to the needs of sex workers
- provision of emergency assistance,
- Sensitisation of several topics, including GBV, rights and services available to refugees and migrants in the country, and prevention of HIV and STIs,
- support group sessions, in which sex workers are offered a space to share their individual concerns and request support, and the distribution of hygiene kits, as well as condoms and lubricants provided by the National Aids Programme Secretariat (NAPS)

**Blossom Inc.** supports region 1,2,4, 7 & 10 focusing on psychosocial and legal support, shelter assistance, transportation. All medical in-patient and out-patient services Prosecution of perpetrators, and survivors, are referred to Blossom Inc. for psychosocial support/trauma counselling. The organisation also delivers community-level education on GBV and navigation services for survivors of GBV-critical support in hand-holding women through the court systems, interpreting their laws, etc. Importantly, Blossom is able to reach at-risk migrant and local children and adolescents through its provision of services to child protection cases, including child victims of sexual abuse and exploitation.

The organization also coordinates with HIAS and GSWC in many instances, including referral of GBV cases and sensitization sessions, and manages Child Advocacy Centre (CAC) in Port Kaituma where child survivors of violence and abuse undergo Forensic Interviews and are provided with MHPSS. The work in



Source: Response for Venezuelans UNHCR and Partners in Guyana (July 2020).

the CAC is done in close coordination with the Childcare and Protection Agency (CCPA), which also identifies and refers cases and collaborates in seeking and providing durable solutions to children, including through alternative care arrangements.

**IOM** has an emergency response team and hotlines where people can reach out for help. Persons can also leave a WhatsApp message. They provide case management (e.g., if they want to make a police report, persons are accompanied to make that report), transportation services, emergency shelter, emergency food assistance. Red Cross and IOM also provide food supply

**United Nations High Commission for Refugees** operates in regions 1 and 7, offering protection services, shelter assistance, transportation, and legal aid and food to GBV survivors as well as women and girls at risk through its partners HIAS, Blossom Inc, and GSWC. HIAS offers GBV case management, mental health and psychosocial support services, as well as emergency assistance services, based in Georgetown and Bartica (Region 7), and this offering will soon extend to Port Kaituma (Region 1).

**HIAS** provides GBV management services, emergency shelter, mental & psychosocial health counselling, support group services for women and girls focused on GBV prevention, application of stay permits, education for children, cash assistance and referrals in regions 1,4,7 &8, with emergency assistance services based in regions 4,7 and 1 (Georgetown, Bartica, Port Kaituma)

**CCOG** offers GBV shelter with three months (maximum) residency, depending on the case, and food. Assist with job acquisition, registration of children into schools, and document translation. Though the shelter is located in region 4, the organisation accepts referrals from all areas across the country.

In region 1, Mabaruma Regional Hospital provides all inpatient and outpatient medical services, Counselling sessions, and monetary contributions through social worker attached to the Ministry of Human Services. The hospital also works with IOM on providing HIV services to the various communities in Region 1. There is no specific focus by the government health sector on GBV prevention or support. However, in regions 7 and 8 Government led services are sparse compared with services available in regions 3 and 4:

*“Other GBV prevention and response services are provided through the Police but this is not considered a trusted source of support by migrants”*

### **7.1.1 Emerging Evidence based improvements in National Coordination of GBV capacity and Services**

“There is a National and Regional Body for coordination on GBV response out of the office of the President comprising key stakeholders.”

The National organisation offers GBV training, psychosocial support counselling, personal hygiene kits, sexual and reproductive health education, job readiness training, assistance with preparing job applications, English classes, entrepreneurial activity and referrals to Blossom Inc. and HIAS for food and emergency shelter.

In 2021 though interagency support group funded by USAID through the *Better Together Challenge*, and led by NCC responded to unmet needs and access gaps expressed by migrants through evidence derived in the R-GBV-A assessment for strengthened coordination of the GBV response ecosystem. as a result, the GBV SERVICE AND RESOURCE DIRECTORY was produced to guide both community and government

service providers in establishing stronger referral partnerships with other providers and to inform migrants of service availability and location.

Most recently, In January 2022, in response to the assessments undertaken in 2019 and 2021, the NCC, funded by IDB, the NCC initiated the launch of the 3-year capacity building and ecosystem strengthening project: Combatting GBV in Migrant and Host Communities in Guyana in partnership with USAID, IDB. The project focuses on developing and sustaining coordinated response to GBV

### **7.1.2 Partnership Approaches in Service Delivery and resulting progress**

While it is not well documented, it is clear from the coordination efforts described above and services currently being delivered as described by the key informants, that implementation partnerships are underway and are slowly resulting in greater reach by CBOs and NGOs with the available funds. There is potential to build upon these and developing cost efficient approaches, by strengthening the existing working partnerships and concretizing respective 'team roles' between implementing agencies and community-based organisations and expand across regions through resource sharing partnerships and space sharing.

For example, the programme and funding partnerships of Blossom Inc, Hope foundation and GWSC with the National AIDS Programme (NAPs) in HIV/AIDS prevention and community support strategies provide informal channels through which locals, migrants and other at-risk migrant subgroups are reached in particularly the LGBTI community. As part of the project, NAPs train GSWC's peer educators on HIV and STI prevention. Through the partnership with HIAS, the organisation provides comprehensive case management services to GBV survivors, Mental Health and Psychosocial Support (MHPSS) and direct cash and emergency assistance, and refers them to other services, including legal and health. GSWC also works closely with HIAS, IOM, UNHCR and the Ministry's TIP Unit for referral to several services - psychosocial support, trafficking cases etc. Guyana Women Miners Association provides limited transportation assistance in collaboration with the Red Cross and IOM.

