

# SAFE

## Gender-Based Violence Response Services for Women in Human Mobility in Central America



Public Disclosure Authorized

Public Disclosure Authorized

Public Disclosure Authorized

Public Disclosure Authorized

© 2024 International Bank for Reconstruction and Development / The World Bank  
1818 H Street NW  
Washington DC 20433  
Telephone: 202-473-1000  
Internet: [www.worldbank.org](http://www.worldbank.org)

This work is a product of the staff of The World Bank with external contributions. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of The World Bank, its Board of Executive Directors, or the governments they represent.

The World Bank does not guarantee the accuracy, completeness, or currency of the data included in this work and does not assume responsibility for any errors, omissions, or discrepancies in the information, or liability with respect to the use of or failure to use the information, methods, processes, or conclusions set forth. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

Nothing herein shall constitute or be construed or considered to be a limitation upon or waiver of the privileges and immunities of The World Bank, all of which are specifically reserved.

#### **Rights and Permissions**

The material in this work is subject to copyright. Because The World Bank encourages dissemination of its knowledge, this work may be reproduced, in whole or in part, for noncommercial purposes as long as full attribution to this work is given.

Any queries on rights and licenses, including subsidiary rights, should be addressed to World Bank Publications.

Cover Illustration: [Lulo Lab SAS](#)  
Typesetting: Lulo Lab SAS

# Acknowledgements

This work was generously supported by the State and Peacebuilding Fund (SPF). The State and Peacebuilding 2.0 Umbrella Trust Fund (SPF2.0) is a global multi-donor fund administered by the World Bank that works with partners to address the drivers and impacts of fragility, conflict, and violence (FCV) and strengthen the resilience of countries and affected populations, communities, and institutions. The SPF2.0 is kindly supported by: Denmark, Germany, Netherlands, Norway, Sweden, and Switzerland.

This report was prepared by a multidisciplinary World Bank Group team led by Ana I. Aguilera (Senior Social Development Specialist), Diana J. Arango (Senior Social Development Specialist) and Manuel Contreras Urbina (Senior Gender Specialist), with contributions from Carlos Muñoz Burgos (Crime and Violence Prevention Specialist), Giselle Marie Bello (Social Development Specialist), Lorena Levano Gavidia (Social Development Specialist) Min Jaegal (GIS Specialist), Marcela Gonzalez (Program Assistant), and Vanessa Marin (Program Assistant). In addition, the team had the support of the Country Office teams in Costa Rica, El Salvador, Guatemala, Honduras, and Panama throughout the implementation of the technical assistance.

The team is grateful for the guidance and support received from Michel Kerf (Director, Central America & the Dominican Republic), Joelle Dehasse (Operations Manager), Maria Gonzalez de Asis (Practice Manager, Social Sustainability and Inclusion), Kinnon Scott (Resident Representative, Nicaragua and Honduras), Carine Clert (Country Manager, El Salvador and Costa Rica), Marco Scuriatti (Resident Representative, Guatemala), and Alexandria Valerio (Resident Representative, Dominican Republic) for their technical contributions and experience.

The work was carried out in collaboration with FLACSO Costa Rica, the International Organization for Migration (IOM), and the United Nations High Commissioner for Refugees (UNHCR), led by Jose Samaniego (Director of the Regional Bureau for the Americas, UNHCR), Isabel Marquez (Deputy Director Regional Bureau for the Americas, UNHCR), Milton Moreno (UNHCR's Representative in Costa Rica), Laura Almirall (UNHCR's Representative in El Salvador), and Andres Celis (UNHCR's Representative in Honduras).

The team is appreciative for the partnership between the World Bank, IOM, and UNHCR, and in particular, to Raul Soto (Regional Migration Data Coordinator, IOM), Sofia Arce (Data and Geographic Information Analyst, IOM), Karla Picado (Information Management Specialist, IOM), Estela Aragon (Research Officer), Craig Loschmann (Economist, Regional Bureau for the Americas, UNHCR), Irving Perez (External Relations Officer, UNHCR), Valeria Lentini (UNHCR, Costa Rica), Valentina Duque (Regional GBV Officer, UNHCR), Maria José Merino Acuña (Senior Protection Assistant, IOM Costa Rica), Melissa Johns (Senior Development Advisor, UNHCR), Alba Alonso (GBV Officer), Rita Cowley-Ornelas (Protection Officer, UNHCR El Salvador), Tamara Stupalova (Associate Information Manager, UNCHR El Salvador), Flor Belloso (Assistant Protection Officer, UNHCR El Salvador), Rudy Martinez (Senior Information Management Assistant, IOM), Josue Raul Perez (Information Management Assistant, IOM Guatemala), Xavier Oliero (Chief of Programs, OIM Guatemala), Paola Alejandra Maria Estrada

Sosa (Senior Community Based Protection Assistant, UNHCR Guatemala), Andrés Celis (Representative, UNHCR Honduras/Costa Rica), Jose Barrena (Senior Operations Officer, UNHCR Honduras), and Vanessa Vaca (Associate Protection Officer, UNHCR Honduras).

The analysis was enriched through dialogues with different governmental and nongovernmental organizations in Central America for which the team is very thankful.

# Table of Contents

<b>Key Definitions</b> .....	<b>7</b>
<b>List of Acronyms</b> .....	<b>10</b>
<b>Executive Summary</b> .....	<b>11</b>
<b>Introduction</b> .....	<b>17</b>
<b>Physical Accessibility</b> .....	<b>22</b>
Methodology .....	<b>22</b>
Main findings .....	<b>23</b>
<b>Social, Legal, and Institutional Accessibility</b> .....	<b>28</b>
Methodology .....	<b>29</b>
Main findings .....	<b>31</b>
A. Forms of gender-based violence among women in situations of human mobility	<b>33</b>
B. Social barriers .....	<b>36</b>
C. Legal barriers .....	<b>40</b>
D. Institutional barriers .....	<b>42</b>
E. Means and forms of communications among women in transit through Central America among women in transit through Central America .....	<b>45</b>
F. Enabling factors to access support services among GBV survivors .....	<b>47</b>
<b>Opportunities Ahead and Policy Recommendations</b> .....	<b>48</b>
<b>Social recommendations</b> .....	<b>51</b>
<b>Legal recommendations</b> .....	<b>52</b>
<b>Institutional recommendations</b> .....	<b>53</b>
<b>Regional workshop recommendations</b> .....	<b>54</b>
<b>Additional recommendations</b> .....	<b>56</b>
<b>References</b> .....	<b>58</b>
<b>Annex 1: Overview of Transit Hubs</b> .....	<b>60</b>
<b>Annex 2: Methodological Annex</b> .....	<b>65</b>
Annex 2A: Survey questions aimed at migrant, refugee, transit, and returnee women	<b>66</b>
Annex 2B: Interview guide for semi-structured interviews with gender-based violence service providers .....	<b>82</b>
Annex 2C: Interview guide for life stories of migrant, refugee, transit, and returnee women	<b>87</b>

# Table of Figures

<b>Figure 1</b>	Share of service providers for GBV survivors along the nearest human mobility route in Central America .....	<b>24</b>
<b>Figure 2</b>	Share of women in transit who report being aware of GBV incidents during their migration journey, by type of violence up to Costa Rica .....	<b>34</b>
<b>Figure 3</b>	Share of women in transit who report being aware of GBV incidents during their migratory journey, by type of violence up to Guatemala “...” .....	<b>34</b>
<b>Figure 4</b>	Perception of sexual, psychological, and physical violence by type of perpetrator up to Costa Rica .....	<b>34</b>
<b>Figure 5</b>	Perception of sexual, psychological, and physical violence by type of perpetrator up to Guatemala .....	<b>35</b>
<b>Figure 6</b>	Playground for children at CATEM Sur, Costa Rica .....	<b>38</b>
<b>Figure 7</b>	Social network that women report using .....	<b>45</b>
<b>Figure 8</b>	Screenshot of online regional dashboard with interactive data on transit routes and services providers in Central America .....	<b>48</b>
<b>Figure 9</b>	Recommendations prioritization matrix, by timing and development impact .....	<b>57</b>



# Key Definitions

- Assisted voluntary return** Is the comprehensive approach to migration management, which includes timely asylum adjudication, effective removals of irregular migrants, regular migration options, and accurate public information on those options. They can also be an effective deterrent to irregular migration when implemented quickly (IOM, 2019).
- Assisted voluntary return and reintegration** Is the “Administrative, logistical or financial support, including reintegration assistance, to migrants unable or unwilling to remain in the host country or country of transit and who decide to return to their country of origin” (IOM, 2019).
- Asylum seekers** Refers to a general term for any person who is seeking international protection. In some countries, it is used as a legal term referring to a person who has applied for refugee status or a complementary international protection status and has not yet received a final decision on their claim. It can also refer to a person who has not yet submitted an application but may intend to do so, or may be in need of international protection. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker. However, an asylum-seeker may not be sent back to their country of origin until their asylum claim has been examined in a fair procedure, and is entitled to certain minimum standards of treatment pending determination of their status (UNHCR, 2023).
- Circular migration** Is a form of migration in which people repeatedly move back and forth between two or more countries (IOM, 2019).
- Deportation** Refers to the forced displacement of civilians which is prohibited in times of occupation and non-international armed conflict except when required for their security or imperative military reasons (IOM, 2019).
- Forced return** Is the act of returning an individual, against his or her will, to the country of origin, transit or to a third country that agrees to receive the person, generally carried out based on an administrative or judicial act or decision (IOM, 2019).
- Gender-based violence (GBV)** Is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. 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 (IASC, 2023).
- Health** Is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948).
- Human mobility** Is an umbrella term that refers to all aspects of the movement of people regardless of the reason why people move and whether said movement is voluntary or forced. As such, human mobility is understood to encompass involuntary internal and cross-border displacement of populations, voluntary internal and cross-border migration and planned and consented relocation (UNHCR, 2023).

- Internally displaced person (IDP)** Is a person who has been forced or obliged to flee from their home or place of habitual residence, in particular as a result of or in order to avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who has not crossed an internationally recognized State border (UNHCR, 2023).
- International migrant** Is any person who is outside a State of which he or she is a citizen or national, or, in the case of a stateless person, his or her State of birth or habitual residence. The term includes migrants who intend to move permanently or temporarily, and those who move in a regular or documented manner as well as migrants in irregular situations (IOM, 2019).
- Irregular migration** Is the movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit, or destination (IOM, 2019).
- Mental health** Is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development (WHO, 2022).
- Migrants in vulnerable situations** Are those who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse, and who, accordingly, are entitled to call on a duty bearer's heightened duty of care (IOM, 2019).
- Migrant worker** Is someone who engages in a remunerated activity in a country of which he or she is not a national (WBG Board Paper, 2019).
- Mixed movements** Is the cross-border movement of people, generally in an irregular manner, involving individuals and groups who travel alongside each other, using similar routes and means of transport or facilitators, but for different reasons. People travelling as part of mixed movements have different needs and profiles and may include asylum-seekers, refugees, victims of trafficking, unaccompanied or separated children, stateless personas, and migrants (including migrants in irregular situations or migrants in vulnerable situations (UNHCR, 2023).
- Refugee** Is any person who meets the eligibility criteria under an applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate, or in national legislation. Under international law and UNHCR's mandate, refugees are persons outside their countries of origin who are in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder (UNHCR, 2023).



- Reintegration** Is defined as “the process which enables individuals to re-establish the economic, social and psychosocial relationships needed to maintain life, livelihood and dignity and inclusion in civic life” (IOM, 2019).
- Return** Is the act or process of going back or being taken back to the point of departure. This could be within the territorial boundaries of a country, as in the case of returning internally displaced persons (IDPs) and demobilized combatants, or between a country of destination or transit and a country of origin, as in the case of migrant workers, refugees, or asylum seekers (IOM, 2019).
- Returnee** Is “generally understood as a person who returns to their place of origin, irrespective of the length of the absence or the modality of return. .... a returnee is a migrant unable or unwilling to remain in a host or transit country who returns to their country of origin” (IOM, 2019).
- Service mapping** “Is identifying and recording all providers and services within a given geographical region in a systematic way. It details what local services are available to local populations and returnees, what the criteria are for accessing those services, which offers those services, any risks associated with accessing services, and the quality of the services available” (IOM, 2019).
- Temporary migration** Is the migration for a specific motivation and purpose with the intention to return to the country of origin or habitual residence after a limited period or to undertake an onward movement. (IOM, 2019).
- Transit migration** Refers to a person or a group of persons that temporarily pass through a country that is not their final, intended destination (and is distinct from stopovers during personal or business travel) (IOM, 2019). Transit migration can be rapid or protracted.
- Victimization** Is the outcome of deliberate action taken by a person or institution to exploit, oppress, or harm another, or to destroy or illegally obtain another’s property or possessions (Fisher and Reynolds, 2009).
- Voluntary return** Is the assisted or independent return to the country of origin, transit, or another country, based on the voluntary decision of the returnee (IOM, 2019).
- Xenophobia** Denotes behavior specifically based on the perception that the other is foreign to or originates from outside the community or nation (taken from the UN Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia, and related intolerance suggested definition, given there is no internationally recognized legal definition of xenophobia).

# List of Acronyms

<b>ACNUR</b>	Alto Comisionado de las Naciones Unidas para los Refugiados (Spanish acronym for UNHCR)
<b>AI</b>	Artificial Intelligence
<b>CAPMiR</b>	Care and Protection Center for Migrants and Refugees
<b>CATEM</b>	Temporary Services Center for Migrants (Spanish acronym)
<b>DTM</b>	Displacement Tracking Matrix
<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean
<b>ETRM</b>	Temporary Migrant Reception Station (Spanish acronym)
<b>FCV</b>	Fragility, Conflict, and Violence
<b>FLACSO</b>	Latin American Social Sciences School (Spanish acronym)
<b>GBV</b>	Gender-Based Violence
<b>GIS</b>	Geographic Information System
<b>HOME</b>	Harnessing Opportunities for Migrants in Central America and the Dominican Republic
<b>IDP</b>	Internally displaced person
<b>INM</b>	Instituto Nacional de Migración (National Institute for Migration)
<b>IOM</b>	International Organization for Migration
<b>LCR</b>	Latin America and Caribbean Region
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer and intersex
<b>MSF</b>	Médecins Sans Frontières (Doctors Without Borders)
<b>NGO</b>	Non-governmental organization
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>ORR</b>	Office of Refugee Resettlement
<b>SAFE</b>	Survivor-centered Accessibility Framework Evaluation
<b>SPF</b>	State and Peacebuilding Fund
<b>SPF2.0</b>	State and Peacebuilding 2.0 Umbrella Trust Fund
<b>UNDP</b>	United Nations Development Program
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women
<b>VAWG</b>	Violence Against Women and Girls

# Executive Summary

**Although human mobility in Central America is driven by various factors, gender-based violence (GBV) particularly affects many women and girls (IOM 2019; Support Kind, 2018).**

**Furthermore, for women in situations of human mobility, transit is identified as the highest stage of vulnerability to GBV, even though prevalence is high before and after migration (IOM, 2016).** This report indicates that 41 percent of women surveyed in 2023 were aware of other women experiencing GBV while on their transit routes. Due to stigma and sociocultural factors, this figure is likely an underestimation. For instance, UNHCR and IOM report that between 60 and 80 percent of women on the move in Central America experience some form of GBV (Amnesty International, 2020; Fusion, 2021). Despite this, IOM's findings show that less than 10 percent of GBV cases lead to convictions, highlighting substantial underreporting alongside weak or nonexistent reporting systems and a deficiency in systematic data collection (IOM, 2019; Wilson Center, 2022). The continuous exposure to violence underscores the urgent need for accessible and effective GBV services along transit migration and forced displacement routes. In addition to the commitments established for safe and orderly migration flows in the Global Compact on Migration and the Global Compact on Refugees, preserving women and girls' physical and psychological safety is mandatory to facilitate their full integration in the societies and the economies where they choose to settle.

**The Survivor-centered Accessibility Framework Evaluation (SAFE), supported by the State and Peacebuilding Fund (SPF), comprehensively examines access barriers faced by women and girls in transit who are survivors of GBV across Central America.** It focuses on the physical, social, legal, and institutional barriers they face during their displacement journey, and particularly centers on the transit experience, indistinctively of whether this transit is regular, irregular, voluntary or forced. This report summarizes work conducted over two years and brings to light the multifarious barriers women and girls face in reporting and seeking GBV services in the region. To address these challenges, this work provides targeted interventions and policy recommendations that countries could implement to ensure effective and accessible GBV services for women and girls in transit, and to improve their safety and well-being during their journeys.

**Addressing the issues of mixed movements and GBV from a development perspective, rather than solely through a humanitarian lens, is essential, although not often done.** Traditionally, these issues have been approached with humanitarian or immediate relief measures, but if unmanaged, they also pose significant long-term challenges to development. The management of mixed movements has profound implications not only for the transit populations, particularly women who face heightened risks of violence during their journey, but also for the transit communities along the way. On the one hand, trauma during the journey may translate to an inability to access or hold jobs, integrate socially, and live to their full potential. On the other hand, transit communities often see their traditional economies disrupted, sometimes shifting towards more lucrative but harmful activities like human smuggling and trafficking. This shift can exacerbate existing vulnerabilities and create new ones that are hard to address once established. By strengthening the humanitarian-

1. These include welfare differentials, vulnerability to crime, climate change impacts, and well-established social networks, among others.

development nexus, we can address the immediate needs of these populations while also building resilience and promoting inclusive growth in transit communities and for populations on the move. This integrated approach is crucial for tackling the root causes of these challenges, ensuring that development efforts are inclusive and effective in creating a safer, more equitable pathway to prosperity.

**SAFE provides countries with a regional public good and represents a significant step forward in understanding and addressing human mobility and GBV in Central America.** For the first time, it introduces a continuous highly detailed map of migratory and forced displacement routes, offering an unprecedented level of resolution and insight which combines the best of satellite imagery with expert local knowledge. This mapping is part of an ambitious effort to systematize information, enhancing the comprehension of the complexities and dynamics of human mobility in the region. Recognizing human mobility and GBV as regional issues, SAFE underscores the need for regional solutions, involving cross-border collaboration and shared strategies. Importantly, this initiative documents the voices and views of women themselves. By incorporating their perspectives, the study sheds light on unique challenges and experiences faced by women in transit, ensuring that the solutions proposed are more inclusive and responsive to their needs. This work emphasizes collective responsibility and cooperation in addressing issues of human mobility, GBV, and development.

**This work uses a combination of satellite imagery, expert local knowledge, field surveys to women in transit, qualitative interviews, and field observations to assess accessibility to support services and provide recommendations.** First, this work conducted the first-of-its-kind analysis of the intersection between migratory transit routes and specialized service providers in Central America to assess the physical accessibility to GBV support and care services. Second, this mapping was validated and fine-tuned with expert knowledge provided by government, international, and nongovernmental organizations with extended field experience on human mobility issues and strong presence in major transit hubs. Third, this work conducted a multimethod study to identify the social, legal, and institutional barriers that women in transit face. To do so, data was collected through 263 surveys responded by women in transit (carried out between July and September 2023), 43 interviews to service providers specialized in support to GBV survivors, and direct field observations.

**This work was possible thanks to the openness of countries in Central America and reflects two years of close collaboration between the World Bank, the International Organization for Migrations (IOM), and the United Nations High Commissioner for Human Rights (UNHCR).** Collaboration with UN agencies allowed for the continued expert advice and comments throughout the project. Collaboration expanded from initial work with the Latin America regional bureaus of both agencies to joint efforts with country offices. At the regional level, UNCHR and IOM provided data for the physical barriers' analysis of the project, reviewed and provided comments on draft materials and reports, and facilitated communications between the World Bank team and key stakeholders addressing human mobility and GBV issues. UNHCR and IOM country offices facilitated field visits, established contacts with local stakeholders, allotted spaces for consultations, and supported local validation workshops.

Collaboration with IOM and UNHCR was strengthened during this regional initiative, and paved the way for further collaboration in other World Bank operations and initiatives in Central America. Collaboration with other UN agencies was also established to enhance and expand its impact, including with the United Nations Development Program (UNDP), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

## Main barriers to access support services among women in transit survivors of GBV

**Despite its high prevalence, many women and girls in transit experiencing GBV in Central America are unable to or choose not to report or seek services due to various barriers.** In addition to the common barriers such as stigma, fear of the perpetrators, and normalization of violence, women on the move face other barriers that include physical constraints (due to distance or physical accessibility of services), legal impediments, costs and time barriers, alongside fears of arrest or deportation. Even when violence is reported, the levels of impunity remain high, and the available response and reparation services are limited. The following is a detailed description of the main barriers found in Central America, categorized by type:

**Physical Barriers** Women in situations of human mobility across Central America encounter significant physical barriers in accessing support services for GBV, with many essential services located far from key transit routes, often more than one kilometer away. This geographical disconnect compels women to make additional, strenuous journeys, exacerbating their vulnerability when they decide to deviate from the migration route. To address these challenges, SAFE undertook a pioneering mapping effort, including the routes in the Darién Gap, developing an approximation of transit routes to aid in understanding the complex journeys women face. This work furthermore offers insights into the intersection of transit routes and GBV support services. It serves as a foundation for future interventions, enhancing response protocols, guiding the placement of support services, and reducing information gaps at crossing points. This comprehensive approach, including the development of informational resources (e.g., brochures and digital tools to aid GBV survivors) is a step towards ensuring more accessible and strategically located support services for women navigating these migratory paths.

**Social Barriers** Women in transit also face numerous social barriers that hinder their access to services for GBV survivors. These include deeply ingrained societal norms that normalize GBV, leading many to view violence as a normal part of life. Service providers interviewed report that women often seek basic care services rather than specialized violence services because they do not recognize their experiences as forms of violence. Additionally, societal stigma associated with being a GBV survivor discourages many women from seeking services or filing complaints. This reluctance is further compounded by prejudice and xenophobia, which marginalizes them further and challenges their access to necessary services. Moreover, communication gaps, particularly the lack of

verifiable, accurate, and validated information about available services and their rights as migrant or refugee women and girls, exacerbate these social barriers, leaving many women misinformed and unable to fully utilize the support systems designed to assist them.

### Legal Barriers

Legal challenges for women traveling through Central America are significant. Women face numerous obstacles in accessing justice services, including documentation challenges and jurisdictional limitations. Many women travel without identification documents, hindering their ability to file formal complaints as, generally, an identification document is required to file a complaint. Additionally, jurisdictional issues prevent women from filing complaints in countries different from where the incident occurred. That is, if a violent incident occurred in Costa Rica and the complaint is filed in Guatemala, the latter does not have jurisdiction to act on that event. Given the fast pace of transit, and instances where women do not even know what country they are in, jurisdictional challenges become a barrier to accessing legal services. Even though protocols, policies, and laws for the protection of women in situations of violence exist in Central America, they often inadequately address the specific needs of women in situations of human mobility, as they are principally targeted for national populations. This inadequacy is also reflected in the lack of enforcement and follow-up of legal protocols, coupled with limited specialized staff knowledge about gender issues and human mobility.

