RAPID GENDER-BASED VIOLENCE ASSESSMENT

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ACRONYMS AND 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
GRPA	Guyana Responsible Parenthood Association
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
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
WHO	World Health Organization
WRRGA	William R. Rhodes Global Advisor

NOTE ON TERMINOLOGY

Throughout this Rapid Gender-Based Violence Assessment (R-GBV-A) we solely use the term "migrant." The authors recognize, however, that the Venezuelan population in Guyana also includes refugees and asylum-seekers, and that these terms are not interchangeable. Indeed, as the UNHCR notes, *"conflating refugees and migrants can have serious consequences for the lives and safety of refugees."* A migrant is someone who has chosen to move (often 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. Hundreds of thousands of Venezuelans are claiming asylum in the countries to which they have fled - as visualized by the UNHCR here. In the case of this R-GBV-A, it is important to recognize that our findings and recommendations relate to refugees and asylum seekers, and not just migrants. Indeed, accurately representing the diversity of situations amongst the Venezuelan population in Guyana can have critical consequences for people experiencing gender-based violence (GBV), particularly in terms of their right to access services that respond to and prevent GBV.

The choice of language in this Assessment (i.e. only using the term "migrant") therefore reflects the linguistic framework of the BetterTogether Challenge rather than the understanding of the context diagnosed through research by this report's authors and those international colleagues who graciously agreed to peer-review the Assessment.

EXECUTIVE SUMMARY

Key Messages

- **The most common forms of GBV identified in this Rapid Gender-Based Violence Assessment were:** intimate partner violence including physical, psychological, and economic violence, violence in the context of the sale and exchange of sex as a coping mechanism, abuse by state authorities, trafficking, and targeted harassment due to harmful stereotypes about the migrant population.

- **The most significant barriers impeding migrants from meaningful access to GBV services are:** lack of shared language, discrimination against migrants, fear of authorities, lack of (specialized) services in hinterland and remote areas, lack of awareness about available services, and poor quality of available services.

- **This Assessment outlines the patterns and drivers of GBV experienced by Venezuelan migrants in Guyana, overviews the services that *are* available, and delineates the gaps and barriers to accessing these services.** The final section provides targeted recommendations for stakeholders working on GBV prevention and response in the country.

It has been over two years since the last Rapid Gender-Based Violence Assessment (R-GBV-A) in Guyana was conducted by Response for Venezuelans (R4V) partners. The present Assessment builds upon the evidence gathered in that exercise in order to shed light on the range of patterns and drivers of GBV in the country, available GBV services, and barriers to accessing these services. It concludes with a series of targeted recommendations for international and national stakeholders — including funders, policymakers, and organizations — so that they can more effectively meet women's immediate-, medium- and long-term needs.

Since the 2019 R-GBV-A was undertaken, the deadly Covid-19 pandemic struck countries around the world, bringing with it accompanying public health measures to curb the spread of the virus, such as lockdowns, quarantines, and other restrictions on movement. Globally, reports of gender-based violence (GBV) increased substantially, at the same time as service provision was severely contracted or shifted to online modalities, thus becoming less

accessible to many (UN Women 2020). For vulnerable populations like Venezuelan migrant women and children living in Guyana, this was particularly dangerous.

Data collection for this Assessment took place in March 2021; research took the form of 30 key informant interviews (KIIs, see Appendix 4), 13 focus group discussions (FGDs) with 59 participants, an online survey answered by 78 individuals, and an extensive document review. See the Methodology section for more details.

Throughout the data collection period for this Assessment, certain findings were repeated across multiple KIIs, FGDs, and online survey responses. The most common forms of GBV identified were: intimate partner violence[1] including physical, psychological, and economic violence, violence in the context of the sale and exchange of sex, abuse by state authorities, trafficking, and targeted harassment due to harmful stereotypes about the migrant population.

Intimate Partner Violence (IPV), controlling and abusive relationships, and economic violence in relationships between Guyanese men and Venezuelan women was cited as one of the main patterns of GBV experienced by the migrant population. The sale and exchange of sex also remains widespread and continues to put women in extremely vulnerable situations.

The most significant barriers impeding migrants from meaningful access to GBV services are: lack of shared language, discrimination against migrants, fear of authorities, lack of awareness about available services, and poor quality of available services. The challenges posed by the Spanish-English language barrier was cited as a key source of struggle for migrants, particularly in the context of accessing services that prevent and respond to GBV. Moreover, an overall lack of information – about rights, available services, and local laws – was cited as a considerable problem for women who need to access GBV services. The limited capacity of the state to respond to GBV was another notable source of concern amongst interviewees, particularly representatives of international organizations and local NGOs and CSOs.

The remainder of this Assessment will outline in detail the patterns and drivers of GBV experienced by Venezuelan migrants in Guyana. It will also provide an overview of the services that *are* available, as well as delineate the gaps and barriers to accessing these services. Finally, building off the 2019 Interagency Rapid Gender Based Violence Assessment,

[1] This was the most common term used in KIIs and FGDs, although some participants referred to domestic violence, family violence, or intrafamilial violence.

it will provide a series of targeted recommendations for international, government (including at the national and local levels), and CSO stakeholders working on GBV prevention and response in the country.

High Level Recommendations for Programming

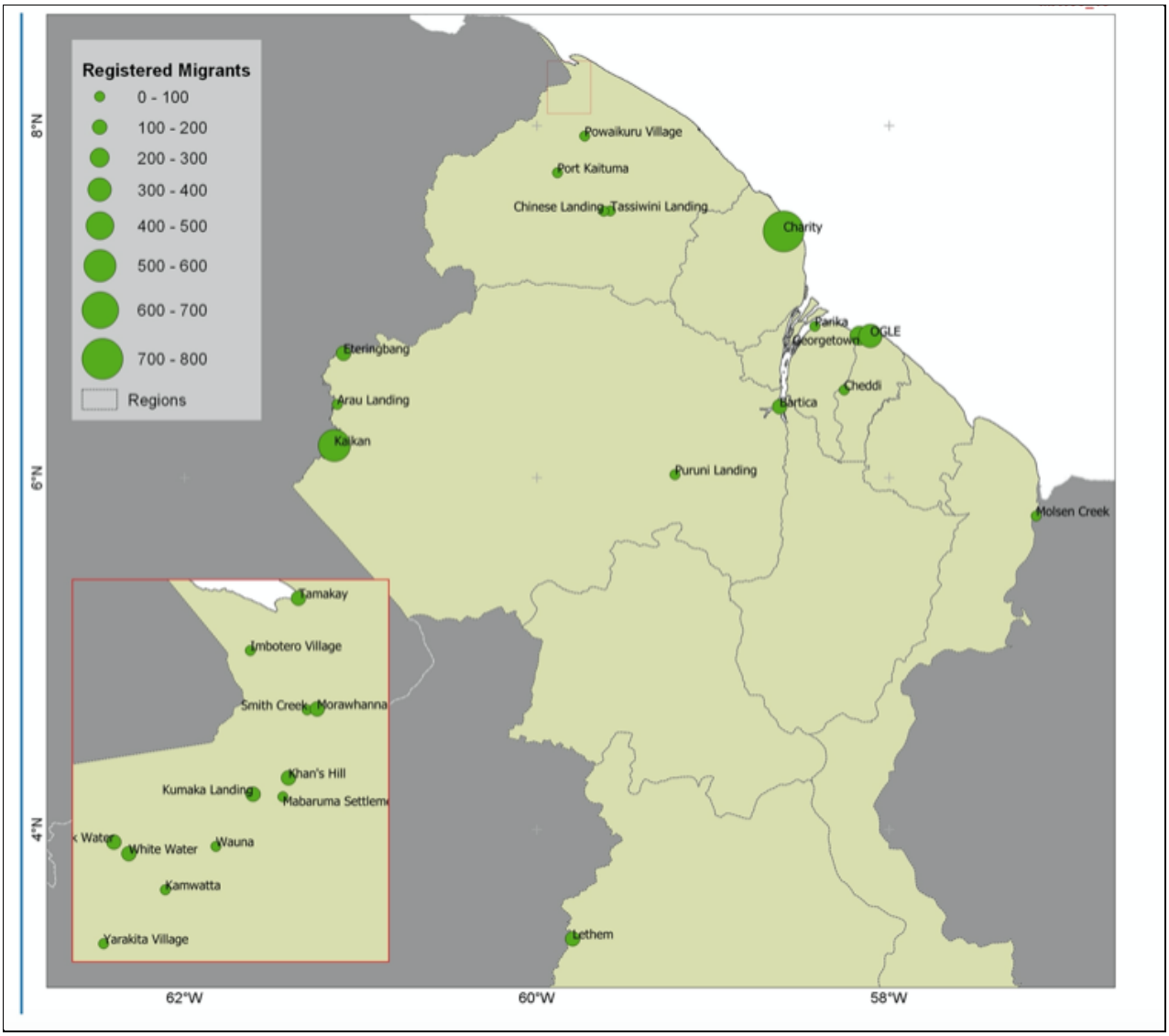
- Ensure that migrants are **made aware of their rights and the services that are available** to them.
- **Delineate clear GBV referral pathways**, in collaboration with relevant government ministries, police, and NGOs.
- Provide migrants **access to services in Spanish and Indigenous languages.**
- Provide sensitivity and **GBV training to authorities** within the police, immigration agencies, and healthcare providers at all levels, with a focus on victim / survivor-facing employees.
- **Establish holistic GBV services** that include access to psychological and economic support to help women "get out and stay out." Create shelters and safe spaces in rural areas, and ensure existing shelters meet international standards.
- **Design data collection mechanisms** and collect data on migrant women's experiences of GBV, with a focus on trafficking and sexual exploitation in rural areas.

CONTEXT

The World Bank's most recent data from 2019 shows that the population of Guyana is 782,766. Nearly one third – or 240,000 Guyanese – reside in the country's capital, Georgetown. As the coastal region is the center of Guyana's economic trade and agriculture, approximately 90 percent of the population live on the coast. The remaining 10 per cent are located in the interior of the country, also known as the hinterlands. These regions are mostly populated by Indigenous communities. The main economic activities in these rural regions are mining, logging, and other activities linked to extractivist industries (see Guyana Women's Health and Life Experiences Survey Report, 2019).

Demographic data about Venezuelan migrants in Guyana is limited. This is particularly evident since the onset of the Covid-19 pandemic. For example, the Response for Venezuelans 2021 Guyana Report notes that with the onset of the global pandemic, Guyana shut its borders, and the country's open-door policy came to a halt, resulting in the suspension of the biometric registration system through which authorities granted renewable stay permits. However, "Venezuelans...continue to enter via irregular routes", not only exposing themselves to trafficking, abuse, and exploitation, but also preventing accurate data collection on movement (p1). Therefore, the literature review conducted as part of this Assessment largely relies on demographic data collected by international organizations in pre-Covid times (see for example: Venezuelan Migrants and Refugees in Latin America and the Caribbean, 2020).