One key informant describes how through UNAIDS partnerships, UNHCR was able to scale up activities on HIV and STI prevention and response and Sexual and Reproductive Health and Rights (SRHR), including by the provision of Voluntary Counselling and Testing (VCT) in Regions 1, 2, 3, 4, 5, 6, 7, 8 and 10 in partnership with GSWC.

CCOG collaborates with Blossom Inc., UNHCR and HIAS in regions 1,7. The organisation has provided services in Regions 3, 4, 5, 6, 8, and 9 from mid this year - targeting children who have experienced sexual violence. Parenting skills education is also provided to parents to reduce family violence. Child link operates the child advocacy centres, collaborating with police, Child Protection Agency, prosecution, health, education and local authority.

IOM's emergency response team and hotlines routinely make referrals of callers and help seekers to other organisations (UNHCR, HIAS, Blossom) to coordinate the necessary aid.

As the potential to concretise these partnerships and referral pathways steadily increases, it has been suggested that digitalization of the referral and coordination mechanisms be explored and implemented to develop a one-stop service platform or hub for clients and all at risk of GBV particularly those residing hard to reach communities, to obtain timely support and empowerment.

With 10% of the population residing in the hard-to-reach hinterland areas, while this represents small absolute population numbers, the hidden and growing incidence of GBV (the shadow pandemic) is well reported by community members and KIs.

*A cost-effective response that reflects an affordable unit cost per victim reached or case prevented, will require a sustainable, approach underpinned by the ecosystem of partners described above, that can touch all locations concurrently, and this can only be made possible through digitation and online support to circumvent the time and expense constraints of location and travel.*

Underpinning this new wave of responses to improve on the approaches to identify, tackle and prevent GBV across Guyana the Spotlight Initiative launched in 2019. Since its launch, operational Partnerships have been established between the leading entity Ministry of Human Services and Social Security (MHSSS) and 8 CSOs that lead the roll out of anti-GBV community programmes.

The spotlight initiatives appear to have catalysed actions and improvements, in particularly related to, increased access, reach and referral of GBV services to persons in need: In March 2022 the Guyana Chronicle<sup>29</sup> and Strobroad News<sup>30</sup> reported the results to date:

#### Key Actions and Results Catalysed the Spotlight Initiative for Guyana

1. The MHSSS and UNICEF conducted research on New and Emerging Forms of Violence and a Review of the Domestic Violence and Sexual Offences Legislation, to support the base needed for driving reforms on domestic violence. Based on this foundational work, a new draft Domestic Violence Bill 2021 was proposed which will seek to strengthen the current framework and in 2022, the Ministry is expected to extend the recommended reforms and propose a new Family Violence law (inclusive of intimate partner violence). Added to this, the EU-UN Initiative will support a new legislation on harassment.
2. University of Guyana, to build institutional capacity a specialised course on addressing family and gender-based violence was drafted titled “Resilience against and Disruption of Gender-Based Violence”. This course is an introductory course starting in 2022, that raises awareness on Gender-Based Violence (GBV), focusing on its causes and consequences and methods of intervention towards human resiliency and social change
3. In partnership with the MHSSS, a Plan of Action on GBV is also being drafted and a review of the Social Protection Framework in relation to Domestic Violence is also being done. Both are expected to be completed in 2022.
4. In August 2021, the COPSQUAD2000 Initiative was launched through a joint partnership of the United Nations Population Fund (UNFPA), the MHSSS, the Ministry of Home Affairs, and the Guyana Police Force (GPF) and aims to build the capacity of GPF officers to effectively respond to GBV cases. 5,199 police officers from all divisions are expected to be trained.
5. In partnership with the MHSSS, the Spotlight Initiative began work on the Foundation’s Programme with UN Women, which aims to empower young people to prevent GBV by understanding the root causes and creating a network of young people who will advocate for non-violent relationships. The first step of this programme involved the training of trainers (ToT) to deliver the curriculum to young people delivered by experts in implementing the Foundations Programme in the Caribbean.
6. To support the availability of quality, disaggregated and globally comparable data on different forms of violence against women and girls in line with international standards to inform laws, policies and programmes, 122 Representatives from Government Ministries, the Judiciary, Office of the Director of Public Prosecutions, CSOs, Neighbourhood Democratic Councils and Amer-Indian Village Councils from the target communities benefitted

<sup>29</sup> <https://guyanachronicle.com/2022/03/08/spotlight-initiative-leads-fight-for-gender-equality/>

<sup>30</sup> <https://www.8com/2022/03/08/news/guyana/spotlight-initiative-tackling-gender-based-violence-to-achieve-gender-equality/>

from capacity building in the collection, analyses and use of data on violence against women and girls facilitated by the United Nations Development Programme.

7. Civil Society Organisations (CSOs) in the field have conducted awareness and sensitisation efforts with community members and worked with community leaders and residents on intervention and prevention programmes.
8. Psychosocial services were provided to over 2217 beneficiaries, including survivors of GBV in regions 1, 4, 5, and 7. This included counselling and forensic interviews for survivors of GBV as well as referrals for other supportive services, community-based awareness and advocacy initiatives.
9. Youth Challenge Guyana has been working in Baramita, Region 1 under the Spotlight Initiative. The group has delivered sensitisation and developed a manual, targeting ways of engaging with young people in the community through awareness campaigns, life skills training and discussing triggering behaviours that could contribute to GBV, such as substance abuse.
10. Through a collaborative effort of the Spotlight Initiative, the Child Protection Agency of the MHSSS and ChildLink Inc., two Child Advocacy Centres were established in Region 6; the first such facilities established in Region 6. The centres focus on trauma-based counselling for child survivors of sexual abuse and their families as well as support that would aid access to justice for survivors and recovery. So far, over 125 forensic interviews were conducted and more than 136 cases of child sexual abuse have been supported through interventions at the centres.
11. In Matthews Ridge Communities, Region 1 and in Batavia and Waramadong, in Region 7, gatekeeper groups were established to provide safe spaces for women and children. Residents trained to administer various GBV support services conduct awareness and sensitisation outreaches to empower women and youths in their communities. To date, there are 66 members.
12. Over 300 persons including Government officers, community leaders, community small businesses, civil society organisations, faith-based leaders, and the leadership of spotlight target communities were trained in varying aspects of GBV support services as part of capacity building exercises.