### Institutional Barriers

A critical issue is the lack of specialized GBV services tailored to the needs of women and girls on the move. While some services exist for national women survivors of GBV, they often do not cater to the unique circumstances of women and girls in transit, who typically move quickly across borders. This rapid transit requires adaptable and swift service provision, which is currently lacking. Coordination challenges between governmental and non-governmental organizations further exacerbate the situation, with civil society organizations often facing difficulties in establishing formal agreements for referrals and case management with government authorities. Additionally, there is a severe lack of reliable data on GBV prevalence among women and girls on the move, and a lack of understanding among government officials and women themselves on GBV, hindering a comprehensive understanding of the issue and effective policy development. Another contributor is the limited capacity of shelters and other service providers to accommodate the increasing number of women and girls in situations of human mobility. This is coupled with the mismatch in operational hours of service providers with the needs of people on the move, which creates significant gaps in essential services like medical care, legal assistance, and shelter available to women and girls in transit.

## Enabling factors

**Despite numerous challenges, there are key enabling factors that could facilitate access to services for women in transit.** These factors include low cost, convenient locations, safety,



and awareness. The women surveyed emphasized the significance of cost-free services, locations near major transit routes, and awareness through widely used communication channels like WhatsApp and word of mouth. Initial promotion of service availability, clear information provision, assurance of safe spaces, and culturally sensitive and gender-aware staff training were also highlighted. The diverse needs of women in transit were underscored by the demand for various services, including those at rest stops, in safe areas, and adapted for people with disabilities. Additionally, addressing issues related to violence against migrant and refugee women and girls, providing safe spaces for children, not requiring identification documents, and running information campaigns were identified as crucial elements. These findings underscore the importance of a comprehensive and multi-faceted approach to meet the varied needs of women in transit, emphasizing the significance of creating safe, inclusive, and supportive environments for this vulnerable group.

## Policy recommendations

**This report provides several recommendations and strategies for future interventions along six pillars:**

### 1. Data

The development of an interinstitutional and interagency regional dashboard of service providers along migratory and forced displacement routes. This database would assist in identifying and addressing gaps in service provision.

### 2. Response Protocols

The need for awareness-raising and the strengthening of existing protocols to close service gaps and enhance interinstitutional coordination.

### 3. Information & communication channels

Improvement of available information in multiple languages, formats, and popular channels (e.g., social media, key places among the routes) catering to populations with low literacy levels.

### 4. Response capacity & service provision at borders & along transit routes

Allocation of more resources and increasing budgets for aid work at borderlands and strengthen service provision along migratory transit routes, to improve support structures for women and girls on the move.

### 5. Gender-sensitive policy design

Strengthening adaptable and gender-sensitive policies and interventions that respond to the specific needs of different groups in human mobility.

### 6. Community leadership

Investment on empowering and training community leaders to spur collaboration with local governments in remote areas, considering the evolving dynamics of human mobility.

By addressing these recommendations, the World Bank aims to contribute with practical advice to improve accessibility to GBV services for women and girls in situations of human mobility and promote safer and more inclusive mixed migration experiences in Central America.

## Opportunities for scalability and sustainability

**The mapping exercise and data gathered from the physical accessibility analysis will be hosted and expanded by IOM and UNHCR, ensuring sustainability and scalability.** The data includes the mapping of detailed transit routes and location of key service providers by type. The data is available online in a regional dashboard hosted and managed by IOM and UNHCR, who has the mandate and data protocols to ensure the protection of these sensible data. Consent from service providers to include their information in the dashboard will be obtained. IOM has used this data and its accompanying analysis to create an online dashboard which allows users to visualize and access the maps, routes, and services providers in a user-friendly format as part of the Displacement Tracking Matrix (DTM) data visualization platform. This dashboard is interactive and serves as a regional public good that will be expanded to include information on other types of services beyond those available to GBV survivors, such as healthcare, water, emergency kits, among others.<sup>2</sup> Access to this online regional dashboard is restricted through the use of a username and password. Currently, access is limited to select World Bank, UNHCR, and IOM users. Other authorized users may be approved upon request and following strict international protection standards.

**Overall, this work offers a tool for Central American countries and donors to effectively address GBV along transit routes.** Instead of documenting only challenges, the comprehensive assessment aims to be part of the solution by bringing specialized services closer to GBV survivors during the migratory or forced displacement journey. By providing a detailed understanding of the needs of women in transit who are GBV survivors, it guides targeted investments in infrastructure, staff training, and communication campaigns, thereby enhancing the impact of these interventions. Furthermore, the findings align with the World Bank's commitment to ending poverty in a livable planet, including addressing violence against women and girls. This work could also help inform social risk assessments under the World Bank's Environmental and Social Framework, particularly in preventing child and forced labor, ensuring community safety, and addressing sexual exploitation, abuse, and harassment.

2. Publicly available information will be shared on the dashboard to be prepared in the future. All sensitive information, which includes the human mobility routes developed under SAFE, will not be part of the publicly available data to be displayed on the dashboard.

# Introduction

## Context on GBV and human mobility in Central America

### **1. The prevalence of violence against women and girls (VAWG) in Central America is alarming.**

Overall, up to 36 percent of women in Central America have experienced physical and/or sexual violence from an intimate partner at least once in their lifetime. Furthermore, femicides are increasing at an alarming rate. In Honduras and El Salvador this phenomenon is particularly acute, finding no other parallel in any country in the region, with a rate of 6.8 and 2.4 femicides per 100,000 women in 2021, respectively (Infosegura, 2022). Between 2014 and 2021, Panama reported 185 femicides and 160 violent deaths of women (Defensoría, 2022). Additionally, 75 percent of women at government shelters for victims of violence in Panama are migrants (Lasso, 2022). Many women and girls experience GBV, including rape and disappearances, as they cross the Darien Gap between Colombia and Panama (MSF, 2022; OHCHR, 2022). Many of these women and girls are already fleeing situations of violence in countries such as Haiti (MSF, 2022). Many women and girls in transit who experience GBV in Central America are unable or choose not to report or seek services due to physical or legal barriers, social norms, fears of arrest or deportation, among others. Even where violence is reported, levels of impunity remain high, and response and reparation are very limited.

### **2. Among the various factors driving human mobility, gender-based violence (GBV) is a significant catalyst in Central America.**

Factors such as economic hardship, political instability, displacement due to disasters or environmental factors, combined with high levels of violence – including GBV – serve as motivators for emigration from Central America (IOM, 2019; World Bank 2023). The extensive violence in countries such as El Salvador, Guatemala and Honduras make violence against women and girls even more invisible, and fear of reprisal from gang members dissuades survivors, their family members, and witnesses from coming forward. Women normally do not go to the police for help given the widespread impunity for sexual violence and femicide crimes, and they fear retribution when their perpetrators are gang leaders or well-connected politically. GBV perpetrated by family members, gangs and drug traffickers thus forces many women, girls, and LGBTQI individuals to leave El Salvador, Guatemala, and Honduras (Support Kind, 2018). Unable to gain protection in their home countries, many migrate in search of safety.

### **3. GBV can occur in different phases of human mobility.**

GBV can be the reason for migrating or being forcibly displaced, but it might also occur during the journey, and once arrived at the destination country. Indeed, reports and surveys illustrate how the risks do not decrease upon arrival to their destination country, and women and girls continue feeling unsafe during their stay in shelters, detention centers and reception centers. The widespread underreporting of GBV is linked to women and girls' mistrust in authorities, self-blame, and fear of reprisal, but also because they do not have access to information regarding the rights that they are entitled to in the destination country. In addition, in 2020 girls made up 32 percent of unaccompanied migrant children from Central America in the custody of the US Office of Refugee Resettlement (ORR). These girls undertook the journey to the United States despite the well-known risks of sexual violence, trafficking, and other forms of violence and abuse along the migration route. Many were already fleeing sexual violence in their

countries of origin, where they could not find protection or assistance. While there has been increased attention to child migration from Central America, insufficient attention has been paid to the specific needs and experiences of unaccompanied girls who make the perilous journey to the United States, Canada, Mexico, and other destination countries.

**4. Transit is the highest stage of vulnerability to GBV among women and girls on the move, although prevalence is also high before and after migration.** (IOM, 2016; UNHCR & HIAS, 2022). Many women and girls cite violence – both within the household and perpetrated by criminal gangs – as a key reason for fleeing their home country. Between 60 and 80 percent of women and girls on the move report having experienced violence during their journey, perpetrated by partners, other migrants, people smugglers or traffickers, and authorities (Amnesty International, 2020; Fusion, 2021). However, fewer than 10 percent of GBV cases result in convictions, underscoring significant underreporting, alongside inadequate or absent reporting channels and a lack of comprehensive and systematic data gathering (IOM, 2019; Wilson Center, 2022). Many women and girls report experiences of GBV after arrival in their destination, as well as after return or deportation, where they may face retaliatory violence for having left as well as discrimination and stigmatization. At the same time, access to GBV prevention and response services is limited to women and girls on the move, especially while in transit and upon forced return. While services are available to any women regardless of nationality in theory, in practice there are many limitations, including arbitrary discrimination by officials at front desks, who may intentionally provide false information to not provide the service. Also, migrants and refugees in other countries report barriers related to legal status and the relationship with law enforcement authorities for reporting GBV cases. Finally, while limited prevalence data is available on intimate-partner violence (IPV) and other forms of GBV in El Salvador, Honduras, and Guatemala, there is no comprehensive data on the experience of violence by female migrants or refugees.

**5. Central America is both a source, transit and destination region for human trafficking, and women and girls are particularly vulnerable to sex trafficking.** Indeed, migrant women and refugees, girls and LGBTQI individuals are disproportionately targeted by human traffickers. Most of the trafficking victims detected in Central America have been trafficked for the purposes of sexual exploitation. In Central America there are domestic, intra-regional and inter-regional routes. The flow of trafficking follows an economic path, and trafficking across international borders generally runs from developing to more developed countries. The greatest flow of both human trafficking and migrant smuggling coming from or through Central America is to the United States, but also to other countries like Belgium, Colombia, Costa Rica, Germany, Italy, Mexico, Spain, Switzerland, Thailand, Turkey, the United Kingdom, and Venezuela (Instituto Nacional de Migración, 2022).

## Survivor-centered Accessibility Framework Evaluation (SAFE) along mixed movements routes in Central America

**6. SAFE is a regional initiative supported by the State and Peacebuilding Fund (SPF) that aims to identify the physical, social, legal, institutional, and other barriers that women in human mobility face as they transit through Central America.** Specifically, its objective is to carry out a survivor-centered accessibility framework evaluation along human mobility routes in Central America. The assessment included a high-resolution mapping of the most commonly used transit routes in Central America, a geospatial analysis of the proximity of these routes to service providers for GBV survivors, as well as a mixed methods study to identify the social, legal, and institutional barriers to accessing support services among GBV survivors. The mixed methods study included qualitative and quantitative components. Under the quantitative component, 263 women at two border crossing points and one shelter located on the transit routes were surveyed. Under the qualitative component, 43 governmental and nongovernmental service providers were interviewed, and field observations were carried out. The work was conducted in Costa Rica, El Salvador, Guatemala, Honduras, and Panama.

**7. SAFE aims to help inform, strengthen, and adapt existing support services in all countries by providing recommendations to strengthen legal and institutional frameworks based on international good practices and standards.** This work also included a strong stakeholder engagement with national and local authorities to inform effective policies and programs to respond to this challenge. Strategies for this engagement included dissemination and communication of the key findings through bilateral conversations with key government stakeholders, the facilitation of spaces for discussion about the subject, and technical assistance to ongoing initiatives supporting or with the potential to support women in human mobility.

## Leveraging World Bank knowledge on gender and human mobility

**8. The SAFE comprehensive approach to addressing GBV along transit migratory routes in Central America is closely aligned with the World Bank's evolving institutional mandate.** Recognizing the intricate structural trends such as climate change, pandemic readiness, fragility, migration, and regional growth, as underscored in the Evolution Roadmap, the World Bank's approach evolves to address these complex issues that impact poverty reduction and sustainable development outcomes (World Bank, 2022). By incorporating migration and forced displacement as a key development issue, the World Bank aims to strengthen its Operating and Financial Model to effectively tackle these global challenges, including those associated with migration and forced displacement. With its targeted interventions and policy recommendations, SAFE supports this institutional evolution by providing actionable insights to improve accessibility to GBV services for women and girls in transit, thus contributing to the World Bank's broader goal of ensuring inclusive and resilient growth in face of these structural trends.

**9. SAFE benefits from approximately two years of close collaboration between the World Bank, the International Organization for Migrations (IOM), and the United Nations High Commissioner for Human Rights (UNHCR).** Collaboration with UN agencies allowed for continued expert advice and comments throughout the project. Collaboration expanded from initial work with the Latin America regional bureaus of both agencies to joint efforts with country offices. At the regional level, UNCHR and IOM provided data for the physical barriers' analysis of the project, reviewed and provided comments on draft materials and reports, and facilitated communications between the World Bank team and key stakeholders working on human mobility and GBV in Central America. UNHCR and IOM country offices facilitated field visits, established contacts with local stakeholders, allotted spaces for consultations, and supported local validation workshops. Other UN agencies involved included the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), who generously provided data and information, facilitated contacts with key stakeholders in the region, and provided comments and feedback on the work and analysis.

SAFE builds on previous analytical work carried out by the Social Sustainability and Inclusion Global Practice, Latin America and the Caribbean region (LCR) at the World Bank. The "Mitigating Risks of Sexual Exploitation, Abuse, and Harassment, and Strengthening GBV Response and Prevention in LCR" project included a mapping exercise of GBV services in Central America to better understand the availability and accessibility of these services to national populations. This mapping exercise was then used under the "Harnessing Opportunities for Migration in Central America and the Dominican Republic" project to analyze the physical accessibility barriers to services that women in human mobility face in Central America through an initial spatial diagnostic of the intersection between GBV service providers and human mobility routes. This work was leveraged by SAFE to carry out a more thorough, groundbreaking, analysis of the physical barriers to accessing GBV services that women in human mobility in Central America face. SAFE also builds on the "Operationalization of the Gender Dimensions of Forced Displacement" project, which assesses the differentiated impacts of forced displacement between men and women across eight countries.

## Study limitations

**10. Regional data constraints and geographical focus.** While documentary analysis and interviews with service providers were conducted in Costa Rica, El Salvador, Guatemala, Honduras, and Panama, it is important to recognize the different levels of data availability by country. Additionally, data collection processes with women, both qualitative and quantitative, were only conducted in Costa Rica and Guatemala. Although the respondents could have a broader view of the region due to being in transit, these factors hinder the creation of a sample that is representative of all Central America. This study should be understood as an initial step, yet significant groundbreaking contribution, to the understanding of access to GBV services for women in Central America and in human mobility.



**11. Focus on violence against women and girls (VAWG).** The study predominantly addresses the accessibility of GBV services related to women and girls in migration contexts. This specific focus might not fully represent the challenges faced by other gender and sexual identities in accessing these services due to the difficulty of accessing sensitive information about sexual orientation and gender identity of the respondents. Additionally, while inquiries about experiences of VAWG were made, information was only collected from women aged 18 and above to protect minors and due to additional ethical challenges. Nevertheless, the study included questions that allowed for the indirect collection of information regarding girls.

**12. Dependence on self-reported data and indirect questions.** Adhering to ethical standards, the data collection was deliberately limited to prevent re-victimization of the informants, focusing on knowledge of cases rather than personal experiences. Additionally, the study relies on self-reported data and personal perceptions, which could reduce the reliability of the findings. Especially in matters like access to GBV services, participant responses can be influenced by social desirability or memory biases, given the sensitive and often stigmatized nature of GBV. To mitigate this, the study sought to triangulate information and compare perspectives from different informants, including the views of service providers, women, and local expert validation of findings.

**13. Lack of longitudinal analysis.** As a cross-sectional study, it does not capture changes over time in the accessibility of GBV services for migrant and transit populations. This limitation means the study cannot assess evolving or persistent trends in service accessibility. However, this snapshot of the current state provides a crucial foundation for future studies that may explore these trends longitudinally.

# Physical Accessibility

## Methodology

### 14. The physical accessibility to support services for women survivors of GBV was computed as the distance between each specialized service provider and the nearest human mobility route.

First, this work used high resolution satellite imagery and information on regular and irregular border crossing points to create the most complete and accurate regional map of human mobility routes through Central America. The remote sensing mapping was validated and fine-tuned based on expert local knowledge provided by IOM and UNHCR local staff familiar with the human mobility patterns in each of the countries studied. This work then spatially intersected these transit routes with the locations of various service providers specialized in providing support to survivors of GBV. This work builds on previous mapping exercises conducted by the World Bank teams. In particular, SAFE expanded the work carried out under the Harnessing Opportunities for Migrants in Central America and the Dominican Republic (HOME) report<sup>4</sup> by: (i) including additional service providers in the database, (ii) refining the migratory and forced displacement routes to include remote transit routes in regions like Darien in Panama which had not been previously mapped, and (iii) partnering with IOM to host these data in an accessible regional online platform, available to authorized users upon request. Under HOME, official border-crossing geographical coordinates were obtained from IOM for the seven countries in Central America. Then, geographical coordinates were assigned to the service providers identified by the World Bank's GBV LCR team under the regional mapping exercise. Line shapefiles, following transitable routes, paths, streets, trails, etc., were then created to identify transit migratory routes connecting multiple border-crossing points in every country. GBV providers were spatially intersected with migratory routes in Central America, and 1, 5, and 10km buffers to the nearest point in the migratory routes were used in the analysis. The analysis was presented on maps and shared with the seven IOM and UNHCR offices in Central America for validation in country-specific validation workshops, detailed below.

4. <https://documents1.worldbank.org/curated/en/099061423153085048/pdf/P1774400ddd62e0a709eb005928f491ee3d.pdf>

### Methodology summary – Physical accessibility

1. Official border-crossing geographical coordinates were obtained from IOM for the seven countries in Central America.
2. Geographical coordinates were assigned to the services providers identified by the World Bank GBV LCR team.
3. Line shapefiles, following transitable routes, paths, streets, trails, etc., were created to identify transit migratory routes between border-crossing points in every country, using high resolution satellite imagery and expert local knowledge.
4. GBV providers were spatially intersected with migratory routes in Central America, and 1, 5, and 10km buffers to the nearest point in the migratory routes were computed as part of the analysis.
5. The mapping exercise and geospatial analysis were validated with the seven IOM and UNHCR offices in Central America in country-specific workshops.
6. Maps were updated based on validation workshops' recommendations.
7. The analysis was complemented by interviews to women in transit, services providers, and field observations.

**15. Validation workshops with UN agencies and local stakeholders provided valuable information.**

The mapping exercise and geospatial analysis results were shared with IOM and UNHCR, and validated in seven separate online workshops, one for each country. The validation workshops provided valuable recommendations, including: 1) ensuring that all official border crossing-points were adequately labeled; 2) adding additional unofficial border-crossing points per the information provided by IOM and UNHCR and reflecting rapidly changing dynamics and mobility patterns through unofficial routes; and 3) ensuring that all key sites, capital and major cities, as well as human mobility hubs, were included and properly labeled. As part of these validation workshops, UNHCR and IOM offices in Central America also shared relevant documentation and studies on migratory routes in the region to complement the information presented on the maps and included in the analysis.

**16. SAFE broadened the geospatial analysis by taking into consideration the recommendations gathered under the validation workshops with IOM and UNHCR.**

The service providers' database was reviewed to add new service providers or eliminate those that were no longer available in December 2022 and further revised in August 2023. All service providers' coordinates were reviewed, and new service providers were assigned coordinates and included in the regional database. Additionally, service providers' contact information –including physical address, phone number, and website– were updated. Public information was used to update the database, and phone calls were made to confirm the information, verify the active status of services, and gather additional details using a standard questionnaire with service providers. This process also involved collecting information that was not necessarily publicly available, including contact details, the types of violence addressed, and the nature of services provided. Newly reported unofficial border crossing points as of 2023, based on information provided by UNHCR and IOM, were added and transit routes were updated taking into consideration these new points. Additionally, labels for all capitals and major cities, as well as human mobility hubs, were also included.

## Main findings

**17. The geospatial analysis shows that only 39 percent of care services for survivors of GBV are accessible within one kilometer (or 15 minutes walking) of the nearest transit route.**

Results show that most service providers (81 percent) fall within a 10-kilometer distance (2 hours walking) of the nearest transit route, with a small percentual difference between the 5 kilometers and 10 kilometers buffers (Figure 1).

**18. It is important to point out that not all service providers for survivors of GBV in Central America are strong and they may cease to operate sporadically or permanently with no notice.**

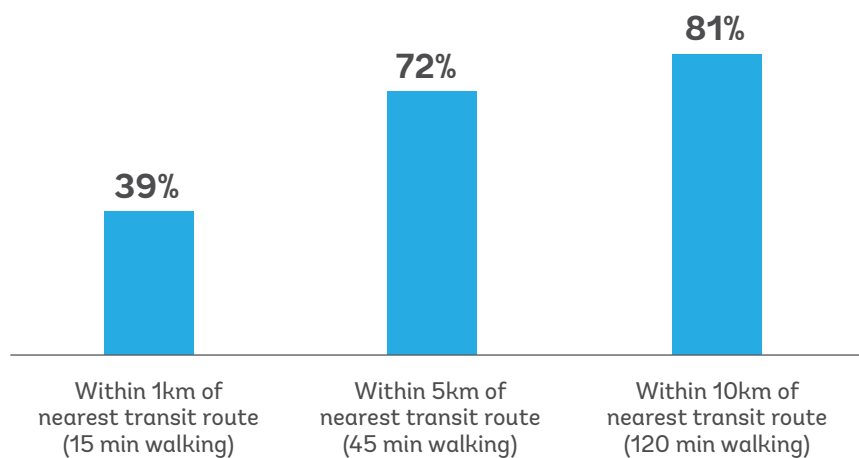
Hence, this exercise captures the intersection of service providers and migratory transit routes as of November 2023 with the information available to this date.

**19. The results from the geospatial analysis reveal the geographic mismatch between the location of care services for survivors of GBV and their accessibility via transit routes.**

This limited proximity

poses significant challenges, as immediate access to support services is crucial for the safety and well-being of women and girls who are GBV survivors. The need of traveling long distances, often on foot, adds physical, emotional, and safety burdens, potentially deterring survivors from seeking help. This situation is compounded by factors like transportation availability, travel costs, and personal circumstances, such as fear of being intercepted. Consequently, this reveals not just a geographical gap, but a substantial barrier in providing timely and accessible support to GBV survivors, underscoring the need for a more holistic and accessible approach in service planning and provision.

