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GENDER-BASED VIOLENCE IMPUNITY REGIONAL STUDY: DOMINICAN REPUBLIC CASE STUDY

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Gender-based Violence Impunity among Haitian Women Survivors in the Dominican Republic

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ACRONYMS

C-PREV	Coordination in the Prevention of Gender Violence Agreement (of the Dominican Republic and European Union)
CONADIS	National Council on Disability (of the Dominican Republic)
COVID-19	Coronavirus disease 2019
CSO	Civil society organizations
DR	Dominican Republic
DRG	Democracy, Human Rights, and Governance (USAID)
ECLAC	Economic Commission for Latin America and the Caribbean
GBV	Gender-based violence
IACHR	Inter-American Commission on Human Rights
IDI	In-depth interview
IPV	Intimate partner violence
LAC	Latin America and the Caribbean
LACLEARN	Latin American and the Caribbean Learning and Rapid Response Project
MMujer	Ministry of Women's Affairs (of the Dominican Republic)
OBMICA	Caribbean Migration and Development Observatory
OEGID	Gender Equity and Development Office (of the Dominican Republic)
PEA	Political Economy Analysis
PLANEG III	National Gender Equality and Equity Plan (of the Dominican Republic)
SOPs	Standard operating procedures
UNW	United Nations Women's Agency
USAID	United States Agency for International Development
VAW	Violence against women
VOIP	Voice-Over-Internet Protocol

EXECUTIVE SUMMARY

Gender-based violence (GBV) impunity violates human rights, harms public health, and destabilizes homes and communities. GBV impunity often threatens diverse survivors' basic security, including food, safe shelter, livelihood, and freedom from further violence.¹ Impunity perpetuates GBV and denies survivors their rights not only to justice but to vital protection and recovery support services and prevention programs. It entrenches widespread lack of government transparency and accountability to uphold survivors' legal and human rights. It further undermines broader development objectives of social inclusion, governance, and democracy.

The Dominican Republic (DR) GBV Impunity case study is one of eight country case studies included in the GBV Impunity Regional Study under the United States Agency for International Development (USAID) Latin America and the Caribbean Learning and Rapid Response (LACLEARN) Task Order. Each case study investigates country-specific responses to the main research question:

What would constitute meaningful GBV accountability according to diverse survivors in the LAC region?

The case studies diagnose GBV impunity through analyzing the political economy contexts and structural gender inequalities that perpetuate it in the LAC region. Each case study then explores survivors' and service providers' recommendations to improve GBV accountability for specific types of GBV that disproportionately affect historically marginalized and structurally excluded groups. Focusing on some of the most structurally underserved groups of GBV survivors in each country highlights how to improve GBV response services and prevention both for these groups, as well as for more socioeconomically and politically privileged survivor groups in each country. This study prioritizes survivors' and service providers' recommendations specifically for USAID to contribute to improving accountability through three main pathways of strategic action: 1) GBV protection and recovery services, 2) judicial services, and 3) prevention programs. The study centers the voices and lived experiences of GBV survivors and direct service providers to understand the drivers of GBV impunity and to identify strategic solutions in which USAID can invest to reduce impunity and promote accountability.

The DR case study uses a GBV survivor-centered, mixed-methods methodology to understand the complex social, economic, legal, and political issues driving persistent GBV impunity in the country. It explores GBV impunity against women of Haitian descent in the DR. These include migrant, undocumented, and citizen women of Haitian descent, each of whom has different experiences of inclusion in or exclusion from post-GBV services and prevention programs. The research team conducted consultative, formative interviews with staff of 10 civil society organizations and government institutions, who collectively recommended that the case study focus on this population. Once the case study focus population was identified, the case study research team proceeded to review relevant academic and grey literature and available statistics, and conduct 30 qualitative, individual in-depth interviews (IDIs) with women of Haitian descent in the DR who survived GBV, along with civil society and government service provider staff that work directly with them.

¹ "Survivors" in this report refers to either primary (i.e., victims themselves who survived) or secondary (i.e., family, friends, colleagues) survivors of GBV. "Victim" refers to those killed, or as a term that some survivors prefer to use in court proceedings where "victim" confers legal status as a crime victim.

DIAGNOSIS OF GBV IMPUNITY IN THE DR

Over half of women in the DR have experienced one or more forms of GBV in their lifetime, according to available statistics from the Economic Commission for Latin America (ECLAC) and the Gender Equality Observatory for LAC. In 2021, the rate of femicides in the DR was nearly 3 per 100,000 women, the fifth highest femicide rate in all of LAC. Though prevalence estimates of various types of GBV against Haitian women in the DR are not available, a study by Johns Hopkins University and Centro para la Observación Migratoria y Desarrollo Social en el Caribe (OBMICA) documented significantly higher prevalence of lifetime violence victimization among stateless individuals in the DR compared to the general population. These differences were especially pronounced for stateless women—52% of stateless women in the DR reported experiencing intimate partner or non-partner sexual violence in their lifetime, compared to 39% of Dominican national women. The difference for men was much less pronounced—with 37% of stateless men having experienced these types of violence compared to 31% of Dominican national men.² Many stateless individuals in the DR are Haitian.

Several interconnected factors contribute to high rates of GBV and impunity in the DR, especially for Haitian women. First, political crises, economic instability, poverty, and community violence in Haiti drive Haitian women with few socioeconomic prospects to the DR where they largely engage in precarious work in the informal economy. Once in the DR, unstable living conditions, including unsafe living and working environments, lack of migration documentation, lack of civil and legal rights, and lack of political representation, together increase Haitian women's risks of a range of forms of GBV, including sexual exploitation. Economic dependence on perpetrators of GBV, fear of retaliation and deportation to Haiti, and widespread discrimination based on gender, ethnic, linguistic, and cultural barriers, further exacerbate Haitian women's risks of all forms of GBV, and impede survivors' access to public protection, recovery support, and judicial services. For example, Haitian GBV survivors interviewed report that DR border security forces frequently subject them to verbal harassment and physical violence. Fears of unfair and costly legal processes and of deportation deter them from reporting cases to the police. Due to precarities in informal sector work, many Haitian migrants lack the financial resources, material support, protective accompaniment, and social support necessary to pursue lengthy and expensive court cases. DR citizens of Haitian descent also report facing discrimination when seeking public services. For example, one study found that Dominican-Haitian students born in the DR were often denied their identification card, which is required to register for school, get married, open a bank account, or work in the formal sector.³

In addition to avoiding interactions with formal institutions, Haitian migrants also reportedly consider migrating onward to second or third destination countries to avoid the risk of deportation from the DR. Though precise estimates of the prevalence of this behavior are not available, this is a documented response of Haitian migrants in other countries where anticipated economic opportunities did not materialize.⁴ This phenomenon highlights urgent needs within the DR to better serve Haitians there before they embark on perilous additional migration journeys. Haitians constitute the second-largest nationality (19%) among migrants passing through the highly dangerous Darién Gap on their way to Panama or the United States–Mexico border, illustrating just one of many potential harrowing paths

² Johns Hopkins University and OBMICA (2017). Gender-based Violence Among Stateless and National Populations in the Dominican Republic. Report. Bureau of Population, Refugees, and Migration. United States. November 2017. <https://2017-2021.state.gov/prm-funded-research-and-evaluation/gender-based-violence-among-stateless-and-national-populations-in-the-dominican-republic/>

³ Llavaneros Blanco, Masaya. (2020). *Fanm pa chita: Mobilities, intimate labor, and political subjectivities among Haitian women on the move*. Theses and Dissertations (Comprehensive). 2242. <https://scholars.wlu.ca/etd/2242>

⁴ Douyon, E. (2023). Haitians flee a nation nearing collapse. Migration Policy Institute. Feature. July 5, 2023.

migrants may take if they cannot ensure their economic and physical security in the DR.⁵ Nonetheless, a series of discriminatory migration policies have continued to deport large numbers of Haitian migrants and limit their rights and access to basic services.

Haitian survivors participating in the study described impunity as a failure of the DR government to guarantee the rights of GBV survivors. For some survivors, their experiences of impunity amounted to a lack of consequences for perpetrators, despite reporting GBV incidents to police. Other survivors experienced impunity as having “no idea” how to seek accountability for experiences of GBV when coming forward to formal judicial and legal institutions would risk deportation. These are just two examples of how Haitian women experience compounding forms of discrimination in the DR, beyond the gender-based structural discrimination that any woman experiences when she seeks accountability for GBV.

SURVIVORS’ AND SERVICE PROVIDERS’ IDEAS FOR HOW TO IMPROVE GBV ACCOUNTABILITY

GBV survivors and service providers shared ideas for USAID and other stakeholders to improve protection and recovery support, judicial services, and prevention initiatives for Haitian survivors in the DR, regardless of their citizenship, migration status, or place of birth. Case study participants aspire for the quality and availability of these services to be at least on par with the services available to DR nationals, though they acknowledge the quality and availability of services to DR nationals could also improve. Survivors’ and service providers’ visions for nondiscriminatory GBV accountability align with the United States Strategy to Prevent and Respond to GBV Globally, which asserts that the future should be “free from GBV for all people.”

Survivors and service providers highlighted existing strategies and practices that they saw as hopeful examples for improving post-GBV services and accountability. These included, for example, self-organized mutual assistance groups of Haitian women and other community-based initiatives and civil society organizations (CSOs) that provide services and engage in advocacy to advance gender justice and equality in the DR. They also highlighted Dominican-Haitian women’s organizations that accompany survivors in the “Critical Route” process established for reporting cases of GBV to the police. Survivors and service providers valued community-led, grassroots efforts to confront and prevent violence against women (VAW), improve reporting to police of perpetrators’ identities, and provide protection and recovery support to Haitian survivors. Survivors who were afraid to report their own cases of GBV to the police valued the work of Neighborhood Councils, which in some communities report GBV cases to police on behalf of survivors, offering a potential layer of protective accompaniment.

Government service providers emphasized the need for diversity and social inclusion training of staff to dismantle anti-Haitian stigma and exclusion of Haitian women in the DR. This requires developing government staff competencies in delivering services that treat all GBV survivors with equal dignity and respect, empower survivors with support services and referral information, and provide inclusive post-GBV care and justice services regardless of survivors’ immigration status or national origin.

⁵ International Office of Migration (IOM). 2023. Informe: Panamá—Monitoreo de Flujo de Población Migrante—Darién (May 2023). Global Data Institute Displacement Tracking Matrix. https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Ronda%20DTM%20Daríen%20MAYO_2023.pdf (accessed August 24, 2023).

Survivors repeatedly stressed the importance of prioritizing inclusion and nondiscrimination to increase GBV accountability for Haitian migrants and their descendants in the DR. They emphasized the need for support services responsive to their specific needs and their basic and cultural rights. This includes, but is not limited to, addressing language barriers, health service discrimination, and economic disparities compared with survivors who are DR citizens. Services that provide protection and recovery support for survivors would reduce dependence on perpetrators and risks of recurrent GBV.

Both GBV survivors and service providers from CSOs highlighted the need for funding and technical support to further facilitate documented and undocumented migrant women in self-organizing safely and allying with women of Haitian descent who are DR citizens. Such work should focus on helping migrant women understand their legal rights in the DR, how to report GBV cases, and how to safely and effectively advocate for access to protection, recovery support services, and justice. Survivors recommended promoting self-organization through churches, mixed organizations bringing together citizen and migrant women of Haitian descent, and CSOs working with Haitian communities in the DR. Survivors further highlighted that awareness-raising workshops that engage Haitian women would help promote new pathways to GBV accountability. Such services are especially needed in border areas and other spaces where Haitian women often reside. Local and survivor-led initiatives, supported by government, civil society, and international organizations, are crucial in increasing government and civil society accountability for inclusive and nondiscriminatory service delivery for all survivors in the DR.

RECOMMENDATIONS FOR USAID IN THE DR

USAID can play a vital role in national development in the DR through supporting inclusive accountability for GBV, reducing all forms of discrimination in services for GBV survivors, and addressing the factors that drive GBV impunity among diverse, underserved survivor groups.

This case study advances five core, overarching recommendations for USAID and other stakeholders to improve GBV accountability based on the perspectives of survivors and service providers in Haiti. The first three recommendations represent strategic pathways to GBV accountability, while the last two represent overarching principles.

Given urgent needs among survivors and service providers in the DR, we recommend prioritizing actions first that strengthen protection and recovery support services, which are urgently needed among Haitian survivors. However, actions taken in support of any of these core recommendations will promote GBV accountability.

Core strategic pathways for strengthening GBV accountability:

1. Strengthen inclusive, nondiscriminatory GBV protection and recovery support services.
2. Strengthen GBV survivor access to inclusive and non-discriminatory GBV judicial services.
3. Strengthen and expand inclusive, nondiscriminatory GBV prevention initiatives.

Across each of the three strategic pathways to GBV accountability above:

4. Provide Haitian Creole–Spanish translation and interpretation in public and CSO services to reduce language barriers, practice nondiscrimination, and actively include GBV survivors from Haitian migrant communities in the DR.
5. Seek opportunities to support Haitian women in organizing and advocating for themselves to seek accountability for GBV.

We present a set of recommended actions that USAID and other stakeholders could pursue to operationalize the core strategic pathways above. Although all of these pathways and actions together contribute to strengthening GBV accountability, pursuing a targeted subset of them can contribute meaningful improvements. Additional detail on these strategic actions is presented in the recommendations section of the report.