### 7.1.3 Migrants' perceptions of Service Accessibility and gaps in regions 1, 7, 8

As stated, previously most services that support or prevent GBV are located in Georgetown, the migrants interviewed from region 1,3,4, 7, 8 reported their knowledge of services, as well as their prevailing unmet needs. While a number of initiatives and partnerships are proving successful when accessed, reach to those most marginalised of victims continues to be constrained as a result of language barriers both for the victims who speak only Spanish or Warau and tend to remain within their communities, mainly in region 1<sup>31</sup>. Knowledge of services and where to go for protection ranged from easy in Georgetown, region 1 to “not easy” in 4 and 7 to non-existent “nowhere to run for help” in region 8. The table below highlights the differences in access and availability across the regions assessed. The reports of access and availability given by migrants correlates with the existence and NGO activities and initiatives in the respective regions.

Region	Knowledge of services	How easy is it to access services?	Experiences	Unmet needs /Service gaps
1	<ul style="list-style-type: none"> <li>▪ Catholic Charities, HIAS,</li> <li>▪ Blossom</li> <li>▪ offer psychosocial</li> </ul>	<ul style="list-style-type: none"> <li>▪ Easy</li> <li>▪ Catholic Charities has zoom sessions every Thursday</li> </ul>	<ul style="list-style-type: none"> <li>▪ All respondents received the support they sought</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food support,</li> <li>▪ Employment,</li> <li>▪ English classes,</li> <li>▪ Legal support</li> </ul>
3	<ul style="list-style-type: none"> <li>▪ Legal</li> <li>▪ HIAS,</li> <li>▪ Psychological support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not difficult but also not easy.</li> <li>▪ Language barrier makes accessing services difficult,</li> </ul>	<ul style="list-style-type: none"> <li>▪ All respondents received the support they sought</li> </ul>	<ul style="list-style-type: none"> <li>▪ Job opportunities,</li> <li>▪ Access to housing,</li> <li>▪ Good medical care,</li> <li>▪ Obtaining immigration documentation</li> </ul>

<sup>31</sup> R4V assessment 2019



		<ul style="list-style-type: none"> <li>Some migrants don't know where to access services</li> </ul>		
4	<ul style="list-style-type: none"> <li>Catholic Charities, mostly cited - providing financial support,</li> <li>legal support, entrepreneurship,</li> </ul>	<ul style="list-style-type: none"> <li>Not easy.</li> <li>Requires patience to get seen as many women are accessing services.</li> </ul>	<ul style="list-style-type: none"> <li>Catholic Charities have been consistent with their services</li> <li>Considered friendly.</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare,</li> <li>Employment,</li> <li>More support on legalising stay permit,</li> <li>Mental Health Services, English classes,</li> <li>Better work conditions and payment.</li> <li>Entrepreneurial services,</li> <li>Register children in school,</li> <li>Opportunity to purchase land and houses,</li> <li>Translation of documents,</li> <li>Website to get real information of all services for immigrants</li> <li>Skills training workshops made available for all ages.</li> </ul>
7	<ul style="list-style-type: none"> <li>HIAS, Blossom offers psychosocial support, distribute hygiene kits to women,</li> <li>Assist with rent and stay permit</li> </ul>	<ul style="list-style-type: none"> <li>Access to psychosocial services is via zoom.</li> <li>Sometimes people don't always have data on their phones. connection is not always smooth.</li> <li>Service providers can take a while to respond.</li> </ul>	<ul style="list-style-type: none"> <li>The challenge is when services are needed, persons may not have data to access.</li> </ul>	<ul style="list-style-type: none"> <li>Housing,</li> <li>Legal support,</li> <li>Document translation services (birth certificates, identity card, driver licenses, criminal records, etc.)</li> </ul>
8	<ul style="list-style-type: none"> <li>No services known</li> </ul>	<ul style="list-style-type: none"> <li>No access to services reported</li> </ul>	<ul style="list-style-type: none"> <li>No access to services reported</li> </ul>	<ul style="list-style-type: none"> <li>Employment,</li> <li>English classes,</li> <li>Financial support</li> </ul>

#### 7.1.4 Services for other at-risk groups within the Venezuelan migrant communities

This assessment did not extend to an assessment of service gaps in other at-risk subgroups such as LGBT, children of migrants within the Venezuelan communities, or attempt to assess the insect between GBV risk and subgroups factors. However, during the 2021 rapid GBV Assessment, a number of Guyanese organizations working on the of HIV prevention and protection of the rights LGBTI community members were contacted, however, none of them is currently providing any support to Venezuelan or returning Guyanese LGBTI. According to the 2021 R-GBV-A report, the language barriers are a key factor for technically capable and networked organisations like Guyana Sex work Coalition (GSWC) and Help and Shelter who are well positioned to support migrants, yet do not have trained staff able to communicate with migrants in their spoken language.