According to the Response for Venezuelans (R4V) platform, as of September 2020, there are 23,310 Venezuelans living in Guyana (see map below for geographical distribution of migrants). However, a year earlier, R4V found that 36,400 Venezuelan migrants had fled to Guyana, and pre-pandemic UN estimates indicated that 31,000 new migrants would enter Guyana in 2020.



Map Source: [Map Action](), December 2018.

These discrepancies have multiple explanations. Firstly, Guyana only recently implemented UNHCR's Population Registrations and Identity Management Ecosystem "PRIMES" in October of 2019, and immigration officials still use a paper-based registry. Given evidence of organized human trafficking and limited immigration entry posts, it is likely that official numbers significantly underreport the current migrant population living in the country. Additionally, with the onset of the pandemic, standard data collection methods have been severely restricted, further limiting channels to accurately count the number of migrants. While some migrants may have travelled back to Venezuela initially, as countries reopened economic activities, many Venezuelans returned to bordering countries like Brazil, Colombia, and

Guyana. Accordingly, official numbers of Venezuelans entering Guyana remain low (Response for Venezuela's July 2020 Guyana report).

The regional profile by the Migration Policy Institute (based on data from 2019) outlines that nearly 60 percent of Venezuelan migrants in Guyana are women. Over 80 percent of these women are under 35 years old, while almost 70 percent of male migrants are under 35 years old (see Venezuelan Migrants and Refugees in Latin America and the Caribbean, 2020, p8).

Guyana has historically been a country of emigration. However, due to economic instability, lack of access to basic services and goods, and violence in Venezuela, in recent years increasing numbers of Venezuelans and Guyanese in Venezuela have migrated or returned to Guyana. Since many migrants have family in Venezuela, migratory flows are often pendular: a significant number still return to visit family or routinely send food, money, and supplies. While we did not find exact numbers on the size of the pendular population, the Migration Policy Institute's Regional Profile from 2020 noted that 98 percent of surveyed migrants expressed their intent to stay in Guyana permanently. According to the report, 46 percent of migrants surveyed reported that they had traveled to Guyana with family, while 53 percent said that they had travelled with non-relatives (see Venezuelan Migrants and Refugees in Latin America and the Caribbean, 2020, p11).

In December 2019, Guyana began oil production and has since been heralded as "Global Oil's New King." The International Monetary Fund estimates that Guyana's economy will grow by 52.8 per cent in coming years. The International Organization for Migration's (IOM) Labour Migration Study from 2020 predicts that the booming oil economy will translate into increased migration to Guyana, especially as neighboring countries – including Venezuela – struggle with stagnant or negative economic growth. In the Inter-American Development Bank's (IADB) 2020 report Traversing a Slippery Slope: Guyana's Oil Opportunity, experts note that the new economic dynamics of oil production will lead to increased migration, demand for electricity, and need for infrastructure. Key informant interviewees for this Assessment noted that the oil boom will have a significant impact on migrant flows, as migrants will flock to Guyana in the hopes of finding work. They were particularly concerned about the impact that this will have on women, particularly those engaging in the sale and exchange of sex[2], given the country's current lack of capacity to prevent and respond to GBV.

[2] See footnote 9 below, about the de facto vs de jure situation of discrimination and harrassment for those engaging in sex work and the sale and exchange of sex.

The 743 km border between Guyana and Venezuela is known to be porous, and has limited immigration posts. As outlined in the Regional Interagency Coordination Platform's March 2019 Assessment Report, 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. Others continue by boat to Port Kaituma or Mabaruma in Region 1. Some migrants travel by car, crossing through the border town San Martin de Turumbán to reach Bartica and the mines. A lesser number cross by road or plane from Brazil, a reportedly safer but obviously more expensive route.

Some Venezuelans who enter Guyana are from the Warao indigenous tribe[3], and often stay with Warao communities in Guyana. These migrants travel via canoe to Region 1, typically to the town Mabaruma, where they and their families are hosted by Warao who reside in Guyana. According to the International Organization for Migration (IOM), many of the Warao who enter the country only speak their Indigenous language, which makes communication with English or Spanish speakers difficult (IOM, 2018, p1).

According to William R. Rhodes Global Advisors' (WRRGA) 2020 Venezuela's Refugee Crisis: Guyana Country Report, the majority of migrants are concentrated in border towns or the hinterlands, where extractivist activities like mining are located but, notably, where health, judicial, and educational services are scarce (see above Map).

Upon entry and registration with the Department of Immigration, most Venezuelan migrants apply for the free and renewable 90-day temporary stay permit. However, Venezuelans have reported that renewing this temporary stay is a challenging and lengthy process that can require up to three months, which has resulted in a significant number of migrants in Guyana losing their legal status in the country (UNHCR's Universal Periodic Review on Guyana, 2019). The difficulties around remaining in the country legally have been exacerbated during the Covid-19 pandemic and resulting border closures (see Response for Venezuelans 2021 Guyana Report).

The Migration Policy Institute's 2020 Regional Profile notes that 95 percent of those who entered Guyana did so with a national ID card rather than a passport (p10). Notably, even with the temporary permit, migrants cannot enter the formal economy, and are relegated to informal jobs including sex work or the sale or exchange of sex.

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[3] The Regional Interagency Coordination Platform 2019 Assessment Report notes that approximately 1000 Warao Indigenous community members have arrived in Mabaruma from Venezuela as of 2019. We were unable to find updated demographic and migration data for this Assessment.

The remainder of this Assessment focuses on gender-based violence in the context of Venezuelan migration to Guyana. It is important to underscore that the dynamics around GBV in Guyana extend beyond the migrant population, however, and also impact Guyanese women. No one social group is inherently more violent than another, and research shows that Guyananese women also experience high levels of intimate partner violence (IPV). 55 percent of women who responded to UN Women's 2019 Guyana Women's Health and Life Experiences Survey Report [4] disclosed that they had experienced some form of intimate partner violence (38 per cent reported experiences with physical and/or sexual violence, while 20 per cent reported having experienced non-partner sexual abuse). Moreover, child sexual abuse, incest, and early marriage are common in hinterland areas (including in Indigenous communities) - with significant prevention and resource gaps (Spotlight Initiative Country Programme Report, 2019, p37; UN Women's Guyana Women's Health and Life Experiences Survey Report , 2019).

[4] It is unclear whether any Veneuzuelan migrants were included in this survey, and indeed there is no mention of migrants/Venezuelans throughout the report. The Study Design section (p19) implies that only Guyanese residents were included in the survey and qualitative research.

METHODOLOGY

The research for this Rapid Gender-Based Violence Assessment (R-GBV-A) was carried out in March 2021 by the National Coordinating Coalition (NCC) and Ladysmith using a framework developed by Ladysmith. The NCC was responsible for the primary data collection (KIIs and FGDs) and initial phase of analysis, whereas Ladysmith was responsible for secondary data collection (peer-reviewed and grey literature) and for analyzing, synthesizing, and triangulating all data sources for the purposes of this report

Rapid assessments by their nature are limited in scope, since they are conducted under strict time constraints. Research for this R-GBV-A, for example, was carried out in just under a four week period, in the context of a global pandemic. Despite these constraints, R-GBV-As can shed important light on the different experiences of — as well as risks faced by — differentially situated groups during a particular moment in time. In doing so, the recommendations developed through rapid assessments can help ground policymaking and programming to the needs of impacted communities *from the perspective of those communities*, as well as from the perspective of service providers and other stakeholders invested in preventing and responding to GBV. This is especially important in the context of Covid-19: the pandemic and related policy measures have impacted women's access to essential services and vulnerability to different forms of violence, as indicated in a significant and growing body of global research. Yet, research on Covid-19's impacts on the lives of Guyanese and Venezuelan women has been scarce.

One of the main objectives of the Assessment is to follow up on the Regional Interagency Coordination Platform's March 2019 Assessment Report, in order to reflect post-Covid realities for migrant women and host communities in Guyana. This R-GBV-A will also include recommendations about gender equality and GBV more broadly, and thus will be of interest to development assistance partners and other external donors.

Specifically, this assessment had four key research objectives:

1. Identify forms of GBV most likely to be experienced by the Venezuelan migrant population in Guyana;
2. Identify drivers of GBV in the context of Venezuelan population movements into Guyana;
3. Identify current GBV services and interventions in Guyana;

4. Identify gaps, resource needs, and barriers to access to GBV related services for local as well as migrant communities.

Qualitative research was conducted in Spanish and English by a team assembled by the National Coordinating Coalition (NCC). It took the form of Key Informant Interviews (KIIs) with various stakeholders (see Appendix 1), Focus Group Discussions (FGDs) (see Appendix 2), a WhatsApp-administered survey (see Appendix 3), and a literature review. Throughout the Assessment, we will indicate whether evidence came from KIIs, FGDs, survey respondents, or secondary literature.

A total of 30 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) (see Appendix 4 for full details on KIIs). The majority of interviewees were located in Region 4, however, their organizational reach extends nationally. At the City and Local Government level, interviews were held with participants in Regions 4, 6, 7, and 10.

Data was also gathered via 13 Focus Group Discussions held with a total of 59 Venezuelan migrant women in Regions 3 and 4. Each FGD lasted for approximately one hour. One meeting was held via Zoom, while the other 12 were conducted in person, observing biosecurity protocols. Some participants in FGDs were Venezuelan victims/survivors of GBV who were engaging in a skills training program offered by an INGO.

Further data were generated from an online survey that was administered to a WhatsApp group of Venezuelan migrants (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. 78 individuals responded to the survey, from Regions 1, 2, 3, 4, 7, 8, and 10.[5]

Finally, Ladysmith conducted a scoping review of 55 relevant documents, including international organization reports, policy briefs, academic publications, and local newspaper articles.

[5] Survey respondents were not required to disclose their sex. The existing WhatsApp group through which the Google Form was shared is moderated by Catholic Charities of Guyana and is made up of 116 Venezuelan men and women. The title of the survey specified that the questions would center on access to services for women migrants.

The Key Informant Interviews followed an expert informant model, where participants were able to share both their experiences as service-providers and also on the more systematic evidence collected by their organizations over time, including in the context of the pandemic. The questionnaires were slightly modified for the different types of stakeholders: international organizations, national / state organizations, regional or local organizations, and civil society organizations (see Appendix 1).

