


# Comparing migration experiences of Venezuelan women and girls: a mixed-method, cross-sectional analysis of refugees/migrants in Ecuador, Peru and Brazil

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## ABSTRACT

**Objective** Over the past decade, geopolitical turmoil in Venezuela has resulted in the displacement of 7.1 million people, resulting in a migration and refugee crisis.

**Methods and analysis** This current cross-sectional, mixed-method research, which is focused on women and girls, examines differences in Venezuelan refugee/migrant demographics, migration characteristics, experiences and perceptions across nine locations in Ecuador, Peru and Brazil.

**Results** A total of 9116 Venezuelan refugees/migrants shared 9339 migration experiences. Respondents in Brazil had been displaced for less time, reported more extreme poverty, perceived that they had received more support from the host community, and had more positive migration experiences. In contrast, respondents in Peru had been displaced for longer, were more likely to share experiences of insecurity/violence, perceived that they had not received adequate support and were more likely to report that the migration experience was negative. Respondents in Ecuador tended to provide more moderate responses somewhere between those from Brazil and Peru with one exception being around the impact of COVID-19, which they perceived more negatively.

**Conclusion** It is critical to recognise that Venezuelan refugee/migrant populations are not homogenous and that their experiences, needs and priorities vary by location of settlement and migration route. From these findings, we recommend more open regularisation policies for Venezuelan nationals in Ecuador and Peru in addition to improved socioeconomic integration in accordance with the Quito Process. Sharing of successful models from other contexts may prove helpful.

## INTRODUCTION

Venezuela has been experiencing a severe socioeconomic and political crisis since 2017, which has been exacerbated by the COVID-19

## WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ The socioeconomic and geopolitical crisis in Venezuela has resulted in the international displacement of over 7 million people.

## WHAT THIS STUDY ADDS

⇒ Refugees/migrants in Brazil reported more extreme poverty but felt more supported and had more positive migration experiences than those in Ecuador and Peru. In contrast, those in Peru, shared more experiences of insecurity/violence, perceived that they were inadequately supported, and had more negative migration experiences than those in Ecuador and Brazil.

## HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ It is important to recognise that refugee/migrant populations are not homogenous and that their experiences, needs and priorities vary by migration route and location of settlement.

pandemic since March 2020. An estimated 7.5 million people are in need of humanitarian assistance in Venezuela<sup>1</sup> and another 7.1 million are in need in host countries.<sup>2</sup> This makes Venezuela the world's third-largest external human mobility crisis after Ukraine and Syria.<sup>3</sup> Even prior to COVID-19, the Venezuelan crisis negatively influenced population health on account of the increased rates of maternal mortality, outbreaks of preventable diseases such as measles, increased risks to mental and psychosocial well-being, and high rates of malaria and tuberculosis.<sup>4–6</sup>

The Venezuelan crisis represents one of the largest migration events in Latin America and the Caribbean's (LAC) history and the large

number of refugee and migrant persons has overwhelmed the institutional response capacity of most host countries. In response, in September 2018, Latin American countries came together in Quito, Ecuador to 'exchange information and good practices, seeking to articulate regional coordination with respect to the migration crisis of Venezuelan citizens in the region'.<sup>7</sup> These efforts to coordinate a response to Venezuelan migration resulted in Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, Paraguay, Peru and Uruguay signing the 'Quito Declaration on Human Mobility of Venezuelan Citizens in the Region'. While not mandatory or required by law, the 18-point manifesto urged countries to reinforce reception policies for Venezuelan migrants, coordinate efforts through international organisations, and fight discrimination, intolerance and xenophobia. The meeting also issued a call to the Venezuelan government (which was not in attendance) to accept the cooperation of the region's governments. In parallel to this political process, in April 2018, the UN Secretary-General provided direction for the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) to lead and coordinate the regional response to the situation of refugees and migrants from Venezuela. The operational response to the Venezuelan crisis is now coordinated by the Regional Inter-Agency Coordination Platform (R4V), which was established as a forum to coordinate the response efforts across 17 LAC countries. This includes more than 200 organisations (including United Nations agencies, civil society, faith-based organisations and non-governmental organisations). The operational response is based on the Refugee and Migrant Response Plan.<sup>8</sup>

COVID-19 has had a significant impact on the lives of Venezuelan refugees/migrants. For instance, as a result of the pandemic, the poverty rate in LAC is estimated to have increased from 31% to approximately 34%, and the rate of extreme poverty increased 5.5 percentage points to approximately 12.5%.<sup>9</sup> Furthermore, in 2020, 40% of the population experienced moderate or severe food insecurity, up from 24.5% in 2015.<sup>9</sup> During COVID-19, an estimated 54% of workers in LAC were engaged in informal employment with low incomes and lacked access to social safety nets (ex. unemployment insurance).<sup>10</sup> Pandemic-related job loss has disproportionately affected women and girls, particularly refugees and migrants.<sup>9</sup> Female participation in the labour force fell ~5% and is anticipated to remain at levels observed two decades ago.<sup>9</sup>

During their migration journey, Venezuelan women/girls also face additional gendered vulnerabilities such as intimate partner violence,<sup>11 12</sup> sexual assault, early unions, as well as sexual exploitation, survival sex, transactional sex and human trafficking.<sup>13</sup> Reports of gender-based violence (GBV) in LAC have monumentally increased during COVID-19, with a 50% increase in the number of GBV problems among refugee and migrant women/girls in Colombia<sup>14</sup> and a 65% increase in femicides in Venezuela.<sup>15</sup> As rates of GBV have increased in LAC, support

services have also been reduced due to the overstretched health sector and social distancing policies.<sup>16</sup> Researchers have argued for improved access to, and better coordination of, services for Venezuelan refugees and migrants affected by GBV.<sup>17 18</sup> Furthermore, attention has been drawn to the lack of access to comprehensive sexual and reproductive healthcare for refugee/migrant Venezuelan women and girls,<sup>19–21</sup> in particular highlighting inequities in access between refugees/migrants and the host communities.<sup>22</sup>

The 'healthy immigrant effect' refers to the observation that migrants, particularly those who have recently arrived in a new country, tend to have better health outcomes than the native-born population.<sup>23</sup> Over time, however, this health advantage diminishes, and immigrants' health may converge to or even fall below that of the native-born population,<sup>24</sup> a phenomenon that has been described as the 'years since immigration effect'. The exact reasons for this phenomenon are still under debate, but various explanations have been proposed.<sup>25</sup> Mental health, however, may be one aspect of health for which the 'healthy immigrant effect' does not apply. Indeed, mental health challenges can be prevalent among refugees/migrants<sup>26</sup> and are often exacerbated by the trauma of displacement, difficult journeys, higher rates of domestic violence and the stressors of settling in unfamiliar countries where they may face xenophobia and discrimination. For Venezuelan refugees/migrants in Peru, self-perceived discrimination was associated with fear, anger, anxiety and stress.<sup>27</sup> In host countries, the struggle for legal status, barriers to accessing healthcare, discrimination and cultural dislocation further contribute to mental health issues.<sup>28</sup>

Within the context of these documented risks and challenges faced by Venezuelan refugee/migrant women/girls, the IOM and Queen's University collaboratively conducted a cross-sectional study to better understand the migration experiences of Venezuelan women/girls. Our overarching objective was to identify gendered threats, including various forms of GBV, to improve protection strategies for Venezuelan women/girls while also informing support programmes to better meet the needs of refugees/migrants. Our current research question asks: from a public health perspective, what are the differences in refugee/migrant demographics, migration characteristics, experiences and perceptions by location? Understanding these differences is critical for planning and funding humanitarian aid and relief responses to better meet the varying needs of refugees/migrants.