Strategic pathway one: Strengthen survivor-centered, nondiscriminatory, actively inclusive GBV protection and recovery support services

1. Support women CSOs in providing inclusive protection monitoring and recovery support information. To promote inclusion, support staff of service providers working directly with survivors to build their Haitian Creole language capacity.
2. Support expansion of Haitian grassroots women's rights coalitions and networks in the DR. Specifically, support these organizations to advocate for active inclusion of Haitian women in public services for GBV survivors, regardless of their migration status.
3. Support community-based peer group activities of Haitian women, including migrants, to develop supportive and protective social relationships and networks that facilitate their social inclusion and integration in the DR.
4. Facilitate dialogue and coordination among public institutions, CSOs, and Haitian women's groups at the municipal level, so that information and services are inclusive for Haitian GBV survivors.
5. Support the design and implementation of holistic and safe recovery support services that actively include any survivor seeking services, regardless of their gender, race, ethnicity, ancestry, nationality, or migration status.
6. Resource material recovery support assistance (e.g., clothes, food, transportation costs, safe shelter, job assistance, etc.) and promote economic empowerment programs engaging Haitian migrant GBV survivors to improve their financial independence and socioeconomic status.
7. Provide funding for technical assistance to local community-based organizations that promote social inclusion of Haitian migrant populations, particularly women and gender non-binary people, who face elevated prevalence and risks of violence compared to men and Dominican nationals.
8. Strengthen gender, cultural, and social inclusion among public service providers serving Haitian GBV survivors.

Strategic pathway two: Strengthen survivor-centered, nondiscriminatory, actively inclusive judicial services

9. Support increased access to free legal aid and legal rights orientation in Haitian Creole and Spanish for Haitian and Haitian-Dominican GBV survivors. Disseminate information about free legal aid and legal rights information in and across Haitian women's community-based and grassroots groups and networks.
10. Support the training and performance evaluation of judiciary personnel in survivor-centered, nondiscriminatory, actively inclusive GBV survivor-centered judicial response.
11. With participation and support from the Ministry of Health and the Attorney General's Office, support Haitian women-led organizations to advocate for revision of standard operating procedures (SOPs) for inclusive, survivor-centered GBV response practices in health and law enforcement sectors. These practices must recognize the rights, privacy, confidentiality, and dignity of survivors of Haitian descent or origins, among all survivors in the DR.
12. Support Haitian women-led community-based organizations, grassroots groups, and networks to promote GBV survivor-centered restorative justice principles and facilitate access to culturally

appropriate, alternative justice processes with Haitian survivors that address their own understandings of ‘impunity’ and ‘accountability’ for GBV.

13. Partner with the Ministry of Women’s Affairs to support legal sector CSOs to advocate for and support national adaptation of the Latin America Model Protocol⁶ for investigations of gender-related killings of women in the Caribbean. Further support these CSOs to train investigators to implement the Protocol.
14. Support legal sector CSOs in advocating for review, amendment, application, and monitoring of GBV-related legislation and policies that support healthy community norms and a GBV-free society.
15. Improve safe, disaggregated GBV-related crime data collection and promote a centralized, anonymized database to monitor crime statistics of GBV against Haitian women in the DR.

Strategic pathway three: Strengthen survivor-centered, actively inclusive prevention initiatives

Strategic actions for prevention initiatives follow an integrated socio-ecological model,⁷ which organizes recommendations to address risk and protective factors affecting GBV impunity and to prevent future GBV at individual, interpersonal and group, community, and national structural levels. Note that implementing recommendations to improve protection and recovery and/or judicial services also contributes to preventing GBV, since it reduces the likelihood of revictimization.

Individual level:

16. Help prevent GBV survivor revictimization and polyvictimization through support for safe meeting spaces for Haitian GBV survivors to access information about services and legal rights in the DR, with learning and dialogue in Haitian Creole and Spanish to strengthen their individual agency.
17. Facilitate grassroots efforts by Haitian GBV survivor representative groups through community-wide activities focused on fostering gender equality, engaging men as change agents for GBV prevention among other men, and identifying culturally adapted ways to prevent and respond to GBV as a community. Integrate diverse survivor groups’ recommendations into the design of GBV prevention activities, inclusive of input of women, men, and gender non-binary survivors. This includes input on possible interventions to prevent repeated acts of violence from existing perpetrators, as well as how to mitigate risk factors that may contribute to a person becoming a perpetrator or a survivor of GBV, and interventions that could prevent these outcomes.

Interpersonal and group levels:

18. Engage men and boys in communities where Haitian migrants work and reside in activities that promote positive masculinities and gender norm change to prevent IPV and bring about greater gender equality and gender justice for Haitian people in the DR.

Community level:

19. Encourage dialogue and collaboration among CSOs, Haitian migrant women's associations, and local government agencies working in community-based and municipal-level GBV prevention initiatives.

⁶ Bernal Sarmiento, Camilo; Lorente Acosta, Miguel; Roth, Françoise; and Zambrano, Margarita. (2014). Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide). United Nations High Commissioner for Human Rights (OHCHR) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). <https://oig.cepal.org/en/documents/latin-american-model-protocol-investigation-gender-related-killings-women>

⁷ Bronfenbrenner, Urie. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

20. Support GBV prevention programs to reduce sexual violence against and exploitation of Haitian women in or near schools and common workplaces for Haitian women in the DR. Common workplaces which could be targeted include those related to agriculture (like *bateyes*), civil engineering, construction, and transportation.
21. Support Haitian women-led, survivor representation and support organizations, strengthening their capacities to advocate for their constituents' human rights, deepen their constituents' knowledge regarding their rights, and network with similar organizations to amplify their advocacy in service of GBV accountability.

National, structural level:

22. Support evidence-based social norm change programs to replace the social acceptance and normalization of GBV towards Haitian migrant women with new inclusive, nonviolent, and nondiscriminatory beliefs and behaviors among Dominicans towards Haitian people in the DR. Note that, although social norm change is a structural/national-level recommendation, social norm change interventions are often implemented most effectively when they include community-level interventions.
23. Support advocacy efforts that seek to strengthen socioeconomic integration and inclusion initiatives engaging Haitian women, regardless of their immigration or citizenship status.
24. Support collaboration among Haitian women's self-organized, grassroots groups and women-led CSOs to implement activities that mitigate Haitian women's socioeconomic and legal risks of GBV and impunity.
25. Support national awareness-raising campaigns using mass and social media that communicate information on migrant and undocumented women's rights in Haitian Creole and Spanish, engaging in dialogues or 'talk shows' with existing migrant women's associations, among other relevant stakeholders.
26. Support awareness-raising campaigns about Haitian migrant women's labor and sexual exploitation targeting private sector business owners' and operators' associations in sectors where Haitian migrant women work, including in agriculture, civil engineering, construction, and transportation.
27. Help strengthen leadership capacities on diversity, equity, inclusion, and accountability among public sector managerial staff responsible for supervising nondiscrimination, inclusion, and non-violence toward GBV survivors in public services delivery, especially in health clinics and hospitals, shelters, law enforcement, and the judiciary.

I. LACLEARN BACKGROUND AND CASE STUDY METHODOLOGY

The United States Agency for International Development (USAID) is working to improve democracy, human rights, and governance (DRG) in the Latin America and Caribbean (LAC) region. The USAID LAC Bureau's Office for Regional Sustainable Development oversees the Latin America and Caribbean Learning and Rapid Response Task Order (LACLEARN). LACLEARN uses state-of-the-art, gender-informed analytical work, assessments, research, and special studies to build an evidence base for effective programming and contribute to sector learning in the region.

The LACLEARN **Gender-Based Violence (GBV) Impunity Regional Study** seeks to understand the structural drivers, inequalities, and discrimination that drive impunity for GBV in LAC from the perspective of GBV survivors. It further seeks to generate survivor-envisioned and centered recommendations for USAID to promote accountability for GBV in the region. The regional study comprises eight country case studies and regional synthesis analyses, which investigate structural barriers, political economy contexts, and social norms that perpetuate or challenge GBV impunity. The eight case studies focus on diverse types of GBV and impunity that disproportionately affect historically underserved and structurally excluded communities in the LAC region. The study's inclusive approach offers grounded and actionable insights into the socioeconomic and political inequalities, injustices, and impunity, which diverse GBV survivors face to greater or lesser degrees based on often multiple, intersecting forms of discrimination against them. The regional study's inclusive approach also aligns with USAID's ADS 201 guidance on "Inclusive Development Across the Program Cycle and in Mission Operations."⁸ This report, focused on GBV impunity among women of Haitian descent in the Dominican Republic (DR), whether as a migrant or undocumented person, or citizen of Haitian descent, is one of the eight country case study reports of the regional study.

I.1 CASE STUDY OBJECTIVES

The DR case study has three main objectives:

1. To diagnose the current state of GBV impunity and accountability for women GBV survivors of Haitian origin or descent in the DR;
2. To identify inclusive GBV survivor-centered and trauma-informed strategies for increasing accountability, promoting structural gender equality, and reducing anti-Haitianism in the DR; and
3. To provide recommendations and related strategies for action to USAID to promote inclusive, survivor-centered GBV accountability into relevant laws, policies, public and CSO services, and prevention initiatives in the DR.

I.2 KEY TERMS: "GBV" AND "IMPUNITY"

LACLEARN's GBV Impunity Regional Study defines GBV according to the updated 2022 "United States Strategy to Prevent and Respond to GBV Globally":

⁸ Social inclusion is achieved when all people, regardless of their sex, age, ethnicity, social status, income, religion, sexual orientation, ability or disability, or other aspect of identity or demographics, have the same rights and opportunities to contribute to and benefit from development efforts. See USAID. (2018). Suggested approaches for integrating inclusive development across the program cycle and in Mission operations. Additional help for ADS 201. DCHA/DRG/HR, July 2018. https://usaidlearninglab.org/sites/default/files/resource/files/additional_help_for_ads_201_inclusive_development_180726_final_r.pdf.

Figure 2: Key GBV definitions, United States Strategy to Prevent and Respond to GBV Globally

Defining Gender-Based Violence

Gender-based violence is any harmful threat or act directed at an individual or group based on actual or perceived socially constructed norms around masculinity and femininity. Although individuals of all gender identities may experience gender-based violence, women, girls, and gender non-conforming individuals face a disproportionate risk of gender-based violence across every context due to their unequal status in society.

Drivers and Contexts

Gender-based violence is a human rights abuse, a form of discrimination, a manifestation of unequal power, and a public health crisis in the United States and globally. Gender-based violence is rooted in structural gender inequalities, patriarchy, and power imbalances. It has direct and indirect costs to individuals; families; communities; economies; global public health; development; and human, national, and regional security. Gender-based violence is a systemic global problem: it occurs in every country and level of society, it happens in public and private settings, including the home, work environments, transit, educational settings, and schools; criminal justice settings, including correctional facilities; the military and security sector; and digital and online spaces. Members of some populations face overlapping forms of discrimination that put them at an even higher risk of experiencing gender-based violence, including indigenous peoples; historically marginalized racial and ethnic populations; religious minority populations; LGBTQI+ persons; persons with disabilities; older persons and widows; children and youth; low-wage and informal sector workers; migrants, refugees, and internally displaced peoples; and persons in fragile and conflict-affected states.

Types of Gender-based Violence

Gender-based violence is characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control, coercion, and/or violence. It can occur across the life course and is perpetrated by a diverse array of actors, including intimate partners; family members; persons in positions of power, authority, or trust; friends; acquaintances; or strangers. Types of gender-based violence include: child, early, and forced marriage; child sexual abuse; female genital mutilation/cutting; gender-related killing of women and girls, including “femicide” and female infanticide; so-called “honor”-based violence, including acid attacks and killings; some forms of human trafficking; intimate partner violence, including domestic and dating violence; reproductive coercion, including forced sterilization; sexual exploitation and abuse; sexual harassment; stalking; all forms of sexual violence, including sexual coercion, conflict-related sexual violence, rape (including marital rape; so-called “corrective” rape related to actual or perceived sexual orientation, gender identity, or expression; and rape as a weapon of war), and forced or coerced physical examinations (including virginity testing); and all forms of technology-facilitated gender-based violence, including gendered online harassment and abuse. Other types of violence that can be gender-based include: abandonment; bias-motivated violence or hate crimes; bullying; child abuse, including corporal punishment; elder abuse; and so-called “conversion” therapy practices.

Source: United States Government (2022). *United States strategy to prevent and respond to gender-based violence globally 2022 update*. United States Department of State and United States Agency for International Development (USAID). <https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/>.

The GBV Impunity Regional Study provides diverse GBV survivors and service providers in the LAC region with an opportunity to define in their own words what GBV impunity and accountability mean to them. The regional study will propose a survivor-centered definition of GBV impunity in a cross-country synthesis of these survivor-centered definitions.

At its inception, the regional study methodology conceptualized impunity to concern widespread, structural socioeconomic, legal, and political lack of accountability for GBV. This lack of accountability includes, but is not limited to, formal justice sector responses to GBV. The regional study conceptualizes impunity additionally to include the informal, everyday social acceptance and normalization of GBV against Haitian women and Dominican women of Haitian descent in the DR. Government and societal accountability for GBV remains lacking in all sectors responsible for supporting survivors without discrimination and ensuring justice. These sectors include physical and mental health services, protection, legal aid, shelter, material and economic assistance, and other wraparound services that survivors often require before contemplating a likely costly and lengthy legal process.

I.3 RESEARCH METHODOLOGY

The DR GBV impunity case study uses a methodological approach that combines intersectionality,⁹ gender, power, and political economy analytical lenses to investigate the issue of GBV impunity among Haitian migrant women and Dominican women of Haitian descent. These include migrant, undocumented, and citizen women of Haitian descent, each of whom has different experiences of inclusion in or exclusion from post-GBV services and prevention programs. The research team conducted consultative, formative interviews with staff of 10 civil society organizations and government institutions, who collectively recommended that the case study focus on this population.

The case study methodological approach shares core elements with USAID's political economy analysis (PEA) framework, "Thinking and Working Politically through Applied Political Economy Analysis."¹⁰ Both the DR GBV impunity case study methodology and USAID's PEA framework analyze the foundational influences, current events, institutional frameworks, and dynamics among various actors to uncover the incentives and interests that contribute to a persistent outcome, such as GBV impunity.