The Focus Group Discussions and Survey, on the other hand, facilitated first-hand insights, attitudes, and perceptions into the experiences of migrants. The FGDs asked questions about their experiences as women in Guyana, their knowledge of services, ease of accessing services, and services they wish existed (see Appendix 2). In the case of the Survey, we only asked about service knowledge, access, and gaps, in keeping with UN Women's standards about conducting GBV research online.

Finally, the literature review facilitated access to systematic data collection over time. As mentioned above, data about migrants is scarce, and this has been exacerbated by the global pandemic, including mobility restrictions and border closures.

Accordingly, the information presented in this Assessment is derived from a combination of assessment tools, loosely following CARE's Rapid Gender Analysis (RGA), which draws on six primary assessment tools: story-telling, community mapping, survey, sex- and age-disaggregated data collection, focal group discussion guidelines, and key information interview guides. The RGA acknowledges that this way of gathering data is imperfect, particularly in contexts where data collection is complicated. Importantly, this way of gathering data aims to "understand, honour, and support local knowledge and actors - especially women's organisations - that have been active prior to an emergency" (Quay, 2019).

A draft of the Assessment was shared with two contacts in international organizations in Guyana for peer review; their comments were incorporated into the final version of this Assessment.

FORMS OF GENDER BASED VIOLENCE

Key Messages

- **Venezuelan women are experiencing high levels of Intimate Partner Violence (IPV), particularly in the context of relationships with Guyanese men**. This often takes the form of economic violence, where men use finances, child custody, and threats of taking away women's documents to control them.

- **The sale and exchange of sex is prevalent, and women engaging in thisare exposed to brutal physical violence, rape, and robbery.** These risks were exacerbated by the Covid-19 pandemic, whereby some women had to work on the street or live with violent clients. Trafficking, particularly in mining regions, is an ongoing problem, but there are significant data gaps that (in addition to other factors) impede effective response.

- **Venezuelan women are subject to harmful stereotypes that can lead to sexual harassment.** They can also suffer abuse by police and immigration officials, including requests for sexual favours.

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:

> 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.

Intimate Partner Violence and Controlling Relationships

One of the most common types of gender-based violence experienced by Venezuelan migrants in Guyana is related to intimate partner violence (IPV) within the context of controlling relationships. Both interviewees and participants in FGDs identified that this is a particularly pervasive problem for Venezuelan women in relationships with Guyanese men.

Violence manifests as physical violence, sexual violence, and emotional / psychological violence. Some interviewees reported that Venezuelan women arrive in the country "without a plan" and find themselves in abusive relationships with Guyanese men that become difficult to leave.[6] Other KII and FGD participants discussed IPV in the context of relationships between migrants, whereby the economic and psychological stresses of moving to another country were broader catalysts for the violence. For example, one interviewee talked about the frustrations stemming from not having money to pay rent, which leads to violence in the home.

In the case of migrant women, language barriers, a lack of awareness about local laws, reduced social networked and community embeddedness,[7] and a lack of awareness about GBV services available to them can mean that they feel unable to exit violent situations. Moreover, even where these women do seek help, there are differentiated barriers to access that they may encounter (see Section VII below).

One of the IPV dynamics that was raised by multiple interviewees was economic violence. According to KIIs, male partners (particularly in Guyanese-Venezuelan relationships) control women's access to money and resources, which means that women's capacity to to leave a controlling or violent relationship is severely constrained — a dynamic that is well-established in broader global literature on GBV (see Chapter 3 of UN Women's Progress of the World's Women, 2019-2020). Interviewees also explained that men threaten to take away women's children or their documents, which also leads them to stay in violent situations. Indeed, these types of threats can have serious repercussions for migrant women and their children, who tend to be in legally precarious situations. As outlined in the 2019 Interagency R-GBV-A, Venezuelan women are legally required to present an exit permit signed by a child's father in order to leave the country, including in cases when they are seeking protection elsewhere. Furthermore, the registration of births for children born to migrants involves a long documentation process – longer outside Georgetown; when children are not naturalized there is the possibility that one parent may try to use children to control their partner.

Key Informant Interviewees also reported that 'machista' gender norms present in Guyana shape broader expectations that women should stay at home and fulfil what are viewed as traditional caregiving and domestic roles which further exacerbates the risk for economic control and violence. Indeed, these restrictive gender norms and related roles are widespread

[6] As mentioned above, 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 (see Venezuelan Migrants and Refugees in Latin America and the Caribbean, 2020).
[7] See footnote above, in reference to migrants arriving alone.

around the world, and a key driver of GBV when women try to contravene the 'rules' embedded in them. Notably, interviewees explained that these traditional gender roles differ from those in Venezuela, which is particularly difficult for Venezuelan women who are used to more freedom in society; as one interviewee said: [Guyanese men have] a tendency to force [Venezuelan women] to be locked in the home doing household [chores] all day, which represents a serious problem for Venezuelan women coming from a more liberal culture." In cases where individuals are engaging in extramarital affairs, Interviewees also reported instances where Guyanese men will leave their Venezuelan partners if they become pregnant because "they don't want their wives to find out."

KIIs also spoke about violent tensions between Guyanese and Venezuelan men. This was discussed in the context of informal squatter communities, and particularly at moments when men are engaging in alcohol and drug abuse. The tensions evolve out of jealousy, mainly between Venezuelan men who are jealous of Guyanese men in relationships with Venezuelan women.

The Sale and Exchange of Sex[8]

Upon arriving in Guyana, many women find themselves in economically precarious situations. Given the aforementioned regulations around documentation, it is very difficult for migrants to obtain work in the formal sector; the Migration Policy Institute's Regional Profile outlines that in 2019, just over 25 percent of migrants report being employed in the formal economy in Guyana, while the vast majority (around 75 percent) are engaged in the informal economy (p15).

Other barriers to finding work include a lack of references and an ability to speak English. Thus, as evidence has demonstrated around the region (see for example, Zulver and Idler, 2020, Calderón Jaramillo et al, 2020), many Venezuelan migrants resort to sale and exchange of sex to care for themselves and their dependents. Many women who have turned to the sale and exchange of sex participated in the formal economy at home in Venezuela, but their legal status undercuts these possibilities when living in Guyana.

[8] This Assessment uses the terms "sale and exchange of sex" and "sex work" to refer to slightly different phenomena. The former emphasizes the economic imperative of the sex-for-money exchanges, as well as the precarious position of the person engaging in this activity. The term "sale and exchange of sex" (instead of "survival sex") was recommended by a peer reviewer of this Assessment. The term "sex work" is used to emphasize the income-generating nature of the activity. 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.

Multiple people interviewed for this R-GBV-A (in both KIIs and FGDs) discussed the sale and exchange of sex as an incredibly dangerous activity for Venezuelan women in Guyana. They disclosed that women engaging in the sale and exchange of sex are subject to rape, robbery, and grievous bodily harm at the hands of clients. Interviewees from KIIs and FGDs further mentioned that women often do not report these crimes, because of fear of deportations and of authorities more broadly, as well as language barriers..

In mining towns in particular - where dynamics of violence are exacerbated by the presence of illegal armed groups - women are afraid to file police reports. Even when they do, Key Informant Interviewees reported that too often, the police do not take action and may even be implicated in the abuse. The 2019 R-GBV-A notes that the main concentration of Venezuelan women is around mining areas, where they work in bars, hotels, nightclubs, and restaurants, and where they sometimes engage in the sale and exchange of sex to generate enough income to care for themselves and their dependents back home in Venezuela.

Risks of GBV in the context of the sale and exchange of sex were further exacerbated by the Covid-19 pandemic. Given public health restrictions that limited mobility, as well as fears of contagion that limited engagement with women in the sale and exchange of sex, some women were either unable to pay rent or were evicted by landlords. This resulted in them working on the streets, which increased their risks of violence. One interviewee (KII) disclosed that in this context 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. The Response for Venezuela's July 2020 Guyana report documents 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."[9]

Another concern raised by some interviewees (KIIs) related to the increasing rates of sexually transmitted diseases, including HIV, amongst sex workers. This transmission was discussed in the context of gender-based violence - i.e., where women contracted STIs after being sexually abused.

Abuse by authorities

According to research gathered for the Assessment, another source of gender-based violence (GBV) experienced by Venezuelan migrants comes at the hands of Guyanese authorities.

[9] The report further documents that positive cases of Covid-19 are highest in mining communities.

Interviewees (both KIIs and FGDs) reported that the police, the army, and immigration authorities have been known to request sexual favours in return for providing help, for example when they attempt to renew immigration documents. This was framed as a barrier to service access and indeed, it is a barrier that cuts both ways: when migrants are unwilling to provide these sexual favours, they are impeded from accessing essential services, but even where migrants might feel compelled (because of the lack of viable alternatives) to provide such favours, this dynamic hardly reflects an enabling pathway for service access. All of this takes place in a context of corruption whereby there are perceptions that the police will request payment to formally register general incidents (see Inter-Agency R-GBV-A, 2019). For example, a report on mining in Guyana notes that "bribery is a major problem in Guyana… in mining areas, you often see policemen with thick gold chains and jewelry and you can guess where they get it from."

When it comes to registering incidents of GBV, the 2019 Inter-Agency R-GBV-A notes: "Venezuelan women mentioned that these [GBV incidents] are not reported to the police as, allegedly, the police fails to conduct impartial criminal investigations against Venezuelans. They added that they also fear to be questioned, detained and deported, or to be subjected to retaliation by perpetrators of GBV" (p17).

In some cases, even when women make reports to the police, they are not taken seriously. For example, a participant in a FGD disclosed that she reported abuse by a neighbour to the police, but was told (by the police) that "she was Spanish and therefore wrong."

Interviewees (KIIs and FGDs) noted that authorities are aware that women are not well-informed about local laws or where to go in cases of abuse, and thus that they (and other perpetrators) are able to act with impunity. In mining towns in particular, interviewees mentioned that the police will ignore reports of gender-based violence, sometimes because they themselves are the perpetrators. This was reiterated in Spotlight Initiative's 2019 Country Programme Document, which notes that "police in hinterland regions are sometimes perceived as being involved in buying/selling sex, and in exploiting migrants and other vulnerable populations" (p31).

Trafficking

According to the U.S. Department of State 2020 Trafficking in Persons Report, Trafficking in Persons Report June 2018, "human traffickers exploit domestic and foreign victims in Guyana," where women and children often become sex trafficking victims in mining

communities in the interior and urban regions. ” (p2). While the report notes a “large increase” in the number of Venezuelan trafficking victims in Guyana in the past five years, it states that “limited government presence in the country’s interior renders the full extent of trafficking unknown” (p2). Interviews (KIIs) discussed trafficking largely in the context of mining towns; trafficking in the town of Linden was mentioned as an example.