## METHODS

### Study design and sensemaking methodology

We conducted a cross-sectional, mixed-method study using a 'sensemaking' approach with Spryng.io. Sensemaking methodology is based on the belief that storytelling is a natural way to convey complex information and is used by individuals to make sense of their experiences.<sup>29–32</sup>

Using the Spryng.io application on tablets, participants audio recorded a brief narrative (referred to as a micronarrative) in response to their choice of three open-ended prompting questions (see Appendix 1) about the migration experiences of Venezuelan women and girls. Individuals were empowered to share whatever aspect of the migration experience they thought was most important. Participants then interpreted the experiences they shared in their micronarratives by responding to questions in which they plotted their perspectives between three variables (triads) and two variables (sliders) (see Appendix 2 for examples). Spryng.io software quantifies each of the plotted points, providing statistical data that are linked to each participant's shared micronarrative.<sup>33</sup> In doing so, the sensemaking programme quantifies the qualitative data. Multiple-choice questions capture sociodemographic information that helps to contextualise the experience shared by participants. Through the collection of many self-interpreted micronarratives, sensemaking leverages the 'wisdom of the crowds', and the participants' quantitative responses collectively create a nuanced picture in the same way many pixels come together to produce a clear image.<sup>34</sup>

### Participant sampling and recruitment

Over a 12-week period from January to April 2022, female and male self-identified Venezuelan refugees/migrants, aged 14 and older, were invited to participate. Although the migration experiences being asked about were those of Venezuelan women and girls, male participants were also included. The reasons for this were twofold: (1) in earlier sensemaking projects, men and boys tended to share more candid micronarratives about experiences of GBV<sup>35</sup> and (2) we believe it is critical to engage men when addressing issues around GBV. Therefore, although the perspectives of men and boys are included, all the migration experiences related to women and girls. A convenience sample of potential participants was recruited from public spaces such as border crossings, points of aid distribution, refugee/migrant shelters, markets and transportation depots, with some snowball sampling in Lima where refugees are well integrated into the host community and therefore more difficult to identify. In each of the nine interview locations, we were intentional about recruiting members of equity-deserving groups including persons with disabilities, lesbian, gay, bisexual, trans, queer and intersex (LGBTQI+) individuals, and individuals who identified as Indigenous or of Afro-descent.

### Setting and protocol

With oversight by IOM, data were collected across three locations in each of Ecuador (Tulcan, Manta and Huaquillas), Peru (Tumbes, Lima and Tacna) and Brazil (Pacaraima, Boa Vista and Manaus). These locations were chosen by IOM based on where they were offering services to Venezuelan refugees/migrants and where they believed the research team would be able to engage with refugees/migrants most easily. Although we

were not able to collect data in Colombia due to logistical challenges, participants interviewed in Ecuador and Peru often spoke of their migration experiences through Colombia. Spanish-speaking enumerators, some of whom were Venezuelan refugees and migrants themselves and others who were professionals such as psychologists and social workers, completed a 3-day training on research ethics, sensemaking methodology, how to make participant referrals, reporting of adverse events and a detailed review of the survey with an opportunity to practice role-playing scenarios. Enumerators were also trained on psychological first aid and self-care as well as the prevention of sexual exploitation and abuse. All data were collected in Spanish confidentially, using the Spryng.io app on handheld tablets. Shared micronarratives were transcribed and translated from Spanish to English.

### Survey

The survey (see Appendix 1) was cocreated by the research team in close collaboration with service providers responding to the Venezuelan crisis. It was written in English, translated to Spanish by a professional translator, and then back-translated to confirm accuracy. Discrepancies were resolved by consensus involving a third individual who was also bilingual in Spanish and English. The instrument was pilot tested with 25 Venezuelan women and their feedback was used to improve clarity of the language and relevance of the questions.

### Analysis

Descriptive statistics to summarise the sample were calculated in SPSS (IBM SPSS Statistics V.26.0.0.0). We used  $\chi^2$  tests to identify differences between locations with respect to respondents' self-reported demographic and migration characteristics, which were derived from the survey multiple-choice questions (see Appendix 1). P values < 0.05 were taken to be statistically significant. Using Tableau (V.2020.4), we visually inspected collective plots to identify patterned responses.<sup>32</sup> Triad and slider data (see Appendix 2) were disaggregated based on the location of data collection (by country—Ecuador, Peru and Brazil as well as by city/town—Tulcan, Manta, Huaquillas, Tumbes, Lima, Tacna, Pacaraima, Boa Vista and Manaus). For triads, geometric means and 95% CIs were generated for each location using R Scripts (R V.3.4.0). The 95% CIs are presented graphically as 95% confidence ellipses.<sup>36–38</sup> Where 95% confidence ellipses did not overlap, we determined their geometric means to be statistically different. Slider data were plotted as histograms. For the sliders, the collective areas under the bars for each location were analysed in SPSS (IBM SPSS Statistics V.26.0.0.0) with the Kruskal-Wallis H test and  $\chi^2$  tests to determine if the bar areas were statistically different.<sup>39 40</sup> For the slider questions, distributions of responses were presented graphically as violin plots, with an asterisk indicating the overall mean for each subgroup. In the violin figures, the width of the plot represents how many individuals responded at that location across the possible spectrum of responses

along the slider. After response patterns were identified in the quantitative data, accompanying narratives for each location were reviewed to facilitate interpretation of the statistical findings. Examples of quotes are included to illustrate and complement the main quantitative results.

### Patient and public involvement

As noted above, the survey was pilot tested with members of the community prior to collecting data and their feedback was used to improve and refine it. Adopting a community-engaged approach, results were also shared with members of the community and service providers through a series of focus group discussions held in July 2022. These discussions were critical for fact checking and ensuring that the findings were being interpreted appropriately and presented in an acceptable manner.