With respect to children of migrants, the 2019 R4V report highlights that the Authorities in Port Kaituma in the Barima-Waini Region 1 of Guyana expressed their concerns about an increasing number of children that are not enrolled in schools with low numbers so far being assisted with books meals and uniforms to attend schools. However, the realistic estimate of the number of children not currently enrolled in school is not known. So far, the Ministry of Education in Mabaruma estimates approximately 108 Venezuelan children enrolled in schools in the area. Of these numbers, 45 are males enrolled and 63 are females. The report also stated that Authorities at the time were in the process of constructing a new education in Itaren Bam to house these new students and to reduce the cost of the rent. The report also states that the language barrier has created a challenge in responding to any psycho-social support needs of Venezuelan students. Identified potential cases requiring support are being referred to the Welfare Officer.

## 8 BARRIERS IN ACCESS TO SERVICES IN REGIONS 1, 7, & 8

KI and Migrants interviewed highlight key existing barriers that deter, reduce or prevent access to services vitally needed by migrants and local women at risk of GBV across all regions of Guyana. In particular, the adverse impacts of these persisting access barriers are felt and remain unaddressed within the hinterland regions:

- **Structural or system barriers:** Lack of comprehensive legal support and justice, absence of referral pathways and active support networks appropriate to needs of the at-risk women, lack of affordable transportation networks, lack of staffing appropriate to needs, lack of consistent funding, lack of data and information to guide programme and update policies
- **Hidden barriers:** Lack of knowledge of service, gatekeeper behaviour, attitudes communication, fear of authority and providers.
- **Personal barriers:** Cultural perceptions, language barriers, fear of authority, competing responsibilities e.g., work, childcare etc.

Some of these are discussed below, while others particularly within hidden and personal barriers have been discussed in detail in previous sections:

### 8.1 STRUCTURAL OR SYSTEM BARRIERS

#### 8.1.1 Justice and Legal Support

State actors and lawmakers in Guyana have a legal duty to comply with the terms of the international human rights conventions that Guyana has ratified or acceded to and to comply with the Constitution as the supreme law:

*“Guyana has a legal obligation to protect women and girls from domestic violence and sexual violence including sexual harassment. The State is required to put the necessary legal and administrative mechanisms in place to adequately protect women and girls from these forms of violence and to provide them with access to just and effective remedies. There must be sustained efforts by the State (such as continuous training of law enforcement personnel and judicial officers, sensitizing the media, educating the public) to challenge the stereotypical attitudes dominant in Guyana which help to perpetuate violence against women and girls”.*

Since 1976, Guyana has signed on to a number of international human rights laws<sup>32</sup>, building upon these to enact national legislation and institutional policies aimed at preventing and responding to GBV and mitigating its impacts. As highlighted in the 2019 assessment, some of these national laws enacted to address GBV include;

---

<sup>32</sup> Key human rights instruments which recognize and protect women’s human rights include: The Universal Declaration of Human Rights; International Covenant on Civil and Political Rights 1976; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979; Convention on the Protection of the Rights of All Migrant workers and members of their family, 1990; The Declaration on the Elimination of Violence against Women (1993); The [Beijing Declaration](#) and Platform for Action (1995); The Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women “Convention of Belém do Pará Convention” (1994); December 22<sup>nd</sup>, 2000 an optional protocol to CEDAW; Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, 2003.

*The Domestic Violence Act 1996; the Sexual Offences Act 2010; Prevention of Discrimination Act 1997; Criminal Law (Offences) Act; Criminal Law (Procedure) Act and the Constitution, Acts of Parliament and rules from the common law. The Sexual Offences Act 2010 recognizes as offences rape, sexual assault, sex trafficking, sexual offences in relation to children, sexual offences in relation to children, and sexual offences in relation to persons with mental impairment. The Combating of Trafficking in Persons Act was adopted on 7 April 2005 and remains Guyana's primary legislation to combat trafficking in persons. Trafficking in persons is defined as "the recruitment, transportation, transfer, harbouring or receipt of a person by means of the threat or use of force or other means of coercion or by abduction.*

The government has taken significant steps over past decades to recognise, give high-level visibility, and to implement regulatory mechanisms to address issues discrimination and GBV in all its forms. However, a key barrier and bottleneck to existing legislation being effective in achieving its objectives is the lack of human resources at government institutional levels to implement and enact policies and translate these into practical actions at the private sector, community and grass root institutional selves or monitor and act on reported breaches. For example, while there are policies in place to prevent discrimination and violence in all legally recognised forms, for underserved, single women and sex workers and all other groups at risk of abuse, no stringently enforced watchdog or reporting mechanisms exist to identify breaches at institutional levels (Health and law enforcement settings) and no established disciplinary actions are routinely adopted when these protective laws are breached. Not surprisingly, the absence of minimum standard datasets, formal reporting mechanisms and rural-based supportive services amid continued threats and violence victims receive from perpetrators of abuse who remain unpunished, has become a deterrent to reporting and taking action against perpetrators to most migrants and other underserved and marginalised communities across rural Guyana.

The Sexual Offences and Domestic Violence Policy Unit was established in 2016 to operate through the Ministry of Human Services and Social Security as the coordinating hub for the secretariat for the National Task Force on Sexual Violence and the National Domestic Violence Oversight Committee. Despite this large investment and enacted laws, key Informants and FGD participants still report that there is insufficient evidence of actions taken by the government and respective ministry of health and human services, ministry of labour, etc., in collaborating and increasing resources committed to preventing or dealing with GBV cases e.g., increasing budget allocations to align with the evidenced needs. However, as we have highlighted in the previous section, the spotlight initiative has begun to catalyse more tangible actions and progress through more integrated responses and strengthening operational partnership networks to ensure a functional ecosystem exists to sustain the current responses, retaining knowledge and capacities built and provide actionable insights for policy change.