Other research has documented how adolescent Venezuelan girls are the victims of trafficking in bars and brothels in mining areas (see for example, InfoAmazonia, 2020, and International Crisis Group (ICG) Report, 2019). These adolescents have usually traveled alone with fake identification to enter Guyana. Others report that they were lured to Guyana with the promise of having their transportation costs, accommodation, and meals covered, but once they arrived, they were taken to Bartica or Georgetown and locked up until they were able to repay their debts to the trafficker. One Key Informant Interviewee in Bartica noted that traffickers will force older migrant women to care for the babies of trafficked women so that they can continue to be sexually exploited. Another interviewee (KII) discussed the case of a group of women engaging in the sale and exchange of sex in the mines of Region 7; they were held in sexual slavery until they were able to pay large sums of money to gain their freedom. One tried to run away and was physically attacked. Their cases are still pending in a Guyanese court.

Here it is worth noting that sex work is legal in Venezuela, whereas it is largely illegal in Guyana.[10] The 2019 Inter-Agency R-GBV-A highlights that many Venezuelan women are not aware of this when they are brought to Guyana. Interviews for the present R-GBV-A (KIIs) also suggested that the language barrier resulted in certain women being manipulated into situations of trafficking.

The 2019 Inter-Agency R-GBV-A further notes that there is no legal route for regularization of undocumented migrants who have been the victims of trafficking. If victims do engage with legal authorities, they are either repatriated or must find another way to regularize their migration status (p9).

[10] Sex work in Guyana is not illegal in its entirety. The Summary Jurisdiction (Offenses) Act, Chapter 8:02 insinuates that the solicitation of sex and/or “knowingly [living] wholly or in part on the earnings of prostitution,” (i.e., operating a brothel) is criminalized, but not the selling of sex itself. However, this legislation has been used by police officers to harass and victimize street-based sex workers.

Sexual Harassment, Harmful Stereotypes, and Xenophobia[11]

The hyper-sexualization of and widespread derogatory stereotypes about Venezuelan women is another driver of GBV experienced by migrant populations, and leads to sexual harassment. For example, there is a widespread view that Venezuelan women are "homewreckers" who will steal Guyanese men away from Guyanese women. The 2019 Inter-Agency Report documented a general perception that Venezuelan women dress provocatively and engage in sex work because "they like it." Notably, the Venezuelan custom of greeting people with kisses on the cheek is not practiced in Guyana. One interviewee noted that this can be seen as an "invitation for more" by Guyanese men when women greet others.

This information was confirmed in KIIs for this Assessment, where interviewees spoke about the assumption that Venezuelan women are "all whores", which can result in public solicitation for sex by men who assume they are sex workers. Some interviewees reported that these stereotypes give rise to inappropriate touching by men. It can also give rise to harassment from Guyanese women, who in particular harass and threaten women engaging in the sale and exchange of sex who they see as potentially stealing their husbands and partners.

As outlined in the 2019 Inter-Agency Report, Venezuelan women have reported that employers have been known to ask them for sexual favours or to say obscene things to them. This was reiterated in KIIs undertaken for this Assessment, where workplace sexual harassment against Venezuelan women was discussed as a frequent source of GBV. Other interviewees reported that landlords are also prone to sexually harass women migrants.

Furthermore, as a Key Informant Interviewee outlined, this "sexualization ties into a need to control women" (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. Overall, there is a related widespread assumption that migrants are "causing too many problems [in Guyana]". These negative assumptions give rise to xenophobia which negatively impacts Venezuelan women, who assume — often not incorrectly — that they will be discriminated against if they try to access services (see section on barriers to services below). These findings have also been documented in other countries experiencing influxes of Venezuelan migrants (see Washington Post's analysis on Colombia, 2019, Relief Web's report

[11] 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).

DRIVERS OF GBV WITHIN THE GUYANA CONTEXT

Key Messages

- **Gender-based violence is exacerbated by poverty and economic stresses.** Women may stay in violent or controlling relationships because they do not have the economic resources to leave. They may also engage in survival sex in order to earn money to care for themselves and dependents at home in Venezuela.

- **The Covid-19 pandemic and resulting economic crisis deepened inequalities in Guyana** and increased women's risks of experiencing GBV.

- **A perceived culture of normalized violence perpetuates the dynamics of GBV,** both against Guyanese women and Venezuelan migrants.

Economic Stresses and Poverty

Economic stresses and a lack of resources are key drivers of gender-based violence against the Venezuelan population in Guyana. For example, many women turn to the sale and exchange of sex (see above) because of a lack of viable alternatives for income-generation or for securing economic resources. For migrants without documents it can be difficult to enter the formal economy and, under these circumstances, the sale and exchange of sex becomes one of the only viable options, particularly when women are responsible for taking care of children and/or sending money to relatives in Venezuela. The 2019 Inter-Agency R-GBV-A notes that many women go to Port Kaituma, Bartica, or the mining areas, because there are opportunities to earn more money (p11). Mining towns, however, are known to feature the presence of armed groups and limited presence of state authorities (see also, International Crisis Group report, 2019), which can put women in dangerous situations.

Multiple interviewees (KIIs and FGDs) also flagged poverty more broadly as a reason for why Venezuelan women remain in violent or controlling relationships, often with Guyanese men. The 2019 Spotlight Initiative Country Programme Report notes that the most common form of economic abuse in Guyana is prohibition from working by a partner, which in turn puts women at further risk for other types of violence.

Covid-19 Context

Around the world, the Covid-19 pandemic has given rise to increased levels of gender-based violence (see UN Women's brief Covid-19 and Violence Against Women and Girls, 2020). As outlined in Spotlight Initiative's 2020 Regional Program Document: Caribbean, "disasters and health crises tend to deepen inequalities that existed before crises, including violence against women and children. Family isolation, economic insecurity, reduced access to health services brought on by the Covid-19 crisis will intensify the problem of family violence" (p20). For populations already vulnerable to GBV – and who experience barriers to accessing GBV services in 'normal times' - the pandemic has exacerbated, rather than created, their exposure to dangerous situations (see also, Zulver, Cookson and Fuentes, 2021).

For example, many Venezuelan migrants in Guyana who were informally employed in the retail sector were laid off once the pandemic hit, which increased economic stresses in their households, led to evictions or an inability to pay rent. These dynamics in turn created a 'perfect storm' for the increases in IPV in Guyana (and indeed, around the world). Moreover, as outlined above, in the context of public health orders catalyzed by the pandemic, women working in the sale and exchange of sex were forced to leave brothels and work on the streets or live with abusive clients, which interviewees (KIIs) implied means that they were exposed to more and worse forms of violence. Others engaging in sex work or the sale and exchange of sex have moved to mining communities in order to make money, exposing them to risks of trafficking, exploitation, and the Covid-19 virus itself (Response for Venezuelans Guyana Update, 2020).

Cultural Context of Normalized Violence

Multiple interviewees (KIIs and FGDs) cited Guyana's cultural context of normalized violence as a driver of GBV against Venezuelan migrants. As one interviewee (KII) explained: "the Guyanese culture of corporal punishment justifies violence and discipline." Others echoed that in Guyanese culture, it is widely accepted that "it's okay for a man to hit a woman", and that "patriarchy and violence in Guyana [mean that] migrants are coming to a culture that is supportive [of] violence."

Indeed, this context does not only negatively impact migrant women; as a UN Women Survey from 2019 reports, "Guyana continues to harbour attitudes that perpetuate [GBV], such as that women's primary responsibilities are in the home and that men are the natural authority." Mirroring these latter findings, the Spotlight Initiative's 2019 Country Programme

Document notes that 83 per cent of respondents expressed the view that men should be the head of households, 44 per cent agreed that women should always obey their husbands, and 28 per cent agreed that a woman has sexual obligations to her husband.

Risk factors associated with increased IPV include alcohol abuse and unemployment. Spotlight Initiative's 2019 Country Programme Document notes that "the association of violent behaviour with alcohol use exposes a troubling pattern that continues to brutalize women." Moreover, it outlines that rates of violence experienced are higher for women with partners who are unemployed, which is often the case amongst migrant populations in Guyana who are unable to formally enter the workforce.

CURRENT SERVICES

Key Messages

- **The rural-urban divide in Guyana impacts women's ability to access services that prevent and respond to GBV.** In rural parts of the country, GBV services are worryingly scarce and uneven (depending on the region). Travel to Georgetown is expensive, further limiting options for rural women to access GBV services.

- **Despite efforts by INGOs and certain government ministries to provide GBV services, there is a lack of follow through.** Despite efforts in 2019 to establish a comprehensive referral pathway, a change of government administration stymied its implementation.

- **Information gaps about the GBV services that are available remain rife, and are exacerbated by the language barrier.** This prevents Venezuelan women from accessing the services they need.

Overall Comments on Services and Accessibility

For the most part, services that prevent and respond to gender-based violence are centralized in the capital city of Georgetown. These services will be discussed in detail in the following sections.

In the capital city, there is a R4V GBV working group made up of UN agencies, international organizations, local NGOS, and a representative from the Ministry of Human Services and Social Security that meets every four weeks to discuss the national GBV response. The working group is co-led by the United Nations Population Fund (UNFPA) and the United Nations High Commissioner for Refugees (UNHCR). Other main organizations involved are the International Organization for Migration (IOM) and its implementing partners, Hebrew Immigrant Aid Society (HIAS), Guyana Sex Work Coalition (GSWC), Blossom Inc, and Hope Foundation. Smaller local NGOs including Help & Shelter and Catholic Charities also provide services.