### Ethical considerations

Informed consent was obtained from all participants and documented by ticking a checkbox on the tablet prior to beginning the survey. Parental approval was not obtained for participants under the age of 18 because many adolescent refugees/migrants were without parents or guardians and some were travelling with their own partners and children. Given these characteristics, they were viewed as mature minors. Furthermore, involving parents could have potentially led to bias.<sup>41</sup> All data were anonymous from the point of collection as the survey did not collect any identifying information. No compensation was offered for participation as the survey was brief (approximately 12–15 min) and no travel was required to take part. Each of the nine survey locations had its own individualised referral plans, in collaboration with IOM, for participants who required supports and services such as medical services including specialised postsexual assault care and psychosocial support. We obtained a research permit in Ecuador. However, local research permits were not required in Peru or Brazil where it was deemed unnecessary given that the research had undergone institutional review at Queen's University.

## RESULTS

### Characteristics of study participants

A total of 9116 unique Venezuelan refugees/migrants participated, sharing a total of 9339 migration micro-narratives. Individuals could choose to share and interpret more than one migration experience and therefore the number of micronarratives exceeds the number of distinct respondents. Demographic details disaggregated by location are provided in [table 1](#). Almost half of the respondents were based in Brazil (48%) at the time of participation, the sample was approximately 78% female, and 61% of respondents rated themselves as poor or very poor.

[Table 2](#) presents the migration experience characteristics disaggregated by location. Overall, participants indicated that migration experiences had a more positive emotional tone in Brazil (41.8% positive or strongly

positive vs 19.0% in Ecuador and 11.7% in Peru). This was particularly true for respondents in Boa Vista and Manaus. Respondents sampled in Peru had been displaced for a longer period (32.1% >3 years vs 14.6% in Brazil and 30.4% in Ecuador), especially in Lima. Respondents in Ecuador felt the impact of COVID-19 more negatively (78.8% indicated that COVID-19 had made things worse or much worse) than in Brazil (66.5%) and Peru (49.5%). The overall pattern of migration highlighted that those in eastern Venezuela tended to migrate to Brazil while those in western Venezuela tended to migrate through Colombia to Ecuador or Peru.

### Findings from triad questions

When asked what the shared experience was about, respondents in Brazil, particularly Pacaraima, were statistically more likely to respond in the direction of financial needs as illustrated in [figure 1](#) with non-overlapping 95% confidence ellipses. In contrast, respondents in Ecuador and Peru, particularly Tumbes (Peru) and Tulcan (Ecuador) were statistically more likely to respond in the direction of insecurity and violence.

[Figure 2](#) illustrates the perceived impact of the shared migration experience. Respondents in Brazil were statistically more likely to respond in the direction of poor mental health, while respondents in Ecuador and Peru were statistically more likely to respond in the direction of discrimination and isolation. This was particularly true for respondents in Huaquillas (Ecuador), as well as Lima and Tacna (both in Peru).

### Findings from slider questions

Respondents were asked who had power and control in the shared micronarrative. As shown in [figure 3](#), respondents in Brazil (especially Pacaraima and Manaus) were statistically more likely to respond in the direction of the women/girl having power and control ( $p<0.0001$ ). In contrast, respondents in Peru (especially Lima and Tumbes) were statistically more likely to respond in the direction of others around the woman/girl having power and control ( $p<0.0001$ ). Responses from Ecuador (Huaquillas, Tulcan and Manta) fell in between those from Brazil and Peru.

[Figure 4](#) illustrates perceptions around the number of supports and services provided to Venezuelan women or girls. Respondents in Peru (Lima in particular) were more likely to respond in the direction of absolutely no supports and services being provided which contrasted with Brazil (especially Manaus and Pacaraima), where respondents were more likely to respond in the direction of the woman or girl having been provided with too many supports and services ( $p<0.0001$ ).

## DISCUSSION

### Interpretation

Using data from nine locations across three LAC countries hosting large numbers of Venezuelan refugees/migrants, we present data to better understand migration patterns



**Table 1** Respondent demographics

	Brazil			Ecuador			Peru			P value
	Total N (%)	Boa vista N (%)	Pacaraima N (%)	Manaus N (%)	Manta N (%)	Huaquillas N (%)	Tacna N (%)	Lima N (%)	Tumbes N (%)	Tulcan N (%)
Gender identity										
Female	7268 (77.8)	964 (86.3)	1708 (84.5)	984 (73.1)	837 (84.0)	943 (84.6)	381 (73.6)	442 (76.6)	410 (68.2)	599 (57.2)
Male	1908 (20.4)	136 (12.2)	280 (13.8)	293 (21.8)	149 (15.0)	158 (14.2)	134 (25.9)	134 (23.2)	188 (31.3)	436 (41.6)
Non-binary	44 (0.5)	10 (0.9)	7 (0.3)	15 (1.1)	2 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	10 (1.0)
Not sure/prefer not to say	119 (1.3)	7 (0.6)	27 (1.3)	55 (4.1)	8 (0.8)	13 (1.2)	3 (0.6)	1 (0.2)	3 (0.5)	2 (0.2)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Age										<0.001
≤18	631 (6.8)	67 (6.0)	197 (9.7)	64 (4.8)	106 (10.6)	24 (2.2)	19 (3.7)	19 (3.3)	25 (4.2)	110 (10.5)
19–30	4046 (43.3)	444 (39.7)	775 (38.3)	511 (37.9)	419 (42.1)	528 (47.4)	247 (47.7)	258 (44.7)	284 (47.3)	580 (55.4)
31–45	3246 (34.8)	413 (37.0)	668 (33.0)	435 (32.3)	316 (31.7)	472 (42.4)	180 (34.7)	221 (38.3)	248 (41.3)	293 (28.0)
>45	1290 (13.8)	188 (16.8)	350 (17.3)	266 (19.7)	154 (15.5)	76 (6.8)	71 (13.7)	79 (13.7)	42 (7.0)	64 (6.1)
Not sure/prefer not to say	126 (1.3)	5 (0.4)	32 (1.6)	71 (5.3)	1 (0.1)	14 (1.3)	1 (0.2)	0 (0.0)	2 (0.3)	0 (0.0)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Marital status										<0.001
Single, never married	3797 (40.7)	288 (25.8)	867 (42.9)	527 (39.1)	527 (52.9)	388 (34.8)	219 (42.3)	252 (43.7)	165 (27.5)	564 (53.9)
Married/in union	4561 (48.8)	681 (61.0)	991 (49.0)	657 (48.8)	388 (39.0)	533 (47.8)	230 (44.4)	286 (49.6)	348 (57.9)	447 (42.7)
Divorced/separated/widowed	806 (8.6)	137 (12.3)	133 (6.6)	96 (7.1)	75 (7.5)	147 (13.2)	66 (12.7)	33 (5.7)	86 (14.3)	33 (3.2)
Not sure/prefer not to say	175 (1.9)	11 (1.0)	31 (1.5)	67 (5.0)	6 (0.6)	46 (4.1)	3 (0.6)	6 (1.0)	2 (0.3)	3 (0.3)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Number of children										<0.001
0	1795 (19.2)	179 (16.0)	425 (21.0)	274 (20.3)	171 (17.2)	156 (14.0)	150 (29.0)	133 (23.1)	81 (13.5)	226 (21.6)
1–2	4180 (44.8)	460 (41.2)	757 (37.4)	547 (40.6)	477 (47.9)	590 (53.0)	266 (51.4)	303 (52.5)	316 (52.6)	464 (44.3)
≥ 3	3203 (34.3)	467 (41.8)	795 (39.3)	466 (34.6)	338 (33.9)	342 (30.7)	99 (19.1)	139 (24.1)	203 (33.8)	354 (33.8)
Prefer not to say	161 (1.7)	11 (1.0)	45 (2.2)	60 (4.5)	10 (1.0)	26 (2.3)	3 (0.6)	2 (0.3)	1 (0.2)	3 (0.3)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Self-rated income level										<0.001