National and Regional watchdog and development agencies continue to advocate for legal reform and for the government to increase the national capacity to deal with preventing and tackling GBV cases. Progress remains slow, and as reported by Key Informants, the institutional human resources and skills capacity allocated to address the GBV legal and law enforcement protection unmet needs in the hardest to reach communities is lacking and remains insufficient. Also, the timing of this assessment is too close to the launch of these interventions and partnerships resulting from the spotlight initiative, and Better Together Challenge described in previous sections to gauge the extent to which they have been effective in reaching GBV migrants in the most remote hinterland regions

While the UN Women's 2019 Guyana Women's Health and Life Experiences Survey Report<sup>33</sup> describes the existence of legal aid clinics across Guyana, that provide legal assistance at affordable rates (and when

---

<sup>33</sup> 2019 *Guyana Women's Health and Life Experiences Survey Report*, UNWomen (p9-10)

needed, for free). However, for the FGD participants interviewed from regions 1,7 and 8, in this assessment report access to legal support is still an urgent and unmet need (Table XX in section 6.1.3). Most rural-based migrants still cite this as a serious service gap and are unable to find or attend such services. Further discussion reveals that despite the existence of low-cost (low bono) clinics that serves locals, migrants still remain deterred from attending as a result of language barriers, mistrust and fear of discrimination and lack of knowledge of the service existence ad rules of access, and lack of legal immigration registration papers.

Overall, the views shared on service access and barriers by key informants and migrants during the FGDs confirm that there are few avenues for legal support or legalizing migrants to have acceptable access to basic goods, security and quality of life while living in Guyana. The “temporary 90-day permit” issued on arrival, does not allow migrants to engage in the formal labour market. Moreover, once the permit expires, it can take up to 3 months to renew, and in the rural areas, as discussed this can come with added corrupted favours being required from migrants, leaving the migrants who cannot comply or speak the language to learn and voice know their rights, vulnerable to periods of irregular status. Leaving them open to exploitation and abuse, including human trafficking.”<sup>34</sup>

### 8.1.2 Access to protection for victims of trafficking

Since the R-GBV-Assessments undertaking from 2019 onwards, key informants have consistently given accounts of the lack of protection for victims of trafficking. The 2019 R4V reports on a key policy barrier that is the main deterrent for victims to access support:

*In a meeting with the Head of the Counter-Trafficking in Persons Unit in the Government, various challenges that victims of trafficking in persons have to be granted a legal immigration status in Guyana were highlighted. Despite the fact that victims of trafficking cooperate with the judiciary to have the perpetrators prosecuted, they are not granted a legal immigration status in Guyana and have to either be repatriated to their countries of origin or follow all the requirements from the Immigration Unit to regularize their immigration status in the country as any other foreigners in the country.*

So far there have been efforts underway to circumvent this policy barrier through sensitisation and awareness raising. The Counter- Trafficking Unit and IOM, target specific communities where trafficking is most likely, whereby sensitisation and awareness is raised through information, education and communication (IEC) materials in both English and Spanish on the laws in Guyana in relation to trafficking in persons, the rights of victims of trafficking, procedures to report any incident of trafficking, and relevant contact numbers. The fact that victims fear being repatriated or cited for sex work (even if it is by forced) means that even once knowledge is gained without addressing the policy barriers, the discrimination enacted by the wider communities and authorities or punishing the perpetrators and pimps, victims still refrain from seeking protection.

### 8.1.3 Access to Shelters and safe spaces

Compared with the assessment in 2021, migrants appeared to be more aware of community-based services available to them. They noted the lack of shelters in regions 1,7 and 8 which remains a major concern and a key reason for deterring migrant in reporting instances of GBV or take action.

As described in section 6.1, Key informants reported that there are shelters in regions 1,2, 7 & 8 regions of the high migrant influx. There is a limited provision in Region 6, and IOM provided funding to pay for

---

<sup>34</sup> The 2020 [Venezuela s Refugee Crisis: Guyana Country Report](#) links this situation to (p1).

an apartment that serves as emergency housing in region 7. Those who can afford to, flee to Georgetown with the support of existing community-based organisations that struggle with skeleton funding, to support them consistently. Without a comprehensive service that helps to rehabilitate the women survivors through legal and economic support or job training once they arrive in the shelters, these women fall through the cracks. Some have reportedly had to return back to their abusive households under the control of the perpetrator.

#### 8.1.4 Access to Referral Pathways and Networks

As reported by KIs, more recently over the past 2 years CSOs are working increasingly in collaboration with Government units and International agencies in a more joined-up manner through the existed of response and dialogue coordination platforms, including the 2019 spotlight initiatives.

Our interviews with Key informants from International Organizations, Governments agencies and CSOs consistently report that they work in close collaboration with one another to refer migrants to the services that are available at any given time. This close collaboration is vital given that services are not sustained or delivered consistently due to funding gaps, and only the CSOs working collaborative are able to direct the migrants to new or alternative services. Despite this *ad hoc* and informal approach to referrals, *this is an emerging infrastructure for a service networking and referral model that calls for a framework to be concretized in terms of pathways*, actions and resources required to ensure that ALL migrants are able to be referred for adequate service provision at the time they require it. Reportedly, delays in access, lead emergency situations and have also led to the deaths of the silent victims.

In 2019, a service mapping has been undertaken and led to the development of a referral pathway concept which was never implemented as a result of an extended election period, subsequent change of administration and funding availability.