By adopting an intersectional, gender, power, and political economy analytical approach, the DR GBV impunity case study recognizes the complex interplay of various factors that contribute to GBV impunity among Haitian migrant women and Dominican women of Haitian descent. This approach helps to identify and address the root causes of the issue and promotes a more holistic and inclusive understanding of the problem.

⁹ See Kapilashrami, Anuj. (2018). Intersectionality and why it matters to global health. *The Lancet* 391(10140): 2589-2591. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31431-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31431-4/fulltext).

¹⁰ Rocha Menocal, Alina; Cassidy, Marc; Swift, Sarah; Jacobstein, David; Rothblum, Corinne; and Tservil, Ilona. (2018). *Thinking and working politically through applied political economy analysis: A guide for practitioners*. United States Agency for International Development (USAID). <https://www.usaid.gov/sites/default/files/2022-05/PEA2018.pdf>.

As such, the study's adaptation of PEA integrates an intersectional gender analysis. While the two approaches share similarities, there are also important and complementary distinctions between them, as summarized below.

“PEA explores the political and economic processes in societies to provide an in-depth analysis of the power relations between groups. Gender analysis explores the power relations between men and women [girls, boys, gender diverse, and gender-non-conforming people], and often frames this as explicitly political [and economic].”¹¹

The methodological approach recognizes the agency and influence of diverse survivors themselves, both in terms of human rights, improved democracy and governance, and national development. The study also highlights the importance of institutional duty-bearers in addressing underlying socioeconomic, legal, and political barriers that contribute to impunity and promoting survivor-centered pathways to accountability.

The methodological approach sheds light on “how the political economy impacts men and women [and gender diverse people] differently, whether men and women are differentially able to access power—including patronage networks—influence institutions, and how gender dynamics contribute to or block change.”¹² The analysis helps identify the individuals, groups, and institutions that can drive change for improving accountability and promoting survivor-centered pathways to GBV protection, recovery, justice, and prevention. They also help to expose the informal and formal power hierarchies that contribute to maintaining gender inequalities and harmful norms that underpin and perpetuate GBV impunity.

Further, these analyses look carefully at the access that GBV survivors have to protection and recovery support services and resources, and justice. This includes examining the harmful or protective processes and outcomes of survivors' engagements with health, social work, judiciary, law enforcement, education, and economic systems. The analyses further consider the impacts of national laws, policies, and informal gender norms on either facilitating impunity or promoting accountability. Through these critical analyses, case studies of the GBV Impunity Regional Study identify grounded strategies for addressing GBV impunity in the LAC region and promoting accountability for survivors and greater gender equality in society.

Please see Annex I of this report for further information about the methodology and ethics and safety protocols of the GBV Impunity DR case study.

I.4 REPORT STRUCTURE

The remainder of this report proceeds through four sections mapped to the case study objectives.

The next two sections of the report present findings that diagnose the state of GBV impunity in the DR. The first describes the structural context of GBV impunity in the DR based on existing literature and

¹¹ Browne, Evie. (2014). Gender in political economy analysis. Governance and Social Development Resource Centre (GSDRC). <http://www.gsdrc.org/docs/open/hdq1071.pdf>. See also: Haider, Huma and Sumedh Rao (2010). Political and social analysis for development policy and practice: An overview of five approaches. Governance and Social Development Resource Centre (GSDRC). <https://gsdrc.org/wp-content/uploads/2015/07/EIRS10.pdf>.

¹² Peterson, Spike V. (2005). How (the meaning of) gender matters in political economy. *New Political Economy* 10(4): 499-521. <https://www.tandfonline.com/doi/abs/10.1080/13563460500344468>.

statistics. The second characterizes survivors' understanding of impunity as described in their interviews and illustrates structural inequalities that perpetuate GBV impunity, according to case study participants.

The penultimate section of the report outlines solutions that survivors and service providers who work closely with them identified for improving GBV accountability. This section describes existing GBV services for survivors of Haitian descent, shares survivors' ideas for improving pathways to GBV accountability, and establishes influential actors who might act as drivers of change.

Finally, the report concludes with survivor- and service provider-recommended pathways to improving GBV accountability and strategic actions that USAID could implement to operationalize each of these pathways in the DR.

2. LITERATURE REVIEW AND STRUCTURAL CONTEXT

2.1 HISTORICAL CONTEXT FOR HAITIAN MIGRATION TO THE DOMINICAN REPUBLIC

The relationship between the DR and Haiti has been strained historically. In addition to border disputes, tensions are exacerbated by the disparities in the DR and Haitian economies, pushing Haitians to immigrate to the DR in search of economic opportunity and security. While differences in prosperity and security have motivated persistent Haitian immigration to the DR, several recent crises have resulted in a significant and sustained increase in this migration pattern. These include a devastating earthquake in 2010, the COVID-19 pandemic, and an increase in political instability and corruption. The 2021 assassination of former Haitian President Jovenel Moises resulted in further instability and contributed to a rise in gang control of communities in the face of a weakened government. According to the UN, 86.5 percent of all immigrants in the DR are Haitians.¹³

Haiti is experiencing a humanitarian crisis. Gang violence, including kidnapping, rape, murder, and extortion, has drawn vigilante reactions from community residents living in gang-controlled communities of Port-au-Prince.¹⁴ News reports document large numbers of people fleeing Haiti, some into the DR, others moving through South America aiming to cross the treacherous Darién Gap in hopes of reaching Panama and the U.S.-Mexico border.¹⁵ Though many Haitian women who have fled to the DR seek improved economic and physical security, GBV survivors and service providers interviewed for this study expressed that some are motivated to leave the DR for a second or third destination country because of negative experiences upon arrival. These experiences include socioeconomic exclusion, abuse from DR border security forces, risk of deportation, and risk of GBV, among others. While statistical estimates of the number of Haitian women who have migrated to the DR and then moved on to other countries are unavailable, there is a documented precedent for this phenomenon based on studies of Haitian migrants elsewhere in LAC.¹⁶ In transit to and upon arrival in each new location, women fleeing instability in Haiti face additional risk of GBV and other grave threats to their rights and well-being. In this context, experiences of GBV, impunity, and broader inequalities and socioeconomic exclusion not only threaten the rights of migrants while in the DR but also potentially expose them to even greater risks if they choose to migrate further.

The government of the DR is a member of the Regional Conference on Migration (CRM). Among other commitments, the CRM is committed to protecting and respecting the rights of women and girls across the stages of the migration cycle.¹⁷ In 2023, the CRM and its partners issued an “Extraordinary Declaration” in 2023 in which it reiterated, “ its commitment to promoting gender equality and the

¹³ United Nations. (2022). Migration in the Dominican Republic: Context, challenges, and opportunities. <https://www.undp.org/sites/g/files/zskgke326/files/2022-10/PNUDLAC-working-paper-31-R-Dominicana-EN.pdf>

¹⁴ Human Rights Watch. (August 14, 2023). “Living a nightmare”—Haiti needs an urgent rights-based response to an escalating crisis. Report. https://www.hrw.org/report/2023/08/14/living-nightmare/haiti-needs-urgent-rights-based-response-escalating-crisis#_ftn154

¹⁵ Walsh, Nick Paton, Gallón, Natalie, Lainé, Brice, and Villalón, Carlos. (April 17, 2023). On one of the world’s most dangerous migrant routes, A cartel makes millions off the American dream. CNN. <https://www.cnn.com/2023/04/15/americas/darien-gap-migrants-colombia-panama-whole-story-cmd-intl/index.html>.

¹⁶ Douyon, E. (2023). Haitians flee a nation nearing collapse. Migration Policy Institute. Feature. July 5, 2023.

¹⁷ See Regional Conference on Migration (CRM). (2019). Guidelines for the care and protection of women in context of migrations. https://kmhub.iom.int/sites/default/files/lineamientos_para_la_atencion_y_proteccion_de_mujeres_en_contexto_de_migracion.pdf

empowerment of girls and women in migration contexts.”¹⁸ Despite this commitment, a series of discriminatory migration policies have limited the rights and basic services of Haitian migrants and their descendants living in the DR. These include the 2007 introduction of the “pink book”, which denied Dominican citizenship to children born in the country to undocumented Haitian parents. Additionally, in 2013, Constitutional Court Judgment 168-13 stripped the citizenship of more than 200,000 people born between 1929 and 2007 to undocumented Haitian parents in the DR.¹⁹

The DR eventually established a process for regaining citizenship in response to significant backlash against this policy. However, this process requires a birth certificate, which many Haitians born in the DR do not have.²⁰ As a result, Haitian migrants and generations of descendants continue to face challenges in accessing their rights and basic services, such as education and health care.

In November 2021, a migration policy amendment in the DR restricted entry of Haitian women who are at least six months pregnant. The policy amendment led to human rights violations and dangerous conditions for Haitian mothers and their infants, including gender-based obstetric violence. Examples included denials of pre- and post-natal medical care to pregnant Haitian women and forced and medically unsafe removals and deportations from obstetric wards of Haitian women who had just given birth and their newborns. This policy amendment and its effects on Haitian women and their families provoked a response from the United Nations High Commission on Refugees (UNHCR).²¹ Experts of the United Nations Human Rights Office of the High Commissioner issued a press release in September 2023 that condemned the, “detention and deportation of pregnant and postpartum Haitian women,” in the DR.²²

According to news reports, the DR government has responded to recent surges of migration from Haiti both by building up military resources at the border and cracking down on Haitians in the DR with deportations.²³ Mass roundup and deportation of Haitians at the border and across the DR has been an ongoing policy, with documented cases of torture and abuse during detention and deportation

¹⁸ United Nations, Luxembourg Aid and Development, OIM ONU Migración, Conferencia Regional sobre Migración. 2023. Extraordinary Declaration.” https://crmsv.org/sites/default/files/v_congress_extraordinary_declaration_2023-final-eng.pdf

¹⁹ Tribunal Constitucional República Dominicana. (2013). SENTENCIATC/0168/13. Tribunal Constitucional República Dominicana. <https://www.tribunalconstitucional.gob.do/consultas/secretar%C3%ADa/sentencias/tc016813/>; Aubert, Solene. (2020). Bitter tasting sugar: The United States, Haiti, and racism in Dominican bateyes. Harvard International Review. <https://hir.harvard.edu/the-united-states-haiti-and-racism-in-dominican-bateyes/>.

²⁰ Congreso Nacional República Dominicana. (2014), Ley No. 169-14. Gobierno de la República Dominicana. <https://migracion.gob.do/transparencia/wp-content/uploads/2019/10/Ley-No-169-14-de-Naturalizaci%C3%B3n.pdf>.

²¹ Dominican Today. (2022). Dominican Gov. has deported 792 pregnant Haitians. Dominican Today. <https://dominantoday.com/dr/local/2022/04/06/dominican-gov-has-deported-792-pregnant-haitians/>; and United Nations Human Rights Office of the High Commissioner (2022). Comment by UN High Commissioner for Human Rights Volker Türk on deportation of Haitians from Dominican Republic. United Nations Human Rights Office of the High Commissioner. <https://www.ohchr.org/en/press-releases/2022/11/comment-un-high-commissioner-human-rights-volker-turk-deportation-haitians>.

²² United Nations Human Rights Office of the High Commissioner. 2023. Dominican Republic: UN experts condemn detention and deportation of pregnant and postpartum Haitian women. Press Release. Special Procedures. 12 September 2023. <https://www.ohchr.org/en/press-releases/2023/09/dominican-republic-un-experts-condemn-detention-and-deportation-pregnant-and>

²³ Janetsky, Megan. (2022). Dominican Republic cracks down at border amid Haiti chaos. Associated Press (AP). <https://apnews.com/article/caribbean-haiti-dominican-republic-gangs-border-security-2e4fa38c9de6ca31e983347d3c42b5f5>.

proceedings carried out by the Director General of Migration. These cases have not been fully investigated.²⁴

Policies restricting the entry of certain Haitians to the DR combined with increased border security, deportations, and a highly polarized political climate, have contributed to increasing discrimination and human rights violations against Haitian migrants and their descendants. According to the World Bank, most Haitian migrants are manual laborers filling jobs in construction, agriculture, and domestic care. These jobs generally complement, rather than compete with, the skilled labor force in the DR. This contradicts a reportedly prevalent perception that Haitian workers in the DR negatively affect wages and employment opportunities for Dominican citizens.²⁵

Limited data are available on the economic conditions of Haitian women living in the DR. The most recent data available from the 2017 National Immigration Survey showed 19 percent of Haitian migrant women and 26 percent of Dominican-born women of Haitian descent engaged in paid domestic work.²⁶ However, most Haitian women or women of Haitian descent in the DR work in the informal sector, labor that is not captured in the survey.²⁷ Many women in the informal sector clean homes, care for children, wash clothes, and engage in commercial sex work or transactional sex. Many others work in the informal commerce sector as street vendors or in improvised markets. A smaller proportion work in hospitality in hotels and restaurants. Because none of these activities are captured in the data, nearly 50 percent of Haitian migrant women and 77 percent of Dominican-born women of Haitian descent are considered economically inactive.