When it comes to rural areas (hinterlands), where infrastructure in general is limited, GBV response services are worryingly scarce. Health services are often the only accessible services

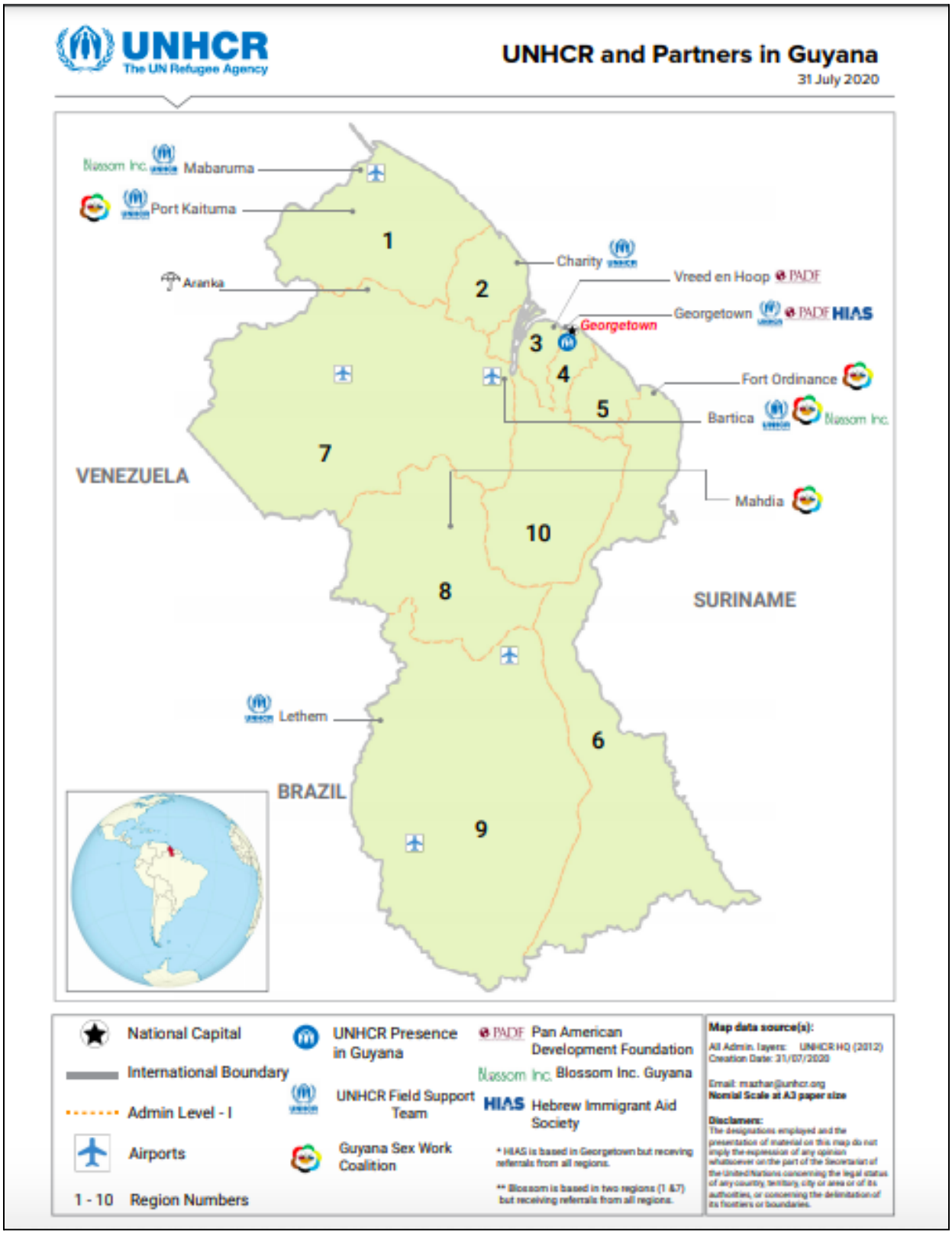
(usually only offered in English), and there are limited justice mechanisms accessible in rural areas (Spotlight Initiative's Country Programme Document, 2019, p30). UNHCR provides services to GBV survivors as well as women and girls at risk through its partners HIAS, Blossom Inc, and GSWC. HIAS offers 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). Case management and counselling services are also available remotely for the entire country. GSWC offers emergency assistance services to GBV survivors and support group sessions for sex workers in Regions 1, 6, 7, and 8 (Port Kaituma, Berbice, Aranka, Mahadia). In January 2021, the Spotlight Initiative sent field workers to Matthews Ridge (Region 1); they were trained to identify GBV/IPV, child abuse, and sexual abuse. In Port Kaituma, the Ministry of Human Services and Social Security Office provides trainings in psychological first aid.

Interviewees (KIIs) discussed how expensive it is to travel to remote regions, and that therefore, in this constrained context, WhatsApp is often used as a means of communication. In terms of accessibility, however, access to information and communications technology (ICT), internet connectivity, and e-services in the hinterlands is poor (Spotlight Initiative's Country Programme Document, 2019, p89). To address this digital divide, the Spotlight Initiative document recommends increasing online communications to link access to government programs and the delivery of e-services.

Interviewees (KIIs) noted that there are limited GBV services available in Region 6, and that there are no shelters in Regions 1 and 2 (where there is a high migrant population). There is no shelter in Region 7, but IOM has funding to pay for an apartment that serves as emergency housing. Meanwhile, migrants who go to the Probation and Social Services Department (Ministry of Human Services and Social Security) are often referred to services in Georgetown, as there are no bilingual staff in Region 6.

International organizations present in the country are involved in GBV prevention and response. For example, UNFPA supports the processes that work to address GBV at the national level, including engaging in policy analysis. In 2019, it co-led the Inter Agency R-GBV-A, in collaboration with the government, UNHCR, and other R4V partners. The service mapping undertaken led to the development of a referral pathway concept. Concerningly, however, the referral pathway was never implemented, due to the election period and subsequent change of administration.

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. It has provided training and funding to some CSOs for service delivery (for example, to the Guyana Responsible Parenthood Association to provide sexual and reproductive health services (SRHS), and to Help & Shelter to fund Venezuelans as “peer navigators”). At the time of research, however, these services were no longer active, as the funding cycle that provided the resources was complete.



Map Source: Response for Venezualans. [UNHCR and Partners in Guyana](#) (July 2020).

Access to Justice and Legal Support

There are a number of laws that seek to prevent and respond to GBV in Guyana, including the Domestic Violence Act, Sexual Offenses Act, Prevention of Discrimination Act, Protection of Children Act, and Combatting of Trafficking in Persons Act. The Spotlight Initiative's 2019 Country Programme Document outlines "that the state has recently made investments in creating a specialized Family Court, Sexual Offences Court, and in decentralizing court services in the regions" (p31). The main government institution that deals with GBV prevention and response is the Sexual Offences and Domestic Violence Policy Unit, which operates through the Ministry of Human Services and Social Security. This unit was created in 2016 and serves as the secretariat for the National Task Force on Sexual Violence and the National Domestic Violence Oversight Committee.

Despite these laws and the established ministry, however, organizations like the Pan Caribbean Partnership against HIV/AIDS (PANCAP), United Nations Population Fund (UNFPA), and Guyana Responsible Parenthood Association (GRPA) continue to advocate for reform in GBV laws and push for the government to bolster its capacity to deal with GBV cases. Multiple interviewees (KIIs) noted that the Guyanese government does not have the institutional or human resources capacity to deal with GBV cases, and particularly those experienced by migrant populations. One interviewee said: "The level of implementation for GBV in the general sense is wanting and therefore the attention that should be there for the migrant population will fall short."

Interviewees (KIIs) were also clear that despite some efforts to build out a GBV referral pathway, this system does not currently exist in a substantive (or *de facto*) way. As another interviewee put it: "The structures, institutions and framework [are] there but the implementation system is not sound."

The UN Women's 2019 *Guyana Women's Health and Life Experiences Survey Report* notes that "across Guyana, there are legal aid clinics that provide legal assistance at affordable rates (and when needed, for free)" (p16). However, this was not corroborated in KIIs and, perhaps even more importantly, by participants in the FGDs, who noted that access to justice anywhere outside of the country's capital is essentially impossible.

Overall, the information and perspectives provided by interviewees during the KIIs and by participants in the FGDs reflected that there are few legal options for Venezuelan migrants living in Guyana. The "temporary permit" 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, leaving migrants vulnerable to periods of irregular status. WRRGA's 2020 Venezuela's Refugee Crisis: Guyana Country Report links this situation to "various forms of exploitation and abuse, including human trafficking" (p1).

In interviews with representatives from international organizations (KIIs), it became clear that they work in close collaboration with one another to refer migrants to the available services. This was particularly discussed in reference to Hebrew Immigrant Aid Society (HIAS), International Organization for Migration (IOM), Guyana Sex Workers Coalition (GSWC), the Spotlight Initiative, and in the context of the Ministry of Human Services' Trafficking in Persons (TIP) Unit. There is also a Trafficking in Persons working group, co-chaired by IOM and HIAS, and working with the Guyana Women's Mining Association, and GSWC; they refer cases to Help & Shelter and collaborate with Guyana Responsible Parenthood Association (GRPA) to provide services. In 2019, the Inter-Agency R-GBV-A reported that the Counter-Trafficking Unit, in collaboration with IOM, was creating a system to report incidents of trafficking, and sharing information about the rights of victims of trafficking and the procedures required to report trafficking to the authorities (in English and Spanish).

Moreover, the Government of Guyana has established a Multi-Agency Coordinating Committee for addressing the influx of migrants into the country. It is chaired by the Minister of Citizenship, and brings together various public institutions, ministries, and UN Agencies. HIAS and Blossom Inc. were cited in KIIs and FGDs as organizations that help migrants navigate their way through the police and legal services. Additionally, the Society Against Sexual Orientation Discrimination (SASOD) offers legal services to document human rights abuses, including paralegal services and access to psychosocial counselling. To date, however, they have not had any migrants access their services, which they imply was due to a lack of awareness about the services they offer.[12] The Guyana Legal Aid Clinic provides legal representation for migrants in the Magistrate and High Courts, including in issues related to child custody, divorce, and estate disputes in the case of death. IOM offers case management, legal accompaniment, psychosocial support, safe shelter, and resources for Venezuelan migrants to pay rent. Participants in FGDs also noted that IOM offers economic empowerment courses and skills training to survivors of GBV and TIP.

Despite the availability of the abovementioned services, FGD participants and survey respondents noted that in practice it can be difficult to get support. The barriers to accessing

[12] It was not confirmed in the KII whether SASOD has Spanish-speaking staff, which might be another reason for a lack of engagement by Venezuelan migrants.

services, including a lack of awareness of their existence, the language barrier, fear of authorities, and patchy or poor quality services, is discussed in detail in the following section.

Access to Healthcare including SRHR

Access to sexual and reproductive health and rights (SRHR) remains scarce for migrant women in Guyana. According to the 2019 R-GBV-A, there is free access to healthcare in Guyana, including for migrants. This covers maternal care, birth control, access to condoms, and medicines at hospitals and clinics (Regional Inter-Agency Coordination Platform's March 2019 Assessment Report, p15). Although abortion is legal in Guyana, it is mainly only available in Georgetown; even in the capital, the Spotlight Initiative's 2019 Country Programme Document notes that public policies create barriers to accessing abortion, and unsafe abortions are a common occurence (p30).