***In 2021, recognising the urgent need to increase challenges for rural at-risk women to access emergency protective services as well as timely legal support, a number of government-led initiatives are beginning to emerge with close support from international and regional development agencies.***

For example, in January 2022, the United Nations Population Fund in collaboration with the Ministry of Human Services and Social Security (MHSSS) a Gender-Based Violence (GBV) Service Guide App<sup>35</sup> to increase the ease with which those in danger can access help and support. The app, developed by activist Akola Thompson, is a result of the mapping of services in Guyana and referral pathways across all regions.

*“the app is easy to use and can be downloaded on any mobile phone, while noting that the app does not require internet connectivity to access information. .... persons can find the list of support services by region, information on any given GBV situation, laws pertaining to GBV and answers to frequently asked questions”<sup>36</sup>.*

The language barrier remains an issue and the app must be developed in Spanish and Wairau if the app is to reach the migrants in need, the use and effectiveness are yet to be evaluated at the time of undertaking this assessment.

---

<sup>35</sup> Peo Guyana's iMatter application. People seeking assistance or resources related to gender-based violence (GBV) can access services with the click of a button, since Jan 2022. The app gives users direct access to the country's 914 toll-free domestic abuse hotline and became available on both Google Play (as iMatter) and Apple Store (as iMattergy)

<sup>36</sup> Starbroak News, March 2021: New Gender based violence app Launched to offer help and support :

<https://www.starbroeknews.com/2021/03/07/news/guyana/new-gender-based-violence-app-launched-to-offer-help-and-support/>



### 8.1.5 Poor Service Quality, distribution and Underfunding

In many instances, in this and assessments, it has been clear that while international and regional development organisations and community-based organisations have implemented novel solutions to tackle GBV, these initiatives have been fragmented in that they are located in some locations and not others that are also in need, they fail to be sustained as a result of fragmented funding and emerging service models remain undocumented in terms of best practices and lessons learned that can be built upon to improve service delivery and extend reach to the other regions. This fragmentation reduces the value of money from these past interventions, incurring losses in development investments and setting back potential development gains. Sadly, access to consistent and long-term funding adequate to extend reach and services to those most in need is still sorely lacking and has been a long-standing issue whereby at the level of the town council there remains “no budget to address the migrant situation” as reported in the 2021 R-GBV-A assessment.

*In the 2019 R4V assessment, also, KIIs flagged lack of funding as an ongoing problem that continues to pose barriers to adequate GBV service provision: “the level of resources needed for hinterland work is huge and the willingness of donors to support the cost can be challenging.”*

For example, UNFPA also provides resources and funds to support GBV work at the national level by hiring a GBV coordinator on the working group who can help to unify services offered to migrants. In addition, the organisation provided training and funding to well-positioned CSOs<sup>37</sup> for service delivery. However, these services were no longer active, as the funding cycle came to a close. The same challenges are by CSOs well positioned to foster change and reduce GBV and mitigate its impacts through sustained and harmonized actions. These include – NCC, GSWC, Blossom Inc, Youth Challenge Guyana, and Help and shelter.

There have been ongoing calls by international and regional organisations on the Government of Guyana to lead by allocating adequate year-on-year funding to through line items budgets in order to deliver quality priority services that are appropriate to needs, within government institutions (e.g., health posts, and hospitals) and through community-based organisations, wherever government institutions do not exist, to address the need of women at risk and victims

FGD migrants have also reported that some of the services e.g., health and police support are not ‘worth accessing’ as the provider often lack GBV training and they experience abuse, stigmatising attitudes, and language barriers<sup>38,39</sup> In the 2019 UN Women’s Guyana Women’s Health and Life Experiences Survey: only 12 per cent of victims/survivors reported their cases to the police, and only 9 per cent to health care providers. For those who did report abuse, fewer than 50 per cent had a case that was opened for them, while 20 per cent did not have a report taken, only one-third received HIV and pregnancy prevention information, and fewer than 10 per cent were offered counselling.

Given this intense backlog, many see no point in reporting their GBV protection needs the possibility of receiving timely resolution.

---

<sup>37</sup> These include; Guyana Responsible Parenthood Association to provide sexual and reproductive health services (SRHS), and to Help & Shelter to fund Venezuelans as “peer navigators.

<sup>38</sup> 2019 *Guyana Women’s Health and Life Experiences Survey Report*, UNWomen (p9-10)

<sup>39</sup> Spotlight Initiative 2020 Regional Program Document: Caribbean (pages 19 to 23) both these reports outlined the inadequate support structure to ensure women safety in seeking help from the police.

The **Spotlight Initiative's 2019 Country Programme Document** has highlighted this backlog of unaddressed GBV cases in the system (p19) and most recently, in response to these findings, the government and key partners have launched the pro bono 500 to address 500 cases of GBV.

## 8.2 HIDDEN BARRIERS

### 8.2.1 Language barriers and information access

Language barriers and their impacts have been discussed in detail throughout this report. As previously highlighted in this assessment report, as Guyana is a predominantly English-speaking country, most Guyanese service providers - in the health system, police force, justice institutions, etc. - do not have Spanish- or Indigenous language- speaking individuals in frontline roles creating the language barriers as most Venezuelan migrants do not speak English. This is a barrier that was consistently raised in our interviews with key informants and migrants as well as in past assessments. Despite recent progress through a number of recent partnership and programmes initiatives and CSO-led community responses, the inability to supply human resources and skills that can be consistently delivered in the rural regions in Spanish and Wairau languages presents a key roadblock to successfully increasing and sustaining reach to migrant women most in need and most at risk. To ease the impact of this barrier, the UNHCR and its partners have engaged in *much-needed* ESL interventions for migrants, *however, these are not sustained or factor into the GBV capacity-building responses to date due to fragmentation in funding availability.*<sup>40</sup>

### 8.2.2 Cultural perceptions - Harmful Stereotypes and Discrimination

Previous sections have highlighted in detail the existence of harmful stereotypes that hypersexualize Venezuelan women and paint them as “homewreckers” and “prostitutes”. We also highlighted that these perceptions also serve as barriers to accessing protection services. Women migrants and has also been reportedly turned away from health service. These access gaps are further compounded by the migrant’s lack of knowledge of rights and their inability to speak English.