Haitian migrant women in the DR are particularly vulnerable to GBV, among other forms of exploitation and abuse. Their vulnerability is exacerbated in informal, precarious, and unregulated working conditions with minimal access to protection, health care, or other support services. For example, during the COVID-19 crisis, government aid went primarily to Dominican citizens in formal sector employment. Considering that most Haitian migrant women and Dominican-born women of Haitian descent work in the informal sector, these women were most likely excluded from this aid while their paid work decreased under pandemic isolation measures.²⁸ These women also face language barriers and historic racism in dangerous, low-paying jobs. Structural barriers prevent Dominican-Haitians from advancing to higher-paying, formal sector work. For example, national identification cards are required for registering for school, getting married, buying property, opening a bank account, or getting a formal sector job. One study found that young Dominican-Haitian students with birth registration in the DR were often denied their identification card, which is required to take middle and high school exams.²⁹

²⁴ United States Department of State. Bureau of Democracy, Human Rights, and Labor. (2022). 2022 Country Reports on Human Rights Practices: Dominican Republic. https://www.state.gov/wp-content/uploads/2023/03/415610_DOMINICAN-REPUBLIC-2022-HUMAN-RIGHTS-REPORT.pdf

²⁵ World Bank. (2016). Building a better future together: Dominican Republic policy notes. World Bank Group, <https://openknowledge.worldbank.org/entities/publication/3915c24f-a0ee-5f88-b275-105099e16160>.

²⁶ Oficina Nacional de Estadística. (2018). Segunda Encuesta Nacional de Inmigrantes, ENI-2017. Oficina Nacional de Estadística. <https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ENI-2017%20FinalWeb.pdf>.

²⁷ Llaneros Blanco, Masaya. (2019). *Fanm pa chita: Mobilities, intimate labor, and political subjectivities among Haitian women on the move.*

²⁸ Riveros, Natalia. (2022). Situación de derechos humanos de las personas migrantes y sus descendientes, in “Estado de las migraciones que atañen a la República Dominicana 2020.” Centro para la Observación Migratoria y el Desarrollo Social en el Caribe, Santo Domingo.

²⁹ Llaneros Blanco, Masaya. (2019). *Fanm pa chita: Mobilities, intimate labor, and political subjectivities among Haitian women on the move.*

In rural areas of the DR, Haitian workers are subjected to the same labor policies as Dominicans. Dominican labor codes do not require written contracts and rely on “the facts” of employment (Ley No. 1692, Labor Code, Principle 9). One study found that 77 percent of urban and nearly 87 percent of rural Haitian labor contracts are not in writing.³⁰ Even if there were written contracts, literacy rates are low among Haitian agricultural workers, and most contracts are written in Spanish, which most Haitian agricultural laborers cannot read.³¹ Ethnographic data establish that Haitian migrant and Dominican-born women find it harder to obtain formal sector work than Dominican women, and their efforts are often undervalued. These analyses reflect the discrimination based on racial and gender inequalities that denies Haitian migrant women, and Dominican-born women of Haitian descent, access to and benefits from safe, formal employment and to exercise wage and labor rights.³² These factors create and maintain the conditions for both GBV and impunity, although data on this topic are limited.

2.2 GENDER-BASED VIOLENCE AND IMPUNITY IN THE DOMINICAN REPUBLIC

In 2021, 150 femicides were officially documented in the DR, with more potentially unreported or misclassified. DR has the fifth highest rate of femicide among 23 countries in the LAC region, even using the conservative estimate of 2.7 femicides per 100,000 women.³³ A 2018 estimate, the most recent available, indicates that nearly a quarter of women and girls aged 15 years and older experienced IPV in the past 12 months, including physical, psychological, or sexual violence.³⁴ Of those, 68.8 percent experienced some form of recurring violence or IPV throughout their life. Over half of women aged 15 years and older (53 percent) disclosed having experienced at least one type of GBV whether in an intimate partnership or in their family.³⁵ The prevalence of IPV is also high among older women, with 47 percent of women over the age of 60 reporting experiencing IPV in their lifetime. IPV is more frequently reported in rural areas compared to urban areas.³⁶

The DR National District Prosecutor’s Office reported that, between January and October 2020, 3,851 cases of sex crimes were filed in the national district alone. Only 257 of these cases were processed, leaving the vast majority unresolved.³⁷ Only 18 percent of cases of IPV reported nationwide resulted in conviction of a perpetrator.³⁸ Data on the ethnicity, national origin, or migration status of those who report cases of GBV are not available, making it difficult to determine how many women of Haitian origin or descent may be among the thousands of GBV survivors in the DR. Between January and October 2021, over 63,000 cases of GBV, including IPV, were reported to the Attorney General’s

³⁰ Lozano, Wilfredo. Oficina Nacional de Estadística. (2013). Inmigración, género y mercado de trabajo en la República Dominicana. Santo Domingo, Oficina Nacional de Estadística.

³¹ Verité. (2012). Investigación sobre los Indicadores de Trabajo Forzoso en la Cadena de Suministro de Azúcar en la República Dominicana. (Research on Indicators of Forced Labor in the Supply Chain of Sugar in the Dominican Republic). http://www.verite.org/research/indicators_of_forced_labor

³² Bueno, Cruz Caridad. (2015). Stratification economics and grassroots development: The case of low-income Black women workers in Santo Domingo, Dominican Republic. *Review of Black Political Economy*, 42: 35-55.

³³ Gender Equality Observatory for Latin America and the Caribbean, Femicide or Femicide. <https://oig.cepal.org/en>.

³⁴ Oficina Nacional de Estadística. (2018). Segunda Encuesta Nacional de Inmigrantes, ENI-2017. Oficina Nacional de Estadística. <https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ENI-2017%20FinalWeb.pdf>.

³⁵ Oficina Nacional de Estadísticas (ONE). 2019. Informe de resultados de la Encuesta Experimental sobre la Situación de las Mujeres (ENESIM-2018). Oficina Nacional de Estadísticas (ONE). <https://www.one.gob.do/publicaciones/2019/encuesta-experimental-sobre-la-situacion-de-las-mujeres-enesim-2018/>.

³⁶ Ibid, 2018.

³⁷ Procuraduría General de la República. (2023). Fiscalía del Distrito logra 30 años de prisión contra vigilante que provocó muerte a otro en empresa automotriz del Ensanche Paraíso. <https://pgr.gob.do/fiscalia-del-distrito>.

³⁸ Marques Garcia, Luana. (2019). Desigualdades de género en República Dominicana 2018-2020. Banco Interamericano de Desarrollo. <https://doi.org/10.18235/0001752>.

Office, but the information on the nationality of survivors is not used in reporting, including in cases of femicide. Thus, it is difficult to estimate annual rates of femicides of Haitian women in the DR.

Although quantitative data are lacking, several qualitative studies provide insights into the extreme threats to Haitian migrant women's safety, well-being, and life opportunities in the DR.³⁹ For instance, an ethnographic study of Haitian women and girls living in the Dominican border town of Comendador, Elías Piña, investigates which safety risks migrant women and girls consider as they weigh crossing the border from Haiti.⁴⁰ Haitian women who pass through official border crossing points on "open market days," (i.e., when all vendors and buyers can enter as far as town markets), report that they consider the realistic threat of extortion, physical and verbal violence, and sexual harassment from soldiers and state patrols that maintain the crossing points. Women who cross the border informally or, 'under the wire', consider robbery, assault, rape, and murder by smugglers and traffickers to be common safety risks.

Another qualitative study among Haitian migrant women found that GBV is a constant in their lives, in addition to other extreme risks they face during the migration journey and in the DR.⁴¹ Haitian women face multiple forms of GBV during migration and throughout their lifetimes, including verbal, psychological, physical, sexual, and economic violence. Economic coercion from intimate partners increases their risks of unsafe employment and further violence from partners, employers, coworkers, or clients. Fear of violent retaliation from the perpetrator, who is often a current or former partner, is a main reason Haitian women choose not to report GBV.⁴²

In 1997, the DR passed Law 24-97 on Domestic Violence, criminalizing GBV and all forms of violence against women (VAW) based on gender.⁴³ This was an important step toward recognizing GBV as a public health concern in the country. However, despite legal frameworks aimed at addressing impunity for GBV, high rates of femicide and other forms of GBV persist.⁴⁴ These legal frameworks also exclude some people based on their gender identity, sexual orientation, class, race, ethnicity, or nationality.⁴⁵ Annex 2 examines the legal environment related to GBV in the DR in more detail.

³⁹ See Petrozziello, Allison, and Bridget Wooding. (2013). Fronteras, buscones, burdeles y mercados binacionales: mujeres haitianas negocian cómo pasar. *Dinámica Cultural* 25(2): 183-205. <https://journals.sagepub.com/doi/10.1177/0921374013498141>; and Vargas, Tahira. (2021). Estudio cualitativo sobre la trata de mujeres extranjeras en la República Dominicana. Instituto Nacional de Migración de la República Dominicana. https://inm.gob.do/transparencia/phocadownload/Publicaciones/2021/Trata%20de%20mujeres%20en%20RD_2da%20ed_6x9_web.pdf.

⁴⁰ Petrozziello, Allison, and Bridget Wooding. (2013). Fronteras, buscones, burdeles y mercados binacionales: mujeres haitianas negocian cómo pasar. *Dinámica Cultural*, 25(2): 183-205. <https://journals.sagepub.com/doi/10.1177/0921374013498141>; and Vargas, Tahira. (2021). Estudio cualitativo sobre la trata de mujeres extranjeras en la República Dominicana. Instituto Nacional de Migración de la República Dominicana.

⁴¹ Petrozziello, Allison. (2019). (Re)producing statelessness via indirect gender discrimination: Descendants of Haitian migrants in the Dominican Republic. *International Migration*, 57(1): 213–228. <https://doi.org/10.1111/imig.12527>.

⁴² Petrozziello, Allison, and Bridget Wooding. (2013). Fronteras, buscones, burdeles y mercados binacionales: mujeres haitianas negocian cómo pasar. *Dinámica Cultural*, 25(2): 183-205. <https://journals.sagepub.com/doi/10.1177/0921374013498141>

⁴³ Congreso Nacional República Dominicana. (1997). Ley No. 24-97. Organization of American States. [https://www.oas.org/dil/esp/Ley 24-97](https://www.oas.org/dil/esp/Ley%2024-97).

⁴⁴ Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM) República Dominicana y Colectiva Mujer y Salud. (2016). Informe alternativo al Comité de Derechos Económicos, Sociales y Culturales de las Naciones Unidas (DESC) en ocasión de presentar la República Dominicana: su informe periódico No. 4 al Comité. <https://cladem.org/wp-content/uploads/2018/11/INFORME-DESC-RD-ES-I.pdf>.

⁴⁵ CLADEM. (2014). Patrones de violencia contra las Mujeres en América Latina y el Caribe: Informe presentado a la relatora de la ONU sobre violencia contra la mujer, sus causas y consecuencias. <https://cladem.org/publicaciones-regionales/informe-patrones-de-violencia-contra-las-mujeres-en-america-latina-y-el-caribe-2015/>.

Exclusion from the DR's legal frameworks concerning GBV cause documented and undocumented Haitian migrant women in the DR to be legally invisible. This can make them targets for multiple forms of harassment and GBV by those responsible for "safeguarding" border crossings on both sides.⁴⁶ As the previously discussed ethnographic study describes:

"Haitian migrant women that cross the border for open market days at bi-national markets face violence regardless of whether they cross formally or informally. Systemic exploitation and bribes that Haitian women are arbitrarily required to pay at multiple military checkpoints while attempting to cross, make this option less profitable among Haitian women who make their living there."

The high incidence of GBV, including femicide, and resulting impunity for GBV against Haitian women in the DR is alarming. Impunity perpetuates GBV and, as long as it persists, tolerance for VAW will continue.⁴⁷ Despite the large numbers of GBV reports filed annually, few are processed, and there is a lack of a judicial response that addresses the incidence, severity, or consequences of GBV among Haitian women in the DR.⁴⁸

The COVID-19 pandemic widely exacerbated already high rates of GBV globally, and the DR was no exception. From March to May 2020, during COVID-19 quarantine, UNFPA reported that 150 women and 251 children under the age of 13 who were survivors of GBV sought refuge in emergency shelters in the DR.⁴⁹ The DR Ministry of Women's Affairs (MMujer) recorded a total of 2,322 calls to the women's helpline between March and June 2020, reporting various forms of GBV, including physical, psychological, verbal, and patrimonial violence.⁵⁰ Although quantitative estimates were not disaggregated by national origin or ethnicity, there were qualitative reports of a rise in GBV against Haitian women in the DR during periods of COVID-19 restrictions. It is important to note that GBV, including lethal VAW, is closely linked to community insecurity, widespread criminal and human rights impunity, and a misogynistic culture that undervalues women, independent of the COVID-19 pandemic.⁵¹

⁴⁶ Petrozziello, Allison, and Bridget Wooding. (2013). Fronteras, buscones, burdeles y mercados binacionales: mujeres haitianas negocian cómo pasar. *Dinámica Cultural*, 25(2): 183-205.

⁴⁷ CLADEM. (2016). Informe alterno al Comité de Derechos Económicos, Sociales y Culturales de las Naciones Unidas (DESC) en ocasión de presentar la República Dominicana: su informe periódico No. 4 al Comité. <https://cladem.org/wp-content/uploads/2018/11/INFORME-DESC-RD-ES-1.pdf>.

⁴⁸ Relatoría de los Derechos de la Mujer. (2007). Acceso a la justicia para las mujeres víctimas de violencia en las Américas. Comisión Interamericana de Derechos Humanos. <https://www.cidh.oas.org/women/acceso07/indiceacceso.htm>.

⁴⁹ UNFPA República Dominicana. (2020). UNFPA lamenta feminicidios durante cuarentena; llama a priorizar necesidades de mujeres y niñas en la respuesta al COVID-19. United Nations Population Fund (UNFPA) Dominican Republic. <https://dominicanrepublic.unfpa.org/es/news/unfpa-lamenta-feminicidios-durante-cuarentena-llama-priorizar-necesidades-de-mujeres-y-ni%C3%B1as-en>.