Continued

Table 1 Continued

	Brazil		Ecuador				Peru			P value
	Boa vista N (%)	Pacaraima N (%)	Manaus N (%)	Manta N (%)	Huaquillas N (%)	Tacna N (%)	Lima N (%)	Tumbes N (%)	Tulcan N (%)	
Total N (%)	1157 (12.4)	433 (21.4)	86 (6.4)	56 (5.6)	139 (12.5)	42 (8.1)	44 (7.6)	57 (9.5)	60 (5.7)	
Very poor	1157 (12.4)	433 (21.4)	86 (6.4)	56 (5.6)	139 (12.5)	42 (8.1)	44 (7.6)	57 (9.5)	60 (5.7)	
Poor	4554 (48.8)	698 (34.5)	409 (30.4)	609 (61.1)	755 (67.8)	230 (44.4)	232 (40.2)	390 (64.9)	678 (64.8)	
Average	2992 (32.0)	707 (35.0)	779 (57.8)	315 (31.6)	143 (12.8)	208 (40.2)	269 (46.6)	143 (23.8)	138 (13.2)	
Wealthy	31 (0.3)	2 (0.2)	10 (0.7)	3 (0.3)	2 (0.2)	3 (0.6)	3 (0.5)	1 (0.2)	4 (0.4)	
Very wealthy	4 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	
Not sure/prefer not to say	601 (6.4)	32 (2.9)	179 (8.9)	13 (1.3)	75 (6.7)	35 (6.8)	29 (5.0)	10 (1.7)	166 (15.9)	
Total	9339	1117	2022	996	1114	518	577	601	1047	<0.001

Differences across locations are calculated with  $\chi^2$  squared tests.

and how refugees/migrants in various locations differ with respect to demographics, migration experiences and perspectives on their host communities. Overall, respondents in Brazil had been displaced for shorter durations of time, reported experiencing more extreme poverty, perceived that they had received more supports and services from the host community, and reported more positive migration experiences. In contrast, respondents in Peru had been displaced for longer periods of time, were more likely to interpret their shared narratives as being about insecurity/violence, perceived that they had received inadequate supports and services, and were more likely to share negative migration experiences. For most variables examined, respondents in Ecuador tended to provide more moderate responses somewhere between those in Brazil and Peru with one exception being around the impact of COVID-19, which respondents in Ecuador reported feeling more negatively than in Brazil or Peru. It is possible that some of the observed differences reflect migration decisions, with some geographical areas being viewed as more permanent settlement locations (ie, such as Manta, Ecuador) versus others that seem to be more transitory in nature (ie, Huaquillas, Ecuador). Understanding these patterns is crucial for recognising that Venezuelan refugee/migrant populations are not homogenous and that the experiences, needs and priorities vary by location of settlement. This type of location-specific data is necessary to inform response efforts to better meet the unique needs of various populations of Venezuelan refugee/migrant women/girls.

### Contextualisation of results

It is important to consider these results in the context of the Quito Process. As mentioned, the Quito Process refers to an agreement by 17 LAC countries who met in Quito, Ecuador in September 2018 to develop a strategy to strengthen and coordinate supports, financial aid and commitments among member countries responding to the Venezuelan migration crisis.<sup>7</sup> In a second meeting among parties to the Quito process, the action plan focused on three key areas. The first was to promote measures to regularise the migratory status of Venezuelan nationals, including the establishment of procedures and protocols to guarantee the rights of the Venezuelan population. The second key area was regional coordination with international organisations in addition to strengthening consular relations between signatories to the Declaration of Quito.<sup>7</sup> The third and final key area was international cooperation including a regional programme for the exchange of information, collaboration towards joint regional actions on xenophobia, care for children and adolescents, and human trafficking, as well as partnership towards financing for the Venezuelan crisis in the short, medium and long terms.<sup>7</sup>

The migration experiences described in the current research are a direct result of both the crisis in Venezuela and the immigration policies at the level of the host countries' national governments. For instance, prior to