With that said, one Key Informant Interviewee noted that most Venezuelan migrants are not aware that they have the right to healthcare. Furthermore, when migrants do attempt to access health services, even when they do go, they report that language barriers and discrimination leads services providers to attend to them slowly, often making them wait until everyone else is attended. A representative from UNFPA noted that healthcare facilities were already financially and resource-strained when it comes to meeting the needs of the general public – and that the migrant population adds to this strain. The Spotlight Initiative's 2019 Country Programme Document outlines that there are only a limited number of doctors trained in GBV response and counselling, including as it relates to HIV and STI prevention and pregnancy prevention after sexual abuse.

Notably, CSOs also step in to fill service gaps by providing migrants with healthcare, including SRHR. For example, Guyana Sex Workers Coalition (GSWC), with suport of UNHCR, engages in on-the-ground support work with Venezuelan migrant women, focusing on women in the sale and exchange of sex. They have peer educators who support sex workers in accessing health services, provide information on SRHR, as well as STI/HIV detection and prevention, in Regions 1, 6, 7, and 8. Condoms are distributed to sex workers alongside this activity. Meanwhile, Guyana Responsible Parenthood Association (GRPA) provides psychosocial counselling and SRH services including HIV and STI screenings and pap smears. They are also engaging in outreach activities in areas with high populations of migrants in order to make GBV services more accessible. Georgetown Public Hospital Corporation (GPHC) offers services related to HIV and other STIs, and also provides advice and services related to abortion and contraception.

In Mabaruma hospital there is a bilingual doctor who was mentioned as a resource for women accessing health services.

Access to Shelter and Safe Spaces

There is some safe housing for victims/survivors in Georgetown, but these options do not meet global standards; a participant in a FGD discussed being scared to stay in the shelter because her husband would come to visit. There are also a limited quantity of social workers and psychologists available to support victims/survivors, including those in shelter.

Region 6 has a government-run women's shelter (run by the Ministry of Human Services and Social Protection) and an office that is charged with people experiencing GBV. Although, as mentioned above, interviewees expressed concerned about a severe lack of GBV services in Region 6. The 2019 Inter-Agency R-GBV-A notes that the shelters that do exist in the country also offer food and financial services for victims of trafficking.

CSOs like Help & Shelter were cited by multiple interviewees (KIIs) as providing counselling services, shelter, and helping victims/survivors navigate their way through police, legal, and health systems. Catholic Charities of Guyana (CCOG), for example, provides shelter, counselling, translations services, legal assistance, food, and money for utility bills for migrants who are survivors of GBV. Meanwhile, IOM offers resources – including tools, classes, and trainings – to facilitate women's economic empowerment.

A HIAS representative noted that although they do not operate their own shelters, if a person needs to be removed from an imminently violent situation, HIAS has resources to cover the costs of apartments, hotels, or Airbnbs on a short-term basis.

Survey respondents in Regions 1, 3, and 4 were aware of some services, including HIAS, IOM, Catholic Charities (CCOG), and Voices GY. In Regions 2, 7, 8, and 10, the majority of respondents did not know of any services.

Participants in one FGD expressed concern, however, about how safe the shelters actually are. As discussed above, one participant shared that her partner visits the shelter where she currently lives, and that she feels scared. He comes to the shelter to bring food and diapers for their baby. The shelter manager, who was present during the FGD, told the researcher that

because the woman is Warao Indigenous, she does not understand the concept of counselling, and thus has never requested psychological support.

Access to Psychosocial Support

HIAS was cited (KIIs, FGDs, survey) as one of the main providers of psychosocial support for victims/survivors of GBV, through individual counselling and support groups. They also engage in case management and help migrants navigate through legal systems. Some members of the FGDs were aware of HIAS's services but mentioned that they did not think that they were broadcasted widely enough. Other members of FGDs were aware of psychological support services offered by IOM and at the Georgetown Public Hospital.

Photo source: NCC. Meeting with Social Life Issues, Guidance and Counselling Services.

Access to Economic Support and Immigration Support

In March 2021, the government announced that it plans to launch a new, holistic program that will "turn migration into a sustainable development factor" (Caribbean National Weekly). This will include programs to train labour, occupation, and safety officers to speak Spanish. It also

plans to coordinate with the Ministry of Human Services and Social Security's Garment and Accessories Cottage Industry Initiative, which aims to provide entrepreneurial opportunities for female migrants.

Catholic Charities provide a host of services for migrants, including those related to helping them arrange documents (i.e. driver's licenses), providing housing and accommodation for victims/survivors of GBV, and providing online English classes (in Region 3).

UNHCR supports vulnerable migrants with food and hygiene kits, and also helps register migrants to receive and extend their entry permits. Participants in FGDs and survey respondents referred to slow response time when it came to receiving emergency assistance items; one noted: "I made a request in December [2020] and only yesterday [March 2021] [did I receive] the items."

Voices Gy offers a livelihood program specifically for Venezuelan migrants. This focuses on providing small business and entrepreneurship opportunities to victims/survivors of GBV and trafficking. These programs are currently operational in Regions 3, 4, and 9.

HIAS, in partnership with UNHCR, is planning to launch a mobile money project in the second quarter of 2021, to provide vulnerable women, including GBV survivors, with cash assistance.

Multiple survey respondents noted that they would like economic support in the form of rent and utility bills, as well as employment-related trainings, English-language courses, and access to decent work to make an income. They also noted that they would like expanded legal permissions to stay in the country.

Communications and Availability of Data

One of the main barriers to accessing GBV services is related to information gaps amongst migrant women (see Section VII below). Even women themselves (survey respondents) were clear that they lacked awareness about service offering ("no sé que hay", "I don't know what there is").

However, multiple interviewees (KIIs) mentioned that the Ministry of Human Services and Social Protection does host a hotline (914), although they acknowledged that this is not widely advertised and thus there is low awareness amongst the community that would

benefit from it.[13] The hotline was launched "as a result of the significant decline in the reporting of violence and child abuse due to the COVID-19 pandemic" (New Room Guyana, 2021). Three KIIs noted that the hotline is available in Spanish, but follow-up research revealed that the hotline is *not yet* bilingual, but is in the process of hiring Spanish and Portuguese-speaking phone attendants (see News Room Guyana, 2021). This hotline could be an important resource for migrant women, and efforts should certainly be made to socialize it more broadly (see Recommendations, below), particularly when it offers bilingual services.

Some churches are leveraging their meeting spaces and congregations to talk about GBV and in some cases they have made referrals to GBV response services, such as Help & Shelter.

Red Thread, a grassroots women's organization with decades of experience promoting women's rights in Guyana, engages in community-level education about GBV in Georgetown and amongst various Indigenous communities. It also helps victims/survivors navigate through the different state and legal services they may require access to. According to an interviewee, Red Thread "provide[s] critical support [by] hand-holding women through the court systems, interpreting the laws for them, etc." They currently have GBV workers who are taking Spanish classes in order to better support the Spanish-speaking migrant population.

Data about migrants in Guyana is scarce. In response to these data gaps, in 2020 the government started a new effort to register migrants through the UNHCR Population Registration Information Management Ecosystem (PRIMEs) at entry points into the country. They are the first country in South America to do so (WRRGA's Venezuela's Refugee Crisis: Guyana Country Report, 2020, p8).

[13] The hotline was only launched in December, which could also explain low awareness amongst the community. (See News Room Guyana 2021)

Photo source: NCC. Health Awareness Session for Pregnant Women and Mothers in Baramita Region 1.

Scarcer still is data about GBV amongst migrants and Guyanese populations. There have been some notable efforts to address this gap: for example, the first national-level prevalence study of GBV in Guyana was conducted and published by UN Women in 2019, and an Integrated Crime and Violence Information System was established in 2019 by the Ministry of Public Security to collate data on crime, including GBV (UN Women's *Guyana Women's Health and Life Experiences Survey Report*, 2019, p16).

Presumably in the absence of reliable data, however, CSOs have created a Shared Incidents Database, supported by the Global Fund, that addresses data gaps around GBV (PANCAP Policy Brief on GBV in Guyana, p1).

Finally, there are some initiatives to address the root causes of GBV. For example, the Gender Affairs Bureau of the Ministry of Social Protection runs a sensitivity campaign ("Stamp it Out"), although it is worth noting that despite efforts to clarify, it is not clear whether this campaign is still active (Spotlight Initiative's Country Programme Document, 2019, p27). The government has indicated that eliminating GBV is a priority, and that it is aiming to increase

social awareness around the rights of women, children, vulnerable groups, and hinterland communities, eradicate discriminatory practices that violate the rights of girls (i.e. child marriage), and eradicate gender harassment in public spaces, schools, and work places (Spotlight Initiative's Country Programme Document, 2019, p27).

GAPS IN SERVICES AND BARRIERS TO ACTION

Key Messages

- **One of the major barriers that prevents Venezuelan women from accessing services is the lack of Spanish-language services.** This further gives rise to a widespread lack of knowledge or awareness about the services that are available to them.
- **A fear of authorities prevents women from accessing GBV services,** including concerns about abuse and harassment or discriminatory treatment.
- **When women do access services, they are often of poor quality.** This is exacerbated by gaps in donor funding, and short program cycles.

Language Barrier

One of the most significant barriers to accessing services that prevent and respond to gender-based violence (GBV) is related to a lack of Spanish-language services. Guyana is an English-speaking country, but many Venezuelan migrants do not speak English. Conversely, 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. This is a barrier that was consistently raised in KIIs with stakeholders across international, national, NGO, and CSO-levels of provision, as well as in FGDs with migrant populations — and this is also a barrier that has been established in other research (see WRRGA's Venezuela's Refugee Crisis: Guyana Country Report, 2020). Of note, the UNHCR and its partners are engaging in ESL interventions in different parts of the country (refer to 2020 R4V map); these interventions could be leveraged and expanded in the context of GBV.

Particularly when it comes to sensitive issues like GBV, being unable to meaningfully communicate and express oneself is a significant barrier to accessing services that prevent and respond to violence. For example, one interviewee (KII) discussed the case of a Venezuelan woman (who was herself a doctor in Venezuela) who went to the emergency room at a Guyanese hospital to obtain emergency contraceptives. She was being abused by her husband and did not want to become pregnant. She experienced difficulties explaining her

situation to the medical staff, who were unable to support her. Eventually, she was referred to an NGO.

In another interview (KII), it was suggested that some women are even 'tricked' into sex trafficking and sexual exploitation because they do not understand English, and therefore do not know what they are getting themselves into. Recent media articles corroborate this finding.

A related theme that was brought up in many KIIs was related to a lack of understanding of Guyanese culture. The implication was that Venezuelan women were exposed to violence because of cultural differences and the normalization of violence prevalent in the Guyanese context. In one FGD, the issues of racial segregation, xenophobia, and racism were raised as barriers to accessing government services, including those related to GBV.