⁵⁰ Ministerio de la Mujer. (2020). Línea Mujer *212 received 2,322 calls and the Shelters protected more than a thousand people from extreme violence during a state of emergency due to Covid-19. Gobierno de la República Dominicana. <https://mujer.gob.do/index.php/noticias/item/589-linea-mujer-212-recibio-2-322-llamadas-y-las-casas-de-acogida-protegieron-a-mas-de-mil-personas-de-la-violencia-extrema-durante-estado-de-emergencia-por-covid-19>.

⁵¹ ONU México. (2016). Declaración oficial de ONU Mujeres frente a los casos de feminicidio y los niveles de impunidad en la región. United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) Mexico. <https://mexico.unwomen.org/es/noticias-y-eventos/articulos/2016/08/feminicidios-violencia-mujeres>.

3. DIAGNOSIS OF GBV IMPUNITY IN THE DOMINICAN REPUBLIC

Building upon evidence from the literature review of the structural context in the DR, this section presents evidence from case study interviews regarding survivors' understanding of GBV impunity and structural inequalities that perpetuate it.

3.1 SURVIVORS' UNDERSTANDING OF GBV IMPUNITY FROM LIVED EXPERIENCE

In the case study interviews, the researchers asked Haitian GBV survivors to describe their own understanding of GBV "impunity" and "accountability" in the DR. They grounded their concepts and narratives of impunity and accountability in their personal lived experiences and observations of others' struggles against GBV impunity. They stressed unmet responsibilities of the Dominican State for GBV accountability in its failures to provide protection and recovery support services, judicial response, and prevention interventions inclusively and effectively. Survivors also discussed the structural barriers they faced when seeking justice in the DR, including discrimination based on Haitian ethnicity, gender, and immigration status. Such barriers perpetuate impunity for both citizen and migrant Haitian GBV survivors disproportionately in the DR.

Haitian survivors participating in the study recognized that being able to report cases of GBV to law enforcement is critical in their fight against impunity. They underscored that the DR government is responsible for providing legal remedies for survivors and holding perpetrators to account.

"The State generally must punish individuals who do not respect the rights of women. It is responsible for punishing all men who want to mistreat women, who choose to exercise violence against women. If the State does not acknowledge it, is that called impunity?"

Quote 1: GBV Survivor

"Well, I think that the Ministry of the Defense of Women's Rights should take that into account. They have to take action on violence against women."

Quote 2: GBV Survivor

When GBV survivors report cases to police and the police file legal charges, survivors describe how impunity can occur when the police or judiciary either do not write and file the report or fail to investigate a charge filed. Two quotes below give examples of impunity that relate to a lack of police investigation or inadequate judicial response after a report to the police. In both cases, survivors reported that impunity increases the likelihood of recurring violence from perpetrators. Even in cases that have triggered a police investigation or justice response, survivors still perceive impunity to persist when facing recurring violence.

"Impunity is when someone does something bad and commits abuse and doesn't go to the justice system [i.e., the police do not take them in for questioning or arrest them]. [...] It means, for example, that someone killed someone else and escaped [i.e., there was no police investigation, court case, conviction, or sentence]. That individual never goes to the justice system [i.e., police never arrest them], and the dead individual doesn't get justice. That's a matter of impunity because no justice was done."

Quote 3: GBV Survivor

“An example is if my husband beats me up or breaks my arm. I go to the police, and they put him in jail [...]. When he’s in there, he isn’t afraid. He pays a bit of money, and he’s out, and back to his old self.”

Quote 4: GBV Survivor

Based on interview participants’ experience, for Haitian women in the DR who are GBV survivors and experience recurring violence, filing a police report generates hope that justice may be attainable. However, if justice is not served and impunity results, then GBV survivors experience frustration, revictimization, and even retaliatory attacks by one or more perpetrators. This reduces the likelihood that they and others like them will report to the police again. Some of these retaliatory attacks are lethal. Haitian women discussed losing confidence in law enforcement and the judiciary in the DR as these institutions discriminated against and excluded them from justice for being poor, Black, and Haitian.

“Many of us don’t speak Spanish. We don’t know where to go. Besides, if we don’t have money to pay for the claims, the cases are covered up, and everything goes unpunished.”

Quote 5: GBV Survivor

One Haitian migrant GBV survivor emphasized that seeking justice would have exposed her to greater vulnerability because she did not have the required identity document. She did not pursue a court case out of fear of being imprisoned and deported. In this context, she experienced impunity as having “no idea,” where she could report her GBV case safely.

“I spent a lot of money to get there [to a police station], and they told me that if I didn’t have an identity card, I wouldn’t be received. I had said that I had a passport, but they told me that if I didn’t have an identity card, I wouldn’t be received. That for me is humiliation.”

Quote 6: GBV Survivor

Most survivor accounts aligned with widespread reports and available data indicating that Haitian survivors who report GBV to the police receive no response or, worse, are exposed to risks of deportation. When survivors report to the police and encounter denial of service, inaction on a report, or deportation risks, it further traumatizes them and increases their risks of exposure to recurring violence. Survivors described how these experiences send a message that the State disregards and perpetuates impunity for GBV against women, particularly Haitian women.

GBV survivors shared a range of viewpoints regarding what would constitute accountability. Some said they did not understand the concept of accountability for GBV, while others emphasized critical aspects of accountability. One survivor explained her view that accountability relates to ensuring certain rights are guaranteed to all women in the DR, including those of Haitian descent:

“The right that a woman has to go out on the street, to communicate with other people and to live a life free of violence. Also, to make a decision [herself] about whether or not they want to be [have sex or an intimate relationship] with someone.”

Quote 7: GBV Survivor

Haitian GBV survivors’ lived experiences of impunity, along with their observations of others’ struggles for accountability, highlight the vital importance of protecting the fundamental and multisectoral human rights of survivors as a crucial step toward building societal and structural systems for GBV accountability.

Taken together, Haitian survivors consistently shared experiences that constitute impunity and lack of accountability for them in a context of anti-Haitian discrimination and the multiple structural barriers that perpetuate it in the DR. These factors contribute to disproportionate levels of impunity for GBV against Haitian survivors, whether they are migrants or citizens.

3.2 STRUCTURAL INEQUALITIES THAT PERPETUATE GBV IMPUNITY IN THE DR

3.2.1 Social inequalities

According to survivors and service providers interviewed, unhealthy and unfair societal norms and beliefs about masculinity, ethnicity, and socioeconomic status normalize and sustain GBV and impunity in the DR at every level of society. Inequitable norms and beliefs promote acceptance of Dominican men dominating social, economic, and political life at interpersonal, family, community, and national levels. Survivors expressed that Dominican society accepts GBV and impunity as normal, everyday, private matters that men learn to tolerate and perpetuate within patriarchal families and communities. From their perspective, society has historically seen GBV between intimate partners or by adults against children or other vulnerable family members as a matter of only private concern, and law enforcement and the judiciary have largely ignored it.

“So that is impunity—because impunity is not only within the State but also within the family.”

Quote 8: Civil Society Service Provider

Rigid gender and ethnicity stereotypes further normalize GBV in Dominican society. Stereotypes perpetuate social acceptance and validation of men’s uses of psychological coercion, verbal aggression, and physical, sexual, and economic violence to control women and girls. They rarely face consequences for it. Men’s socioeconomic and political power over women’s bodies restricts women’s autonomy, decision-making, and right to live without violence. These factors compound and normalize social inequalities driving impunity for GBV against Haitian women. Participants in the study did not describe a formal belief system that justifies violence. However, informally, they believe society considers VAW to be normal. GBV, therefore, is often ignored not just in rule of law and justice sector institutions, but also in interpersonal relationships, families, and communities.

“They normalize it, and that’s what is most serious, like ‘he just hit me and that’s it.’ Oh, but you don’t ask them, and you see the next day they leave the house as if nothing happened and you think they’re going to file a report. Yet, when their partner arrives as if nothing happened, they continue talking as if nothing happened because then they don’t even argue. It’s not just me, but all of us who work in communities, we see that it’s normal.”

Quote 9: Civil Society Service Provider

Civil society GBV service providers who work with Haitian migrant survivors in the DR further believed that the media normalizes VAW by reporting on it frequently and portraying it as a common occurrence. CSO service providers perceive that repeated exposure to representations of VAW in the media contributes to people ignoring GBV and viewing it as normal, not severe, and unimportant. Providers explained how media often describes GBV cases involving women survivors as “acts of passion” and relegates them to the private sphere.⁵² From their perspective, lenient depictions of VAW in the media lets perpetrators, “off the hook” and promotes persistent GBV impunity.

“So, all, everything that we believe that we’re informing [the public about GBV through broadcasting media images and videos], we’re actually not. [...] As long as we continue displaying violent facts in the media, it’s going to continue disseminating violent facts [i.e., reinforcing and perpetuating GBV, not challenging or preventing it], because human psychology unfortunately works like that.”

Quote 10: Civil Society Service Provider

Survivors’ narratives further illustrate how gender inequitable social norms and stereotypes reinforce women’s expected roles as caregivers in families dependent on men as sole breadwinners. Many survivors underscored that women are reluctant to report their crimes to the police when the perpetrator is their or another family’s primary breadwinner. Additionally, Haitian migrant women fear retaliatory attacks against themselves and their dependents. Survivors therefore find it extremely difficult to escape contexts where they experience GBV or seek justice.

“Mostly they think about the children and that it’s her partner. She won’t report him, nor will she put him in jail, because he’s the breadwinner. If he goes to jail, then, how will she be able to support her children?”

Quote 11: Civil Society Service Provider

Haitian GBV survivors emphasized that it is because of inequitable social norms, stereotypes, and persistent impunity that migrant, low-income, Black women are reluctant to report GBV to the police or pursue court cases in the DR. They fear that their fundamental rights will not be upheld and that their protection and recovery support needs will be ignored, without any form of accountability. Moreover, they highlighted that their limited education, low literacy levels, and inability to speak Spanish fluently were significant obstacles for those who have tried to seek justice.

⁵² Chirino, Oneida. (2019). La violencia de género y los Medios de Comunicación Social. Encuentros. *Revista de Ciencias Humanas, Teoría Social y Pensamiento Crítico*, (11): 69-92. <https://www.redalyc.org/journal/6363/636369217005/html/>.

“The justice system acted very poorly, showing the woman that she was nobody and that she got no justice because she was undocumented and had no money.”

Quote 12: GBV Survivor

“I don’t know, but if you’re undocumented, there’s no justice for you.”

Quote 13: GBV Survivor

“No, I haven’t gone [to the police] because I know that Haitians don’t get justice here. If I go to seek justice, they’re just going to send me back to Haiti to demand that justice be done there. Or they’re going to [just] deport me. They’ve done it before.”

Quote 14: GBV Survivor

Several Haitian GBV survivor women further shared accounts of suffering from social exclusion and medical violence in hospitals and health clinics due to discriminatory social norms, stereotypes, and behaviors in these sites. Survivors shared how hospital and health clinic personnel often ask Haitian women to show identification documents and prove their legal residency in the DR before providing them with health services. This frequently makes Haitian women particularly susceptible to unsafe, traumatizing, and even life-threatening conditions in hospitals and clinics.

Some Haitian survivors described how, in addition to experiencing discrimination from health care providers, they are sometimes targeted for deportation by security forces upon entering hospitals. These experiences have resulted in life-threatening situations for people who need urgent care. Quote 16 shares the first-hand experience of a pregnant Haitian woman who received no post-operative care for several hours following surgery and may have died, if not for last-minute intervention.

“In the Dominican Republic, when women go to the hospitals, and the doctors speak badly to them, these are all considered forms of violence; [...] they [border control and security forces] go into hospitals looking for women.”

Quote 15: GBV Survivor

“I just underwent surgery, and I spent a night that, if it wasn’t for a doctor who came to see me, I would’ve died with the baby inside me due to lack of blood.”

Quote 16: GBV Survivor

A different survivor recounted overhearing a nurse deprioritizing her care during an urgent prenatal visit due to her nationality.

“She’s Haitian. Put her last [on the list]. She can wait.”

Quote 17: GBV Survivor

In 2021, the Dominican government added measures to its immigration policies to prohibit entry by Haitian women who are six months or more pregnant. Although pregnant women cannot be detained

according to migration policy, there have been reports from CSOs that pregnant Haitian women have been detained and deported forcibly, which the Inter-American Commission on Human Rights (IACHR) has condemned.⁵³ The government's rationale for this policy is that the Dominican health care system cannot bear the cost of providing obstetric care to Haitian migrant women. The situation has escalated to the point where police are conducting raids on hospitals to apprehend and deport undocumented Haitian midwives and pregnant women. Despite objections from CSOs and international agencies, arrests, and deportations of Haitian midwives and pregnant women persist.⁵⁴

3.2.2 Economic inequalities

Haitian GBV survivors highlighted in interviews how structural economic inequalities make it difficult for them to access justice, services, and accountability. From the moment GBV survivors enter a police station or prosecutor's office to file a report, it is evident that women with financial resources receive more attention and support than low-income women. Haitian migrant women face constrained and exploitative economic opportunities in the DR, particularly those who do not speak Spanish and have limited training for formal employment. The majority consequently live in extreme poverty and cannot afford the cost of pursuing a legal case. Participants frequently described a lack of resources, language barriers, and institutional racism in their interactions with the legal and judicial systems.

“If you have the economic conditions for it, you can find the solution more quickly.”

Quote 18: GBV Survivor

“For [Haitian] migrants, it’s the lack of money because those who have money aren’t treated the same as someone who is poor.”

Quote 19: Civil Society Service Provider

The legal process requires travel expenses, time, and opportunity cost alongside the direct costs to go to different government offices, attend multiple court appearances, and pay for legal services. These costs are not sustainable for many Haitian GBV survivors, especially those who are migrants, leading them to abandon pursuit of a legal process altogether.

“So, a [Haitian] migrant woman, who in addition to facing difficulties, a barrier, the language barrier, has economic hardships, which is almost always the case, is going to have difficulties to be able to access justice, if she has to travel all that distance and as, almost always, there’s no police unit available to take her.”