**Table 2** Characteristics of the migration experience

	Brazil			Ecuador			Peru			P value
	Boa vista N (%)	Pacaraima N (%)	Manaus N (%)	Manta N (%)	Huaquillas N (%)	Tacna N (%)	Lima N (%)	Tumbes N (%)	Tulcan N (%)	
<b>Total N (%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	
Emotional tone of the shared migration experience										
Very negative	1613 (17.3)	204 (18.3)	223 (11.0)	90 (6.7)	113 (11.3)	385 (34.6)	139 (26.8)	173 (30.0)	223 (37.1)	63 (6.0)
Negative	2862 (30.6)	250 (22.4)	319 (15.8)	229 (17.0)	353 (35.4)	443 (39.8)	175 (33.8)	328 (56.8)	339 (56.4)	426 (40.7)
Neutral	1512 (16.2)	148 (13.2)	260 (12.9)	271 (20.1)	255 (25.6)	126 (11.3)	69 (13.3)	49 (8.5)	30 (5.0)	304 (29.0)
Positive	2249 (24.1)	397 (35.5)	541 (26.8)	622 (46.2)	246 (24.7)	110 (9.9)	97 (18.7)	15 (2.6)	3 (0.5)	218 (20.8)
Very positive	387 (4.1)	91 (8.1)	159 (7.9)	66 (4.9)	16 (1.6)	18 (1.6)	12 (2.3)	3 (0.5)	2 (0.3)	20 (1.9)
Not applicable	453 (4.9)	0 (0.0)	453 (22.4)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Not sure/prefer not to say	263 (2.8)	27 (2.4)	67 (3.3)	69 (5.1)	13 (1.3)	32 (2.9)	26 (5.0)	9 (1.6)	4 (0.7)	16 (1.5)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Duration of migration										
<1 year	4166 (44.6)	647 (57.9)	1653 (81.8)	395 (29.3)	229 (23.0)	209 (18.8)	154 (29.7)	55 (9.5)	137 (22.8)	687 (65.6)
1–3 years	2793 (29.9)	255 (22.8)	150 (7.4)	547 (40.6)	396 (39.8)	646 (58.0)	172 (33.2)	187 (32.4)	252 (41.9)	188 (18.0)
3–5 years	1880 (20.1)	147 (13.2)	100 (4.9)	299 (22.2)	323 (32.4)	216 (19.4)	176 (34.0)	310 (53.7)	180 (30.0)	129 (12.3)
>5 years	290 (3.1)	50 (4.5)	20 (1.0)	39 (2.9)	46 (4.6)	24 (2.2)	15 (2.9)	24 (4.2)	31 (5.2)	41 (3.9)
Not sure/prefer not to say	210 (2.2)	18 (1.6)	99 (4.9)	67 (5.0)	2 (0.2)	19 (1.7)	1 (0.2)	1 (0.2)	1 (0.2)	2 (0.2)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Impact of COVID-19 on migration experience:										
Made things much worse	4262 (45.6)	682 (61.1)	1007 (49.8)	546 (40.5)	609 (61.1)	499 (44.8)	282 (54.4)	203 (35.2)	140 (23.3)	294 (28.1)
Made things a little worse	1895 (20.3)	207 (18.5)	260 (12.9)	282 (20.9)	285 (28.6)	293 (26.3)	104 (20.1)	128 (22.2)	230 (38.3)	106 (10.1)
No impact	2325 (24.9)	173 (15.5)	615 (30.4)	396 (29.4)	65 (6.5)	127 (11.4)	46 (8.9)	164 (28.4)	153 (25.5)	586 (56.0)
Made things a little better	68 (0.7)	7 (0.6)	13 (0.6)	18 (1.3)	7 (0.7)	4 (0.4)	3 (0.6)	7 (1.2)	4 (0.7)	5 (0.5)
Made things much better	22 (0.2)	1 (0.1)	7 (0.3)	6 (0.4)	4 (0.4)	1 (0.1)	1 (0.2)	0 (0.0)	2 (0.3)	0 (0.0)
Not sure/prefer not to say	767 (8.2)	47 (4.2)	120 (5.9)	99 (7.3)	26 (2.6)	190 (17.1)	82 (15.8)	75 (13.0)	72 (12.0)	56 (5.3)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
At this time, I am able to cope with the challenges I face:										
All the time	5853 (62.7)	653 (58.5)	1512 (74.8)	963 (71.5)	439 (44.1)	774 (69.5)	244 (47.1)	285 (49.4)	181 (30.1)	802 (76.6)
Most of the time	1886 (20.2)	284 (25.4)	264 (13.1)	185 (13.7)	296 (29.7)	172 (15.4)	186 (35.9)	127 (22.0)	246 (40.9)	126 (12.0)
Some of the time	1242 (13.3)	137 (12.3)	182 (9.0)	129 (9.6)	240 (24.1)	136 (12.2)	75 (14.5)	100 (17.3)	128 (21.3)	115 (11.0)
Never	73 (0.8)	11 (1.0)	14 (0.7)	8 (0.6)	11 (1.1)	12 (1.1)	6 (1.2)	7 (1.2)	2 (0.3)	2 (0.2)
Not sure/prefer not to say	285 (3.1)	32 (2.9)	50 (2.5)	62 (4.6)	10 (1.0)	20 (1.8)	7 (1.4)	58 (10.1)	44 (7.3)	2 (0.2)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047

Continued

Table 2 Continued

	Brazil			Ecuador			Peru			P value
	Boa vista N (%)	Pacaraima N (%)	Manaus N (%)	Manta N (%)	Huaquillas N (%)	Tacna N (%)	Lima N (%)	Tumbes N (%)	Tulcan N (%)	
Total N (%)	3192 (34.2)	211 (18.9)	825 (40.8)	506 (37.6)	271 (27.2)	328 (29.4)	172 (33.2)	179 (31.0)	96 (16.0)	604 (57.7)
I have access to things that make me happy:										
All the time	2528 (27.1)	330 (29.5)	465 (23.0)	397 (29.5)	320 (32.1)	287 (25.8)	183 (35.3)	170 (29.5)	221 (36.8)	155 (14.8)
Most of the time	2962 (31.7)	436 (39.0)	614 (30.4)	304 (22.6)	367 (36.8)	380 (34.1)	150 (29.0)	204 (35.4)	257 (42.8)	250 (23.9)
Never	376 (4.0)	62 (5.6)	50 (2.5)	68 (5.0)	30 (3.0)	95 (8.5)	7 (1.4)	23 (4.0)	8 (1.3)	33 (3.2)
Not sure/prefer not to say	281 (3.0)	78 (7.0)	68 (3.4)	72 (5.3)	8 (0.8)	24 (2.2)	6 (1.2)	1 (0.2)	19 (3.2)	5 (0.5)
Total	9339	1117	2022	1347	996	1114	518	577	601	1047
Differences across locations are calculated with $\chi^2$ tests.										

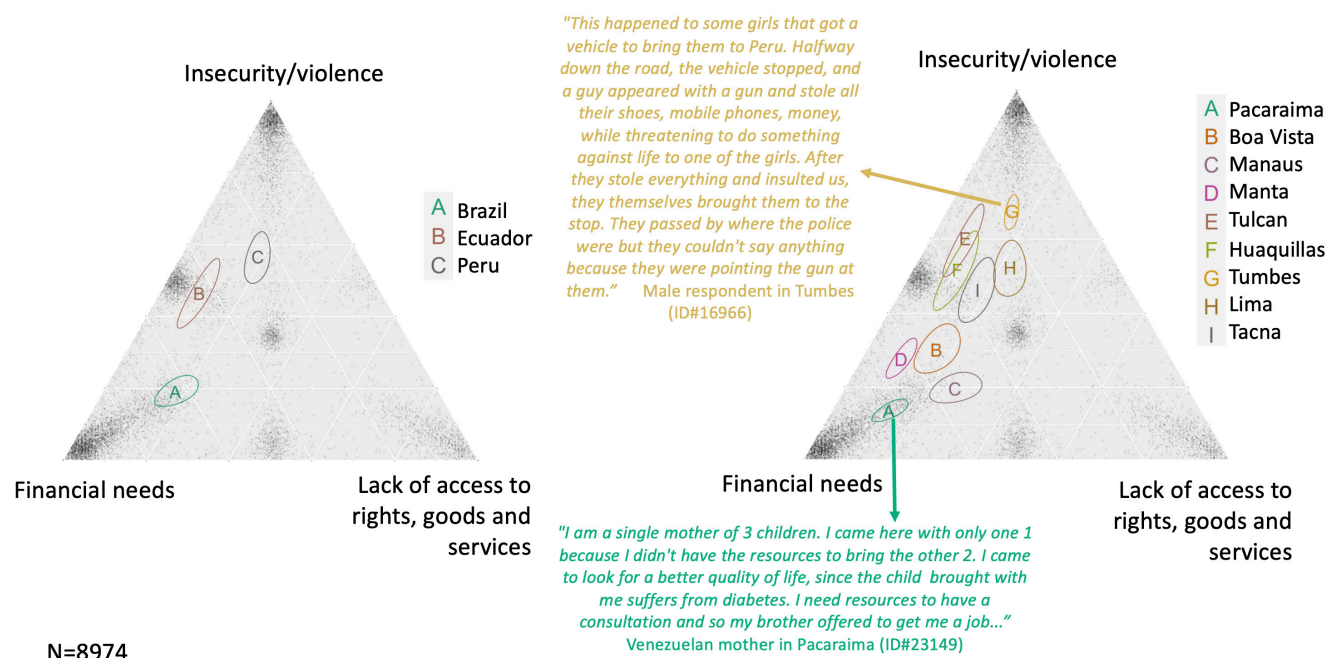
the COVID-19 pandemic, Peruvian authorities required Venezuelans to have a humanitarian visa and a passport (which did not have to be valid) in order to enter the country.<sup>42</sup> In March 2020, Peru closed its borders due to the global pandemic and when the borders reopened amidst growing xenophobia within Peru,<sup>43</sup> Venezuelan nationals were no longer eligible to apply for a humanitarian visa.<sup>36</sup> As a result, Médecins sans Frontières spoke out about the hardships faced by Venezuelan refugees/migrants in Peru including malnourishment, lack of access to healthcare and vulnerable housing.<sup>44</sup> Similarly, Amnesty International criticised Peru for violating international, regional and domestic obligations after the government introduced a series of measures to deliberately restrict the entry of Venezuelans into the country.<sup>45</sup> Although the government of Peru made their immigration applications more flexible in August 2021,<sup>42</sup> there is ongoing criticism that the Peruvian state is largely failing to protect and respect the right to a life free of violence and discrimination, particularly for women.<sup>46 47</sup> In light of these immigration policies, it is not surprising that respondents in Peru were more likely to share narratives that they perceived to be about insecurity/violence, to perceive having inadequate support and services, and to report that the shared migration experiences were more negative.