Despite the real barriers that a lack of shared language poses, as one interviewee (KII) aptly pointed out: "you don't need to speak Spanish to see bruises." Accordingly, while language presents a significant barrier to accessing services, there are also other substantive barriers — many of which are rooted in similar exclusionary dynamics that constrain migrant women's access to services. These are outlined below.

Harmful Stereotypes and Discrimination

Harmful stereotypes that hypersexualize Venezuelan women or paint them as "homewreckers" who steal Guyanese men away from Guyanese women also serve as barriers to accessing services. These stereotypes are borne out of, and reproduce, discrimination against migrant women, which can hinder them from accessing services.

For example, women engaging in the sale and exchange of sex in particular fear not being taken seriously if they try to engage with authorities. Interviewees reported that women are sent away or receive "the look" when they try to access services. Members of one FGD discussed corruption as a barrier to receiving support from government services. One interviewee (KII) noted that Venezuelans are told that services *are* offered by government agencies but when they show up, they are told that the services are not available. Again, these gaps between what is 'officially' available, and migrant women's experiences, are exacerbated by a lack of Spanish fluency amongst service providers

Negative stereotypes about migrant women are also widespread and routinely reproduced in media reports. The news articles reviewed for this Assessment include exploitative details about the crimes committed against Venezuelan women, and little regard is given to illuminating the root causes of violence or making any broader calls to action. Moreover, certain articles link victims to the sale and exchange of sex. One in particular mentions that the Venezuelan woman in question was hanging out on a street with a reputation for prostitution. These media reporting dynamics thus reify a discriminatory view that links sex work with 'expected' (and thus normalized) violence, with negative repercussions for Venezuelan migrant women who have turned to the sale and exchange of sex in Guyana.

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.

Despite these harmful stereotypes and discrimination, there is limited investment in behaviour change programming, including around gender norms (Spotlight Initiative's Country Programme Document, 2019, p28). Indeed, the 2019 Inter-Agency R-GBV-A documented that some police believe Venezuelans are creating negative impacts on the Guyanese community, and that this perspective negatively influences their treatment of migrants (p17). Spanish-language radio stations could be leveraged to share and disseminate information widely, including anti-xenophobia campaigns.

Fear of Authorities

Fear of authorities, including concerns about discriminatory or abusive treatment, is another barrier to service access amongst migrants in Guyana. This fear may in part derive from fear of Venezuelan authorities at home and translate to the Guyanese context. However, the language barriers (described above) and a lack of understanding about local laws further contributes to an aversion to asking authorities for support — what is often referred to as "system avoidance". This is particularly the case when migrants have not regularized their stay in the country.

KIIs revealed that more junior police officers, for example, do not take cases of GBV seriously, particularly when the violence is being reported by migrants. This was particularly mentioned in the context of the LGBTI population. It was suggested that even though more senior police officers have participated in human rights and sensitivity trainings, that these do not

necessarily trickle down to more junior members or those officers stationed in the hinterland or other remote outposts, who are often the first point of contact for those seeking support. The PANCAP Policy Brief on GBV in Guyana noted that responses to requests for help will often depend on a particular police officer's belief about GBV (p3). PANCAP could be well positioned to help develop and disseminate trainings to officials, including within the police force in various regions of the country.

Fear of authorities is also due in part to discriminatory and abusive experiences in previous interactions. In FGDs, participants who themselves have engaged in sex work or the sale or exchange of sex disclosed that they had been asked for sexual favours from both police and immigration authorities in order to access or renew their stay permits. Other participants reported that if they were unable to produce their stay permit, they were pressured into paying police officers money to ensure they were not taken to jail or deported. In rural areas that feature the presence of armed groups, it was suggested that women are monitored or under surveillance by the police, which creates an atmosphere of suspicion and fear.

In the context of Intimate Partner Violence, it was suggested in KIIs that Guyanese men are assumed to have friends or family members within the police, and that there is a perception that "the police will take the side of the Guyanese." This dynamic prevents women in relationships with Guyanese men from approaching the authorities for help in the case of violence against them. One interviewee mentioned that women only go to the police or NGOs when the violence is considered extreme, because of fear around their immigration status or of institutional discrimination from state actors.

Importantly, fear of authorities also extends to healthcare providers. Migrants fear that they will be penalized for their irregular migratory status. Some participants of FGDs, for example, disclosed that they had been subjected to maternal abuse in hospitals (when going to give birth), which they said now serves as a deterrent from seeking support in other situations, including when they are experiencing GBV.

Lack of Awareness of Services and Poor Accessibility

A further barrier to service access is simply that women are not aware of what is available to them. One interviewee (KII) was clear that there is a "lack of circulating information, which should be posted in stores, churches, social services agencies, marketplaces, and side-walks." For example, in one FGD all participants indicated that they were unaware of any GBV prevention and response services in Guyana besides those offered by Catholic Charities.

Members of a different FGD also knew about Catholic Charities, but only for its translation services, and not as a resource in the case of GBV.

Even when migrants *do* know about services, there is a perception that these programs are difficult to access. One FGD participant noted that "it is difficult to access these [CSO] programs because you have to be almost on the street to get help."

In terms of accessibility, even when women know about services, they may not have the bus fare to get there, money for phone data, nor a phone/internet connectivity, or money for childcare. For example, women in rural areas are often referred to services located in Georgetown , however cross-country travel is very expensive: one said, "going to the city costs a lot of money — information has to reach the [mining communities too]". Some CSOs discussed their own lack of – or limited – funding as a barrier to being able to support women in these marginalized circumstances. One example of good practice, however, is the Guyana Women Miners' Association, which provides limited resources for transportation assistance. UNHCR, through its partners HIAS and GSWC, also sometimes provides funding to facilitate travel for GBV survivors and other extremely vulnerable persons who need to travel to other parts of the country to access services. Still, key informant interviewees explained that it is hard to find people with appropriate levels of GBV training and who speak Spanish and/or Indigenous languages, who will go and work in the hinterlands.

Poor Service Quality and Underfunding

Importantly, even when women *are* able to access services, these services are often of poor quality. Indeed, both the UN Women's 2019 *Guyana Women's Health and Life Experiences Survey Report* (p9-10) and Spotlight Initiative's 2020 Regional Program Document: Caribbean (p21) outlined the inadequate support structure to ensure women's safety after going to the police. While not specific to the migrant population, the UN Women's *Guyana Women's Health and Life Experiences Survey Report* noted of non-partner sexual violence that 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 (p10). Given the limited institutional capacity to process them, there is a long backlog of GBV cases in the system (Spotlight Initiative's Country Programme Document, 2019, p19). And, to be sure, bearing in mind the other barriers to access for migrant populations outlined in this

report, it is reasonable to assume that this situation of stalled GBV cases is worse still for migrant populations, especially for those migrants without documents.

The Spotlight Initiative documented that, as of 2019, the National Task Force on Sexual Offences and Domestic Violence was non-functional, and that the National Domestic Violence Act still needed to be operationalized (Country Programme Document, 2019, p22-23). In 2019, the same document stated: "regrettably, the National (Inter-Agency) Task Force on Sexual Violence which was constituted in 2014 never met until December 8th, 2016 (when it was resuscitated) and has failed to meet since." (p21).

Another example of the lack of comprehensive support was highlighted by interviewees in the context of shelters. Women victims/survivors need comprehensive services that extend beyond those they are offered when they are "dumped" in shelters, in the words of a participant in a FGD. Another interviewee recounted the story of a woman who was in a shelter for months and then had to return to an abusive partner because she did not receive any ongoing support, such as economic or legal services.

Finally, KIIs flagged lack of funding as an ongoing problem that continues to pose barriers to adequate GBV service provision. One interviewee noted: "the level of resources needed for hinterland work is huge and the willingness of donors to support the cost can be challenging." This is compounded by limited coordination between state and non-state actors, as well as inter-state coordination (Spotlight Initiative's Country Programme Document, 2019, p28). For example, one interviewee (KII) mentioned that migrants were not being provided for at the level of the town council, as there are no plans or budget allocated to "address the migrant situation".

Of concern are the limited services for members of the LGBTI community. While research for this Assessment did not include FGDs with migrant members of the LGBTI community, one KII from an international organizations directly mentioned that violence against the LGBTI community has increased since the onset of the global pandemic. This takes place in a context that already discriminates against LGBTI people; according to the PANCAP Policy Brief on GBV in Guyana, "Sexual orientation and gender identity are not protected grounds under the Prevention of Discrimination Act and the Domestic Violence Act does not cover persons in same sex relationships" (p1).

RECOMMENDATIONS

Gap/Barrier: Lack of Awareness of Services + Poor Accessibility

1. **Ensure that migrants are made aware of their rights and the services that are available to them.**
    - Information should be made widely available in Spanish and Indigenous languages in areas and spaces where migrants go: churches, shops, markets, sidewalks, etc. This could take the form of posters, radio campaigns, TV commercials, banners, etc. This effort should be undertaken by INGOs, the Guyanese State, and grassroots organizations.
    - One example of best practice is Ladysmith's Cosas de Mujeres project with Venezuelan migrants in Colombia; the project uses a WhatsApp platform to provide women with information about the services available to them. It further employs social workers to engage in widespread socialization campaigns, including in 'hard to reach' communities, to foment social cohesion and reduce xenophobia between migrant and host communities, as well as to inform women about the services available to them. NCC could replicate this model in the Guyanese context, in collaboration with the R4V GBV Working Group.
    - The Ministry of Human Services and Social Security has a 914 GBV hotline that will soon be accessible in Spanish - this service needs to be more widely advertised so that migrants know that it is an available resource for them. Guyana's Spanish-language radio station could be leveraged to share and disseminate information widely.
    - Members of the R4V GBV Working Group could increase their community outreach, particularly in rural areas and informal urban settlements. They could also draw on their existing connections and networks with civil society groups to expand their access to difficult-to-reach communities.

Gap/Barrier: Language Barriers

2. **Provide migrants access to services in Spanish and Indigenous languages.** Beyond information, migrants need to be able to interact with Spanish-speaking or Indigenous language-speaking service providers (including international and state entities) when accessing GBV, health, justice, and immigration services. In the medium and long term, migrants should also be provided with English language courses.

- One interviewee suggested that the Cuban medical brigade could specifically be assigned to work with migrant populations.
- One example of best practice comes from the Guyana Responsible Parenthood Association, which hired a bilingual doctor to work on GBV and sexual and reproductive healthcare, amongst other issues. This should be replicated by other INGOs, as well as government agencies.
- These bilingual services should apply to referral pathways for GBV victims/survivors.
- Partners could leverage some of the existing ESL interventions being undertaken by the UNHCR and partners to expand English language courses directed towards victims/survivors of GBV.