Quote 20: Government Institution Service Provider

⁵³ Organization of American States, InterAmerican Council on Human Rights Media Center. (2021). IACHR expresses concern over pregnant women expelled from the Dominican Republic and calls on State to guarantee access to protection mechanisms and reproductive health services. Press release. https://www.oas.org/en/IACHR/jsForm/?File=/en/iachr/media_center/PReleases/2021/320.asp.

⁵⁴ Observatorio Latinoamericano sobre Trata and Tráfico de Personas. (n.d.) Deportación de mujeres embarazadas y lactantes consterna a República Dominicana: Dossier de Prensa. Observatorio Latinoamericano sobre Trata and Tráfico de Personas (OBMICA). <http://obmica.org/index.php/actualidad/373-deportacion-de-migrantes-haitianas-embarazadas-dossier-de-prensa>; and Hasbun, Jessica. (2021). República Dominicana detiene y deporta grupo de haitianas embarazadas y con bebés recién nacidos en las afueras de hospital. CNN Español. <https://cnnespanol.cnn.com/2021/11/12/republica-dominicana-detiene-y-deporta-grupo-de-haitianas-embarazadas-y-con-bebes-recien-nacidos-en-las-afueras-de-hospital/>.

Survivors described how, if a Haitian migrant woman is undocumented, they will not be able to receive assistance from government institutions nor will they receive a copy of their GBV case report. In contrast, they emphasized, if the perpetrator has resources, then he has power to have a court case dismissed.

“Because I don’t have money, I’m alone, and I don’t have a lawyer. Everywhere I went, I went alone, because whenever I go to see a lawyer, they ask me for RD\$30,000 just to walk alongside me, and I don’t have that kind of money. Second, I don’t have an identity card. I have a passport with my identity as a Haitian. So, I don’t have money or an identity card, and they’re abusing their power.”

Quote 21: GBV Survivor

Study participants viewed poverty as one of the main factors driving and perpetuating GBV impunity. Economic gender inequalities contribute to Haitian migrant women’s risks of GBV and form persistent barriers in their access to justice, furthering conditions of impunity.

“Because access to justice is very limited for someone who arrives with [...] a pair of normal sneakers on their feet, a little dress [...] I don’t know. It’s different when it’s someone who arrives with a wallet and a ‘wawa’ [motor vehicle] on top. I don’t know, someone who arrives with everything and a key to a vehicle, always walking around with the key in their hand. When that person arrives, all personnel who are there in the prosecutor’s office, ask them, ‘ma’am, how can we help you?’ The other one arrives, ‘ma’am, what are you looking for?’ You know what I mean? So, ‘what are you looking for, ma’am?’”

Quote 22: Government Institution Service Provider

“The treatment could unfortunately vary in some cases: for example, if it’s a victim who apparently has very limited resources and approaches a branch office, and it turns out that they treat her like that just because of her looks, it’s a shame, but it happens in many cases. However, when they see someone who is well dressed who comes to file a report, you see how they’re always on their toes with them. It’s a weakness in the system.”

Quote 23: Government Institution Service Provider

Haitian GBV survivors in the DR further lack protective accompaniment in the reporting process to guide, reassure, and make them feel safer while seeking justice services. Service providers described this as particularly true in cases when the perpetrator financially supported the survivor and her children.

“Sometimes women suffer violence, but when they know that their husband earns money, puts food on the table and provides for the children, they keep [their] mouth shut. They know that if they immediately go to report the violence, they know that he’ll be locked up in jail, and where will their child eat? How will they pay for the house? So, they keep their pain locked up inside and won’t report the violence.”

Quote 24: Civil Society Service Provider

Study participants further asserted that the chances of GBV going unpunished increase proportionally with the power and resources that perpetrators have. They described how perpetrators with higher

social status, more extensive political networks, and money can pay expert lawyers or bribe corrupt personnel in the prosecutors' offices. Similarly, survivors' risk of experiencing impunity increases proportionally the less income, formal documentation, awareness of their rights, literacy, and Spanish language skills they have.

“Yes, wealthy people are more protected. I have an example of a case of a baby who touched something in a warehouse. The man gave [the baby] a single blow, and the baby died. The owner of the business paid a lawyer and was spared from going to jail, while the baby’s mother didn’t have the money to pay for a lawyer, and her case went unpunished because she had no economic resources.”

Quote 25: Civil Society Service Provider

GBV survivors expressed fear of the significant socioeconomic power that many perpetrators wield, and because of this, they prefer not to file a report.

“Oh, if I do that or if I don’t do that, they’re really going to kill me. The justice system acted very badly, showing women that they mean nothing, and that they get no justice because they’re undocumented and don’t have any money.”

Quote 26: GBV Survivor

3.2.3 Political inequalities

While historic anti-Haitianism against migrant and Haitian Dominicans is well documented, the Dominican government denies the existence of structural racism in political representation, public policies, and programs. This leads to deep discrimination and exclusion.

Case study participants noted gender inequalities in political representation as a factor shaping GBV impunity. Women are underrepresented in government positions at all levels. Women hold only 25 percent of the seats in the Chamber of Deputies and 13 percent in the Senate. In the Municipal Branch, women lead only 19 out of 158 mayoral offices (12 percent), and in the Executive Branch, women lead only two out of 23 ministries. This underrepresentation is a significant obstacle to improving structural gender equality and women’s rights in the country, which are foundational elements for improving GBV accountability.⁵⁵

“Who has always governed? There’s a governance system that belongs to men, and women still enter there and can’t do much, because the whole system is set up and sometimes it’s like I say, for example, out of the agreements, of the international conventions, you have to have a number of women in certain positions, but actually go and see the number of women in the positions. Who are they? How are they? Where are they?”

Quote 27: Government Institution Service Provider

⁵⁵ International Institute for Democracy and Electoral Assistance (International IDEA). (2022, April 1). Gender Quota Database: Dominican Republic. <https://www.idea.int/data-tools/data/gender-quotas/country-view/96/35>. Retrieved May 18, 2023.

The limited representation of women who are knowledgeable about and committed to promoting women's rights and interests, including the right to live free from violence, has impeded progress in meeting women's demands and fully exercising their rights in the DR. Study participants pointed out that in cases of GBV, a lack of political will to ensure justice contributes to intersectional GBV and impunity. This lack of representation and political will hinder gender equality and constrain women's rights, including the right to live free from violence.

“So, when you add to this issue of structural violence that’s generated by the State today and is assumed and culturally accepted by the inhabitants of a given country, when you add other vulnerabilities such as poverty, disability, migrant status, gender identity issues, it becomes more complicated, more aggravated.”

Quote 28: Government Institution Service Provider

Study participants further highlighted the fact that no citizen of Haitian descent has been able to reach an elected office in the DR, effectively closing the space for influencing public policy and program investments for this population. Addressing and acknowledging the existence of structural racism in the DR, for both citizen and migrant people of Haitian descent, is crucial to combatting discrimination and promoting racial equality and justice in the country.

“Well, people of Haitian descent are more discriminated against, because in our country, there’s a stigma of people of color. And to put that on the Prosecutor’s Office that they don’t understand the language, that they don’t understand it, they don’t want to accept [a Haitian GBV survivor’s] report [to law enforcement], they put it on hold. When they put them on hold, they get desperate, they start to feel bad, or they don’t want to assist them simply because of their tone of voice. They understand that they are people of Haitian descent, so they qualify them as Haitian. ‘Let her wait there. It doesn’t matter.’”

Quote 29: Civil Society Service Provider

Structural racism is evident in discriminatory migration policies of the DR that target undocumented Haitians for deportation in violation of their human rights, even though citizens of other countries also live undocumented in the DR. As previously mentioned, in 2013, the Constitutional Court issued Judgment 168-13, denying citizenship to children born in the DR to undocumented parents.⁵⁶ This requirement left thousands of people born in the DR of Haitian descent undocumented. The 2013 judgment ignored the Constitution in force before 2010 that guaranteed nationality by place of birth. Though this policy has since been amended to offer a pathway to citizenship for people of Haitian descent, the requirement to have a birth certificate in hand excludes many of them and leaves them stateless and vulnerable to poverty and crime with impunity. Promoting inclusive immigration and citizenship policies and fairness in access to government services, regardless of race, ethnicity, or nationality, is essential to reducing GBV impunity among Haitian women in the DR.

⁵⁶ Tribunal Constitucional República Dominicana. (2013). SENTENCIA TC/0168/13. Tribunal Constitucional República Dominicana. <https://www.tribunalconstitucional.gob.do/consultas/secretar%C3%ADa/sentencias/tc016813/>.

A report of Johns Hopkins University and Centro para la Observación Migratoria y Desarrollo Social en el Caribe (OBMICA), “Gender-based Violence Among Stateless and National Populations in the Dominican Republic,” confirmed that:

“Authorities in the Dominican Republic routinely deny citizenship and nationality to Dominicans of Haitian descent, persons born in the Dominican Republic, by claiming that they are part of a population ‘in transit,’ and most recently have stripped people of Haitian descent of their citizenship, rendering them stateless, a decision that disproportionately affects generations of Dominicans of Haitian descent born in that territory”⁵⁷

As previously discussed, the prohibition of Haitian women who are six months or more pregnant from entry into the DR and the resulting dangers to maternal and child health and safety are yet another manifestation of the wider problem of anti-Haitian structural violence in the DR.

Violence and insecurity in Haiti combined with exclusionary immigration policies in the DR further lead some Haitian women to earn income through informal transactional sex and commercial sex work for economic survival. Haitian women engaging in transactional or commercial sex work face not only risks of acquiring HIV and other sexually transmitted infections, but also compounded forms of violence such as being drugged, beaten, robbed, and raped. Though some women may appear to engage in this work voluntarily, they do so and confront these risks in conditions of structural exclusion that offer few or no economic alternatives. The statement below from the website of an international NGO that works with Haitian migrants describes these conditions, which constrain women’s ability to choose livelihoods that promote dignity and well-being.

“If we talk about Haitian migrant women we can’t leave aside the abuse, especially sexual. Many have to negotiate for clandestine travel because they don’t have a good job when they arrive. The easiest thing to do is to become a ‘commodity’ by selling their body to survive. Another aspect is that they don’t have adequate training or knowledge about procreation or birth control, so they easily become pregnant. Of this phenomenon, there are many migrant women, especially young women.”⁵⁸

One study participant added that some CSOs have been actively defending human rights of people of Haitian descent in the DR and protesting blatant violations of international human rights conventions that the Dominican government ratified. Nevertheless, related advocacy efforts—including from international organizations—have not resulted in changes to Dominican government policies.

“It also happens with our cases—as it’s already a xenophobia issue that’s more in a general sense, as I said, structural—even if we report, what happens? If it’s not on the international level, what are they going to do or even say: ‘No, but the Dominican Republic shouldn’t do that.’ Just because we say it, it doesn’t mean they care. As for women, when they were being deported while still pregnant, we reported it many times, but until the United Nations spoke up, it was like, ‘Oh, okay.’ It’s not that they then stopped doing it. They continue to do it.”

Quote 30: Civil Society Service Provider

⁵⁷ Johns Hopkins University and Centro para la Observación Migratoria y Desarrollo Social en el Caribe. (2017). Gender-based violence among stateless and national populations in the Dominican Republic. United States Bureau of Population, Refugees, and Migration. <https://2017-2021.state.gov/prm-funded-research-and-evaluation/gender-based-violence-among-stateless-and-national-populations-in-the-dominican-republic/index.html>.

⁵⁸ Manos Unidas. (2022). Ser inmigrante y haitiano en República Dominicana. <https://www.manosunidas.org/noticia/inmigrantes-haitianos-republica-dominicana>.

4. EXISTING SERVICES AND SURVIVORS' IDEAS FOR PATHWAYS TO GBV ACCOUNTABILITY

With an understanding of the state of GBV impunity in the DR and how structural inequalities perpetuate it, this section characterizes current services available to Haitian survivors for protection and recovery support, justice, and prevention. Existing services—which are limited even for DR citizens of Haitian descent—are extremely limited for Haitian migrant and undocumented or stateless women. Among these existing services, we highlight a few good practices that survivors value and share survivors' ideas for strategic ways to improve GBV accountability in the DR. The section concludes with an analysis of actors who can be influential partners for improving pathways to accountability for GBV in the DR.

4.1 PROTECTION AND RECOVERY SUPPORT SERVICES

Survivors interviewed indicated that the DR government is making efforts to improve its response to reports of GBV, although they deem available services insufficient or ineffective. One example is the government provision of services where women GBV survivors and their young children can receive emergency shelter, protection, food, and medical assistance. Although government service providers interviewed for the study described these shelters to be broadly accessible to women, they did not comment on Haitian women's access to the shelters specifically. Haitian GBV survivors who participated in the study indicated that they had not accessed them.

“Well, there are shelters for female victims, a woman comes in a state where she understands that she is in danger of death, she is offered a shelter where she is given protection, she is given food [...].”

Quote 31: Government Institution Service Provider

The government has designed a process known as the “Critical Route” to report cases of GBV. The Critical Route begins with a survivor reporting the case at a police station, prosecutor's office, or MMujer. Department of Justice staff lawyers or law students provide legal support, depending on the type of GBV, and the survivor undergoes medical and psychological evaluations. If necessary, the perpetrator will be served with a restraining order or summons, and if the case requires further attention, an arrest warrant will be requested and sent to the nearest police station. Temporary emergency shelter will be offered to survivors based on the urgency and severity of their case. This process is supposed to be implemented in the same way for all survivors, regardless of their ethnicity or national origin.