In Ecuador, on the other hand, from August 2019 Venezuelan nationals were required to have a visa to enter, which served as a significant barrier to regular entry for most Venezuelan nationals.<sup>48</sup> Even if/when visas were available, the cost to obtain them was prohibitively expensive for most families. However, in June 2021, the Ecuadorian government introduced a new process that allowed Venezuelan nationals to regularise their migration status and work freely within Ecuador,<sup>48</sup> efforts which were commended by IOM and UNHCR.<sup>49</sup> There continued to be concern, however, that Venezuelan refugees/migrants were not aware of the most up-to-date policies. Therefore, in July 2022, the International Rescue Committee introduced a new orientation programme intended to support Venezuelan refugees/migrants in understanding their rights according to Ecuador's constitution and international law, facilitating regularisation and assisting with access to healthcare, education, accommodation and employment. Ecuador also committed to waiving immigration fines for Venezuelan nationals who had entered the country irregularly.<sup>50</sup> Unfortunately, in the midst of these policy changes, there were growing concerns about xenophobia, which was reportedly manifested through harassment and discrimination in public spaces, in the housing and healthcare sectors, and in places of employment.<sup>51</sup> Additional research is needed to examine the relationship between Venezuelan refugees/migrants and their host communities and to determine how changes in government policy may have influenced those relationships.

In contrast to Peru and Ecuador, the Federal Government of Brazil has taken a different approach to the



## The shared story was *mostly* about...



**Figure 1** Triad question asking what the micronarrative was primarily about. Geometric means with surrounding 95% confidence ellipses are provided for each county (left) and for each interview location (right). Non-overlapping 95% confidence ellipses indicate participants in those subgroups responded in a statistically different way, with respondents in Brazil (Pacaraima, Boa Vista and Manaus) being more likely to respond in the direction of financial needs while respondents in Ecuador (Manta, Tulcan and Huaquillas) and Peru (Tumbes, Lima and Tacna) were more likely to respond in the direction of insecurity and violence.

Venezuelan refugee/migrant crisis. Brazilian authorities introduced *Operation Welcome* in April 2018, a voluntary relocation programme implemented with the support of IOM.<sup>52</sup> The initiative was established to relieve pressure on public health, social assistance and education infrastructure in the more northern states of Brazil where most Venezuelan refugees/migrants were arriving. The operation was based on the premise that voluntary relocation would allow Venezuelans wishing to settle in Brazil to have a fresh start while also augmenting opportunities for socioeconomic integration into Brazil.<sup>52</sup> On entry, Brazil currently allows Venezuelan nationals to choose between migratory status (moving to find work or for a better quality of life) or refugee status (forced to flee their home country because of violence or persecution), with similar rights offered to both, including universal access to education, healthcare and social protection.<sup>53</sup> Furthermore, in Brazil, the armed forces jointly manages and oversees hybrid refugee/migrant shelters in collaboration with humanitarian actors.<sup>54</sup> While most South American countries introduced more restrictive immigration policies, Brazil stands out as having honoured regional agreements by providing residence and migratory status, which some argue was driven by the government's intention to address refugees/migrants entering the country irregularly and to increase/maintain control over the country and its population.<sup>53</sup> Regardless of its

motivations, Brazil's more open policies likely explains why respondents in Brazil perceived that they had more access to supports and services from the host community and why they shared more positive migration experiences. However, life is still challenging for many Venezuelan refugees/migrants in Brazil, with a World Bank Group report highlighting that Venezuelan adults are 64% less likely to be formally employed and children are 53% less likely to be in school.<sup>55</sup> These ongoing challenges are likely partially related to language barriers for Spanish-speaking Venezuelans trying to integrate into Brazil's Portuguese-speaking labour market and public education system as well as xenophobia in host communities. The challenges also possibly help to explain our findings that despite the availability of support and services, many respondents indicated that they were still facing extreme poverty. It is important to note, however, that unemployment rates are also high for Brazilian nationals in their home country<sup>10</sup> and even when there is a shared language between the refugees/migrants and the host communities (ie, in Ecuador and Peru), xenophobia and discriminatory hiring practices make it especially challenging for Venezuelan nationals to secure formal employment. Finally, our research suggests that, despite reporting more positive migration experiences overall, respondents in Brazil perceived that there may be more mental health impacts as a result of the shared migration

## If relevant, what was the *primary* impact of the experiences shared?



**Figure 2** Triad question asking about the impact of the shared experience. Geometric means with surrounding 95% confidence ellipses are provided for each county (left) and for each interview location (right). Non-overlapping 95% confidence ellipses indicate participants in those subgroups responded in a statistically different way. Respondents in Brazil (Pacaraima, Boa Vista and Manaus) were more likely to respond in the direction of poor mental health while respondents in Ecuador (Manta, Tulcan and Huaquillas) and Peru (Tumbes, Lima and Tacna) were more likely to respond in the direction of discrimination and isolation.

experience. We, therefore, recommend increased access to mental health and psychosocial support and identify mental health needs as an important area for future research.