So far despite sensitization in the manifestations of GBV and how to recognise and report these, there is little tangible action towards tackling community attitudes perceptions and related practices regarding these harmful stereotypes that underpin marginalisation and abuse experienced by migrants, in particularly women and girls. On reviewing media reports, the current and past assessments have found that in some cases it is the media sensationalize reports that inadvertently link sex work with normalised violence and the expected outcome for women who engage in the sale and exchange in sex. With Venezuelan women being stereotypically linked to sex work, these media viewpoints strengthen and justify community perceptions, felling further justification of discriminatory attitudes. Key informants interviewed in the R4V 2019 assessment highlighted the importance of an advocacy service in supporting women migrants in accessing services:

*Beyond the emotional and psychological stresses, some interviewees (KIIs) admitted that women who do show up to services asking for support are turned away. When they were accompanied by humanitarian support workers, however, they were fast-tracked through the system.*

## 9 SUMMARY OF KEY ISSUES AND BROAD RECOMMENDATIONS TO ADDRESS EXISTING SERVICE GAPS AND BARRIERS

There are several factors highlighted in this assessment that contribute to the persisting environment of Gender-based violence in Guyana, despite the programming efforts of community base organisations,

NGOs and governments, and implementation of legislation necessary for all stakeholders to establish and enacting standards procedures. The underlying drivers have been described in this, and previous assessments. Clearly, strategies that dismantle these behavioural, cultural, structural and hidden drivers discussed on this report must first and foremost be strategically designed and implemented, with all stakeholders bought into the processes. without these fundamental actions and their resulting changes, the legislations and standard operating procedures alone, will not sustain an environment that deters GBV in all its forms and other harmful practices.

Several organisations are working towards reducing GBV, particularly among vulnerable groups including Migrants that make up a core target group in this regard. However, fragmentation of efforts and funding continues to lead to lack of harmonisation of approaches and sustainability. Working multistakeholder partnerships across all levels of institutions, community and households must be strengthened and monitored as mandatory by-products of successful and accelerated GBV reduction. This rapid assessment recommends the following priority actions:

There is an urgent need for

- Legal review on policies that influence labour and sex trafficking and deter victims in accessing support
- Strengthen law enforcement and community-based partnerships that encourage lawful address of GBV and harmful cases of abuse of power and exploitation in ways that promote reporting particularly in the hinterland regions
- Support rural law enforcement in developing institutional level Standard Operating Procedures (SOPs) for GBV that align with national legislation and inter agency standards and provide training to relevant stakeholders on the content of the SOPs.
- Institutional review and generation of accountability standards and monitoring of employers, landlords and quality standards of protection services to reduce GBV overall and abuse of power to the most vulnerable, not just towards migrants
- Strengthen complaint and feedback mechanisms in the country but with a particular phased approach: the rural regions that are too far behind the urban areas and reflected by stark inequities of access to basic and essential services.
- This is a human rights issue and the lack of such a foundational infrastructure to serve the most vulnerable communities is a major concern for the Guyanese governments, local and regional NGOs and international development community. Without these structures all aspects of opportunities for survival and livelihoods generation for migrants and other vulnerable groups remain non existent
- Provide sensitisation and training sessions on protection against sexual exploitation and abuse for front line workers, including police, military and immigration officials were identified.
- Support access to basic essential goods and services for migrants by providing basic food, clothing and farming tools
- Create ESL intervention to extend into the provision of GBV services delivered in Spanish Warao and by local trained community members training includes informed consent, confidentiality, respect for the survivor's wishes and provision of services and support without discrimination based on gender, age, race, or ethnicity.
- Continue to strengthen partnerships and ensure a coordinated interagency and CBO response that addresses the needs and GBV risks of Venezuelans and returning Guyanese.
- Explore the potential of GBV-focused language translation app

- Implement and pilot a digital Legal platform in Spanish and English to support migrants in accessing the first line of legal support and facilitate their communications with law enforcement and health services and protection and safe keeping services
- Promote partnerships with NGOs particularly in the hinterland to consistently fund and improve availability and conditions of shelter and protection services as well as empowerment and training of victims of GBV in generating livelihoods. Ensure safety audits and quality standards are implemented in the shelters
- Implement a monitoring and reporting process through a central data sharing platform for participating community partners to submit standardised data on quality, gender and age forms and risks of GBV, and context of events including survival sex, sexual violence, domestic violence, sex and labour trafficking, focused on cases involving Venezuelans migrants and returning Guyanese; platform would also monitor service outputs and related to GBV prevention, mitigation, legal advice and response services.
- In collaboration with community NGOs servicing women, youth and economic empowerment, psycho-social support, to design and implementation of livelihood programmes targeting those at risk of all forms of GBV ensuring the business development capabilities of women and men and adolescents, vocational skills training, capacity building and education. Align these with English language courses for Venezuelans migrants and returning Guyanese

## **10 APPENDIX 1: SCRIPT FOR GAINING INFORMED CONSENT FROM SURVEY RESPONDENTS:**

### **Research Objectives & Asking for Participant's Consent**

#### **Why is this research being conducted?**

This research seeks to understand Gender-Based Violence (GBV) in the context of Venezuelan migration in Guyana. Specifically, it aims to identify the forms and drivers of GBV experienced by the migrant and local community; the current availability of services to prevent and respond to GBV; gaps in services; and barriers to access to GBV-related services for migrant and local communities in Guyana. This research will be analysed and made publicly available in a GBV Assessment Report. No personally identifiable information will be shared in this report, and data will be synthesised and fully anonymised. The findings of this report will be used by the NCC, among other organisations, to develop additional services to support GBV response and gender equality more broadly in Guyana.