Gap/Barrier: Poor Service Quality + Underfunding + Poor Accessibility

3. **Delineate clear GBV referral pathways, in collaboration with relevant government ministries, police, and NGOs.**
    - Continue strengthening collaboration and coordination between the relevant INGOs and government stakeholders to ensure a holistic and comprehensive response for victims/survivors. Leverage the existing R4V GBV Working Group and partners to streamline the GBV referral pathway in both Georgetown and rural areas.
    - These pathways should also include mechanisms (in both English and Spanish) to prevent – and report – corruption and abuse by authorities in a way that protects the identity and safety of the victim/survivor.
    - Simplify and expedite the process of registering foreign-born children, so that men are not able to use custody of children as a means to control women.

Gap/Barrier: Fear of Authorities + Harmful Stereotypes and Discrimination

4. **Provide sensitivity and GBV training to authorities within the police, immigration agencies, and healthcare providers at all levels, with a focus on victim / survivor-facing employees.** These trainings need to provide information on the risks that Venezuelan women face and what their rights are. Specific attention must be paid to victims of trafficking.
    - Assess political will to engage in these sorts of trainings, particularly in rural regions where the police may be complicit in GBV crimes.

- For example, HIAS has delivered training to hospital staff in Bartica; these trainings could be expanded and scaled in other parts of the country and different sectors.
- PANCAP's experience working with the Guyana Police Force could be leveraged to expand sensitivity and GBV training to authorities, in coordination with the NCC.
- These trainings should also include an intersectional focus that highlights the differential experiences of the LGBTI population and Indigenous groups.

Gap/Barrier: Poor Service Quality + Underfunding

5. **Create shelters and safe spaces that meet international standards in rural areas. Improve standards of shelters in Georgetown to meet international standards ("Minimum Standards") of safety, confidentiality, respect, and non-discrimination.**
    - Shelters should be made available in all regions of the country. Research has shown, and this Assessment has confirmed, that many victims of trafficking and sexual exploitation live in rural areas, including in mining communities.
    - Where it is not feasible or safe to build a shelter in a particular location (for example, if in a rural area with a very small population, or given a lack of qualified Spanish-speaking staff), provide victims/survivors with economic resources to safely travel to Georgetown.
    - If it is unsafe for a victim/survivor to stay in a particular region, they should be provided with economic resources to safely travel to Georgetown, within the context of the GBV referral pathway overseen and coordinated by the R4V GBV Working Group members.
    - All shelters must meet international standards for shelter provision for GBV victims. This includes adopting a survivor-centred approach that guarantees the "Minimum Standards" of safety, confidentiality, respect, and non-discrimination (see UNFPA's Inter-Agency Minimum Standards for GBV in Emergencies Programming, 2019).
    - Shelters must also offer holistic GBV services (see below) that enable women to leave violent situations.

Gap/Barrier: Poor Service Quality + Underfunding

6. **Establish holistic GBV services that include access to psychological and economic support to help women "get out and stay out."** Victims/survivors of GBV must be enabled to leave violent situations and to support themselves and their dependents so that they are not compelled to fall back into violent situations.
    - Accordingly, beyond emergency shelter, migrant women need a source of economic income (which could be enabled by training, English-classes, and provision of materials), access to counselling and psychosocial services, and migration and legal support for themselves and their dependents.
    - In line with international best practices, Guyana would benefit from the creation of a "one stop shop" (or ideally, multiple "one stop shops") where women can access the psychological, legal, economic, and medical support they need in one location staffed by bilingual personnel trained in how to support victims/survivors of GBV in a dignified manner. NCC in collaboration with CCOG could be well-placed to oversee this coordinating role, which would feed into the GBV referral pathway and connect victims/survivors to the relevant members of the R4V GBV Working group.

Gap/Barrier: Poor Service Quality + Underfunding

7. **Design data collection mechanisms and collect data on migrant women's experiences of GBV, with a focus on trafficking and sexual exploitation in rural areas.**
    - Government, INGO, grassroots organizations, and academic stakeholders must engage in more profound qualitative and quantitative research that documents Venezuelan women's experiences of GBV and with services. This should particularly focus on patterns of trafficking and sexual exploitation in rural areas.
    - As a coordinating organization, NCC could be well-positioned to oversee data collection, analysis, and dissemination within the R4V GBV Working Group.
    - Create a feedback loop that ensures data is made accessible to decision-makers so that they can use the information to inform their policy and programming decisions (see Zulver, Cookson, and Fuentes, 2021).

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APPENDIX 1: KEY INFORMATION INTERVIEW GUIDE

International Organizations

1. What patterns or forms of gender based violence have you and your colleagues noticed in the context of Venezuelan migration in Guyana?
2. What factors drive or influence these patterns of GBV?
3. Does your organization offer any services that prevent or respond to GBV?
4. What other GBV prevention and response services do you know of operating in Guyana?
5. Have you and your colleagues identified any barriers to access in terms of these services? Especially for migrants trying to access services?
6. What sorts of GBV services are *not* available in [Georgetown] that you think should exist or are necessary?
7. What recommendations do you have to address the existing gaps in service provision?

National / State Organizations

1. What patterns or forms of gender based violence and/or violence against women have you and your colleagues noticed in the context of Venezuelan migration in Guyana?
2. What factors drive or influence these patterns?
3. Does your organization offer any services that prevent or respond to GBV and/or VAW?
4. What other GBV/VAW prevention and response services do you know of in Guyana?
5. Have you and your colleagues identified any barriers to access (obstacles to people actually getting access) to these services?
6. What sorts of GBV/VAW services are *not* available in [Georgetown] that you think should exist?
7. Do you have any recommendations that you think might address the existing gaps in service provision or the barriers to access you mentioned?

Regional / Local State Organizations

1. What patterns or forms of gender based violence and/or violence against women have you and your colleagues noticed in the context of Venezuelan migration in the region?
2. What factors drive or influence these patterns of GBV/VAW?
3. Does your organization offer any services that prevent or respond to GBV/VAW? Are any of these particularly geared to the migrant population?
4. What other GBV/VAW prevention and response services do you know of (in the region)?
5. Have you and your colleagues identified any barriers to access (obstacles that prevent people actually using) for these services?

6. What sorts of GBV/VAW services are *not* available in (the region) that you think should exist?
7. Is there any coordination in GBV response between the regional and national level? Can you tell us a bit about what this looks like and how it works?
8. What recommendations do you have to address the existing gaps in service provision?

Civil Society Organizations

1. Does your organisation offer any services or programs that prevent or respond to ? Gender based violence and/or violence against women?
2. What forms of GBV/VAW 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?
6. What sorts of GBV/VAW services are *not* available for women y that you think should exist? 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?

APPENDIX 2: FOCUS GROUP DISCUSSIONS GUIDE

Migrant Women and/or Women in Migrant Hosting Communities

1. Can you tell us a little bit about the experiences of being a woman migrant here in Guyana?
2. 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?
3. Why do you think that this violence takes place here in Guyana?
4. What sorts of gender-based violence or violence against women services do you know about that exist here in [Georgetown]? For example, do you know about any shelters, programs for migrant women, access to benefits, access to legal support, access to psychological support, etc?
5. How easy or difficult is it to access these services?
6. What sorts of GBV services do you think are missing or would you like to have access to?

APPENDIX 3: SURVEY INSTRUMENT

This survey was sent out as a Google Form to an existing WhatsApp group made up of Venezuelan migrants. As per best practices related to online GBV research (see UN Women), we removed all questions about the patterns and drivers of GBV, and instead focused on access to and quality of services. This reflects the UN Women recommendation that advises against asking questions about experiences of violence, even if these are framed in terms of asking a “third party/others” as these are “unlikely to yield useful data and responses and not easy to interpret."

Encuesta sobre acceso a servicios para migrantes Venezolanas

1. ¿En qué región de Guyana se encuentra?
2. ¿Qué tipo de servicios conoce usted que existen aquí en Guyana? Por ejemplo, ¿Conoce algún programa para mujeres inmigrantes, acceso a beneficios, acceso a apoyo legal, o acceso a apoyo psicológico, etc.?
3. ¿Qué tan fácil o difícil es acceder a esos servicios?
4. ¿Le gustaría contarme más sobre su experiencia al intentar acceder a los servicios?
5. ¿Qué tipo de servicios cree usted que faltan o le gustaría tener acceso?

APPENDIX 4: ORGANIZATIONS CONSULTED IN KEY INFORMATION INTERVIEWS

Organizations	Location
International Organizations / Service Providers	
Joint United Nations Programme on HIV/AIDS (UNAIDS)	Office: Region 4
Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) - Regional	Office: Region 4 National reach: Regions 1-10
Venezuelan Embassy - Guyana	Office: Region 4
International Organization for Migration (IOM)	Office: Region 4 National reach: Regions 1&7
United Nations Population Fund (UNFPA)	Office: Region 4 National reach: Regions 1-10
Hebrew Immigrant Aid Society (HIAS)	Office: Regions 4&7
United Nations High Commissioner for Refugees (UNHCR)	Office: Region 4
Pan American Development Foundation (PADF)	Office: Region 4
National Institutions / Service Providers	
Ministry of Health	Office: Region 4
Guyana Legal Aid Clinic	Office: Region 4
University of Guyana (Tain Campus)	Office: Region 6
University of Guyana (Institute of Gender Studies)	Office: Region 4
City and/or Local Government Organizations / Service Providers	
Bartica COVID-19 Task Force	Office: Region 7
Georgetown Public Hospital Out-Patient Clinic	Office: Region 4
Department of Education-Welfare Division	Office: Region 7
Linden Mayor at Town Council	Office: Region 10
Skeldon Hospital	Office: Region 6
Regional Office	Office: Region 10
Civil Society Partners / Not-for-profits / Grassroots Organizations / Charities / Service Providers / Community groups / FBOs / Individuals	

WW Service Agency	Office: Region 4
Voices GY	Office: Region 4
Vreed En Hoop Wesleyan Church	Office: Region 3
Help and Shelter	Office: Region 4 National reach: Regions 5&6
Guyana Responsible Parenthood Association (GRPA)	Office: Region 4 National reach: Regions 5&6
Society Against Sexual Orientation Discrimination (SASOD)	Office: Region 4,
Red Thread Women: Crossroads Women's Centre	Office: Region 4
Catholic Charities Organisation Guyana -Migrant Support Services	Office: Region 4
Blossom Inc.	Main Office: Region 4 Sub-offices: Regions 2,4,7,10
Guyana Sex Work Coalition (GSWC)	Office: Region 6 National reach: Regions 1,3,6,7,8,10

**Note: Two additional organizations/individuals were interviewed, but did not give permission to be identified by name.*