**Figure 1** | Share of service providers for GBV survivors along the nearest human mobility route in Central America



## 20. Interviews with service providers, surveys of women in transit, and site visits provided a more in-depth understanding of the physical barriers to accessing specialized services in Central America.

Service providers reported that physical barriers do play an important role for the following reasons. First, many women and girls transit Central America expeditiously, with the sole objective of reaching their target destination as fast as possible (indeed, 66 percent of the women surveyed in this study reported not accessing a service because of the urgent need to continue transiting). Therefore, the more women need to divert from the transit route, the less likely it is that they will use specialized services available to them. Further, many women travel with human smugglers or a group of people through unofficial border crossing points, so even if they need support, they do not seek it as that would mean leaving the group they are traveling with or the “guide” who can get them through unofficial border crossings. Women report that the group provides some sort of protection and safety against other forms of exploitation and abuse. Second, diverting from the transit route to access a service involves additional costs for women and their families. Most cannot afford a \$40 USD bus to the next crossing point. Thus, for women transiting with limited resources, accessing a service could be prohibitive. Third, women traveling with children may not have anyone to leave their children with while they access a service. Of the women surveyed in Costa Rica, 22 percent cited that they did not use a service because it was too far away, while 17 percent of the women surveyed in Guatemala made this affirmation.

**21. SAFE identified six important hubs to focus on in Central America.** These are: 1) Darien region (Lajas Blancas, Bajo Chiquito, Canaan Membrillo), Panama; 2) Paso Canoas, Costa Rica; 3) Los Chiles, Costa Rica; 4) Trojes and Danli, Honduras; 5) Esquipulas, Guatemala; and 6) Tecún Umán, Guatemala. These major transit hubs were identified across the region and could play an important role in facilitating access to specialized services in Central America for women and girls in transit survivors of GBV, as people often congregate at these places or they are commonly recognized as rest stops. This list is not exhaustive, as there are many more hubs in the transit route. However, valuable information was collected on these hubs as part of this research. Table 1 provides a summary of the situation in these hubs. Annex 1 provides additional information and photos to better depict these hubs.

**Table1** | Relevant human mobility hubs in Central America

Location	Context
<p><b>Darien region, Panama</b></p>	<p>The Darién Province is a remote and borderland region in Panama. It is notorious for being the world’s wettest rainforest, having the lowest deforestation rate among the top 10 rainforests globally as of 2022. It is a well-established irregular and dangerous transit route used by people coming from South America, Africa, Asia, and the Caribbean, and is characterized by roadless and challenging terrains. As of the end of 2023, a total of 520,085 people (52% men, 26% women, 12% boys, and 10% girls) had crossed the Darien (ETRM), a 136.4% increase from the 220,000 reported in December 2022 (and up 291.04% from 133,000 crossings in 2021). Given the increase in migration flows, the ETRM (temporary migrant reception station) in Lajas Blancas does not have the capacity to accommodate all people transiting through this area. Overcrowding, health concerns, lack of state presence, exploitation and abuse, as well as logistical issues to bring food, potable water, medicines or transportation are among the challenges faced by migrants and service providers in Lajas Blancas. UNHCR and IOM record that at least 1 in 4 women migrants and asylum seekers report sexual violence, including assaults on parents and the use of women as a “token” to continue their journey. Incidents of kidnapping, drownings, tortures, exhaustion, suicides, and deaths are also commonly reported by migrants arriving in Lajas Blancas. On average, migrants and asylum seekers reported seeing 7 corpses in their transit in the Darien (UNHCR, 2023a).</p>
<p><b>Paso Canoas, Costa Rica</b></p>	<p>Up to 3,000 people are crossing Paso Canoas per day, as of October 2023, according to the National General Directorate of Migration. To manage human mobility flows, particularly for those people who were staying in Paso Canoas, the local government provided a space in a former landing strip for people in human mobility to stay. From July 2023 through October 2023, approximately 150-200 people on the move per day would camp on this site known as campo ferial (fairgrounds). As conditions began to deteriorate at the fairgrounds and hundreds of people were on the streets of Paso Canoas trying to obtain money (principally USD30/person for a bus ticket) to continue their journey, the Government of Costa Rica issued a presidential emergency decree which establishes that all buses carrying people on the move will cross from Panama and go straight to the Temporary Services Center for Migrants (CATEM due to its name in Spanish). There, people will stay and wait to get a bus that will take them to the border with Nicaragua in Los Chiles.</p>

Location	Context
Trojes and Danli, Honduras	<p>After receiving an average of 200 migrants and refugees daily, the eastern region of Honduras is witnessing the passage of up to 4,000 people per month traveling irregularly, principally trying to get to the United States. In response to the emergency, government authorities announced the deployment of a large number of buses to transport migrants from Trojes to the Guatemala border. The Migration office in the municipality of Danli, El Paraíso department, is overwhelmed as thousands of migrants and asylum seekers crowd the facility. With only three service windows available for transit migrants and refugees, authorities issue over 2,000 safe-conducts daily. Most people come from countries like Venezuela, Ecuador, and Cuba, among others, and enter Honduran territory through the Las Manos border in El Paraíso.</p>
Esquipulas, Guatemala	<p>Thousands of migrants and refugees arriving in the border town of Esquipulas, Guatemala, seek rest after traversing several countries from South America. According to IOM, 105,000 people transited through Esquipulas between April and September 2023. People on the move also look for job opportunities, sell snacks, or simply share their painful migration stories. Esquipulas, located about ten kilometers from the Honduras border, has become a Latin American migratory route in recent years. In Esquipulas, services for migrants are few, mainly provided by humanitarian and international organizations. Specialized services for women in situations of human mobility are even fewer. Reports tell that the Refugio de Migrantes (Migrant's Shelter) in Esquipulas continuously has capacity problems and cannot adequately adjust to the current demand, having to limit the number of days a person can stay at its facilities.</p>
Tecún Umán, Guatemala	<p>Tecún Umán is the main exit hub of the region before entering Mexico. Between April 21 and September 30, 2023, IOM recorded an estimated 67,740 people crossing from Guatemala to Mexico, at the Tecún Umán border. They do so frequently using unofficial and often perilous border crossing points in this area. This region, marked by its strategic importance in transnational movement, is also characterized by a pronounced presence of organized criminal groups. These entities are deeply involved in illicit activities, including drug trafficking and human trafficking, exploiting the vulnerabilities of the transit routes and those who traverse them. The confluence of high migrant traffic and criminal activities creates a complex and challenging environment, impacting both the local dynamics and the broader regional security landscape. The situation in Tecún Umán underscores the critical need for addressing the intertwined issues of migration, security, and humanitarian concerns in a comprehensive manner.</p>

**22. SAFE developed the first approximation of the human mobility routes in the Darién Gap to better understand, from the starting point, the treacherous journey that women experience as they transit the region.** Currently, there is not an integrated map that includes the human mobility routes in the Darien region. This is due to security reasons, but also because the Darien is a jungle where “formal” mapped routes do not exist. Hence, these routes were mapped using partial routes developed by UNHCR, newspaper reports and articles explaining the routes, validation exercises with IOM and UNHCR, field visits to Darien, as well as crowdsourcing maps on the internet.



## Opportunities and foundational work for future interventions

**23. The development of a regional database, hosted within IOM’s and UNHCR’s online data dashboard, represents a significant regional public good.** By centralizing data from the physical accessibility analysis in a secure platform, SAFE offers a comprehensive view of the intersections between main transit routes and service providers for GBV survivors. Although access is restricted to authorized users for protection reasons, the broader implications of this database are profound. First, it provides high resolution information for international organizations, NGOs and government service providers that could help inform the spatial targeting and location of these services so that they serve a larger number of women and girls in need. Second, it lays the groundwork for expanded mapping across various types of services — including education, health, emergency response, among others — which is being undertaken by IOM as an expansion of this work. This endeavor not only enhances the understanding of regional dynamics but also becomes an invaluable asset for agencies engaged in addressing the complexities of human mobility, strengthening the humanitarian-development nexus, and contributing to regional cooperation and sustainable development.

**24. This work is being used to strengthen response protocols and reduce information gaps in crossing points.** Using the data gathered in this study, SAFE developed informational brochures and digital communication materials aimed to better support women and girls in transit who are survivors of GBV upon arrival in Costa Rica – including the “Punto Violeta” at the Temporary Services Center for Migrants (CATEM due to its name in Spanish). The information provided includes instructions to call the 911 hotline for GBV response and where to locate the Punto Violeta. It also provides information on key service providers further north along the migratory route for survivors who choose to seek help outside of Costa Rica. These information materials will also be available for download by scanning a QR code at key transit points. SAFE also provided support so staff at the CATEM can be easily identified by users and provided technical assistance to strengthen the response protocols.

# Social, Legal, and Institutional Accessibility

**25. Beyond understanding the challenges of accessibility from physical barriers and distance, it is essential to delve into the social, legal, and institutional barriers experienced by women in situations of human mobility from their own perspectives.** This comprehension is crucial for crafting recommendations that are context and gender sensitive, and relevant for policymakers and key stakeholders in their response to human mobility flows. By acknowledging and addressing the unique obstacles faced by women and girls, strategies can be better tailored to meet their specific needs, ensuring their safety and protection.

**26. Studies in the region have documented that women in mobility situations face various barriers and risks associated with GBV.** These include structural conditions in countries of origin, such as systemic poverty and GBV, irregular mobility conditions elevating the risk of violence, and the impact of organized crime disproportionately affecting women and men who travel through irregular routes (IOM, 2016; INM RD, 2021). Moreover, more restrictive migratory policies have erected additional barriers, complicating safe human mobility in the region, affecting particularly those in situations of poverty and fleeing violence (ECLAC, 2019).

**27. A review of the literature demonstrated that studies and work focusing exclusively on barriers to support services for women GBV survivors in human mobility situations is limited; the existing literature reveals a glaring deficiency.** While studies focused on this subject are sparse, the literature underscores the urgent need to implement regional, comprehensive migratory, asylum policies that prioritize security and uphold human rights. Women's experiences in temporary housing, informal employment, and shelters expose them to heightened risks, exacerbated by a lack of robust support networks and protective systems, and widespread misinformation regarding their rights. Acknowledging these challenges, the literature calls for a robust and nuanced understanding of these dynamics, and advocates for the development of adaptive, gender-sensitive policies and interventions tailored to the unique and evolving needs of different groups in transit.

**28. Despite progress in research, there remains a significant gap in understanding the needs and hurdles in providing accessible GBV services along Central American transit routes.** This study aims to fill this void by offering new insights into this critical aspect of human mobility. Building on the insights from the physical accessibility analysis, this analysis further delves into an assessment of the social, legal, and institutional barriers that affect women in situations of human mobility. This multifaceted approach not only complements the initial analysis but also integrates diverse perspectives from both service providers and women in transit across Central America, offering a more holistic understanding of the challenges faced in ensuring accessible support for GBV survivors.

## Methodology

**29. A mixed-methods approach was used to analyze the social, legal, and institutional barriers to services for women in transit survivors of GBV in Central America.** SAFE undertook a desk review, which was complemented by mixed methods (qualitative and quantitative) to assess legal, institutional, and social norms barriers that inhibit women in transit survivors of GBV from accessing services available to nationals. These include, for instance, behavioral barriers (i.e., obstacles originated from attitudes, beliefs, or emotions that hinder or prevent desired behaviors or optimal decisions), language barriers, lack of valid identification cards, stigma, criminal and gang activity that limits their mobility, sexual harassment in transport and public spaces, among others. The study also includes an analysis of national legal and institutional frameworks, which comprised an assessment of applicable constitutional standards, laws, response protocols, and regulations.

### Methodology summary – Social, legal, institutional accessibility

**Mixed-methods approach to analyze barriers to GBV services for women in human mobility in Central America.**

- 1. Desk review** that examined human mobility's GBV context, literature, and legal frameworks.
- 2. Quantitative approach, including 263** surveys to women (18+) in human mobility in Costa Rica (147) and Guatemala (116).
- 3. Qualitative approach, including 43** service provider interviews; 16 life stories; and field observations in key transit hubs across Central America.
- 4. Validation workshops in Costa Rica and Guatemala** with government, civil society, academia, and international organizations.

**30. Surveys to women in transit were carried out as part of the quantitative approach of the study.** Surveys were carried out using a survey-to-go (STG) digital platform to record answers in Paso Canoas, Costa Rica, at the CATEM Sur; San José, Costa Rica, at a human mobility shelter; and in Tecun Umán, Guatemala, at IOM's Care and Protection Center for Migrants and Refugees (CAPMiR in Spanish). A total of 263 women were surveyed by the Latin American Social Sciences School (FLACSO) Costa Rica between July and September 2023, distributed as follows: 147 in Costa Rica and 116 in Guatemala. While initially surveys were planned to be carried out in all countries in Central America, Costa Rica and Guatemala were selected for several reasons, including: (i) concerns about the ethical implications of conducting surveys in Panama due to the precarious arrival conditions in Lajas Blancas, Costa Rica was chosen as the most feasible country of entry to the region for data collection purposes; (ii) exclusion of Nicaragua due to limited feasibility to conduct fieldwork there; and (iii) cost and timeline implications led to the selection of Guatemala as the exit point in the region, capturing flows and dynamics that may have taken place downstream in El Salvador and Honduras. The sample's criteria included women older than 18 years old in situations of human mobility defined as: women in transit who have been traveling for less than six months, women seeking asylum or refuge, and women returnees who have been back in their country or place of return for no longer than one year. These surveys were carried out following international ethical standards for GBV research including informed consent, limiting data collection to information necessary for understanding the phenomenon (ensuring that it did not re-victimize the informants), sensitizing the field team to ethical and empathetic information gathering, and providing

a referral list of services for survivors. Further, the research also took into consideration UNHCR's Standard Operating Procedures for GBV Interventions in Humanitarian Settings.

**31. Characteristics of mixed movements in Costa Rica and Guatemala.** The populations surveyed in Costa Rica and Guatemala are different. The demographic profile of individuals migrating and forcibly displaced from Venezuela to Costa Rica and Guatemala is highlighted by the fact that 93 percent in Costa Rica and 65 percent in Guatemala were born in Venezuela. In Guatemala, 18 percent of interviewed women were Honduran. Notably, 90 percent of women in human mobility have children. Regarding marital status, 48 percent travel without a partner or alone, while 52 percent travel with a partner. Exploring pre-migration characteristics, the inquiry delved into educational levels, employment status, and the presence of disabilities. Approximately 50 percent have secondary education, and 30 percent have technical or university education. A quarter of the women were not part of the workforce before migration, with no significant differences between countries. Half of them were self-employed, and 24 percent were wage earners. Concerning disabilities, 6 percent of women surveyed have a condition. Among the 16 women with disabilities, some face significant challenges in activities such as hearing (2), vision (6), memory or concentration (8), dressing or grooming (6), climbing stairs or walking (10), and communication (5).

### **32. The qualitative work was comprised of three types of data:**

- i.** Semi-structured interviews to 43 specialized service providers for GBV survivors in Central America
- ii.** Life stories shared by 16 women either in transit upon arrival in Costa Rica or up to/through Guatemala's border crossing point
- iii.** Field observations.

**i. Semi-structured interviews to services providers in Central America were carried out as part of the qualitative approach of the study.** The interviews were carried out to specialized service providers in five countries (Panama, Costa Rica, Guatemala, El Salvador, and Honduras) to have a better understanding of the services they offer, the population they serve, whether they offer their services to women in situations of human mobility, and whether they offer specialized support services for GBV survivors, among others. Service providers were selected using two approaches: (i) randomly using the map of service providers and complementing with local knowledge as the sample frame, assigning weights to different types of services; and (ii) replacement using intentional selection to ensure that key actors were included in the sample. For instance, most IOM and UNHCR country offices participated in this exercise given their in-depth understanding of the situation on the ground. Other services such as high tier legal services (e.g., legal courts) were replaced as survivors of GBV rarely access these services.

**ii. This work was complemented with 16 life stories shared by women.** Participating women shared their human mobility stories upon arrival in Costa Rica up to/through Guatemala, which offered a more in-depth understanding of the complexity and dangers of the transit journey as a woman in Central America. It also helped identify the barriers to accessing support services for GBV survivors as they transit through the region.

**iii. Field observations were carried out in key crossing border points to obtain firsthand comprehension of the situation at main transit hubs in Central America's human mobility routes.** Primary field observations were documented in Meteti, Panama (Darién region); Paso Canoas, Costa Rica; Aguas Calientes-Esquipulas border between Honduras and Guatemala; Las Chinamas and San Cristobal in El Salvador; and Tecún Umán, Guatemala.

**33. Results were validated in three workshops with participation from representatives of governments, civil society, academia, and international organizations.** These included (i) two country-level workshops, held in October 2023 in Costa Rica and November 2023 in Guatemala, to validate the preliminary findings of the quantitative and qualitative data gathered; and (ii) one regional workshop held in Costa Rica on December 6-7, 2023, which brought together over 60 representatives from national and local government authorities, academia, think tanks, and international organizations from all countries included in this study.

**34. Recommendations from these workshops included suggestions on terminology and types of violence women endure, emphasizing the concept of mixed movement, and intersectionality.** Considering intersectionality is important because multiple and complex identities intersect and overlap, increasing the vulnerabilities of women in human mobility, especially when combined with other identity factors like being a minor, belonging to an indigenous community, and living in poverty, among other factors. Additionally, significant legal barriers were identified, including limitations for international case management, and registering children born during transit, which increases the risk of statelessness.

Other recommendations included investing in awareness-raising programs, strengthening existing response protocols to GBV where gaps exist, operationalizing and adapting existing protocols to respond specifically to situations of human mobility, and enhancing interinstitutional coordination within and across countries. Assigning resources and increasing budgets for service provision at borderlands was also highlighted. Given the rapid pace of transit dynamics and increasingly complex situations of human mobility, recommendations also include developing agile and nimble response protocols to be able to tackle swift changes in flows when needed. Moreover, communities as well as local governments should be actively involved in human mobility efforts, and these should be coordinated with national-level institutions.

## Main findings

**35. The analysis first explores universal barriers that affect all women, both nationals and non-nationals, from accessing support services for GBV survivors in Central America.** Universal barriers encompass ineffective legal and judicial frameworks that may revictimize individuals and foster impunity, social norms and behaviors that condone and normalize violence, lack of awareness and ability to recognize GBV when it occurs, and restricted access to specialized services among rural women. Challenges include logistical issues (e.g., difficulty and risks associated with traveling to distant services with limited resources and time, transportation scarcity in remote areas, or service centers being too distant), economic and childcare responsibilities, lack of or limited specialized services, fear of

retaliation for reporting GBV, distrust in institutions, and stigma faced by GBV survivors.

**36. Barriers specific to women in situations of human mobility who are survivors of GBV include misinformation, inability to recognize GBV, lack of awareness of their rights, financial control by male companions, discrimination, language barriers, and lack of differentiated service provision.**

Information on human trafficking and GBV is scarce at border crossings, while misinformation is widespread. Criminal groups who engage in human smuggling often exploit systemic weaknesses, and survivors face sexual exploitation, inability to report a violent act in a country different from where the act occurred, and challenges in submitting formal complaints due to insufficient information on both the actual filing process and the characteristics of the perpetrator. Women in situations of human mobility often lack awareness of their rights, are financially controlled by male companions who may also be perpetrators, and face language barriers. Health centers may deny services based on migration status, shelters for transitory migrants and asylum seekers have limited resources, and border officials often lack the knowledge to identify and aid GBV survivors. Recognizing these differentiated needs is crucial for improving support for women in human mobility.

**37. The progression from analyzing systemic barriers to exploring personal narratives from women in human mobility and service providers helps to comprehend the full spectrum of diverse barriers.**

This comprehensive approach provides a deeper understanding of experiences, particularly in relation to the social, legal, and institutional barriers. The forthcoming sections aim to offer an extensive and detailed exploration of these challenges and the various obstacles that impede access to essential services and support for these women. This analysis is crucial for developing more effective strategies and interventions to assist women in transit, particularly those who are survivors of GBV, in overcoming these hurdles and accessing the support they need.



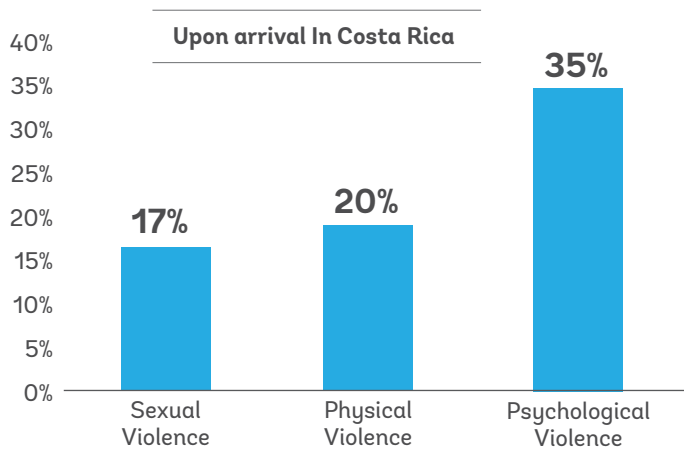
## A. Forms of GBV among women in situations of human mobility

**38. Women’s narratives gathered describe harrowing experiences and perceptions of violence, particularly as they navigate through dangerous areas in Central and South America.** Women face the threat of theft, physical abuse, and extortion, especially in areas where there is little to no organized protection for people on the move. Food theft in vulnerable situations, such as when traveling with children, is common. There is a fear of robbery and violence, particularly from Colombia through Central America and onto Mexico, with Mexico being identified as extremely dangerous due to kidnappings and extortion. Women reported that those with family in the United States are more vulnerable to extortion. Women are advised to dress down to avoid attracting attention, and there is a prevalent concern for the safety of children due to human trafficking.

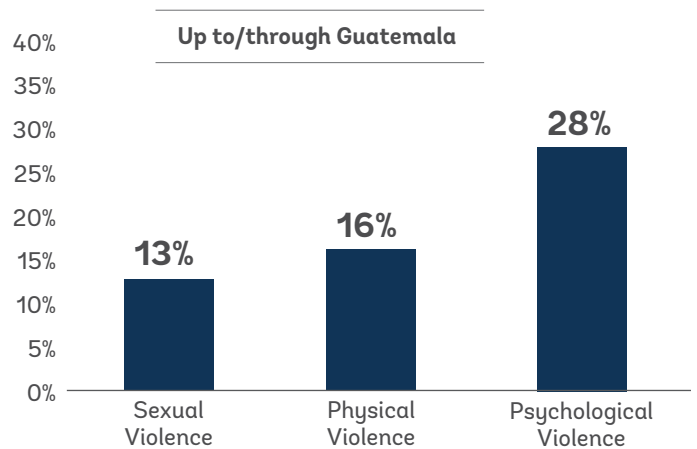
**39. Narratives also reflect a landscape of intimidation and vulnerability, where even witnessing violence or stepping in to assist others can lead to threats or forced retreat.** Commonly reported risks include encounters with criminals and corrupt authorities who may extort money or otherwise abuse migrants and women in situations of human mobility. Women highlight some areas, such as the main hubs, where there is a semblance of safety because there are many people congregated there, but the journey remains fraught with risks. Despite these challenges, some women report finding pockets of safety and receiving help from others, which points to a complex mosaic of danger and support along these transit routes.