However, many survivors lack the necessary resources to continue pursuing a court case after the first step of reporting to the police. Often, survivors must re-report their case and monitor police action to ensure that they filed a written report, investigated the allegations, and filed charges against the perpetrator. If survivors find that the police did not document their report, investigate it, or file a charge, then the survivor must restart the reporting process with law enforcement from the beginning. Due to economic dependence on a perpetrator, many survivors are unable to pursue a law enforcement process, eliminating their chances of a court case, conviction, and prison sentence for the perpetrator. Migrant and undocumented women in the DR face multiple pressures to recant their police reports or stop pursuing a court case. Perpetrators often then repeat violence with impunity.

Psychological support personnel working in the Dominican government Comprehensive Care Units for Gender and Intrafamily Violence and Sexual Crimes also created another group, called *De Crecimiento*. This group specializes in providing therapeutic psychosocial accompaniment to women who survive GBV in the DR. After completing the support program, survivors receive housing at the Unit and can participate in courses and workshops. The program also encourages survivors to provide protective accompaniment for other women in need. It remains unclear whether this program actively includes Haitian women on par at least with Dominican survivors in practice.

“We created a group that we call “De Crecimiento,” you know? These women meet once a month, and from there we’ve seen how they accompany each other. When someone has a hearing, they accompany them. If someone has to leave their home because they’re in danger, a companion takes them in. In other words, from this group, we’ve seen because this sisterhood has been created, this sorority among them because of how long they’ve been walking side by side and because they’re all survivors of violence.”

Quote 32: Government Institution Service Provider

“They come with a case of violence. First, they come to seek advice. We guide them as much as possible, but we tell them: If you think there’s going to be an aggression, come and call us, tell us and we’ll go and accompany you.”

Quote 33: Government Institution Service Provider

While Dominican government service providers identified limited examples of state-supported initiatives, survivors consistently stressed that available government services are often discriminatory and exclusionary. Survivors characterized government services as lacking transparency or accountability for serving Haitian survivors, whether citizen, migrant, or undocumented. For example, the psycho-educational therapy group support services that the Comprehensive Care Units for Gender and Intrafamily Violence and Sexual Crimes offers are for women referred from neighborhood prosecutors’ offices. A psychologist assists GBV survivors, implementing a care protocol for GBV survivors or possible GBV survivors. However, the service providers responsible for these programs said in interviews for this study that the high demand for this service exceeds their capacity to respond to referrals. Local prosecutor offices appear to refer Haitian survivors to this service less often than Dominican nationals—whether due to Haitian survivors under-reporting to police or to discrimination in prosecutors’ offices, or a combination of the two. Still, government service providers interviewed described Comprehensive Attention to Violence Units services as being offered to survivors of any background.

“We are a support service, and we activate that network, you understand? That’s why we don’t make any distinction between those who come asking for help.”

Quote 34: Government Institution Service Provider

Government institution service providers also mentioned other state initiatives serving GBV survivors, yet these also need investment and technical support to become nondiscriminatory and actively inclusive of Haitian survivors. These include institutions organizing talks and workshops for survivors and service providers. For example, the DR government implemented an awareness-raising project that provided

several workshops at the community level on GBV, sexual violence and healthy masculinity, and gender equity. Local and national health departments, community leaders, representatives of the mayor's office, the Attorney General's Office, MMujer, the National Council on Disability (CONADIS), and other Dominican community stakeholders participated in these workshops with the Provincial and Regional Health Offices. Yet, it remains unclear again whether this project actively included Haitian communities.

Across both examples, government service providers' rhetoric of nondiscrimination conflicts with Haitian GBV survivors' experiences of lacking access to and active inclusion in government post-GBV protection and recovery support services.

Given the gaps and disparities in access to and inclusion in services, several Haitian GBV survivors believed that they should organize themselves to demand protection and recovery support services from the government. Such self-organization, they believe, would help them confront their perpetrators and address the harmful near and long-term effects of GBV, impunity, and structural discrimination on their health and well-being.

“Haitian women should unite. They should get together with people who can help us here in Santo Domingo. If we’re in a group, if we’re at the church and something happens to us, there must surely be someone to help us. If things used to be just between us, now we have strength in unity.”

Quote 35: GBV Survivor

Haitian GBV survivors emphasized the importance of self-organization. It serves as a crucial mechanism for Haitian descendant survivor groups. Their goal is to exert pressure on government agencies serving national GBV survivor populations. They aim to ensure inclusive protection and recovery support services access on par with non-Haitian-Dominican women. Additionally, they strive to raise awareness about available GBV protection and recovery support services in Haitian communities in the DR.

4.2 JUDICIAL SERVICES

One government institution representative interviewed for this study held the view that there is no impunity for GBV; the judicial system responds to cases that are formally reported and the perpetrator is remanded in custody. In the same interview, this participant described the judicial system as acting in accordance with the laws and in a timely manner.

“Well, in relation to that, justice has responded to all the cases it has been presented, and in fact, I believe that 95 percent or more of the cases filed by the prosecutor’s office are given provisional detention [of the perpetrator] when it comes to the issue of gender-based violence.”

Quote 36: Government Institution Service Provider

“No, in my opinion, there’s no impunity. In my opinion, they’ve taken it to the extent that there are people in jail who are innocent. There are cases that would have to be evaluated better to avoid having so many people in jail, a child without their father, a family suffering, going through work, because many times they depend on men, and if we send men to jail, there’s simply a problem.”

Quote 37: Government Institution Service Provider

This study participant had a perspective that differed from other government institution representatives interviewed. While this participant denied the existence of impunity for GBV, they acknowledged the government’s responsibility to address the issue and ensure the right to a life free of violence for all citizens, including women.

However, the government’s commitment to ensuring security for all individuals in the DR is not always upheld for undocumented Haitian migrants due to racism and anti-Haitianism. This can lead to the denial of Haitian migrant GBV survivors’ fundamental rights, including access to justice and equal treatment regardless of their nationality, ethnicity, race, age, sexual orientation, gender identity, and other identities.

“It’s just that we don’t have any money for migrant cases. We’re working on this one, but we can’t take on another one because our resources are destined for Dominican women.”

Quote 38: Civil Society Service Provider

“It’s still the same thing because we [Haitian GBV survivors in the DR] don’t have the right to report our situation because of the mere fact of being a Haitian. You can go to a police branch to report your husband about what they’ve done. Unfortunately, we don’t have that right.”

Quote 39: GBV Survivor

Even if a Haitian migrant woman goes to a prosecutor’s office accompanied by a CSO representative or other case worker, she still faces barriers that are often very difficult to overcome. Being accompanied does not guarantee proper follow-up of a case. The case may be stalled, and the perpetrator not held accountable.

“When that woman leaves after filing the report, they have to have a series of institutions, a care network for them to continue [with filing a police report and pursuing a court case]. Because otherwise, what I told you about her, here she must go for support, here she has to go for guardianship, here she has to go for [...]. No, that woman has to dedicate her life [to pursuing a court case], so, that’s why the cases aren’t prosecuted. But, if in addition to that, she has no money to pay for a lawyer or the perpetrator gets involved [then she will not be able to continue pursuing the case].”

Quote 40: Civil Society Service Provider

Another civil society representative pointed out:

“If the victim needs psychological or legal counseling, there are never resources for that. The poor are sent from here to there, although there are more direct ways, but they send them from right to left until they drop it [the court case]. If you persist [though], you can find the way.”

Quote 41: Civil Society Service Provider

Government sector service providers also discussed the lack of resources. Providers recognized that progress has been made in service provision through government agencies but highlighted that available resources are insufficient. This quote illustrates government service providers’ frustration at the lack of basic resources that first responders need.

“Yesterday, for example, at 4:00 p.m. they called me from a police station, ‘Magistrate, we have a woman here, she came, her husband came home and took her cell phone, he fought with her. That’s the partner. It’s a couple. He took her cell phone and she left, and she wants us to go out looking for him, but we don’t even have a vehicle, or a motorcycle, or anything magistrate, what can we do?’, at 4:00 p.m. in a lost [remote] station. I told them: ‘Okay, but call to see if even the call was from 911 and they will send you a unit’. ‘No, look, for us that is more difficult, because we have to call the central and the central has to call so-and-so and from so-and-so, they have to call so-and-so, so they are the ones who do such a thing’. I told her: ‘Well then, tell her to call 911’. Because what I said before was: ‘Tell her to go to a shelter. Let’s call the emergency line so that the emergency line will pick her up there and guarantee her life, because we don’t know where that man is’. Then it was: ‘Ah, no, she no longer wants to go to the shelter—what she wanted was her cell phone and that they go look for the man’, but the policemen told me: ‘And, how are we going to look for him, magistrate, if we are on foot?’”

Quote 42: Government Institution Service Provider

Other government sector service providers felt that resources are too centralized and lacking for all types of response and support services.

“Resources? The first step is that we have an analysis of what we have. What can be improved? [...] We lack research personnel. We lack social workers. We lack psychologists. We have to decentralize the system, and then we [can] start, we [can] distribute. It is not such an easy job.”

Quote 43: Government Institution Service Provider

Government service providers further highlighted that access to justice should involve a process that is timely, easy to navigate, and resourced adequately.

“Justice doesn’t just mean to have access. It’s being quick, easy, and actually possible.”

Quote 44: Government Institution Service Provider

One government service provider said that MMujer offers an interpreter to Haitian women survivors in reporting to the police and in proceedings with local prosecutor offices. Haitian Creole and Spanish

interpretation is both a right and essential for improving equity in diverse survivors' access to justice. Haitian survivors explained that law enforcement and judiciary personnel frequently use the language barrier as an excuse to deny them their rights to report crime and pursue justice.

“Um, look, with Haitian women specifically, as I already mentioned, we’re promoting inclusion from the Ministry of Women’s Affairs. The translator role is involved in inclusion. I hope and dream, as I told you a moment ago, that the prosecutor’s offices hire personnel that speaks the language to be able to help them much better.”

Quote 45: Government Institution Service Provider

According to a government official interviewed for this study, MMujer provides legal and psychological support without requiring identity documents. Still, no Haitian GBV survivor interviewed in this study corroborated accessing this interpretation service or a similar initiative.

4.3 PREVENTION INITIATIVES

The effectiveness of laws against GBV for women of Haitian ancestry in the DR is under-documented. The government has criminalized IPV, among other forms of VAW since the end of the 1990s. According to government institutional service providers interviewed, local prosecutor’s offices specialize in VAW and provide services directly in the community, making it easier for survivors from the national Dominican population to file reports and follow up on cases.

“The State is making an extraordinary effort. I understand that since [name of the institution], we’re talking about my institution where I am and I see from another point of view, other institutions around me, I see that everyone plays a key role. Because from the State, the government is certainly committed to work and to eradicate violence against women and gender-based violence.”

Quote 46: Government Institution Service Provider

Among study participants interviewed from the Comprehensive Care Units for Gender and Intrafamily Violence and Sexual Crimes and in the local prosecutor’s offices, several expressed the need to create special judicial police units dedicated to GBV and trained in attention and response to GBV cases. These participants added that there is a need to incorporate social work professionals into these judicial police units because they have tools of analysis required to better understand the social contexts of GBV survivors. Yet the degree to which social work professionals’ understanding extends to Haitian GBV survivors is undocumented.

“There’s a need for special judicial police, solely dedicated to this issue. There’s [also] a need for social workers. I understand that a man should be subjected [to a judicial process in a GBV case] informed by social work done in the community and that this man can reconsider and change how he perceives violence against women.”

Quote 47: Government Institution Service Provider

One government program that aims to prevent further GBV perpetrated by alleged and convicted offenders is the Behavioral House for Men,⁵⁹ which provides psychological support and anger management training with professionals specialized in GBV issues. Men who have had a GBV case reported against them by a survivor to the prosecutor's office, the police, or the Attorney General's Office can be referred to this program.

However, most Haitian GBV survivors interviewed in the DR said they were unaware of GBV protection and recovery support services or prevention initiatives.

"I: And what services do you know of that support women who suffer violence? What type of services do you know of?

P: None. I don't know of any.

I: Prevention program?

P: None. Many of us don't speak Spanish. We don't know where to go."

Quote 48: GBV Survivor

4.4 HAITIAN GBV SURVIVORS' IDEAS FOR STRATEGIES TO IMPROVE GBV ACCOUNTABILITY

Many Haitian GBV survivors highlighted the importance of protective accompaniment in their pursuit of justice and as a critical potential facilitator of government accountability to them. Others emphasized the vital role of self-organization of survivor-led community-based and faith-based groups in providing protection and recovery support services to survivors seeking justice as a mechanism to prevent impunity. Survivors saw affinity-based women's groups as playing a critical role in helping Haitian women GBV survivors recover from their experiences, seek justice, and reduce impunity.

Survivors also described how, in their experiences, CSOs that work with Haitian migrants and undocumented women in the DR play a crucial role in assisting them to access justice and accountability. This process starts with supporting them through filing a police report. These organizations accompany and support GBV survivors, making use of their knowledge of legal rights in the DR and the Haitian Creole language skills. These organizations also help Haitian survivors to notarize their documents to apply for a regularized immigration status in the DR. A few survivors expressed that access to justice is only possible, however rare, if you file a police report.

"Justice is much stronger [now], but only if you seek it. Because if you don't, you're not going to find it, no matter if you're Dominican or Haitian."

Quote 49: GBV Survivor

⁵⁹ Observatorio de Justicia y Género. (n.d.). Centro de intervención Conductual para Hombres. Poder Judicial de la República Dominicana. https://observatoriojusticiaygenero.poderjudicial.gob.do/redes/ministerio_publico/centro_interv_conductual.aspx.

“What I see is that now doors are open for women. If they get assaulted, they can report it to the justice system, but before there was no such regulation. It was just crying. For example, in my case, I had access [to justice only] in my head because whenever they [perpetrators] would do something to me, I had no way to respond and that made me feel powerless.”