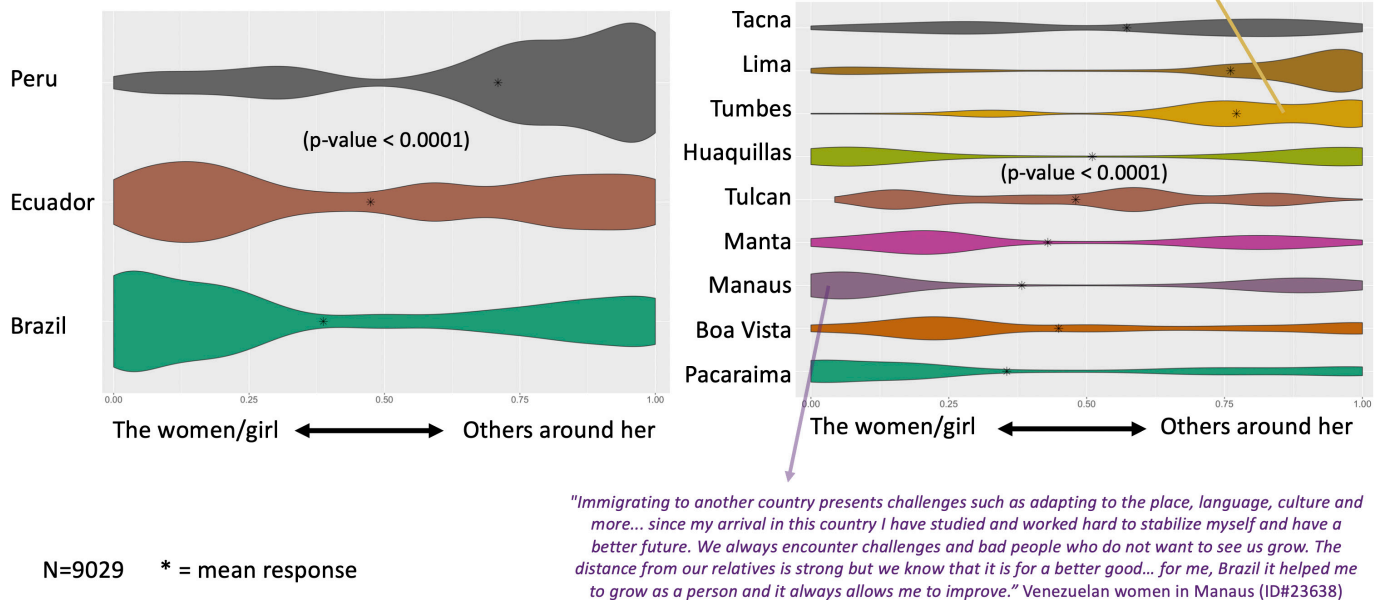
Respondents in Peru (and to a lesser extent in Ecuador) were more likely to respond in the direction of insecurity and violence when asked about their shared migration experience. It is important to note, however, that the experience shared could have occurred anywhere along the migration route, including in Venezuela, and the vast majority of refugees/migrants in Peru and Ecuador would have transited through Colombia. While in Colombia, as well as at the Colombia-Ecuador border and the Ecuador-Peru border, many refugees/migrants would have likely encountered a variety of armed actors, including some with xenophobic attitudes and a mission to target Venezuelan refugees/migrants. Violence, threats of violence and insecurity faced in Colombia are likely responsible for responses towards violence and insecurity observed in Peru and Ecuador. It may also have contributed to refugees/migrants in Ecuador and Peru perceiving that their migration experiences were more negative.

### Implications and recommendations

Our recommendations arising from the current analysis largely relate back to the Quito Process. Refugees/migrants in Ecuador and Peru experience limited access

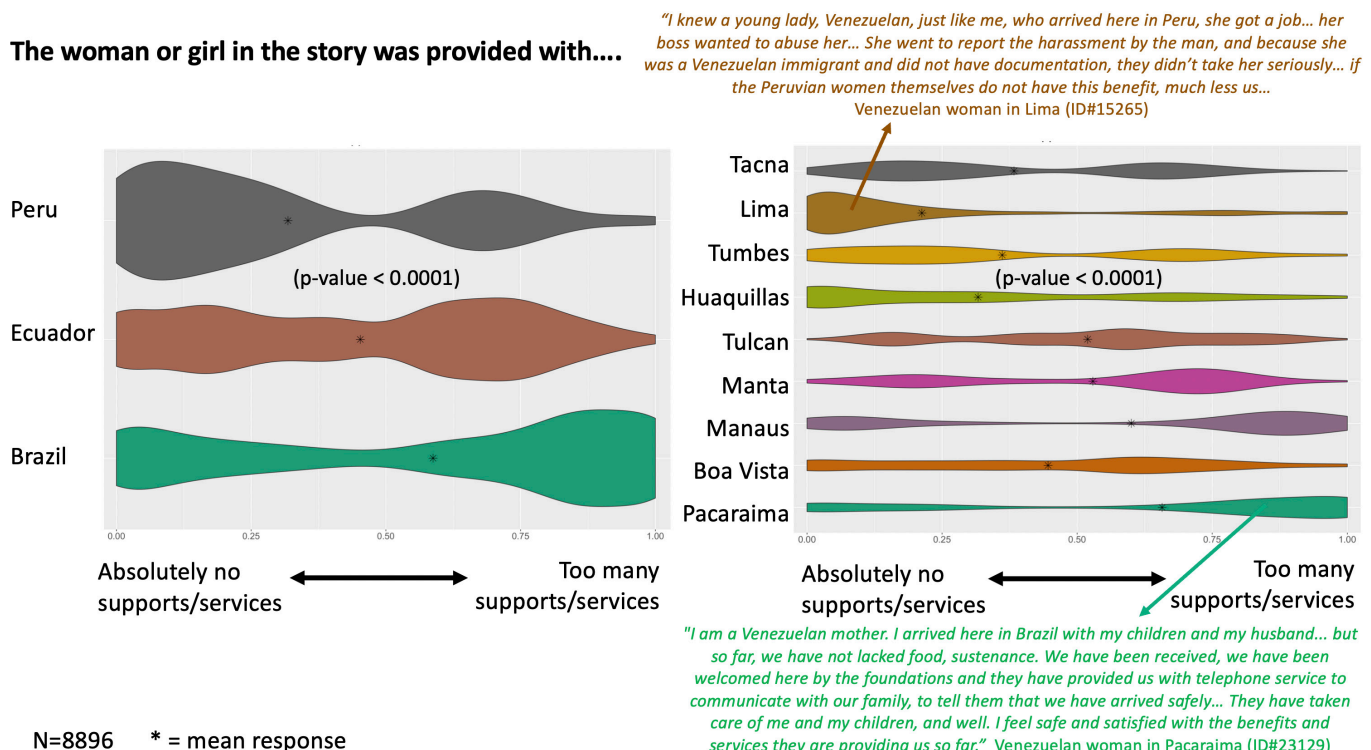
to healthcare, formal employment and housing, as well as judicial processes and protections. These restrictive reception policies will have a significant short-term and long-term impact on the health and well-being of Venezuelan community members. Therefore, we first call for renewed and more open reception policies for Venezuelan nationals in Ecuador and Peru as committed to in the Quito Process. This includes negotiating agreements with the Venezuelan government to secure access to passports, and identification cards at consulates in the host countries. Second, we draw attention to the need for more mental health and psychosocial support for Venezuelan refugees/migrants as mental health often tends to be overlooked in humanitarian settings.<sup>56</sup> Third, we encourage improved sharing of successful interventions across responding organisations and host communities. For example, successful interventions including reception shelters, regularisation processes and voluntary relocation programmes in Brazil may serve as a useful model to be adapted for other countries like Peru and Ecuador. This sharing of information and coordination of response was also clearly outlined in the Quito Process and the R4V Platform. Findings highlight that discrimination is an ongoing issue and that the shared migration experiences were perceived to have mental health impacts. Therefore, our fourth recommendation is for