**40. Analysis of the survey data shows that a significant proportion of women in transit report being aware of incidents involving different types of GBV.** Specifically, the incidents reported most frequently are of psychological, physical, and sexual nature, delineated in that order as illustrated in Figures 2 and 3. A noteworthy finding is that 41 percent of survey respondents know of women who have experienced physical, psychological, and sexual violence, a figure believed to be a lower bound estimation given underreporting. The findings suggest that psychological violence is the most reported form of violence perceived among survey respondents upon arrival in Costa Rica (35 percent) and traveling through Guatemala (28 percent) crossing border points, followed by physical violence (20 percent upon arrival in Costa Rica and 16 percent up to/through from Guatemala), and sexual violence (17 percent upon arrival in Costa Rica and 13 percent up to/through from Guatemala). It is important to point out that although data were gathered in Costa Rica and Guatemala, the reported incidents could have happened at any point before arriving at either of these two locations. This means that data must be read as “up to or upon arrival in Costa Rica” and “up to/through Guatemala” and not necessarily “in Costa Rica” or “in Guatemala.”

**Figure 2** Share of women in transit who report being aware of GBV incidents during their migration journey, by type of violence up to Costa Rica

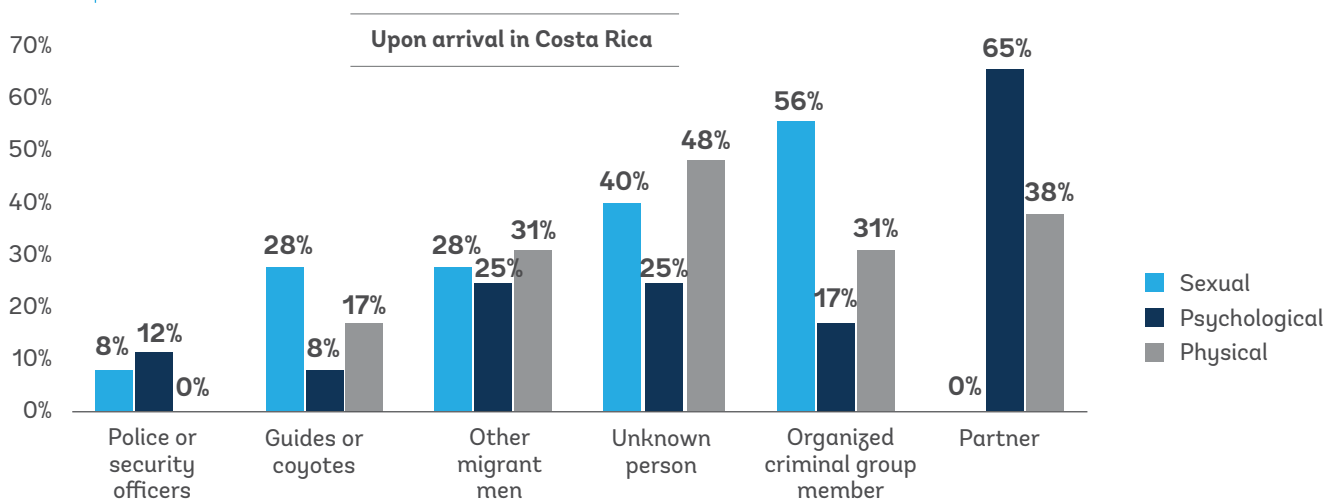


**Figure 3** Share of women in transit who report being aware of GBV incidents during their migratory journey, by type of violence up to Guatemala



**4.1. Upon arrival in Costa Rica, survey responses suggest a perception that organized criminal group members are frequently implicated in sexual violence.** Of those surveyed, 56 percent of respondents indicated this, while unknown persons are perceived as perpetrators in 40 percent of cases, and police or security officers are perceived as the least involved at 8 percent. Psychological violence is perceived to be most often associated with partners upon arrival in Costa Rica, mostly among Venezuelan women and girls in transit, with 65 percent of responses indicating this, hinting at a significant domestic factor, whereas organized criminal groups are perceived as less involved at 17 percent, and guides or coyotes even less at 8 percent. For physical violence, the perception is that unknown persons are most commonly the perpetrators (at 48 percent of responses), suggesting that many perceive the abuser to be unidentifiable. The survey also reflects the perception that 31 percent of respondents identify other migrant men as the perpetrator of physical abuse cases, same as organized criminal groups, while no physical violence is perceived to be attributed to police or security officers. These results are graphically portrayed in Figure 4.

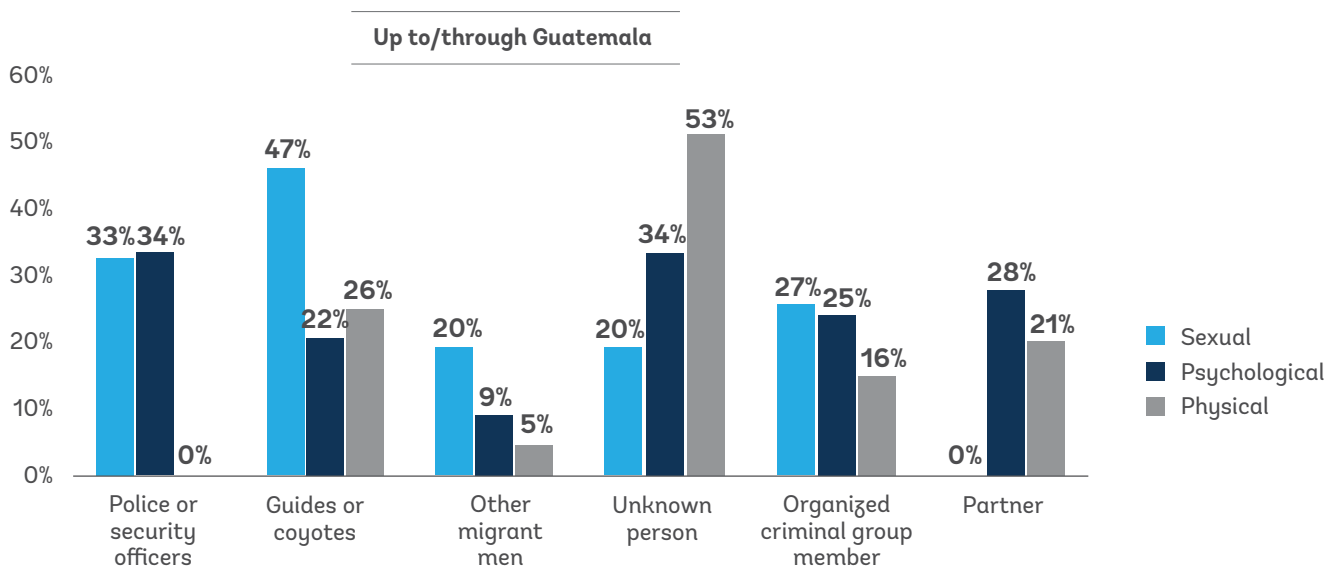
**Figure 4** Perception of sexual, psychological, and physical violence by type of perpetrator up to Costa Rica



**42. Up to/through from Guatemala, 47 percent of survey respondents perceive that guides or coyotes are involved in cases of sexual abuse, and 33 percent believe so of police or security officers.**

Notably, there is no reported perception of partners being involved in these instances of sexual abuse, which may speak to the normalization of intimate partner violence. Psychological abuse is frequently associated with police or security officers and unknown persons, each perceived by 34 percent of respondents, and there is a significant perceived involvement of partners at 28 percent. In terms of physical abuse, there is a predominant belief that unknown persons are the perpetrators, representing 53 percent of the responses, which may imply that physical harm is often inflicted by individuals who are not identifiable. Guides or coyotes are also perceived to be implicated in a considerable portion of physical abuse cases (26 percent of responses). However, there is no reported perception of police or security officers' involvement in physical abuse, despite their significant association with psychological abuse. Figure 5 portrays this information graphically.

**Figure 5** Perception of sexual, psychological, and physical violence by type of perpetrator up to Guatemala



## B. Social barriers

**43. The normalization of violence against women has resulted in women in situations of human mobility not accessing specialized services along the transit routes in Central America.** The interviews indicated that many women live with normalized GBV, viewing it as a standard part of life, often perpetuated by male figures.

---

*“Many of them live with it and think it’s normal and have normalized it. And, when one says, ‘but this is not normal’ they say, ‘but I have lived like this all my life’.”*

Service provider, El Salvador

---

**44. Women seek basic care services rather than specialized services for GBV survivors because, in many cases, they do not recognize their experiences as a form of violence.** Interviewed service providers point out that, often, in cases where a trusting relationship has been established between the service provider and the woman, the latter may acknowledge having experienced violence. However, in general, women in situations of human mobility are not inclined to file a complaint or initiate a therapeutic support process because they prioritize continuing with their journey. Further, interviewed women also showed a reluctance to acknowledge situations of violence as reportable incidents, revealing the existence of a continuum of violence. This reluctance is further exacerbated by societal norms that often stigmatize those who speak out, creating a significant social barrier to justice and support.

**45. Women in situations of human mobility experience a diverse range of social barriers while accessing services on their migration or forced displacement route including discrimination, legal unawareness, and insufficient service infrastructure.** Table 2 underscores the complex challenges women in transit face in accessing services upon arrival in Costa Rica and up to/through Guatemala. Discrimination for being migrants or non-nationals is a significant barrier, with more than 60 percent of the surveyed women in both countries reporting this issue. The survey also highlights the recurrent problems of women being blamed or judged for their circumstances and a lack of efficient service delivery, as many women need to visit services multiple times, potentially leading to revictimization. Moreover, the service information is perceived as confusing, lacking clear information about their rights and service options. Additionally, service facilities not being adapted for people with disabilities creates an additional layer of complexity. This, combined with institutional problems, such as insufficient specialized GBV services, suboptimal coordination between service providers, unreliable data, and weak capacity among service providers –factors that will be further developed later in the report– reveal a multifaceted array of obstacles that hinder the possibility of accessing assistance and justice for women in transit.

**Table 2 | Overview of perceptions on social barriers by country**

Type of barrier	Upon arrival in Costa Rica	Up to/through Guatemala
Discrimination for being migrant or non-national	64%	77%
Being blamed or judged for what happened to them	65%	58%
Having to return to the service multiple times to receive support	62%	60%
Little clarity or information about available legal rights and options	64%	55%
Lack of required identification documents	56%	61%
Services located in unsafe and/or dangerous areas	45%	53%
Confusing information about support services	55%	41%
Insufficient staff in service facilities	39%	38%
High costs of support services	34%	41%
Service facilities not adapted for people with disabilities	35%	23%

Source: World Bank and FLACSO (2023). Survey to women in transit

**46. Control exerted by partners or travel companions, through economic violence and psychological abuse, also represent barriers to accessing specialized services among GBV survivors.** Both women and service providers report instances where male partners or travel companions are the main perpetrator of violence – even if women are not aware of the violence they are being subjected to. The most common types of violence exerted by the perpetrators include economic, psychological, and sexual. For instance, across the region, women and service providers reported that male partners or travel companions may hold their passports, money, or assets for part of or the entire duration of the journey; may force them to sell sex to gather funds to continue the journey and then withhold those funds; and continually coerce women so they have no choice but to stay with them because of fear. A service provider mentioned a situation where a woman was being forced to migrate with her partner against her will through fear and intimidation. Fortunately, the case was identified by a civil society organization, and the woman was deemed eligible to return to her country under international protection mechanisms. A significant 66 percent of women in human mobility surveyed in Costa Rica believe that partners are the main perpetrators of psychological violence along the human mobility route. The normalization of such control and abuse within intimate partnerships poses a formidable societal obstacle that often goes unchallenged due to traditional gender roles.

**47. Women do not seek services out of fear of being judged for their migrant or refugee condition as well as for being survivors of violence.** Interviews with service providers and women confirmed the survey results regarding the stigma associated with being a GBV survivor, which prevents many women from not only seeking services, but from filing a complaint. Likewise, the analysis of the interviews and surveys showed that 64 percent of the women surveyed upon their arrival in Costa Rica (and 77 percent for those up to/through Guatemala) report discrimination or being judged by their migrant or refugee condition as a significant barrier to accessing specialized services throughout the Central American transit route.

---

*“Not so much here in Costa Rica, but in Panama and places like that, [there was] the contempt towards us because we are Venezuelans, [people] constantly blaming us. That’s tough.”*

#### Venezuelan woman in transit upon arrival in Costa Rica

---

**48. As depicted in Table 2, 65 percent of respondents in Costa Rica and 58 percent of those up to/through Guatemala say that the stigma associated with being a GBV survivor is a barrier for seeking care.**

This reflects a societal barrier where prejudice and xenophobia intersect with social norms that justify violence or blame the victims, further marginalizing GBV survivors in situations of human mobility and limiting their access to specialized support and care services.

**49. The lack of childcare services while women are receiving specialized care, contribute to an additional burden of responsibilities for women, which prevents them from seeking support.**

In the interviews, women mentioned having spent several years in caregiving roles, which significantly hinders their opportunities to do other activities and make them face extra challenges due to the lack of childcare options. Accordingly, when women seek specialized services for GBV survivors in Central America, the lack of a safe place or trusted person that could take care of their children while they receive GBV-related support is a barrier. A notable exception is the Refugee Unit in San Jose, Costa Rica, administered by the Direction of Migration and Foreign Affairs (DGME) and operated with UNHCR support, which has a secured, clean, and age-appropriate playground and support services for women and their children seeking refuge (Figure 6). This goes in line with new demographics of people in situations of human mobility in Central America, where most people transiting are increasingly families, unaccompanied children, refugees, and asylum seekers (Aguilera, 2022). Specialized services for women in transit are more likely to provide a childcare service to allow women to receive a GBV service they need; however, this is often the exception rather than the rule. This lack of support highlights a broader societal issue where the caregiving responsibilities disproportionately fall on women, limiting their ability to seek help or services for themselves.

**Figure 6** | **Playground for children at CATEM Sur, Costa Rica**





**50. Women in transit across Central America avoid seeking services out of fear of being detained or deported.** One of the reasons cited for women in human mobility not seeking support is the fear of being detained or deported if they access a service, especially if it is government-run or sponsored. In Costa Rica, 71 percent of women surveyed reported not accessing services due to fear of being arrested or deported, while 84 percent of women surveyed in Guatemala reported this. This includes cases like reporting a violent act and seeking help from the police or filing a formal complaint through a country's legal system. Further, in some countries such as Guatemala and Nicaragua, women have heard of, and experienced abuses carried out by law enforcement, which reinforces their apprehension of seeking support from the police. Another reason why women in situations of human mobility do not seek services is their lack of knowledge about their rights in a foreign country, independent of their migratory status. The threat of punitive immigration enforcement creates a powerful societal barrier that discourages women survivors of GBV from seeking assistance, perpetuating a cycle of silence, impunity, violence, and trauma.

---

*“...In some cases, there is a need for legal advice, medical and psychological attention, but being a women or people in transit, many often decline to seek these services or to engage in a deeper [legal] complaint process. This is because it implies a delay in their transit time, and there is often a fear that starting the process, even if the abuser is within the same family group or is the person trafficking them, could lead to legal complications in our country. They fear being detained or held, which might eventually result in deportation or a significantly prolonged pause in their journey.”*

**Service provider, El Salvador**

---

## C. Legal barriers

**51. Women traveling through Central America face significant obstacles in accessing justice services, including documentation challenges and jurisdictional limitations, as identified by service providers, especially for those seeking asylum or refugee status.** Factors such as lack of required documentation to file a complaint or unfamiliarity with local legal processes are some of the barriers that service providers report. Service providers note that many women do not travel with an identification document (either because they did not have one at origin or because their papers have been taken away during the journey), which is essential for filing a formal complaint of violence in many countries in the region. A provider in a country stated that an official process cannot be initiated without identification in the country, and in some cases of asylum or refugee status, the process involves issuing an asylum seeker or refugee identification card before proceeding with any formal complaint.

**52. National jurisdictional limitations pose a significant barrier for women in transit seeking legal services, as they are often unable to file complaints in countries different from where the incident occurred.** For example, if a woman in transit is the survivor of a violent incident in Costa Rica, she will not be able to file a formal complaint in a different country due to jurisdictional limitations. Further, in many cases, women may not have information on the perpetrator –including physical appearance, height, built, etc.– to file a complaint. Even when a complaint is filed, service providers in Guatemala and El Salvador reported that, if a woman is called to declare but is no longer in the country, it is not clear if any type of follow up is given to these cases or if they are archived.

**53. Protocols, policies, and laws for the protection of women in situations of violence exist in Central America; however, these instruments often do not specifically address and support women in situations of human mobility.** These protocols, policies, and laws do not necessarily take into account the unique circumstances faced by these women, such as the risk of deportation, lack of geographical stability, and potential lack of access to legal resources. For instance, a service provider in El Salvador mentioned that although there were no limitations on receiving migrants, they were unable to assist a woman because she had not formalized her legal status. Similarly, another provider in Honduras stated they could not create a file for someone without a valid identification document in the country.

**54. While there may be protocols and legal guidelines to address violence against women in human mobility, the effective implementation of these protocols is lacking.** The lack of resources to hire staff, socialize the protocols through communication campaigns, and capacity to implement, supervise, and ensure the consistent enforcement of measures outlined in legal protocols is limited. This, in turn, contributes to women survivors of GBV not receiving the protection, care, and support they need. Additionally, there is not enough specialized staff with knowledge about gender and human mobility, which affects the quality of the service and support provided. Further, challenges related to interinstitutional coordination within and across countries also adds to the implementation challenges of the existing protocols, generating service referral gaps or duplication of efforts.

**55. Financial limitations further constraint the effective implementation of GBV prevention and response protocols.** Resources available for the implementation of protocols and programs for GBV survivors are scarce, and even scarcer for women in situations of human mobility. Service providers reported that lack of funding for these services results in a limited number of and capacity at shelters, legal counseling, psychosocial support, and health services, among other services that GBV survivors in human mobility need. There is an overall perception that meaningful support is not given to services for women survivors of violence. For example, service providers reported that in Guatemala, stickers to guide potential human trafficking victims were placed on the floor of a bus terminal frequently used by women in transit so they could see them. By placing the stickers, the government institution in charge of the program could ostensibly demonstrate it had done something about the issue; however, it is not clear whether there was ever any follow up from this institution on any official complaints.

---

*“[...] On paper, everything exists, but in implementation, where there is no financial resource or personnel, it is very difficult, especially when thinking about migrants in transit.”*

**Service provider, Costa Rica**

---

## D. Institutional barriers

### **56. Sufficient specialized services for women in transit survivors of GBV are lacking in the region.**

Although there are some specialized services available to national women survivors of GBV, these services are not available for women in situations of human mobility. The absence of specialized services further exacerbates the challenges that migrant and refugee women already experience, leaving them in even greater vulnerability. Services offered to nationals do not take into consideration the unique challenges that women in situations of human mobility face. For example, women in human mobility expeditiously transit through countries, staying on average 3 to 4 days in each country. Service providers must take this into consideration when offering services to serve the women's needs as best as possible. Some service providers in Guatemala and Costa Rica reported adjusting their methodologies to be able to provide psychosocial support to women in three days. For example, they reported that group therapy could be a psychosocial strategy that works for women in transit who have extremely limited time to receive support.

### **57. There are challenges operationalizing effective coordination between nongovernmental humanitarian protection organizations and governments.**

Services targeted to women in situations of human mobility are mainly delivered by nongovernmental actors and specialized international organizations like UN agencies. Coordination is more likely to exist between international organizations and governments than between civil society organizations and governments. Civil society organizations report that coordination with government can be challenging, particularly for case management and referrals. This occurs because generally, there are not formal agreements between civil society organizations and governments for referrals. Also, since civil society serves a social monitoring or auditing role, the relationship between these two actors is not always fully cooperative and could be tense at times.

---

*“We would need to strengthen the mapping of regional services that work by regions related to services for both women and girls and unaccompanied minors because they are groups in those conditions. [...] Strengthen the coordination with the different humanitarian actors to avoid duplicating efforts and have one actor that manages and leads the coordination.”*

**Service provider, Honduras**

---

### **58. Lack of reliable prevalence data is another major barrier to tackling GBV against women in transit across Central America.**

Collecting data on GBV prevalence is extremely challenging. UNHCR reports that at least two out of ten women in transit through Central America are survivors of GBV, a figure largely believed to be underestimated (UNHCR, 2023b). This figure is collected through field surveys at border crossing points and services supported by UNHCR. However, official statistics do not accurately report these cases. At the Las Chinamas border between Guatemala and El Salvador,

immigration officials reported that they had seen three GBV cases in one year, although NGO data was much higher. Also, survivors mainly disclose GBV incidents when they seek medical services, and they have visible injuries. However, since most women are transiting as fast as possible through Central America, most do not seek support services. In some instances, survivors disclose during the immigration or refugee interviews, but the low numbers seemingly demonstrate the limited training by immigration authorities to enable GBV disclosure, given the pervasiveness of GBV and that real numbers are likely much higher. In Aguas Calientes (located on the Guatemala-Honduras border), an NGO working at UNHCR's reception center reported three to four GBV cases per week. Similarly, a government-run program in El Salvador reported that data on internal forced displacement due to GBV does not exist in the country. UNDP also reported significant challenges with data on GBV in Central America. The lack of data can have a consequential impact on the development of policies in support of migrant women who are GBV survivors.

**59. Most women surveyed do not know about support services for GBV survivors along the transit route.**

Only 18 percent of women surveyed reported knowing about services available for GBV survivors. Of the services they know of, shelters and health services such as the Red Cross and Doctors without Borders stand out as the most reputable. Further, only 11 percent of those surveyed reported knowing someone who has used specialized services, and those services included shelters, healthcare, and psychological services.

**60. Government officials, particularly border personnel, do not sufficiently understand GBV to be able to provide quality information or make referrals to dedicated services.**

Although immigration officials expressed having received trainings in GBV, their understanding of the importance and magnitude of the phenomenon does not match the situation on the ground. Upon being asked what they remember from the trainings they had received on GBV, an immigration officer in one of the project countries indicated that it is important to know that men and women are equal. However, nothing was mentioned about processes to assist GBV cases, or any other information that would demonstrate a clear understanding of the issue. Social norms and behaviors that normalize GBV likely also prevent immigration officers from giving the required importance to the issue, and also impede women from seeking support as they do not know they are GBV survivors.