#### **Why have I been invited to participate in this research?**

You have been invited because of your involvement in organisations that:

- a. work with women and migrants in Guyana, and
- b. directly or indirectly provide GBV prevention and response services.

Or because you may have vital information that could help us better understand GBV in the context of Venezuelan migration in Guyana.

#### **Do I have to take part?**

No. You can ask questions about the research before deciding whether to participate. If you agree to participate, you may withdraw yourself from the study at any time (even after the interview has taken place), without giving a reason, and without negative consequence, by advising me of this decision. Data collected until the point of withdrawal will be deleted. The only limit to withdrawal is if research findings have already been included and published in the GBV Assessment Report.

#### **If I choose to participate in this research, what information will be collected?**

This depends on what you feel most comfortable with. We will ask you a series of questions regarding GBV in Guyana. We would like to document a summary of your responses to those questions and our conversation in general. We will not collect or document any personally identifiable information.

#### **If I choose to participate in this research, can I expect to receive anything in return?**

No, participating in this research does not entitle you to receive any payment, access to services, in-kind payment or compensation of any kind.

#### **Based on this information, we would like to ask what information we can document from this interview.**

Would you be comfortable with us documenting the following:

- a. Your title?
- b. The name of your organisation?
- c. The exact words you provide. (Meaning that we can provide a “direct quote” from some of the things you tell us during the interview).

Again, we remind you that at any time, you are free to change your mind on what information we document or if you would like to continue with the interview. Thank you kindly for your time and participation in this research.

**Thank you.**



## 11 APPENDIX 2: KEY INFORMANT INTERVIEWS SCRIPT



### NCC Key Informant Interview

Thank you for taking time to fill out this survey. Your insight is valuable to us in designing innovative strategies and programmes to reduce gender-based violence in Guyana and to identify and address support needs of impacted victims, their families and those at risk.

Please take 10 to 15 minutes of your time to answer the following questions.

If you have any questions please email [ncc.monitoringandevaluation@gmail.com](mailto:ncc.monitoringandevaluation@gmail.com)

Organisation Type

Select an option

1. Does your organisation offer any services or programs that prevent or respond to Gender based violence (GBV) and/or violence against women (VAW)?

If yes, please describe the service or programs that you offer

2. What forms of GBV/VAWG have been reported by Venezuelan migrants accessing services at your organisation?

3. What factors do you think influence these patterns of GBV? Is there anything particular about the Guyana context that you think gives rise to this type of violence?

4. What other GBV/VAW prevention and response services do you know of? Is any of this particularly geared towards the migrant population?

5. Are there any identified barriers to accessing these services? That is, in practice, do you know of any reasons why women might not be able to get services?

6a. What sorts of GBV/VAW services are not available for women that you think should exist?

6b. In the context of Venezuelan migration, are there any other specific services that you think need to exist?

7. What recommendations do you have to address the existing gaps in service provision when it comes to supporting victims/survivors of GBV/VAW?

**Submit**

Never submit passwords through this form. [Report malicious form](#)

12 APPENDIX 2: WHATSAPP SERVICE ACCESS SURVEY



### NCC Service Needs Survey

Thank you for taking the time to complete this survey. Your responses are valuable in providing us with insights that will help us to determine the needs and gaps in the current support measures for victims of violence in its various forms. Your insight will also help us to identify opportunities and partnerships for fixing existing service level issues problems highlight through this survey.

Region

Please state the region where you reside

What kind of services do you know that exist here in Guyana?  
For example, do you know of any programs for immigrant women, access to benefits, and access to legal support, or access to psychological support, etc.?

How easy or difficult is it to access those services?

Would you like to tell me more about your experience trying to access the services?

What kind of services do you think are missing or would you like to have access to?

What is your gender?

**Submit**

Never submit passwords through this form. [Report malicious form](#)



## 13 APPENDIX 3: FOCUS GROUP DISCUSSION SCRIPT



### Focus Group Discussion Questionnaire - English

Thank you for taking time to fill out this survey. Your insight is valuable to us in designing innovative strategies and programmes to reduce gender-based violence in Guyana and to identify and address the support needs of impacted victims and families and those at risk.

Please take 10 to 15 minutes of your time to answer the following questions.

If you have any questions please email [ncc.monitoringandevaluation@gmail.com](mailto:ncc.monitoringandevaluation@gmail.com)

1. What is your current region residence or stay? (This will remain anonymous)

2. Can you please tell us a little bit about the experiences of being a woman migrant here in Guyana?

3. We are specifically interested in understanding a bit more about women's experiences of violence here in Guyana. Are there any patterns you know about or stories you've heard that you'd like to share with us?

3a. What other types of violence and abuse do you think exist towards migrant women?

4. Why do you think that this violence takes place here in Guyana?

5. What sorts of gender-based violence (GBV) or violence against women services do you know about in your Region?

5a. Please describe any shelters, programs for migrant women, access to benefits, access to legal support, access to psychological support, etc. offered in your region

6. How easy or difficult is it to access these services?

7. What sorts of GBV services do you think are missing or would you like to have access to?

Submit

Never submit passwords through this form. [Report malicious form](#)