### In the story shared, who had power and control?



**Figure 3** Slider question asking who had power and control in the shared micronarrative. Asterisks indicate the overall mean for each subgroup and highlight that respondents in Peru (especially Lima and Tumbes) were more likely to respond in the direction of others having power and control while respondents in Brazil (especially Pacaraima and Manaus) were more likely to respond in the direction of the woman/girl having power and control (p<0.0001).

### The woman or girl in the story was provided with...



**Figure 4** Slider question about the provision of supports and services. Asterisks indicate the overall mean for each subgroup and highlight that respondents in Peru (Lima in particular) were more likely to respond in the direction of the woman/girl having absolutely no supports and services provided. Respondents in Brazil (especially Manaus and Pacaraima) were more likely to respond in the direction of the woman/girl having received too many supports and services.



improved socioeconomic integration of Venezuelan refugees/migrants into host communities with continued campaigns to fight against xenophobia. Although a commitment to examine and respond to discrimination, intolerance and xenophobia was included in the Quito Process, efforts to do so have been lacking and there is an urgent need to implement measures to raise awareness and combat xenophobic policies, attitudes and behaviours. Furthermore, sometimes refugees/migrants were not aware of the services and supports in their host communities even when they existed, highlighting the importance of continuing to share information about rights, regulations and eligibility for services and programmes with Venezuelan nationals. Efforts to do so could be greatly enhanced by more open immigration policies allowing refugees/migrants to enter host countries through regularised avenues. Additional efforts to combat xenophobia include anti-xenophobia media campaigns, the non-criminalisation of migration including for Venezuelans, and avoiding official statements that link criminality with the presence of Venezuelans.

We have also identified several areas for future research. These include further examination of xenophobia and socioeconomic integration of refugees/migrants into the host community. A focus on identifying which measures are most effective in addressing xenophobia and improving socioeconomic integration is particularly needed. Second, research on the mental health impact of migration is urgently needed to provide necessary assistance aimed at mitigating long-term impacts and improving outcomes. The current research did not directly ask respondents about their needs moving forward and so we also advocate for more direct engagement with the Venezuelan community to understand nuances around their migration experiences and resultant needs. In whatever research is being conducted, we recommend community-engaged approaches, particularly with research examining potentially sensitive/stigmatising issues.

### Strengths and limitations

It is important to note the study's limitations. First, although we tried to collect narratives from a diverse sample of participants, the convenience sample may not have been representative due to potential sampling bias and results therefore cannot be generalised to the broader population of Venezuelan refugees/migrants. Despite attempts to include historically marginalised populations, particularly vulnerable individuals were likely missed in our recruitment efforts. Additionally, the shared migration experiences may have occurred anywhere along the migration route and therefore may not necessarily be attributable to the location where the respondent was interviewed. This is particularly relevant for refugees/migrants interviewed in Peru and Ecuador who shared experiences transiting through Colombia. Furthermore, recall bias may have influenced the results

since the shared experience could have been 5 or more years prior to the interview. Finally, recognising our positionality we are cognizant that as non-Venezuelan academics, the results are interpreted with our own inherent biases. However, we attempted to mitigate these biases by engaging with Venezuelan community members through a series of feedback focus group discussions in Peru, Ecuador and Brazil and by conducting validation workshops with service providers within the Venezuelan response (July 2022). The research also has several noteworthy strengths including a large sample size with 9339 self-interpreted narratives providing a wide range of perspectives from both female and male Venezuelan refugees/migrants. The project also made a strategic effort to reach members of equity-deserving groups including persons with disabilities, LGBTQI+ individuals, and individuals who identified as Indigenous or of Afro-descent. Additionally, the lack of direct questioning allowed respondents to share what aspect of the migration experience was most important to them and empowered individuals to interpret their own experiences, thereby reducing interpretation bias. Because within each interpretation question, the possible response options were all positive, all negative, or all neutral, social desirability was also reduced. Furthermore, we adopted a community-engaged approach in which the results were presented back to community members and service providers to fact check, providing reassurance that findings had been understood correctly and that the framing of results was appropriate.

### Conclusion

The current data examine migration experiences of Venezuelan women and girls across nine different locations in Ecuador, Peru and Brazil. Findings highlight differences in refugee/migrant demographics, migration characteristics, experiences and perceptions. Overall, refugees/migrants in Brazil reported more extreme poverty but perceived that they had received more support from the host community and had more positive migration experiences. Venezuelan respondents in Peru, on the other hand, were more likely to share experiences of insecurity/violence, perceived that they had not received adequate support, and had more negative migration experiences. Refugees/migrants in Ecuador reported more negative impacts from the COVID-19 pandemic. Migration experiences are not homogenous, and it is essential to understand the experiences and needs of subsets of refugees/migrant populations to better support their unique needs. Our results call for renewed commitment to the Quito Process including more open reception policies for Venezuelan nationals in Ecuador and Peru as well as improved socioeconomic integration of Venezuelan refugees/migrants into host communities.

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**Contributors** SAB and MN conceived of the study. LV, SJ, MMConnell, BS and EP developed the survey. BR and MMaria assisted with data collection with oversight by MN and SAB. Data analysis was conducted by LV, SF, JMD, SJ, MSLS, MMConnell and SAB. Follow-up focus group discussions were carried out by SF, JMD, MSLS, BR and SAB. SAB drafted the initial manuscript with input and critical review by all coauthors. All members of the team have reviewed and approved the final article. SAB accepts full responsibility for the finished work and the conduct of the study, had access to the data, and controlled the decision to publish.

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**Patient and public involvement** Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

**Patient consent for publication** Not applicable.

**Ethics approval** The Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board approved this study protocol (#6029400). Participants gave informed consent to participate in the study before taking part.

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**Data availability statement** Data are available in a public, open access repository. Data are available from <https://doi.org/10.5683/SP3/WPBQB3>.

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