**61. The operating hours of service providers does not respond to the needs of people in transit, especially for women.**

This mismatch leads to gaps in essential services like medical care, legal assistance, and shelter. Women in these groups have specific requirements at varying times, influenced by safety, health, or family responsibilities. Standard service hours, usually fixed to conventional work schedules, do not accommodate these diverse needs. This lack of flexibility means women may not receive timely or adequate support, underscoring the need for service providers to adopt a more adaptable approach.

**62. There is limited capacity to host large numbers of women at shelters in Central America.**

The number of shelters for people in human mobility in Central America is limited, and it is even more limited for women survivors of GBV. For example, reception centers in Panama can accommodate up to 251 people in precarious conditions, while CATEM Sur in Costa Rica has a maximum capacity

of up to 2,000 people daily. However, daily mixed migration flows can be between 2,000 and 4,000 people during peak seasons (e.g. July to October). All service providers, including shelters, reported their limited capacity – including space and infrastructure – for the number of people transiting the region. The increase in the number of people in transit in the region has caught them by surprise and they have not been able to fully respond to the new demands. Shelters mention that they need additional resources and funding to be able to meet the new human mobility waves. To be able to support as many people as possible, shelters usually have a 3-day stay limit. In exceptional cases, when shelters identify a woman survivor of GBV, they usually extend their stay limits for this specific group. However, since at least 1 in 5 women who are transiting the region are potential GBV survivors, many women would need to stay at the shelter for longer than 3 days.

---

*“We had to sell the little we had, thinking that with that little, we were going there. It turns out that here we ran out of money. We arrived here with nothing, if it weren’t for knowing about this shelter, we would be out there sleeping on the street. We sold our little things, the little we had obtained there in Bogotá and decided to start over.”*

**Woman in transit in Costa Rica**

---

**63. Distrust in institutions and perception of corruption intensify as women transit the region, creating significant barriers to seek help.** Most women in situations of human mobility are already vulnerable, and, along with service providers, shared their perception of institutional corruption, which prevents them from accessing essential services. For example, women reported extortions carried out by law enforcement in Guatemala and Nicaragua to allow them to continue their journey, and service providers also reported that some institutions in El Salvador may tell women that they have run out of medicines to not provide a service. Addressing these obstacles by fostering an inclusive, transparent, and accessible environment within institutions is crucial. This approach will not only help build trust but also ensure that vulnerable groups, particularly women in human mobility, receive the necessary support and protection for their safety and well-being.

---

*“I never imagined, that we were going to go through, I don’t know, more than anything, the government and the guard, there it’s called guard and police, is very corrupt, I have never seen more corruption, than in the countries we have been in, because it really is like a mafia, we the migrants are the ones who are sustaining the countries that we pass through.”*

**Woman in transit in Guatemala**

---



## E. Means and forms of communications among women in transit through Central America

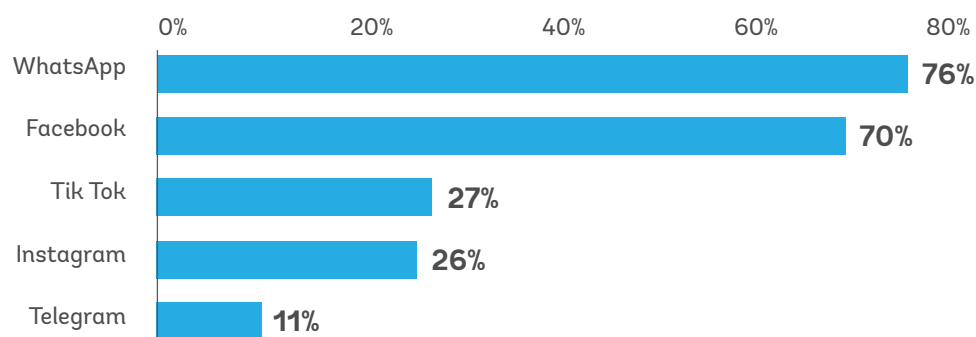
**64. Interviews with women regarding information and communication methods in the context of migration reveal a multifaceted and complex network of information exchange.** Migrants, refugees, asylum seekers, and other populations in need of international protection predominantly rely on informal networks, where information is passed through word-of-mouth among individuals who have already traversed similar paths. This includes sharing details about shelters, safe routes, and essential tips for navigation. Additionally, there is a notable reliance on digital platforms such as TikTok and WhatsApp. These platforms are not only used for gathering information but also for sharing personal experiences and warnings about the journey ahead. However, the authenticity and reliability of the information sourced from these digital platforms are often subject to skepticism among migrants, refugees, and other people on the move.

*“We know that it is very common to see TikTok or messages on WhatsApp. Yes, I saw, but I mean, I used to think, is it true? That video is real or is it a lie? I never had the information.”*

**Woman in transit in Costa Rica**

**65. The main communication channels used by public and nongovernmental institutions are not aligned with those frequently used by women on the move.** As detailed in Figure 7, the surveys confirmed the qualitative responses about the predominant use of WhatsApp, with 76 percent for those surveyed in Costa Rica and Guatemala. Over 58 percent of women surveyed reported owning a cellphone, with a lower reporting for women between 18 and 24 years old (46 percent). Only 8 percent of those surveyed and who own a cellphone do not use social media. Of those surveyed upon arrival in Costa Rica, findings show that 82 percent of women surveyed use WhatsApp. However, women under 35 years old use TikTok more (approximately 30 percent) than those 35 years and older (13 percent). This is in line with the data reported by IOM’s DTM in Panama as of January, 2023: 95 percent uses WhatsApp, 66 percent social media, and 58 percent own a cellphone (IOM, 2023).

**Figure 7 | Social network that women report using**



**66. Of the total number of women surveyed regionally who confirmed knowing about support services for GBV survivors (18 percent), 40 percent reported that information provided by other people in transit was their main source of information.** The information obtained from these sources is principally on shelters or services that could be accessed for protection, food, or temporary housing while in transit, or on the human mobility route itself. Service providers reported that human smugglers also use these communication channels to provide information to women in situations of human mobility. IOM also reported that most people in transit choose which route to take based on referrals from other migrants or people in transit (IOM, 2023).

**67. Women navigating their journeys rely heavily on a mix of official assistance, family networks, and digital platforms, all while contending with the challenges of connectivity and the risk of misinformation.** Assistance from official sources, such as immigration officers and humanitarian organizations like the Red Cross, was occasionally mentioned in interviews, providing critical guidance and information. Family members who have migrated earlier frequently play an instrumental role in offering advice and support. Despite the abundance of shared information, people in transit, including women and girls, often face challenges due to connectivity issues, especially in remote areas without Wi-Fi or mobile data access. This lack of connectivity hampers their ability to stay informed and communicate effectively. The interviews also highlight an acute awareness among women in transit of the potential for misinformation, emphasizing the importance of vigilance and critical evaluation of the information received. This dynamic information landscape illustrates the vital role that both social networks and digital means play in human mobility across Central America, underscored by a constant need to navigate between helpful guidance and misleading information.

## F. Enabling factors to access support services among GBV survivors

**68. Despite all the challenges, there are factors that could potentially enable access to services: low cost, convenient location, safety, and awareness.** According to the women surveyed, the enabling factors that they identify focus on cost (being free of charge), location near the major transit routes, and awareness of their existence (see Table 3). Women emphasized the importance of initially promoting the availability of services and ensuring their accessibility for non-national women via widely used communication channels, most notably WhatsApp and word of mouth. Furthermore, they recommended providing detailed and clear information about the services, along with assurances of safe spaces (for them and their children) and reliable environments. It was also suggested that the services should have staff trained in cultural diversity, gender sensitivity, and an understanding of the unique challenges faced by women in situations of human mobility, to ensure a supportive and inclusive experience.

**69. The comprehensive needs of women in transit are highlighted by the demand for varied services.** Other crucial factors included providing services at rest stops, placing services in safe areas, training service personnel on issues related to violence against migrant women and girls, having safe spaces for children, not requiring valid identification documents, creating safe and confidential spaces, adapting facilities for people with disabilities, and running information and awareness campaigns. These findings illustrate the diverse needs of women in transit and the importance of a multi-faceted approach in providing support and services to this vulnerable group.

**Table 3** | Perceived factors facilitating access to GBV services

Enabling factors	Costa Rica	Guatemala
That the service is free of charge	83%	92%
Locate services in closer areas	82%	92%
Provide services at rest stops	78%	90%
Place services in safe areas	73%	95%
Train service personnel on issues of violence against migrant women and girls	76%	91%
Have safe spaces in services where children can be left while attending to women	73%	86%
Not requiring a valid identification document	70%	89%
Create safe and confidential spaces	69%	90%
Adapt facilities for people with disabilities	70%	84%
Information and awareness campaigns	76%	75%
Integrate or connect care services	60%	77%

# Opportunities Ahead and Policy Recommendations<sup>5</sup>

**70. The mapping exercise and data gathered from the physical accessibility analysis will be hosted and expanded by IOM and UNHCR, ensuring sustainability and scalability.** The data includes the mapping of detailed transit routes and location of key service providers by type. The data is available online in a regional dashboard hosted and managed by IOM, which has the mandate and data protocols to ensure the protection of these sensible data. IOM has used this data and its accompanying analysis to create an online dashboard which allows users to visualize and access the maps, routes, and service providers in a user-friendly format as part of the DTM data visualization platform. This dashboard is interactive and serves as a regional public good that will be expanded to include information on other types of services beyond those available to GBV survivors, such as healthcare, water, emergency kits, among others.<sup>6</sup> Access to this online regional dashboard is restricted through the use of a username and password. Currently, access is limited to select World Bank, UNHCR, and IOM users. Other authorized users may be approved upon request and following strict international protection standards. This dashboard serves as the beginning of a regional public good that will include information on not only GBV service providers, but other types of services in future versions.

**Figure 8** Screenshot of online regional dashboard with interactive data on transit routes and services providers in Central America



5. When implemented, all recommendations described below should be aligned to inter-agency GBV principles, such as the “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action” (<https://gbvguidelines.org/en/>) and the “Interagency Minimum Standards for GBV in Emergency Programming” (<https://gbvaor.net/gbviems>).

6. Publicly available information will be shared on the dashboard to be prepared in the future. All sensitive information, which includes the human mobility routes developed under SAFE, will not be part of the publicly available data to be displayed on the dashboard.

**71. This regional public good can help prioritize and target investments aimed to address GBV in Central America.** Countries now have a reliable tool to better understand the needs of women in transit who are survivors of GBV, and where to focus infrastructure investments, staff, training, and communications campaigns to maximize the impact of these efforts. For their part, donors could help support regional and country-level initiatives to help strengthen response protocols and speed up implementation to save and protect the lives of women and girls.

### SAFE impacts in Costa Rica

**SAFE has been able to directly contribute to the development of protocols in support of GBV survivors in Costa Rica.** The local workshop in Costa Rica, which included government representatives, resulted in the identification of a government-led initiative that could benefit from the updating of response protocols for GBV survivors in human mobility. The initiative, known as Punto Violeta, provides support to GBV survivors, mainly at National Institute of Women's (INAMU) regional offices. Recently, a Punto Violeta was opened at the CATEM Sur; however, its protocols are designed to provide support to a national population and do not take into consideration the unique situation and characteristics of women in human mobility. The SAFE project will support INAMU to update its protocols to be used at the CATEM Sur and at any other office to ensure that they also take into consideration services adapted for women in human mobility.

**Project findings will also inform Costa Rica's National Migration Strategy.** The Government of Costa Rica is currently preparing its National Migration Strategy with World Bank support. The strategy aims to coordinate all institutions relevant for the management of migration and its response in Costa Rica. SAFE findings will be paramount to ensure that as part of these coordination efforts, the implementation of human mobility efforts in Costa Rica include a clear and sound response to guarantee access to services for women transiting or seeking asylum in the country.

**72. SAFE's findings are also useful to inform World Bank operations in various ways.** Firstly, they align with the World Bank's commitment to integrating a gender perspective into its activities, providing tools to improve support for GBV survivors across the region. Secondly, these findings are valuable for conducting social risk assessments as part of the Environmental and Social Framework (ESF), particularly in the areas of preventing child and forced labor (ESS2) and ensuring community safety (ESS4) through the development of protection mechanisms. Additionally, this information will contribute to risk assessments related to Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) and the identification of key service providers for survivors of GBV in Central America. These efforts aim to align with best practices and mitigate risks in World Bank operations. Furthermore, the findings can help strengthen the design and monitoring of Strategic Country Documents (SCDs) and Country Partnership Frameworks (CPFs) aimed at tackling GBV in the region.

**73. The regional workshop generated interest from governments, civil society, and international organizations to strengthen the work on human mobility and GBV in the region through a potential regional initiative.** Participants proposed further collaboration to improve access to GBV services for women in situations of human mobility in the region. This proposal recognizes the particular needs of women in transit who face high levels of GBV, in particular sexual violence. This proposal is a first step to try to put the SAFE project's recommendations into action. The proposed name for this collaboration is **Women without Borders**, and its purpose is to continue the conversation started at SAFE's regional workshop to further generate regional collaboration and coordination among the government institutions, civil society organizations, and international organizations that work on human mobility in the region. A next step could include having another forum specifically focusing on key interventions that could be implemented throughout the region in support of women in human mobility.



## Policy recommendations

### Social recommendations

**74. Targeted awareness campaigns for women in transit: Launch comprehensive awareness campaigns to inform women in transit about their rights and the availability of specialized services for GBV survivors.** Campaigns should be culturally sensitive and use communication channels commonly used by women in transit, such as WhatsApp, word of mouth through community work, social media, community events, and migrant or refugee networks. Messaging should be tailored to resonate with diverse groups and emphasize the confidentiality and safety of seeking help. The campaigns should use short, non-technical language and easy-to-understand messages to avoid misinformation about services and key sites or milestones along the human mobility routes. The campaigns should also have components that aim to destigmatize GBV and encourage reporting or care seeking. Participatory involvement of migrant and refugee women in designing and delivering these campaigns is critical for their success and can enhance their effectiveness and relevance.

**75. Multilingual GBV support services: Establish support services for GBV survivors in multiple languages to cater to the diverse linguistic needs of the population in human mobility.** This includes hiring multilingual staff, providing translation services, and developing resources in key languages depending on the contextual needs. Such services are crucial to ensure effective communication and that support is accessible to all women, regardless of their language skills. Training for staff in cultural competency and understanding the specific challenges faced by women on the move is also essential. Additionally, it is important to consider incorporating the use of intuitive images to cater to the population with low levels of literacy (e.g., 50.5 percent of Nicaraguan women in northern Costa Rica did not complete primary education), enhancing the accessibility and comprehension of vital information and services.

**76. Childcare facilities at service centers: Set up childcare facilities at service centers supporting GBV survivors to enable mothers to access these services without worrying about childcare.** These facilities should be safe and staffed by adequately trained caregivers. They should provide a nurturing environment for children of various ages and include educational or recreational activities. This initiative can significantly reduce barriers to accessing support, especially for mothers who may hesitate to seek help due to family responsibilities.

**77. Develop initiatives to engage men and boys in GBV prevention efforts.** Awareness campaigns and community work should include men and boys, especially when challenging harmful gender norms and promoting respectful relationships. Campaigns should also focus on changing societal attitudes towards GBV and emphasizing men's role in preventing violence in human mobility contexts. Engaging male community leaders and influencers can help amplify the message and reach a wider audience.

**78. GBV focus in major transit hubs: Prioritize GBV prevention and response strategies in major transit hubs.** This includes establishing safe spaces, rapid response teams, and accessible information points where women can receive immediate assistance or referrals in migratory reception centers. Given the high prevalence of GBV among women in transit, staff in these hubs should be trained in GBV, awareness, and response, and to provide compassionate support. Efforts should also focus on raising awareness among women on the move about the risks of GBV and the availability of specialized support services along the transit route.

## Legal recommendations

**79. Comprehensive legal assistance: Develop a robust legal support framework for women in transit survivors of GBV.** This includes establishing free or low-cost legal support centers along transit routes, providing assistance in navigating the country of report's legal system, understanding asylum and refugee rights, and facilitating expedited access to justice. Special emphasis should be on reforming laws that create barriers to justice for non-nationals, such as restrictive reporting requirements and lack of legal representation. Legal advocacy could also focus on policy reforms that eliminate discriminatory practices and ensure equal protection under the law for all women, regardless of their migratory status. Training for legal professionals and justice service providers on the specific challenges faced by women in situations of human mobility is essential to ensure that their rights are effectively represented and protected.

**80. Policy reform for non-discriminatory access: Implement and enforce policies that guarantee non-discriminatory access to support services for all survivors of GBV, including non-nationals.** This requires a comprehensive review and amendment of existing laws and practices that may inadvertently discriminate against migrant and refugee women. Policies could also mandate regular monitoring and evaluation to ensure that services are reaching all women equitably. Additionally, there should be a focus on raising awareness among policymakers and law enforcement about the unique vulnerabilities of women in situations of human mobility to ensure that these policies are implemented effectively.

**81. Jurisdictional flexibility in legal complaints: Adapt legal frameworks to allow women in situations of human mobility to report GBV incidents regardless of where the violence occurred.** This approach would help to address the transient nature of women in transit and the jurisdictional challenges they face. Legal systems can be adapted to provide mechanisms for filing complaints in any location along the migratory route or upon reaching their destination. This flexibility ensures that justice is accessible and not denied due to geographical constraints. It also requires international cooperation and agreements to handle cross-border GBV cases effectively, ensuring that survivors can pursue legal recourse irrespective of their location.

## Institutional recommendations

**82. Enhanced training for border and law enforcement officials: Develop comprehensive training programs for border officials and law enforcement personnel, focusing on enabling GBV disclosure, sensitivity, and referral.** Training should include understanding the psychological and cultural aspects and roots of GBV, recognizing the signs of abuse, and learning effective, compassionate communication strategies to support survivors. Programs should also cover legal rights and protections available to women in situations of human mobility, ensuring that officials can provide accurate information and referrals. This training should be developed in plain language, avoiding technical terms, and in short capsules to maximize good learning outcomes among officials. Trainings can also include assessments and regular updates to become adaptable to rapidly changing dynamics on the ground.

**83. Strengthening interinstitutional coordination frameworks: Establish a robust coordination framework that includes government agencies, NGOs, international organizations, and local communities to address GBV among women in human mobility.** This framework should facilitate effective case management and referral processes, information sharing, and resource pooling. Regular meetings and workshops can help maintain strong communication channels and ensure all parties are aligned in their approach. This coordinated effort is essential for creating a comprehensive support network for women on the move and avoiding duplication of efforts and reduce gaps in service provision.

**84. Data-driven approach to GBV and human mobility: Invest in systematic and ethical data collection and research to understand the prevalence and nature of GBV among migrant and refugee women.** This effort can include surveys, interviews, and field observations. To the extent possible, data should be disaggregated by age, nationality, and migratory status to identify specific vulnerabilities and needs, and design solutions that are sensitive and applicable to their context. This information is crucial for tailoring interventions, allocating resources effectively, and measuring the impact of policies and programs. Regular data collection and analysis should be institutionalized to keep up with evolving human mobility trends and needs.

**85. Improving shelter capacity and resources: Significantly increase funding and resources for shelters catering to women in transit.** This includes expanding physical capacity, improving living conditions, and providing comprehensive services such as medical care, counseling, and legal assistance. More developed shelters and those where women stay for longer periods of time could also offer programs for economic development, socio-emotional skills and job training to support women's long-term social and economic integration. Staff should be trained in trauma-informed care and cultural sensitivity. Efforts should also be made to ensure that shelters are accessible and welcoming to women from diverse backgrounds and with different needs.

**86. Developing community-based support networks: Promote and support the development of community-based support networks for migrant and refugee women.** These networks can provide accessible, immediate assistance and act as a bridge to formal services. They can include trained local volunteers, survivor advocates, and community leaders. Building these networks requires

engaging with local communities, understanding their dynamics, and leveraging existing social structures. Training and resources should be provided to these networks to ensure they can offer effective support. These networks can also play a crucial role in raising awareness about GBV and changing community norms.

**87. Integration of GBV education in migratory and asylum policies: Incorporate GBV prevention and response strategies into national and regional migratory and asylum policies.** Policies should focus on addressing the root causes of GBV, such as gender inequality and discrimination. They should also include specific measures for the protection and support of survivors, such as access to legal assistance, healthcare, and safe accommodation. Collaboration with gender experts and survivor groups is crucial to ensure that policies are grounded in the realities of migrant and refugee women's experiences.

**88. International collaboration for cross-border GBV cases: Establish a formal international framework for cross-border case management, ensuring continuity of care for women in transit.** This framework would involve agreements between countries to assist GBV survivors across borders, share information meeting confidentiality and ethical standards, and facilitate access to justice, care, and support services. Collaboration can include training programs for service providers and law enforcement across borders, information sharing protocols, and joint awareness campaigns. It is crucial to involve international organizations like the IOM, UNHCR, UNICEF, UN Women, UNFPA, Red Cross, HIAS, the Norwegian Refugee Council, RET International, Doctors Without Borders, as well as interagency coordination structures already in place at the country level, to leverage their expertise and networks for effective implementation and monitoring.

## Regional workshop recommendations

**89. Regional government representatives and experts in the areas of migration and GBV identified access barriers to GBV services in the region and identified actions to improve access.** Access barriers identified by participants in SAFE's regional workshop matched the ones identified as part of SAFE's qualitative and quantitative research. These can also be categorized as physical, social, legal, and institutional and include the normalization of violence, services that are far from the main human mobility routes, cultural norms and the stigma associated with being a GBV survivor, fear of being detained or deported, lack of effective information on services, and lack of knowledge about rights and legal frameworks, among others. To address these barriers, workshop participants recommended establishing services closer to human mobility routes, or mobile services that can travel to where migrants are; strengthening the capacity of public officials and those who deliver lifesaving services for survivors of GBV, particularly those in the frontlines; raising awareness about migrant women's vulnerabilities among health personnel; providing support for the establishment of more shelters and ensuring that the suite of comprehensive GBV services are available to survivors at all times; improving communication channels and referral services, including in different languages and throughout the migration route requiring international and regional collaboration to provide consistent services and legal support; and providing safe spaces for women to file a complaints.

**90. Ensure that countries offer free public defense for GBV survivors.** The conversations between government officials and regional experts revealed that not all countries offer free public defense

for GBV survivors. Free public defense for GBV survivors should be provided; a defense system that responds to the needs of a survivor will not only ensure that the perpetrator is accountable for their actions, but also that relevant care or support is provided to the survivor as part of the legal process. In Costa Rica a survivor in transit can open a case against a perpetrator and designate a proxy representative to take the case forward until her presences is needed, if at all. The importance of these services being provided at no costs is paramount, as women in human mobility do not have the resources to cover the fees that a legal process involve.

**91. Ensure survivors of sexual violence have timely access to quality services for the clinical management of rape.** Given the context in the region, women want to transit through countries as fast as possible to get to their target destination. However, when sexual violence including rape cases are identified, they should be fully clinically managed to provide the type of care needed for this type of situation. Women who have been raped need emergency care within 72 hours of the rape. This allows for the delivery of emergency contraception and post exposure prophylactic drugs that can be lifesaving. Medical care such as medicine to prevent other sexually transmitted diseases and attending to lacerations is also important to deliver during this time. Psychological care as well as documenting the violence if needed for follow up legal action is also critical. These services should be adapted to the nature of human mobility to provide the best type of service within the existing time limitations of the stay of migrant women in one particular location.

**92. Prioritize the need for direct involvement of affected populations and a strong evaluation system to enhance and adapt the proposed actions.** Workshop participants suggested the establishment of mechanisms for the active participation of affected individuals in the formulation of solutions. Incorporating their unique perspectives can significantly enhance the relevance and effectiveness of the proposed actions. Moreover, it is crucial to have a robust framework for evaluating and monitoring the implementation and impact of these actions. This will ensure continuous improvement and the ability to adapt strategies in response to evolving circumstances.

**93. The success of proposed actions depends on acknowledging and adapting to the dynamic legal, political, and financial landscapes, as well as addressing cultural and linguistic diversity.** The proposals should consider the broader legal and political contexts, as changes in migration policies or legislation can impact the effectiveness of these initiatives. Ensuring the availability of necessary financial resources and exploring potential funding sources are key to the viability of the proposed actions. Furthermore, addressing cultural and linguistic barriers in a practical and effective manner is also vital, alongside the incorporation of emerging technologies and innovative solutions to overcome existing challenges. Lastly, it's important that all solutions embrace a broad gender perspective and inclusivity, catering to the diverse needs of migrant women and girls. This holistic approach will strengthen the region's capacity to provide accessible, effective, and sensitive GBV services to those in need.

## Additional recommendations

**94. Mobile units along transit routes to serve women: Establish mobile units to provide accessible services for women, including GBV survivors, along key migration routes.** These units should offer a comprehensive range of services including protection, medical care, psychological counseling, legal advice, and provide information on where to access immediate shelter. Alternatively, they can serve as information points and refer to more specialized services. The mobility factor ensures that help reaches women in remote and high-risk areas, overcoming the barrier of fixed service locations. The units could be staffed with multi-disciplinary teams trained in trauma-informed care and cultural sensitivity. The mobile units should offer comprehensive services to all women (not only women in transit and GBV survivors); offering services to all women, including women at risk from local communities, will support avoiding further harm, discrimination, and stigma towards GBV survivors, and prevent xenophobia and tension with host communities. Collaboration with local NGOs and community groups is vital for effective deployment and outreach. Additionally, these units can play a crucial role in raising awareness about GBV and available services through community engagement and information dissemination.

**95. Digital platforms for GBV information and support: Develop and implement digital platforms and applications tailored to women's needs.** These platforms should offer information on GBV services, legal rights, and support networks in multiple languages. They should be user-friendly, accessible on mobile devices, and ensure user privacy and security. Features could include GPS-based service locators, emergency contact functions, chatbots for preliminary guidance, information check to avoid misinforming messages from unreliable sources, or educational resources on GBV. Collaboration with technology companies can leverage innovations like artificial intelligence (AI) to provide personalized assistance. These digital tools must be promoted through migrant and refugee networks and partner organizations to reach a wider audience.

**96. Sustainable funding for GBV prevention and response: Secure long-term funding sources for services catering to migrant and refugee women survivors of GBV.** This requires a multi-faceted approach involving government commitment, international aid, private sector engagement, and philanthropic contributions. Funding should be earmarked not only for the operation of services but also for continuous staff training, program evaluation, and research. Additionally, innovative funding models such as social impact bonds or public-private partnerships can be explored. Ensuring sustainable funding will enable these services to adapt to changing needs and demographics over time.

**97. Public-private partnerships for enhanced support: Encourage and facilitate public-private partnerships to augment resources, innovation, and reach of GBV support services.** This approach can involve corporate sponsorship of shelters and support programs, leveraging private sector expertise in areas like technology for digital platform development, and engaging businesses in awareness campaigns. Such partnerships can also provide job training and placement services for survivors, aiding in their long-term empowerment and recovery. The role of the private sector in driving social change should be recognized and harnessed, aligning corporate social responsibility initiatives with the needs of migrant and refugee women facing GBV.



**Figure 9** Recommendations prioritization matrix, by timing and development impact



# References

Aguilera, A. (2022). Migration in El Salvador, Honduras, and Guatemala: A stocktaking exercise to inform WGB engagement. World Bank.

Amnesty International (2020). In Migration Policy: Gender-based violence against women both cause migration and risk along journey. <https://www.migrationpolicy.org/article/gender-based-violence-against-women-both-cause-migration-and-risk-along-journey>.

ECLAC. (2019). Desarrollo y migración: Desafíos y oportunidades en los países del norte de Centroamérica.

Fusion. (2021). Is rape the price to pay for migrant women chasing the American dream? <http://fusion.net/story/17321/is-rape-the-price-to-pay-for-migrant-women-chasing-the-american-dream/>.

Fisher, B.S., & Reyns, B.W. (2009). "Victimization." In J.M. Miller, 21st Century Criminology: A Reference Handbook. Sage Publication.

Infosegura. (2022). Análisis sobre violencia y seguridad ciudadana en Honduras de enero a septiembre 2022. Retrieved from Gestión de información sobre Seguridad Ciudadana basada en evidencia. Retrieved from <https://infosegura.org/2021/01/20/homicidios-en-el-ano-del-covid-19-centroamerica-y-republica-dominicana/>.

Instituto Nacional de Migración de la República Dominicana (INM RD). (2021). Estudios Migratorios - Revista Para El Fomento Y Difusión Del Conocimiento Científico En Materia de Movilidad Humana, Número 2 (ISSN: 2737-6834).

Inter Agency Standing Committee (IASC). (2024). IASC GBV Guidelines. <https://gbvguidelines.org/en/?>.

International Organization for Migration (IOM). (2016). Factores de Riesgo y Necesidades de Atención para las Mujeres Migrantes en Centroamérica, Estudio de actualización sobre la situación de la violencia contra las mujeres migrantes en la ruta migratoria en Centroamérica.

International Organization for Migration. (2019). Glossary of Migration. International Organization of Migration. Retrieved from [https://publications.iom.int/system/files/pdf/iml\\_34\\_glossary.pdf](https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf)

International Organization for Migration (IOM). (2023). DTM Darien. December 13, 2022 to January 13, 2023.

Lasso, M. (2022). El 75% de las mujeres en albergues de Inamu son migrantes. Panama America. <https://www.Panamaamerica.com.pa/sociedad/el-75-de-las-mujeres-en-albergues-de-inamu-son-migrantes-1200788>.

MSF. (2022). Médicos sin fronteras en la ruta de personas migrantes y refugiadas.

Support Kind (2018). Sexual and Gender-based Violence (SGBV) & Migration Fact Sheet. <https://supportkind.org/wp-content/uploads/2019/02/SGBV-Fact-Sheet.-December-2018-new-1.pdf>.

United Nations High Commissioner for Refugees (UNHCR). (2023). UNHCR Master Glossary of Terms. <https://www.unhcr.org/glossary>.

United Nations High Commissioner for Refugees (UNHCR). (2023a). Interviews during field visit. May 2023.

United Nations High Commissioner for Refugees (UNHCR). (2023b). Darien Panama: Mixed Movements Protection Monitoring February 2023.

United Nations High Commissioner for Refugees (UNHCR) and HIAS. (2022). Estudio regional nuestro derecho a la seguridad: Colocando a las mujeres refugiadas en el centro de la búsqueda de soluciones frente a la violencia de género. <https://segurasenmovilidad.org/wp-content/uploads/2022/12/Nuestro-derecho-a-la-seguridad-estudio-regional-ES.pdf>.

World Bank. (2019). Leveraging Economic Migration for Development: A Briefing for the World Bank Board. Washington, DC: World Bank.

World Bank. (2022). Data. Intentional Homicides, Female. El Salvador and Honduras.

World Health Organization (WHO). (1948). Constitution of the World Health Organization. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>.

World Health Organization (WHO). (2022). Mental Health. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

# Annex 1.

## Overview of Transit Hubs

### A. Lajas Blancas

**Context** Lajas Blancas is a temporary migrant reception station (ETRM) or holding facility in the Darién Province of Panama. Situated in the Darién Province, Lajas Blancas is in a remote region near the border with Colombia. It was established to address the influx of migrants and asylum seekers, primarily from Latin America, Africa, Asia, and the Caribbean, who are traveling northward through Central America with the aim of reaching the United States or Canada. Migrants and asylum seekers often take the dangerous journey through the Darién Gap, a roadless, dense jungle that separates Colombia and Panama. Upon reaching Panama, many are temporarily held at facilities like Lajas Blancas before continuing their journey north. The province itself is characterized by dense rainforests and challenging terrains. As of October 6, 2023, the National Border Service (SENAFRONT) reported 417,600 crossings at Lajas Blancas, an 89.73 percent increase from the 220,000 reported in December 2022 (and up 214.02 percent from 133,000 crossings in 2021).

**Facilities** The Lajas Blancas station is located in a private lot. Transportation and financial services, basic amenities, health and shelter are provided to migrants either by informal businesses operated through a local monopoly or through NGO or international organizations present at the station, namely: Norwegian Council for Refugees (NRC), UNHCR, Doctors without Borders, Red Cross International, UNICEF, HIAS, IOM, and RET. The National Border Service (SENAFRONT) is at the premises, and a Coordinator from the National Migration Service (SNM) visits the site regularly. The “Mapa de Servicios - ERTM Lajas Blancas” below provides additional details on the types of support by each service provider. The Lajas Blancas ERTM has a maximum capacity to accommodate 251 people daily but receives flows of between 400 to 2,000 people daily. IOM donated 40 shelters, but there is no allocation or prioritization mechanism for their use. Rather, it is first come, first served, often with multiple families occupying a single shelter.

**Challenges** Due to the increased flow of migrants and asylum seekers in recent years, there have been reports of overcrowding and challenging health and sanitary conditions at the facility. The station has outdoor bathrooms, lack of regular drinking water, and medical and basic food supplies last only a few days, often resulting in altercations with providers or among migrants. Overcrowding, health concerns, lack of state presence, exploitation and abuse, as well as logistical issues to bring food, potable water, medicines or transportation are among the challenges faced by migrants and service providers in Lajas Blancas. Financial transfer services also operate as a monopoly and charge a 50 percent commission to the migrants and asylum seekers arriving in Lajas Blancas. Migrants need cash to pay for the bus, buy clothes, and continue their journey. Many were robbed during the journey through the Darién jungle. Others did not have information about the total cost of the trip, often due to misinformation. Upon arrival in Lajas Blancas, several alarming conditions have been

observed by World Bank teams and partners. These include musculoskeletal injuries such as falls, sprains, fractures, and loss of foot soles. A significant proportion of gastrointestinal diseases have been reported, with 90 percent of cases presenting bloody diarrhea, cholera, and dehydration, likely exacerbated by water contamination along the journey, including the effects of untreated corpses found in the Chucunaque river connecting Lajas Blancas with Bajo Chiquito. Tropical diseases, notably dengue and malaria, are also prevalent. Prevalent respiratory diseases include bronchitis and asthma. UNHCR and IOM record that at least 1 in 4 women migrants and asylum seekers report sexual violence, including assaults on parents and the use of women as a “token” to continue their journey. Incidents of kidnapping, drownings, tortures, exhaustion, suicides, and deaths are also commonly reported by migrants and asylum seekers arriving in Lajas Blancas. On average, people reported seeing 7 corpses in their transit in the Darien (UNCHR, May 2023).

## Photos of Lajas Blancas ETRM



Photo credits:  
María Elena García  
Mora, Ana I. Aguilera,  
2023



## B. Bajo Chiquito

**Context** Bajo Chiquito is a small community with just over 300 inhabitants situated in the Darién Province within the Comarca Emberá-Wounaan, which is in the easternmost part of Panama, bordering Colombia. The province is characterized by its dense rainforests, swamps, and rivers. It is the world's wettest rainforest and has the lowest deforestation rate among the top 10 rainforests globally as of 2022. However, deforestation has increased due to logging, mining, and illegal trafficking of people and goods. Furthermore, the migratory flows are having significant impacts on loss of primary forests, soil erosion, river contamination and increase in waste. The National Darien Park currently has more than 50,000 tons of rubbish and it is estimated that more than 60 years will be needed to revert this damage. Residents of Bajo Chiquito traditionally rely on subsistence farming, fishing, and hunting. The Emberá Wounaan are known for their intricate basket weaving and other handicrafts.

**Accessibility** Due to its remote location, Bajo Chiquito is not easily accessible by conventional means. The village can be reached through river navigation (3-4 hours via piragua from La Peñita) or on foot through the Darién Gap, a dangerous and roadless swath of jungle that separates Panama from Colombia.

**Living conditions** The socioeconomic indicators of the Comarca Emberá Wounaan are below national average. For instance, illiteracy rates are 4 times higher in the Comarca Emberá Wounaan than the national level, and 55% people don't have access to drinking water in the Comarca Emberá Wounaan compared to 5% at the national level. Bajo Chiquito has a health post with one doctor, a nurse and a health promoter, and a school with an enrollment of 166 students. Energy is provided through solar panels and neither the health post nor the school have access to electricity. Water services are provided through a Junta de Agua that has been reported as insufficient due to the increased in migratory flows. The economy used to depend on agriculture (banana, avocado and coffee), however, the community now relies on services to migrants including river navigation and hospitality services. Waste management is currently being disposed in a non-authorized landfill in the jungle.

**Significance as a transit hub** In recent years, Bajo Chiquito has gained attention as a transit point for migrants and asylum seekers attempting to reach North America. This journey is perilous due to rough terrain, wildlife, and the high potential for encountering paralegal armed groups. In the migratory transit through the Darien Gap, 71 percent of individuals chose the Darien-mountain route via Bajo Chiquito (via the Lajas Blancas port) while 29 percent opted for the Darien-flat route via Canaan Membrillo (Puerto Limón). The former route is cheaper (USD 200-300 per person) and longer (3 to 12 days to complete) than the latter route (USD 500 to 700 and 2 to 4 days to complete). As for the reasons behind their route choices, 61 percent relied on someone familiar with the route or took advice from the migrant community. Following a person or a group accounted for 38 percent of decisions, with 15 percent heeding advice from social media or websites. Safety and economic reasons influenced 2 percent and 1 percent respectively, and both speed of travel and communication campaigns played a role for 0.5 percent of the migrants and asylum seekers surveyed (source: IOM Displacement Tracking Matrix, as of January 2023).



## Photos of Bajo Chiquito



Photo creditse:  
El Tiempo, 2023

## C. CATEM Sur – Costa Rica

### Concerns about sudden increase and response capacity at CATEM:

While the current shelter capacity at CATEM is sufficient as of October 26, 2023, there is concern in Costa Rica over the potential for a sudden increase in migrant flows (once protests subsume) that could exceed the available resources, given the current cap of 2,000 occupants. The situation presents challenges in maintaining adequate supplies of food and medicines should the arrival rates increase suddenly, which is currently estimated and budget for a daily flow of 800-1,000 arrivals daily.

### Concerns about sudden increase and response capacity at CATEM:

Costa Rican migration authorities (DGME) report that approximately 30 percent of arriving migrants and asylum seekers in Paso Canoas lack the financial means to secure transportation to the next transfer station in Los Chiles located in northern Costa Rica. In response, Costa Rica's national government has been subsidizing one humanitarian bus daily, covering the expenses of those who cannot afford transportation costs to avoid stranding in Paso Canoas. These costs amount to USD 40 per person, for a daily average of USD 3,200 to 4,000.



## Photos of CATEM Sur in Paso Canoas, Costa Rica-Panama border



Photo credits:  
Carlos Muñoz Burgos, 2023



# Annex 2.

## Methodological Annex

As mentioned previously, this study employs a mixed methods approach to explore the obstacles faced by women in human mobility in accessing GBV services in Central America.

1. It began with a **comprehensive desk review**, analyzing the context of GBV in relation to human mobility, alongside existing literature, and legal frameworks.
2. The **quantitative aspect** of the study included 263 surveys conducted with women over 18 years old in human mobility contexts in Costa Rica (147 participants) and Guatemala (116 participants) to whom survey questions (See Annex 2A) were applied.
3. Complementing this, the **qualitative approach** encompassed:
  - a. 43 **semi-structured interviews** with service providers from governmental, non-governmental, and multilateral organizations (See Annex 2B for the interview guide)
  - b. 16 detailed **life stories** from migrant, refugee, transit, and returnee women (See Annex 2C for the interview guide)
  - c. **Field observations** conducted at crucial transit hubs throughout Central America (See Annex 1).

# Annex 2A.

## Survey questions aimed at migrant, refugee, transit, and returnee women

**Acceso a servicios de atención en temas de violencia de género para mujeres migrantes, refugiadas y retornadas en situación de vulnerabilidad en Centroamérica**

*Cuestionario dirigido a mujeres migrantes, refugiadas, en tránsito y retornadas*

### Datos del cuestionario

Nombre o código del/la encuestador/a			
Fecha (día/mes/año)	No respuesta		
Nombre del centro o lugar en el que se aplica el cuestionario			
Ciudad y país	No respuesta		
¿El cuestionario fue completado?	1. Completado		
	2. Parcialmente completado		
	3. No completado (marcar motivo)	1	No cumplió los criterios de inclusión
		2	No dio el consentimiento
		3	Aplicación del cuestionario pospuesto/reprogramación
		4	Persona con discapacidad que le impide realizar el cuestionario
	5	Otro (especificar)	
	6	No respuesta	

**Objetivo del instrumento:** Identificar las barreras legales, institucionales y sociales en el acceso a los servicios de atención de violencia contra mujeres, adolescentes y niñas migrantes, refugiadas, en tránsito y retornadas en situación de vulnerabilidad en Centroamérica.

### Participantes

Mujeres migrantes, solicitantes de refugio, refugiadas, en tránsito y retornadas de 18 años o más. Se dará prioridad a mujeres en tránsito que no estén en su país de origen y que hablen y entiendan español. Esto incluye mujeres en tránsito o en espera de una solución migratoria permanente o temporal. También incluye población en situación de movilidad y sujeta a protección internacional, incluyendo flujos de migración mixtos provenientes de cualquier región del mundo. Personas retornadas incluyen aquellas que han sido deportadas o retornadas de forma voluntaria, asistida o forzada. Para las mujeres retornadas y refugiadas/asilada, se considerará a aquellas cuya permanencia en el lugar de la entrevista no sea superior a un año.

### Introducción

Buenos días/tardes, mi nombre es \_\_\_\_\_. Soy parte de Xxxxxx y Xxxxxxx, contratada por la Facultad Latinoamericana de Ciencias Sociales (FLACSO) de Costa Rica, que es como una universidad que está haciendo un estudio para el Banco Mundial sobre el Acceso a servicios de atención en temas de violencia contra mujeres migrantes, solicitantes de refugio, refugiadas, en tránsito y retornadas en situación de vulnerabilidad en Centroamérica. El objetivo de esta investigación es conocer las barreras que puedan encontrar estas mujeres en el acceso a los servicios de atención de situaciones de violencia en América Central. Los resultados de este estudio serán presentados en un reporte que permitirá al Banco Mundial proponer recomendaciones para la protección y ayuda de mujeres migrantes, solicitantes de refugio, refugiadas, en tránsito y retornadas, de todas las edades, que se encuentran transitando

la región. Todas las respuestas serán totalmente anónimas, es decir, sus respuestas no podrán ser identificadas con su nombre, fecha de nacimiento, lugar de residencia o cualquier información privada que permita su identificación. La aplicación de este cuestionario durará aproximadamente 30 minutos y puede dejar de responderlo en cualquier momento.

Voy a leerle ahora un texto que me permitirá obtener su consentimiento informado (leer texto y obtener consentimiento). ¿Está de acuerdo con participar en este cuestionario? Si en cualquier momento se siente incómoda respondiendo alguna pregunta, no tiene que hacerlo. De igual manera, si en cualquier momento desea terminar o detener nuestra conversación, no dude en avisarme.

Muchas gracias por participar en este estudio que permitirá informar respuestas para mejorar la atención a mujeres migrantes en tránsito.

## SECCIÓN A. DATOS DE LA PERSONA ENCUESTADA

En esta sección le haré algunas preguntas generales sobre usted y su experiencia migratoria. Recuerde que no tiene que contestar todas las preguntas si no lo desea.

### Datos sociodemográficos

A.1.	¿Cuál es su edad en años cumplidos?			
A.2.	¿En qué país nació?			
A.2.1	¿Cuánto tiempo ha estado en este país? <b>(REGISTRAR DIAS) Debe ser 12 meses o MENOS</b>			
A.3.	¿Cuál es su estado civil?	1	Soltera	
		2	Casada	
		3	En pareja (no casada) / Unión libre / Unión de hecho	
		4	Separada/Divorciada	
		5	Viuda	
		98	No sabe	
		99	No respuesta	
A.4.	¿Tiene hijas/os? <b>Si responde "No", pasar a la pregunta A.5.</b>	1	Sí	
		2	No	
		3	No respuesta	
	SA.4.1.	<b>Si responde "Sí".</b> ¿Cuántos/as hijas/os vivos/as tienes?		
	SA.4.2.	¿Con cuántas/os de sus hijas/os inició la migración?		
	SA.4.3.	¿Cuántas/os de sus hijas/os están con usted ahora?		

A.5.	Situación de discapacidad				
SA.5.1.	¿Tiene alguna discapacidad?	1	Sí (pase a la 5.2)		
2		No			
3		No respuesta			
SA.5.2.	¿Qué tipo de discapacidad? (puede marcar varias condiciones)	1	¿Tiene dificultad para oír, incluso cuando usa un audífono?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No puedo oír en absoluto/no puedo realizar esta actividad
		2	¿Tiene dificultad para ver, incluso cuando usa lentes?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No puedo ver en absoluto/no puedo realizar esta actividad
		3	¿Tiene dificultad para recordar o concentrarse?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No puedo recordar o concentrarme en absoluto/no puedo realizar esta actividad
		4	¿Tiene dificultad para su aseo personal o vestirse (gestionar su autosuficiencia para el cuidado personal)?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No puedo vestirme o hacer mi limpieza personal en absoluto/no puedo realizar esta actividad
		5	¿Tiene dificultad para caminar o subir escalones?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No puedo caminar o subir escalones en absoluto/no puedo realizar esta actividad

		6	¿Tiene dificultad para comunicarse, por ejemplo, entender a los demás o que lo entiendan a usted, cuando se usa un lenguaje normal (habitual)?	1	No, ninguna dificultad
				2	Si, cierta dificultad
				3	Sí, mucha dificultad
				4	No no puedo realizar esta actividad
		7	Otra (especificar)		
		8	No respuesta		

### Estudios y trabajo

A.6.	¿Cuál ha sido el máximo nivel educativo que ha concluido?	1	Sin estudios
		2	Educación primaria
		3	Educación secundaria
		4	Formación técnica
		5	Educación universitaria o superior
		6	Otro (especificar)
		7	No respuesta
		9	No sabe
		A.7.	¿A qué se dedicaba antes de iniciar la migración?
2	Asalariada en empresa o institución pública		
3	Asalariada en empresa privada		
4	Trabaja en hogares		
5	Temporalmente no trabaja /desempleada		
6	Retirada / pensionada / jubilada		
7	No trabaja porque tiene a cargo cuidado de la casa u otras personas (hijos e hijas o personas adultas mayores o con discapacidad)		
8	Estudiante		
97	Otro (especificar)		
98	No respuesta		
	99	No sabe	

### Sobre el proceso migratorio (es importante aclarar que ninguna de las respuestas dadas tiene influencia en el proceso migratorio que posee actualmente)

A.8.	¿Cuál es tu estatus migratorio en este país? (Se puede marcar más de una opción) *Pendiente de adaptación por país.	A	Cuenta con permiso de residencia permanente
		B	No cuenta con permiso de residencia
		C	Cuenta con permiso de residencia temporal
		D	Cuenta con permiso de trabajo permanente
		E	Cuenta con permiso de trabajo temporal

		F	No cuenta con permiso de trabajo
		G	Solicitante de asilo /refugio
		H	Refugiada
		I	En tránsito
		J	Retornada
		K	Otro (especificar)
		L	No respuesta
		M	No sabe
A9a	¿Migró al extranjero y ahora está de regreso en su país?	1	Sí
		2	No
		3	No respuesta
		9	No sabe
9A. 9b.	¿Es su primera vez migrando a otro país?	1	Sí
		2	No
		3	No respuesta
		9	No sabe
SA.9.1.	¿Cuáles son sus razones para migrar? (dejar que la persona responda de forma espontánea, encuestador(a) clasifica según opción de respuesta, puede marcar varias) ROTAR Y LEER ALTERNATIVAS	A	Situación de violencia en el país
		B	Situación de violencia por parte de otra persona de la familia
		C	Situación económica del país
		D	Situación de violencia por parte de la pareja
		E	Situación económica personal y/o de la familia
		F	Situación de violencia por parte de otra persona de la familia
		G	Situación política del país
		H	Búsqueda de mejores oportunidades personales y/o para la familia
		I	Amenaza y/o persecución de otras personas y/o grupos (pandillas, crimen organizado)
		J	Amenaza y/o persecución por orientación sexual y/o motivos de identidad de género
		K	Desastres o eventos naturales extremos como terremotos, sequías o inundaciones
		L	Desastres o eventos naturales extremos como sequías
		L	Reunificación familiar / reunirse con la familia
		M	Amenaza y/o persecución política
		N	Otro (especificar)
		O	No respuesta
		P	No sabe
SA.9.2	Si no es su primera vez migrando, ¿cuántas veces lo ha hecho?		



SA.9.3	¿Qué tipo de medios de transporte ha utilizado en esta ocasión? <b>(ROTAR Y LEER ALTERNATIVAS.</b> Se puede marcar más de una opción)	A	Caminando		
		B	Avión		
		C	Autobús		
		D	Lanchas/ Pangas/ Ferry (por agua)		
		E	Tren		
		F	Vehículos particulares pagado (Uber, taxi, busetas, etc.)		
		G	Otro (especificar)		
		H	No respuesta		
		I	No responde		
A.10.	¿Cuáles han sido los países por los que ha pasado durante el último tránsito migratorio? (Se puede marcar más de una opción)	A	Belice	L	Honduras
		B	Brasil	M	Jamaica
		C	Chile	N	México
		D	Colombia	O	Nicaragua
		E	Costa Rica	P	Panama
		F	Cuba	Q	Perú
		G	Ecuador	R	Puerto Rico
		H	El Salvador	S	República Dominicana
		I	Estados Unidos	T	Venezuela
		J	Guatemala	U	Otro (especificar)
		K	Haití	V	No respuesta
				W	No respuesta
		A.11.	¿Cuál espera que sea su país de destino al finalizar el viaje de tránsito? (respuesta espontánea, no mencionar opciones)	1	Belice
2	Brasil			13	Jamaica
3	Chile			14	México
4	Colombia			15	Nicaragua
5	Costa Rica			16	Panama
6	Cuba			17	Perú
7	Ecuador			18	Puerto Rico
8	El Salvador			19	República Dominicana
9	Estados Unidos			20	Venezuela
10	Guatemala			21	Otro (especificar)
11	Haití			22	No respuesta
				99	No sabe
A.12.	¿Cuánto tiempo lleva en este país? <b>REGISTRAR EN DÍAS</b>				
A.13.	¿Cuánto tiempo lleva viajando? <b>REGISTRAR EN DÍAS</b>				

A.14.	¿Con cuántas personas ha realizado el último viaje de tránsito? (no se incluye la persona encuestada)			
	S.14.1.	¿Quiénes eran esas personas? <b>(ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción)</b>	A	Pareja
			B	Hijas/os
			C	Padres
			D	Primas/os
			E	Otros miembros de la familia (especificar):
			F	Amigas/os
			G	Conocidas/os
			H	Caravana
			I	Guías o coyotes
			J	Grupos de personas que conocí en el camino
			K	Otro (especificar):
			L	No respuesta
			M	No responde

#### Comunicaciones e información sobre el tránsito

A.15.	¿Cuenta con teléfono móvil? <b>Si responde "No", pasar a la pregunta A.16.</b>		1	Sí	
			2	No	
			3	Otro (especificar)	
			4	No respuesta	
			9	No sabe	
	SA.15.1	<b>Si responde Sí.</b> ¿El teléfono móvil es un smartphone?		1	Sí
				2	No
				3	No respuesta
				9	No sabe
	A.16.	¿Qué redes sociales suele usar? <b>(Se puede marcar más de una opción)</b>		A	WhatsApp
B				Instagram	
C				TikTok	
D				Facebook	
E				Telegram	
F				No uso redes sociales	
G				Otro (especificar):	
H				No respuesta	
I				No sabe	

A.17.	Pensando en su día a día, ¿cuáles son los principales medios que utiliza para comunicarse con otras personas? <b>(Se puede marcar más de una opción)</b>	A	Teléfono móvil
		B	Videollamada
		C	WhatsApp
		D	Cartas
		E	En persona
		F	Ninguno
		G	Otro (especificar):
		H	No respuesta
		I	No sabe
A.18.	¿Qué medios usa para informarse sobre los procesos migratorios y servicios para personas migrantes? <b>(ROTAR Y LEER ALTERNATIVAS Se puede marcar más de una opción)</b>	A	Por personas cercanas como amigas/os o familiares
		B	Personas que ya hicieron o están haciendo el tránsito
		C	Guías o coyotes
		D	Grupos de WhatsApp
		E	Redes sociales (Facebook, Instagram, TikTok, etc.)
		F	Información, folletos, publicidad de organizaciones oficiales (ACNUR, etc.)
		G	Radio
		H	Televisión
		I	Otro (especificar):
		J	No respuesta
		K	No sabe
A.19.	¿Cómo se informa sobre las rutas para el viaje de tránsito? <b>(ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción)</b>	A	Por personas cercanas como amigas/os o familiares
		B	Por personas que ya hicieron o están haciendo el tránsito
		C	Guías o coyotes
		D	Grupos de WhatsApp
		E	Redes sociales (Facebook, Instagram, TikTok, etc.)
		F	Otro (especificar):
		G	No respuesta
		H	No sabe
A.20.	Pensando en su día a día, ¿cuáles son los principales medios que utiliza para comunicarse con otras personas, en específico, para tener información sobre la ruta migratoria o servicios de ayuda durante el tránsito? <b>(Se puede marcar más de una opción)</b>	A	Por personas cercanas como amigas/os o familiares
		B	Por personas que ya hicieron o están haciendo el tránsito
		C	Grupos de WhatsApp
		D	Redes sociales (Facebook, Instagram, TikTok, etc.)
		E	Televisión
		F	Radio
		G	Otro (especificar)
		H	No respuesta
		I	No sabe

## SECCIÓN B. EXPERIENCIAS DE VIOLENCIA EN PERSONAS MIGRANTES

Cuando las personas se mudan de su país y transitan por la región pueden sufrir situaciones muy difíciles de abuso o violencia, tanto de extraños como de personas cercanas. En esta sección vamos a hablar sobre estas situaciones que afectan especialmente a mujeres y niñas que están transitando por la región.

B.1.	Durante el tránsito migratorio, ¿conoce a alguna mujer que haya sufrido violencia física (por ejemplo: golpes, patadas, empujones o ataques con objetos punzocortantes)? <b>Si responde “No”, pasar a la pregunta B.2.</b>	1	Sí
		2	No
		3	No respuesta
		9	No sabe
SB.1.1.	Si responde “Sí”. Por lo general, ¿quiénes son las personas que realizan este tipo de agresiones físicas? <b>(ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción)</b>	A	Pareja
		B	Hijas/os
		C	Padres
		D	Otros miembros de la familia
		E	Amigas/os
		F	Guías o coyotes
		G	Policía / agente de seguridad
		H	Otros hombres migrantes
		I	Desconocido
		J	Miembros de bandas organizadas
		K	Otro (especificar):
		L	No respuesta
		M	No sabe
SB.1.2	¿Con qué frecuencia cree que suceden este tipo de agresiones físicas?	1	Rara vez
		2	Ocasionalmente
		3	Frecuentemente
		4	Otro (especificar)
		5	No respuesta
SB.1.3	En su opinión, ¿qué grupos de mujeres experimentan con más frecuencia la violencia física en el tránsito? <b>ROTAR Y LEER ALTERNATIVAS.</b>	9	No sabe
		A	Niñas
		B	Adolescentes
		C	Adultas
		D	Adultas mayores
		E	Mujeres con discapacidad
		F	Mujeres trans
		G	Mujeres lesbianas
		H	Mujeres embarazadas
		I	Mujeres indígenas
		J	Mujeres negras o afrodescendientes
M	No sabe		

B.2.	Durante el tránsito migratorio, ¿conoce a alguna mujer que ha experimentado violencia psicológica (por ejemplo: humillaciones, insultos o amenazas, gritos, desprecios, las abandona su pareja) <b>Si responde “No”, pasar a la pregunta B.3.</b>	1	Sí
		2	No
		3	No respuesta
		9	No sabe
SB.2.1.	<b>Si responde “Sí”.</b> Por lo general, ¿quiénes cree usted que son las personas que realizan este tipo de agresiones? ( <b>ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción</b> )	A	Pareja
		B	Hijas/os
		C	Padres
		D	Otros miembros de la familia
		E	Amigas/os
		F	Guías o coyotes
		G	Policía / agente de seguridad
		H	Desconocido
		I	Otro hombre migrante
		J	Miembros de bandas organizadas
		K	Otro (especificar):
		L	No respuesta
		M	No sabe
SB 2.2	¿Con qué frecuencia cree que suceden este tipo de agresiones psicológicas?	1	Rara vez
		2	Ocasionalmente
		3	Frecuentemente
		4	Otro (especificar)
		5	No respuesta
		9	No sabe
SB. 2.3	¿Qué mujeres experimentan con más frecuencia la violencia psicológica en el tránsito? (por ejemplo: humillaciones, insultos o amenazas, gritos, desprecios, las abandona su pareja) <b>ROTAR Y LEER ALTERNATIVAS.</b>	A	Niñas
		B	Adolescentes
		C	Adultas
		D	Adultas mayores
		E	Mujeres con discapacidad
		F	Mujeres trans
		G	Mujeres lesbianas
		H	Mujeres embarazadas
		I	Mujeres indígenas
		J	Mujeres negras o afrodescendientes
		K	Otro (especificar)

			L	No respuesta
			M	No sabe
B.3.	Durante el tránsito migratorio, ¿conoce a alguna mujer que ha experimentado violencia sexual (por ejemplo: tocamientos sin consentimiento, relaciones sexuales forzadas/violación o comentarios sexuales, favores sexuales a cambio de alimentos, techo o medicamentos o como pago para el peaje)? <b>Si responde “No”, pasar a la Sección C.</b>		1	Sí
			2	No
			3	No respuesta
			9	No sabe
	<b>*Fraseo de ejemplos a validar y adaptar por país.</b>			
SB.3.1.	Si responde “Sí”. Por lo general, ¿quiénes son las personas que realizan este tipo de agresiones sexuales? <b>(ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción)</b>		A	Pareja
			B	Hijas/os
			C	Padres
			D	Otros miembros de la familia
			E	Amigas/os
			F	Guías o coyotes
			G	Policía / agente de seguridad
			H	Miembros de bandas organizadas
			I	Desconocido
			J	Otros hombres migrantes
			K	Otro (especificar):
			L	No respuesta
			M	No sabe
	¿Con qué frecuencia cree que suceden este tipo de agresiones sexuales?		1	Rara vez
			2	Ocasionalmente
			3	Frecuentemente
			4	Otro (especificar)
			5	No respuesta
			9	No sabe
	¿Qué mujeres experimentan con más frecuencia la violencia sexual en el tránsito? <b>ROTAR Y LEER ALTERNATIVAS.</b>		A	Niñas
			B	Adolescentes
			C	Adultas
			D	Adultas mayores
			E	Mujeres con discapacidad
			F	Mujeres trans
			G	Mujeres lesbianas
			H	Mujeres embarazadas

		I	Mujeres indígenas
		J	Mujeres negras o afrodescendientes
		K	Otro (especificar)
		L	No respuesta
		M	No sabe

### SECCIÓN C. EXPERIENCIAS DE ACCESO A SERVICIOS DE ATENCIÓN

Gracias por compartir sus respuestas conmigo. Ahora, pensando en lo que hemos hablado, quiero preguntarle sobre su opinión sobre los servicios que ayudan a mujeres que pasaron por ese tipo de situaciones.

C.1.	¿Qué tipo de servicios buscan/necesitan las mujeres migrantes que pasaron por ese tipo de situaciones de violencia que se mencionaron? <b>(Se puede marcar más de una opción, recordar violencia física, emocional y/o sexual) ROTAR Y LEER ALTERNATIVAS.</b>	A	Servicios de asesoría legal
		B	Servicios de salud
		C	Casa de acogida o refugios temporales
		D	Servicios de protección (ejemplo: condición de refugio, protección de niños y adolescentes, anti trata y tráfico, policía, agentes de seguridad)
		E	Kits de limpieza personal
		F	Apoyo económico de emergencia
		G	Servicios psicológicos/de salud mental
		H	Otro (especificar)
		I	No respuesta
		J	No sabe
C.2.	En el país en el que se encuentra actualmente, ¿conoce algún servicio que brinde atención a mujeres migrantes que pasaron por ese tipo de situaciones de violencia? <b>Si responde "No", pasar a la pregunta C.3.</b>	1	Sí
		2	No
		3	No respuesta
		9	No sabe
SC.2.1.	<b>Si responde "Sí".</b> ¿Qué tipos de servicios conoce en este país para ayudar a mujeres migrantes que son afectadas por esos tipos de violencia? <b>(Se puede marcar más de una opción) ROTAR Y LEER ALTERNATIVAS.</b>	A	Servicios de asesoría legal
		B	Servicios de salud
		C	Casa de acogida, albergues o refugios temporales
		D	Servicios de protección (ejemplo: condición de refugio, protección de niños y adolescentes, anti trata y tráfico, policía, agentes de seguridad)
		E	Servicios psicológicos/de salud mental
		F	Medidas de protección por parte de un juzgado
		G	ACNUR (Agencia de la ONU para los Refugiados)
		H	OIM (Organización Internacional para las Migraciones)
		I	Médicos sin fronteras
		J	UNICEF (Fondo de Naciones Unidad para la Infancia)
K	HIAS (Pronunciar JAIAS")		
L	Cruz Roja Internacional		



		M	Albergue
		N	Otro (especificar)
		O	No respuesta
		P	No sabe
SC.2.2.	¿Cómo conoció los servicios mencionados? (Se puede marcar más de una opción) <b>ROTAR Y LEER ALTERNATIVAS.</b>	A	Otra persona migrante en tránsito me contó
		B	Un familiar o amigo/a me contó
		C	A través de guías o coyotes
		D	En grupos de WhatsApp
		E	Instagram
		F	Facebook
		G	TikTok
		H	Telegram
		I	Vi un aviso / póster
		J	Vi el lugar mientras caminaba
		K	En la televisión
		L	En la radio
		M	Pedí ayuda y me refirieron al centro
		N	Otro (especificar):
		O	No respuesta
		P	No sabe
C.3.	Durante el tránsito migratorio, incluido este país, ¿ha conocido a alguien que haya acudido a algún servicio que brinda atención a mujeres migrantes que pasaron por situaciones de violencia? <b>Si responde “No” pasar a la pregunta SC.3.8.</b>	1	Sí
		2	No
		3	No respuesta
		9	No sabe
<b>Si responde “Sí”:</b>			
SC.3.1.	¿Qué tipo de servicios recibió esta persona durante el tránsito? (Se puede marcar más de una opción) <b>ROTAR Y LEER ALTERNATIVAS.</b>	A	Servicios de asesoría legal
		B	Servicios de salud
		C	Casa de acogida o refugios temporales
		D	Servicios de protección (ejemplo: policía, agentes de seguridad)
		E	Servicios psicológicos/ salud mental
		F	Otro (especificar)
		G	No respuesta
		H	No sabe

SC.3.2.	¿Hubo algún servicio que solicitó la persona y no le dieron?	1	Sí ¿cuál?
		2	No
		3	No respuesta
		9	No sabe
SC.3.3.	¿Qué factores facilitaron el acceso a estos servicios de atención? <b>Si respondió que fue difícil o muy difícil, de igual modo se pregunta. (Se puede marcar más de una opción) ROTAR Y LEER ALTERNATIVAS.</b>	A	El servicio estaba cerca de donde yo estaba
		B	Fue gratuito
		C	La información sobre el servicio era clara
		D	Alguien me dijo que existía el servicio
		E	No pedían documentos para atenderme
		F	Vi avisos / posters del servicio
		G	El servicio se brindaba de manera remota por teléfono y/o internet
		H	Otro (especificar)
		I	No respuesta
		J	No sabe
SC.3.4.	¿Qué factores dificultaron el acceso a estos servicios de atención? <b>Si respondió que fue fácil o muy fácil, de igual modo se pregunta. (ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción)</b>	A	La lejanía del servicio
		B	La información sobre el servicio era poco clara
		C	No tenía información
		D	La zona era insegura/peligrosa
		E	No era gratuito
		F	No había suficiente personal
		G	Otro (especificar)
		H	No respuesta
		I	No sabe
SC 3,5	Pensando en la experiencia de esa persona, del 1 al 5, ¿cómo calificaría el servicio que recibió? Donde 1 es "Muy malo" y 5 es "Muy bueno".	1	Muy malo
		2	Malo
		3	Ni bueno ni malo
		4	Bueno
		5	Muy bueno
		8	No respuesta
		9	No sabe
<b>Si responde "No"</b>			
SC.3.8.	¿Por qué cree que la persona no acudió a los servicios de atención? <b>(ROTAR Y LEER ALTERNATIVAS. Se puede marcar más de una opción) respuesta espontánea.</b>	A	No lo necesitó / Nunca ha tenido un problema así
		B	No tenía tiempo
		C	El servicio tenía un costo y no tenía dinero

		D	El servicio estaba muy lejos
		E	No conocía de ningún servicio
		F	Por miedo a que la juzguen
		G	Por no contar con algún documento
		H	Por amenazas de otras personas
		I	No quería que alguien se enterará de que acudió al servicio
		J	Otro (especificar):
		K	No respuesta
		M	No sabe

#### SECCIÓN D. BARRERAS EN EL ACCESO A SERVICIOS DE ATENCIÓN

Gracias por tus respuestas. Ahora continuaremos con la siguiente sección, en la que le haré algunas preguntas sobre las dificultades que puede haber en el acceso a los servicios de los que hemos estado hablando.

D.1.	Pensando en su tránsito, incluyendo el país en el que se encuentra actualmente, ¿se ha sentido discriminada por ser migrante en el acceso a estos servicios?	1	Sí		
		2	No		
		3	No respuesta		
D.2.	Algunas personas experimentan dificultades en el acceso a este tipo de servicios.	A	La creencia de que las mujeres pueden resolver estas situaciones solas, sin pedir ayuda	L	Altos costos de los servicios de atención
SD.2.1.	De acuerdo con su experiencia, ¿cuáles cree que son algunas de las razones por las que las mujeres migrantes NO ACUDEN a servicios de atención ante situaciones de violencia? Le voy a leer unas opciones y usted me responde sí o no. <b>(ROTARY LEER ALTERNATIVAS. De acuerdo con la respuesta de la participante, marcar las opciones que mencione. Si su respuesta no se encuentra disponible en el listado, marcar "Otro" y especificar)</b>	B	Falta de información disponible sobre los servicios	M	Poca claridad o poca información sobre los derechos y opciones legales disponibles
		C	No saber a dónde acudir	N	La información sobre los servicios de atención es confusa
		D	No tener tiempo	O	La creencia de que no te van a atender por tu situación migratoria
		E	Tener otros temas urgentes que atender	P	Desconfianza en las autoridades y/o agentes de seguridad como la policía
		F	La urgencia de seguir en la ruta migratoria	Q	El agresor viaja con ellas
		G	No tener con quién dejar a las/os hijas/os	R	Miedo a ser arrestada y/o deportada
		H	No contar con teléfono móvil para comunicarse con los servicios de atención	S	Vergüenza y/o miedo a hablar sobre el tema
		I	Ubicación de los servicios de atención en zonas inseguras y/o peligrosas	T	Preocupación por ser culpada o juzgada por lo que les pasó
		J	Lejanía de los servicios de atención	U	Otro (especificar)
		K	Altos costos en el traslado a los servicios de atención	V	No respuesta
				W	No sabe

SD.2.2.	Desde su perspectiva, una vez que las mujeres SÍ ACUDEN al servicio de ayuda en casos de violencia ¿podría decirme qué obstáculos o dificultades cree que las mujeres migrantes enfrentan? Le voy a leer unas opciones y usted me responde sí o no. <b>(ROTAR Y LEER ALTERNATIVAS. De acuerdo con la respuesta de la participante, marcar las opciones que mencione. Si su respuesta no se encuentra disponible en el listado, marcar "Otro" y especificar)</b>	A	No contar con algún documento de identidad solicitado	G	Poca claridad o poca información sobre los derechos y opciones legales disponibles
		B	Altos costos de los servicios de atención	H	La información sobre los servicios de atención es confusa
		C	Ubicación de los servicios en zonas inseguras y/o peligrosas	I	Discriminación por ser mujeres migrantes
		D	Las instalaciones de los servicios no están adaptadas para personas con discapacidad	J	Ser culpadas o juzgadas por lo que les pasó
		E	Tener que volver al servicio varias veces para recibir apoyo	K	Otro (especificar)
		F	Insuficiente personal en los servicios de atención	L	No respuesta
				M	No sabe

### SECCIÓN E. Cierre y recomendaciones

Hemos llegado a la última parte de nuestro cuestionario. Solo tenemos una pregunta final, antes de cerrar

E.1.	Hemos hablado sobre los servicios de atención para mujeres migrantes que han sufrido violencia, y algunas dificultades que pueden existir para acceder a ellos.  Basada en su experiencia, ¿Qué sugerencias podrías brindar para facilitar el acceso a estos servicios de atención? Le voy a leer unas opciones y usted me responde sí o no.  <b>(ROTAR Y LEER ALTERNATIVAS. De acuerdo con la respuesta de la participante, marcar las opciones que mencione. Si su respuesta no se encuentra disponible en el listado, marcar "Otro" y especificar)</b>	A	Campañas de información y concientización
		B	Capacitar al personal de los servicios en temas de violencia hacia mujeres y niñas migrantes
		C	Crear espacios seguros y confidenciales
		D	Integrar o conectar los servicios de atención
		E	Colocar servicios en zonas seguras
		F	Contar con espacios seguros en los servicios donde se pueda dejar a las/os hijas/os mientras atienden a las mujeres
		G	Adaptar las instalaciones para personas con discapacidad
		H	Ubicar los servicios en zonas más cercanas
		I	Que el servicio sea gratuito
		J	Dar los servicios en las paradas para descansar
		K	Que no sea necesario tener un documento de identidad vigente
		L	Otro (especificar)
		M	No respuesta
		N	No sabe

Muchas gracias por sus comentarios, por tu tiempo y participación en el cuestionario. ¿Tienes alguna pregunta o comentario antes de finalizar?

# Annex 2B.

## Interview guide for semi-structured interviews with gender-based violence service providers (governmental, non-governmental, and multilateral organizations)

*Cuestionario para las entrevistas semiestructuradas a proveedores de servicios de violencia de género (gubernamentales, no gubernamentales y organizaciones multilaterales)*

Adaptar el uso del tú/usted/vos al momento de referirse a la persona participante, de acuerdo al uso local en la que se aplique la entrevista.

### Introducción

Buenos días/tardes, mi nombre es \_\_\_\_\_ . Soy parte del equipo de la Facultad Latinoamericana de Ciencias Sociales de Costa Rica, que es una institución académica que está apoyando al Banco Mundial con la realización de un estudio llamado Acceso a servicios de atención en temas de violencia de género para mujeres migrantes, refugiadas y retornadas en situación de vulnerabilidad en Centroamérica. El objetivo de esta investigación es conocer las barreras legales, institucionales, y sociales que podrían encontrar mujeres migrantes, refugiadas y retornadas en el acceso a los servicios de atención de violencia de género en América Central. Los resultados de este estudio serán presentados en un reporte que permitirá al Banco Mundial proponer recomendaciones a favor de la protección y ayuda de mujeres y niñas migrantes, refugiadas y retornadas que se encuentran transitando la región. Todas las respuestas serán presentadas de manera completamente anónima y confidencial en el reporte. Esta entrevista durará aproximadamente 60-90 minutos.

Leeré ahora un texto que me permitirá obtener su consentimiento informado (leer texto y obtener consentimiento).

¿Está de acuerdo con participar en esta entrevista y que la grabemos para facilitar la organización de la información cuando la analicemos? Si en cualquier momento se siente incómoda/o respondiendo alguna pregunta, no tienes que hacerlo. De igual manera, si en cualquier momento desea terminar o detener la entrevista, no dude en avisarme.

Muchas gracias por participar en esta entrevista.

## A. Datos de la persona entrevistada y la institución en la que trabaja

**Objetivo de la Sección A:** Recoger los datos de la persona entrevistada, la institución en la que trabaja y sobre su trabajo con personas migrantes, refugiadas o retornadas.

En esta primera sección me gustaría hacerle algunas preguntas generales sobre su persona, la institución en la que trabaja y el trabajo que realiza en ella.

A.1. ¿Cuál es su género?

- |          |           |         |                 |
|----------|-----------|---------|-----------------|
| a. Mujer | b. Hombre | c. Otro | d. No respuesta |
|----------|-----------|---------|-----------------|

A.2. ¿Hace cuánto tiempo trabaja en esta institución (independientemente del cargo/puesto)?: \_\_\_\_\_

A.3. ¿Cuál es su área de especialización?

- |               |                        |                   |                 |
|---------------|------------------------|-------------------|-----------------|
| a. Psicología | b. Educación           | c. Trabajo Social | d. Seguridad    |
| e. Medicina   | f. Otro (especificar): | g. Derecho        | h. No respuesta |

A.4. ¿Tiene experiencia trabajando en el campo de violencia contra mujeres, tanto en esta institución/organización como fuera de ella?

- |       |       |                 |
|-------|-------|-----------------|
| a. Sí | b. No | c. No respuesta |
|-------|-------|-----------------|

A.5. ¿Cuál es su rol o cargo en la institución?

- |                               |                 |                        |
|-------------------------------|-----------------|------------------------|
| a. Administrador/a            | b. Médico/a     | c. Jefe/a o Gerente/a  |
| d. Abogado/a o asesor/a legal | e. Psicólogo/a  | f. Otro (especificar): |
| g. Educador/a                 | h. No respuesta | i. Trabajador/a Social |

A6. ¿Qué tipo de servicios brinda esta institución/organización? (Se puede marcar varias opciones)

- |                                       |                           |                        |   |
|---------------------------------------|---------------------------|------------------------|---|
| a. Atención médica.                   | b. Prevención y educación | c. Asesoría legal      | d. Asistencia psicológica/psicosociale. |
| e. Casa de acogida o refugio temporal | f. Apoyo económico        | g. Otro (especificar). | h. No respuesta                         |

## B. Consideraciones generales sobre mujeres migrantes, refugiadas, en tránsito y retornadas y el acceso a servicios de atención de violencia contra mujeres

**Objetivo de la Sección B:** Conocer de manera general algunas características sobre los servicios que provee la institución y sobre las mujeres migrantes, refugiadas y retornadas que acceden a los servicios de atención de violencia de género.

En esta segunda sección vamos a conversar acerca de su experiencia con las mujeres migrantes, refugiadas, en tránsito y retornadas que buscan servicios de atención en situaciones de violencia.

B.1. ¿Podría describir los servicios de atención que ofrecen en esta institución/organización a mujeres migrantes, refugiadas, en tránsito y retornadas? ¿Los servicios tienen alguno costo?

- B.2. ¿Hay diferencias entre los servicios ofrecidos a las mujeres migrantes, refugiadas, en tránsito y retornadas y los ofrecidos a mujeres nacionales? (entre categorías de migrantes y con respecto a nacionales) ¿Cuáles son esas diferencias?
- B.3. ¿Cuáles son los tipos de violencia que experimentan con mayor frecuencia las mujeres a las que ustedes atienden que son migrantes, refugiadas, en tránsito y retornadas? ¿Existe algún tipo de diferencia por interseccionalidad (mujeres trans, afrodescendientes, lesbianas, niñas, adolescentes) en el tipo de violencia que reciben?
- B.4. ¿Cuáles son los servicios de atención que suelen solicitar las mujeres sobrevivientes de violencia migrantes, refugiadas, en tránsito y retornadas? [enfoque es en demanda, lo que piden las mujeres migrantes, refugiadas y retornadas]
- B.5. ¿Cómo establecen contacto con las mujeres migrantes, refugiadas, en tránsito y retornadas de su institución? ¿tienen algún mecanismo para divulgar los servicios que ofrecen para que las mujeres se acerquen a la institución? De ser así ¿funciona?

**Ahora veremos con más profundidad algunas características de las mujeres migrantes, refugiadas, en tránsito y retornadas que buscan estos servicios de atención**

- B.6. Aproximadamente ¿cuántos casos de violencia contra mujeres migrantes, refugiadas, en tránsito y retornadas se han atendido en esta institución en el último mes? [indagar sobre registros oficiales y desglose sino cuentan con resgistro indagr porque no los tienen]. De dichos casos, aproximadamente cuántas son: 1) migrantes en tránsito, 2) refugiadas/solicitantes de asilo, 3) retornadas, 4) personas con necesidad de protección internacional o 4) son extranjeras que ya viven permanentemente en el país?
- B.7. Desde su experiencia en esta institución ¿cuáles son las razones principales por las que estas mujeres han migrado? **(preguntar por registros oficiales)**
- B.8. ¿De qué países provienen principalmente? (preguntar por registros oficiales)
- B.9. ¿Suelen ser niñas, adolescentes o mujeres adultas? (preguntar por registros oficiales)

**Ahora hablaremos específicamente de los servicios relacionados a la atención de la violencia contra mujeres.**

- B.10. ¿Qué tipos de violencia abordan? ¿Qué tipo de servicios ofrecen según el tipo de violencia? ¿Cómo definieron la oferta de servicios?
- B.11. Desde su experiencia ¿se cubren todas las demandas de atención en casos de violencia o hay algún servicio adicional que debería implementarse?

---

**C. Mecanismos institucionales para la atención de mujeres migrantes, refugiadas, en tránsito o retornadas**

En esta sección vamos a hablar sobre la respuesta institucional para dar la atención a mujeres migrantes, refugiadas, en tránsito o retornadas en situaciones de violencia.

- C.1. ¿En esta institución existe personal especializado y enfocado para la atención a casos de violencia contra las mujeres?
- C.2. ¿Cuál es el procedimiento para atender a una mujer migrante, refugiada, en tránsito o retornada en situaciones de violencia que acude a esta institución? [enfoque en la atención que brinda y las características de la atención]



- SC.2.1. ¿Brindan atención y/o acompañamiento a niñas, niños y adolescentes migrantes, refugiadas/os y retornadas/os que viajan con la mujer migrante? ¿En qué consiste esa atención?
- C.3. ¿Qué tipo de normativas, reglamentos administrativos, protocolos o cualquier otro documento existen en la institución para orientar y estandarizar la atención a mujeres migrantes, refugiadas, en tránsito y retornadas en situaciones de violencia?
- C.4. ¿Hay capacitaciones y/o procesos de sensibilización para el personal en dichos instrumentos? ¿Son esas capacitaciones requisito para el personal que atiende esta población?
- C.5. ¿Estas normas/protocolos/reglamentos se implementan en la práctica? De no ser así ¿cuáles son las limitantes para la aplicación de la normativa/protocolos/reglamento?
- C.6. De acuerdo con su percepción ¿qué actitudes muestra el personal de su institución ante la atención de mujeres migrantes, retornadas, en tránsito o refugiadas?
- C.7. ¿Existen condiciones adecuadas para atender casos de violencia contra las mujeres migrantes, retornadas, en tránsito o refugiadas? (cuido de niños/niñas, espacio físico, seguridad, privacidad, etc.)

**Ahora vamos a hablar sobre las oportunidades y desafíos para el acceso a los servicios que su institución ofrece por parte de las mujeres**

- C.8. En general, ¿cuáles son las facilidades que ofrece la institución para que las mujeres reciban los servicios que ofrecen en materia de atención en situaciones de violencia?
- C.9. ¿Cuáles son las principales dificultades para el acceso de las mujeres a dichos servicios? ¿Tales dificultades se presentan de forma diferenciada según se trata de mujeres migrantes, retornadas, refugiadas, en tránsito?
- C.10. En esta institución ¿alguna vez se ha derivado/remitido/referido a alguna mujer migrante, refugiada, en tránsito o retornada a otra institución u organización? ¿A cuáles instituciones / organizaciones?
- SC.10.1. ¿Cuáles son los mecanismos/protocolos de derivación con los que cuentan en su institución para estos casos?
- C.11. ¿Existe alguna red o mecanismo de articulación interinstitucional para la atención de situaciones de violencia contra mujeres migrantes, refugiadas, en tránsito o retornada a otra institución?
- C.12. ¿Existe algún tipo de registro de los casos? Este tiene espacio para documentar la derivación/referencia de mujeres migrantes, refugiadas, en tránsito o retornadas a otra institución?
- C.13. En su opinión, ¿qué barreras enfrenta la institución para atender a mujeres migrantes, refugiadas, en tránsito o retornadas a otra institución víctimas de violencia? (orientada a las limitantes institucionales para brindar el servicio)

**D. Preguntas específicas según tipo de servicio**

*Esta sección contiene preguntas específicas para cada uno de los tipos de servicios.*

[Prestar atención para esta sección si estas preguntas ya fueron respondidas antes y sólo hacer seguimiento con lo necesario]

¿Cuáles son los requisitos que deben cumplir las mujeres migrantes, refugiadas, en tránsito o retornadas para acceder a los servicios de atención que brinda la institución?

**D.1. Preguntas para prestadores de Servicios de Salud**

- SD.1.1. Específicamente ¿cuáles son las opciones de atención médica disponibles para las mujeres migrantes, refugiadas, en tránsito y retornadas víctimas de violencia en su servicio de salud? (indagar sobre métodos de planificación, vacunas, test de VIH, atención a mujeres embarazadas, atención a mujeres con enfermedades de transmisión sexual, disponibilidad de pastillas anticonceptiva de emergencia etc.)

SD.1.2. ¿Hay requisitos específicos para acceder a estos servicios? de ser así ¿cuáles son?

SD.1.3. ¿Proporcionan el kit de profilaxis post-exposición/kit de emergencia para casos de violencia sexual a mujeres migrantes, refugiadas, en tránsito y retornadas? ¿ofrecen la pastilla del día después (legalidad)?

#### D.2. Preguntas para prestadores de Servicios legales

SD.2.2. ¿Qué tipo de ayuda legal está disponible para las mujeres migrantes, refugiadas, en tránsito y retornadas víctimas de violencia? ¿Hay requisitos específicos para que estas mujeres puedan acceder a estos servicios? De ser así ¿cuáles son?

SD.2.3. ¿Cómo funcionan las medidas/órdenes de protección y/u órdenes de restricción?

SD.2.4. ¿Cómo coordinan con la policía, la fiscalía y otras instancias clave en casos de violencia contra mujeres migrantes, refugiadas, en tránsito y retornadas?

#### D.3. Preguntas para prestadores de servicios sociales (capacitaciones, ayudas humanitarias, orientación para acceder a servicios, etc.) y psicológicos

SD.3.1. ¿Qué tipo de apoyo social o psicológico está disponible para mujeres migrantes, refugiadas, en tránsito y retornadas en la institución? ¿Hay requisitos específicos para acceder a estos servicios? De ser así ¿cuáles son? Cuánto dura un proceso de este tipo en promedio?

SD.3.3. ¿Su institución provee acompañamiento psicológico en situaciones de crisis?

---

### E. Cierre

**Objetivo de la Sección 5:** *Recoger algunas recomendaciones que pueda brindar el o la proveedora de servicios para mejorar el acceso a los servicios de atención de violencia contra las mujeres.*

E.1. Para finalizar ¿qué medidas o cambios considera que se podrían implementar en su institución para facilitar el acceso de las mujeres migrantes, refugiadas, en tránsito y retornadas a los servicios de atención?

# Annex 2C.

## Interview guide for life stories of migrant, refugee, transit, and returnee women

### Guía de preguntas

**Encuadre** Mi nombre es \_\_\_\_\_, trabajo para una institución que se llama Facultad Latinoamericana de Ciencias Sociales – Sede Costa Rica, que es como una universidad que le interesa comprender diferentes situaciones que pasan en la región Centroamericana para tratar de mejorarlas. En este caso, el Banco Mundial nos contrató para hacer un estudio sobre las experiencias que viven las mujeres migrantes en tránsito. Por esta razón, quisiera conversar con usted sobre su experiencia, siempre y cuando eso no le resulte incómodo. Es decir, la idea es que tengamos una conversación fluida y si en algún momento usted no se siente cómoda o no quiere conversar sobre algún tema que yo mencione, no hay ningún problema, usted solamente me lo dice y cambiamos de tema. Es importante que sepa que toda la información que vamos a tratar va a ser anónima, es decir, aunque yo tome notas y grabe el audio, nunca voy a decir que usted dijo algo sobre esto, nunca va a salir su nombre, sino que vamos a juntar las conversaciones que tengamos con todas las mujeres que nos ayuden y con eso escribimos un informe general, sin decir nombres ¿tiene alguna pregunta? [firma consentimiento]

### Preguntas según bloques temáticos

- El punto de salida ¿qué impulsa la decisión de migrar?**
1. Quisiera iniciar preguntándole sobre su experiencia como mujer migrante ¿podría contarme cuál fue o fueron las principales razones por las cuales decidió salir de su país?
  2. ¿Hace cuánto salió de su país? ¿Salió acompañada? ¿Con quiénes salió? ¿cómo ha sido la relación con las personas que está viajando? [en caso de viajar acompañada] Durante el trayecto ¿ha encontrado algunas personas con las cuales viajar acompañada? [en caso de que saliera sola] De ser así ¿cómo ha sido la relación con las personas que encontró en el camino? [Indagar sobre la confianza si no dan mucha información]
  3. ¿Hacia dónde se dirige? ¿Podría describirme cuál ha sido la ruta que ha seguido? ¿Cómo se informó de la ruta y de lo que necesitaba para migrar?

**Pregunta de transición:** antes de salir de su país ¿se imaginaba que la experiencia iba a ser como ha sido hasta ahora?

### Contando la experiencia vivida ¿cómo ha sido el tránsito?

Ahora quisiera conversar un poquito sobre su experiencia una vez que salió de su país. Recuerde que si hay algún tema que no quisiera comentar porque le resulta incómodo o conmovedor, podemos omitirlo sin ningún problema, solamente me lo indica y cambiamos de tema.

4. Pensemos en una especie de línea del tiempo, como si me estuviera contando una historia, ¿cómo ha sido el trayecto durante la migración? ¿cuáles han sido las situaciones más importantes para usted, pueden ser positivas o negativas, pueden ser vivencias propias o situaciones que ha observado que les ocurren a otras personas? ¿cómo le hacen sentir esas situaciones?
5. Por diferentes medios una se entera que las personas que están migrando enfrentan situaciones muy difíciles, incluso situaciones de violencia ¿ha observado situaciones de este tipo? ¿qué podría contarme al respecto? [Indagar de forma no invasiva sobre tipos de violencia contra mujeres y adolescentes/niñas (interseccionalidad), agentes perpetradores, lugares donde ocurre la violencia; si no hay mención espontánea, dar ejemplos de tipos de violencia física, psicológica, patrimonial, sexual, trata y tráfico de personas, etc.; indagar sobre el ciclo de violencia]
  - a. **Si niega haber observado situaciones de violencia, plantear situación hipotética:** en nuestro caso hemos escuchado que algunas mujeres han vivido algunas situaciones muy difíciles durante el camino, como que las maltratan psicológicamente, o incluso físicamente ¿ha escuchado algo sobre eso o le han dicho algo al respecto?

## Indagando sobre la ruta crítica: si se rompe el silencio ¿qué opciones hay?

Ya que estamos hablando de este tema de la violencia, una de las grandes preocupaciones que hay es ¿cómo se puede apoyar a las mujeres? ¿qué opciones o servicios encuentran en los países para atender esas situaciones de violencia? Por lo que me gustaría aprovechar un poco su experiencia para que nos cuente al respecto.

6. Primero, en su opinión ¿usted cree que una mujer que está migrando pida ayuda en caso de situaciones de violencia? ¿por qué sí o por qué no pediría ayuda? [Indaga factores impulsores y factores inhibidores para romper el silencio, consultar sobre factores internos o externos en caso de que no haya mención espontánea]
7. En caso de que busque apoyo o ayuda ¿a qué tipo de servicios podría acudir? ¿cuáles ha escuchado? [Indaga acceso y disponibilidad a servicios institucionales o de organizaciones]
  - a. **En caso de que identifique servicios, consultar:** ¿quién o quiénes ofrecen esos servicios? ¿son diferentes las opciones entre los países? ¿cómo se enteró que existen esas opciones? [indagar sobre mecanismos institucionales e informales, como redes de apoyo entre mujeres] ¿considera que hay suficiente información sobre las opciones de ayuda o servicios institucionales o se requiere más información?
    - i. **En caso de considerar que requiere más información:** ¿qué tipo de información requiere? ¿cuáles son los mejores medios para divulgar esa información?
  - b. **Si no identifica ningún servicio, preguntar:** ¿qué tipo de servicios cree usted que se le debería ofrecer a las mujeres que están migrando, en caso de que sufran algún tipo de violencia? ¿qué tipo de información debería ofrecerse? ¿cuáles son los mejores medios para divulgar esa información? [Indaga acceso y disponibilidad a servicios institucionales]

## Sobre la valoración de los servicios de atención

8. Siempre en relación con el mismo tema, ¿conoce usted de algún caso en el que una mujer haya solicitado apoyo a alguno de esos servicios que me mencionó? [Indaga acceso a servicios institucionales]
  - a. En caso de respuesta afirmativa preguntar: ¿qué ha escuchado respecto a la calidad del servicio? ¿cómo la trataron quiénes la atendieron? ¿le apoyaron en lo que necesitaba? ¿fue fácil o difícil recibir la atención? ¿por qué? [Indaga calidad del servicio, factores inhibidores y/o impulsores, revictimización, desarticulación de los servicios]
  - b. En caso de respuesta negativa preguntar: Aunque no conozca personalmente a alguien que haya sido atendida, ¿ha escuchado sobre cómo funcionan esos servicios? ¿cómo tratan a la gente? ¿si es fácil o no que atiendan a mujeres migrantes? ¿por qué? [Indaga calidad del servicio, factores inhibidores y/o impulsores, revictimización, desarticulación de los servicios]
9. Para finalizar ¿cómo cree que se podría mejorar los servicios que reciben las mujeres que están migrando en casos de situaciones de violencia?

## Agradecer y cerrar la entrevista



**SAFE**

Gender-Based Violence Response Services for  
Women in Human Mobility in Central America