Quote 50: GBV Survivor

In cases where a survivor is not willing to report a case to the police for fear of reprisal or some other reason, some communities have a Neighborhood Council which will go to the police and report the case in a way that protects the survivor and the community.⁶⁰ Survivors were appreciative of these Councils and similar efforts, where they exist.

However, while assisting Haitian GBV survivors in reporting to the police is important, it is not sufficient to ensure that existing government services in the DR will effectively uphold survivors’ legal and human rights, deliver justice, and promote accountability.

GBV survivors commonly highlighted churches and faith-based groups as a critical support system to help them demand justice from the government to prevent impunity. According to survivors interviewed, church is a space where they can meet, find social support, and exert collective pressure on government authorities to follow up and process their police reports. In the quote below, a GBV survivor demonstrates her confidence in churches as a source of social support, strength, and collective action.

“Haitian women should unite. They should get together with people who can help us here in Santo Domingo. If we’re in a group, if we are at the church and something happens to us, there must surely be someone to help us. If things used to be just between us, now we have strength in unity.”

Quote 51: GBV Survivor

4.5 INFLUENTIAL ACTORS AS DRIVERS OF CHANGE FOR IMPROVING GBV ACCOUNTABILITY

Initiatives to improve GBV accountability and survivor-centered GBV services for Haitian women in the DR must directly engage them and bolster their resources, voices, and collective agency. Meanwhile, collaboration with other influential actors is essential to creating an enabling environment for GBV accountability and driving meaningful change. This section outlines other actors that could help drive change for improving GBV accountability and what changes are needed from the perspective of survivors.

4.5.1 Government service providers as drivers of change

Survivors and service providers alike expressed that meaningful changes to GBV justice and accountability must include government service providers. Those interviewed believe that government service providers have the power to improve justice and accountability within their institutions and

⁶⁰ In the Dominican Republic, neighborhood councils are sub-municipal community organizations where community members voluntarily organize to play an active role in municipal activities.

informally in daily social life. Government service providers from the Office of the Attorney General, the National Prosecutor's Office, and the National Police and Ombudsman Office must be involved.

Government service providers interviewed for this study pointed out the importance of monitoring the work carried out by prosecutors' offices. Representatives of government and CSOs that work with GBV survivors in the DR should identify whether Haitian survivors' rights are being violated while they seek services in prosecutors' offices. This monitoring is an important first step in ensuring institutions do not discriminate in any way when assisting a Haitian survivor.

Additionally, interviews with representatives of government institutions emphasized the need to train prosecutor office personnel to have an empathetic, survivor-centered attitude with Haitian women, especially migrant and undocumented, who come to report GBV cases. The training should educate these personnel on the effects of GBV on survivors and their families. Changes in attitudes promoted by such training will reduce revictimization in spaces where GBV survivors seek justice and accountability through the legal system. Other frontline service providers in government agencies such as the Ministry of Women's Affairs, the Ministry of Health, Neighborhood Prosecutors and GBV Integrated Care Units require training to become drivers of change in providing nondiscriminatory care and to Haitian migrant women GBV survivors.

Most study participants recognized *machismo* as a source and perpetuating factor for discrimination and GBV impunity that must be dismantled in public service provision and among the wider population. They stressed the importance of promoting public policies that pursue this purpose and combat men's socially normalized coercive control of women, which permits social acceptance and toleration of GBV as a private matter. The Ministry of Education and the Ministry of Women's Affairs will be vital in leading these efforts to reconceptualize masculinity and to reduce the acceptability of GBV in homes, communities, and society.

Study participants asserted that government institutions, mayors' offices, and ministries must incorporate diversity, equity, and inclusion policies into their budgets. They should actively encourage the increased participation of women of Dominican and Haitian descent alike in decision-making spaces and public office.

Survivors and CSO representatives believe the government must make an official declaration of "zero tolerance" for GBV. In interviews, they emphasized the importance of promoting the recognition of migrant and undocumented populations' rights to live free from violence, irrespective of their legal status in the country. This is especially important for Haitian migrant and undocumented women. Guarantee of these rights should be upheld by the General Directorate of Migration and the Civil Status Office of the Central Electoral Board.

Many interview participants perceive that sufficient financial resources can buy justice and guarantee impunity in the DR. One solution many offered to this is to develop campaigns that promote nondiscrimination and access to justice regardless of origin, ethnicity, nationality, skin color, or social identity.

Many participants understood that having properly classified GBV crime data will further inform the design of GBV services addressing the needs of Haitian survivors. To ensure the existence of this data, they highlighted the importance of professional GBV technical specialization of personnel who classify all GBV-related crimes, compile, and process the data based on case reports and claims. Properly classified

GBV crime data will support GBV justice services that are more accountable to survivors who make a police report.

Two more broad changes that most participants perceive to be necessary from the government of the DR are improved accessibility of birth certificates for people of Haitian descent born in the DR and equitable, inclusive migration policies. Both currently constrain people of Haitian descent in the DR from accessing a whole host of services, whether for GBV or otherwise. These changes will address impunity for GBV by ensuring people of Haitian descent who experience it can access justice and protection and recovery support services. They will further contribute to prevention of GBV by promoting access to education, health care, and safe employment.

4.5.2 Influential community-based and civil society actors as drivers of change

Interview participants emphasized the importance of developing community-based and civil society awareness-raising campaigns involving Haitian women grassroots human rights defenders. These campaigns aim to educate the public and bolster the voices and collective agency of rights defenders. The campaigns enable human rights defenders to demand accountability from the State regarding GBV prevention, response, protection, and access to justice for survivors of Haitian descent.

Furthermore, study participants recognized a need to increase awareness among Haitian migrant and undocumented women about GBV and available support and information channels. Community-based awareness-raising activities, such as informal discussions with small groups of women or workshops involving community members, are effective in addressing topics such as GBV; underlying conditions contributing to GBV; its consequences on women, families, and communities; and methods to identify, prevent, and respond to GBV.

In addition, study participants emphasized the significance of providing training to staff in CSOs on the “critical route” of reporting. This training can equip them with the necessary skills to guide Haitian migrant women, helping them recognize instances of GBV and assisting them in making informed decisions regarding reporting such cases.

Study participants from CSOs and GBV survivors discussed the importance of achieving greater and improved integration of Haitian migrant women in social activities in the community through support to social organizations. Encouraging Dominican and Haitian community groups to engage with one another and encourage Haitian migrant women’s effective participation in the spaces where they live will reduce anti-Haitianism and increase resources for mutual support in the community.

Case study participants believe that Haitian migrant women need spaces to organize and share their experiences of GBV and survival with their peers from the DR or from other migrant contexts. This will create a mechanism for collective agency, protection, and social support.

Taken together, survivors’ and service providers’ recommended pathways and strategic actions to improve GBV accountability in the DR align directly with the visions and recommendations of the existing U.S. global strategy to prevent and respond to GBV, which states, “The ultimate vision of this strategy is to build a future free from gender-based violence for all people.”

5. RECOMMENDATIONS FOR USAID TO STRENGTHEN GBV ACCOUNTABILITY IN THE DR

USAID can play a vital role in national development in the DR through supporting inclusive accountability for GBV, reducing discrimination in services for GBV survivors, and addressing the factors that drive GBV impunity among underserved survivor groups, such as Haitian women survivors. Doing so can ultimately reduce impunity and strengthen GBV accountability for all survivors in the DR. This includes supporting initiatives led by diverse survivors, and civil society and government service providers, to address GBV against citizen, migrant, and undocumented Haitian women in the DR, and other migrant survivors, as well as survivors among Dominican nationals.

This case study advances five core, overarching strategic pathways for USAID to achieve this, as summarized below. The first three strategic pathways directly address improving GBV accountability, while the last two represent overarching principles that must apply across all three pathways.

Core strategic pathways for strengthening GBV accountability:

1. Strengthen inclusive, nondiscriminatory GBV protection and recovery support services.
2. Strengthen GBV survivor access to inclusive and non-discriminatory GBV judicial services.
3. Strengthen and expand inclusive, nondiscriminatory GBV prevention initiatives.

Across each of the three strategic pathways to GBV accountability above:

4. Provide Haitian Creole–Spanish translation and interpretation in public and CSO services to reduce language barriers, practice nondiscrimination, and actively include GBV survivors from Haitian migrant communities in the DR.
5. Seek opportunities to support Haitian women in organizing and advocating for themselves to seek accountability for GBV.

Given that formal changes needed to promote nondiscrimination and active inclusion of diverse survivors' needs and rights in law enforcement and justice institutions will require time, it is crucial to implement interventions to strengthen protection and recovery support services in the near term. Protection and recovery support interventions are urgently and disproportionately needed among Haitian survivors who face persistent impunity, and they are also needed for survivors among Dominican nationals.

In the remainder of this section, we present recommended actions that USAID could pursue to operationalize each of the core strategic pathways named above. Insights from the lived experiences of Haitian women survivors and service providers in the DR inform these strategic pathways and their recommended actions. Although all these recommendations would help improve GBV accountability, it is not necessary to pursue all of them to achieve meaningful improvements. Implementing even one recommendation will help USAID operationalize a given strategic pathway to strengthen GBV accountability.

5.1 STRATEGIC PATHWAY ONE: STRENGTHEN SURVIVOR-CENTERED, NONDISCRIMINATORY, ACTIVELY INCLUSIVE GBV PROTECTION AND RECOVERY SUPPORT SERVICES

USAID should pursue an intersectional approach to promote nondiscrimination, social inclusion, and equity for all migrant Haitian women in the DR. Intersectionality recognizes that individuals and groups face every day and structural discrimination based on multiple identities that interact and intersect with each other, such as gender, race, sexual orientation, and socioeconomic status. In this line, the work to promote social inclusion should guarantee that people of multiple, intersecting identities have equitable access to resources opportunities, and services, on par with DR nationals, regardless of their identities, including their migratory status or nation of origin, as in the case of Haitian women in the DR. Specific recommended actions include:

1. Ensure referral information and services are accessible in Haitian Creole in addition to Spanish. Specifically:
 - a. Support women CSOs in providing inclusive protection monitoring and recovery support information and services for all GBV survivors in the DR, including via mobile services in coordination and Neighborhood Prosecutors' Offices and private sector mobile communications companies.
 - b. In addition to providing dedicated interpreters, build Haitian Creole language capacity of staff working directly with survivors, looking to private and public language schools and programs to provide technical support in instruction and curriculum development.
2. Support expansion of Haitian grassroots women's rights coalitions and networks in the DR. Specifically, support these organizations to advocate for active inclusion of Haitian women in public services for GBV survivors, regardless of their migration status.
3. Support community-based peer group activities of Haitian women, including migrants, to develop supportive and protective social relationships and networks that facilitate their social inclusion and integration in the DR.
4. Facilitate dialogue and coordination among public institutions, CSOs, and Haitian women's groups at the municipal level, so that information flows and services are inclusive for Haitian GBV survivors.
5. Support the design and implementation of holistic and safe recovery support services that are actively include any survivor seeking services, regardless of their gender, race, ethnicity, ancestry, nationality, or migration status. Specifically:
 - a. Establish safe emergency shelters for women GBV survivors free from fear of deportation. The Ministry of Women's Affairs and the Prosecutors' Offices, through the *Casas de Acogida*, play a key role in supporting the provision of safe emergency shelters.
 - b. Expand shelters with wraparound services specifically for Haitian migrant women survivors and their dependents in coordination with relevant agencies, such as provision of health services in coordination with the Ministry of Health.
 - c. Fund free legal assistance, legal counseling and information, interpretation, and protective accompaniment services to Haitian survivors in the DR who choose to report GBV and pursue legal cases with the support of the National Ombudsman's Office.
 - d. Train health care staff and declare health facilities as safe spaces for women free from discrimination and fear of deportation with the participation and leadership of the Ministry of Health.
6. Resource material recovery support assistance (e.g., clothes, food, transportation costs, safe shelter, job assistance, etc.) and promote economic empowerment programs engaging Haitian migrant

women GBV survivors to improve their financial independence and socioeconomic status. Specifically:

- a. Promote small business development in collaboration with private sector investments in establishing apprenticeships or internships or other opportunities for entrepreneurial small business development among GBV survivors.
 - b. Include entrepreneurship skills development workshops, vocational training, access to microloans, mentorship, and networking opportunities in programs to help Haitian migrants establish sustainable businesses or find stable employment.
 - c. Address language barriers and cultural integration in economic empowerment programs to ensure migrants' successful participation in the DR economy.
7. Provide funding for technical assistance to local community-based organizations that promote socioeconomic inclusion of Haitian migrant populations, particularly women and gender non-binary people, who face elevated prevalence and risks of violence compared to men and Dominican nationals.
 8. Strengthen gender, cultural, and social inclusion among public service providers serving Haitian GBV survivors in the DR. Specifically:
 - a. Provide training in cultural diversity for government agency professionals working with survivors, covering intercultural skills, how to intervene with cultural sensitivity and inclusivity among diverse GBV survivors in their care, and how to avoid stereotypes, prejudices, anti-Haitian, and racist attitudes in government-provided services.
 - b. Promote gender and social inclusion training and metrics among public service providers who work with Haitian survivors to eliminate anti-Haitian and gender inequitable attitudes and behaviors that worsen their vulnerabilities to GBV and impunity.
 - c. Incorporate cultural diversity, equity, and inclusion in GBV protection and recovery support services communication materials. Engaging with CSOs and Haitian and Dominican women-led organizations will be vital for these activities.

5.2 STRATEGIC PATHWAY TWO: STRENGTHEN ACCESS TO SURVIVOR-CENTERED, NONDISCRIMINATORY, ACTIVELY INCLUSIVE JUDICIAL SERVICES

9. Support increased access to free legal aid and legal rights orientation in Haitian Creole and Spanish for Haitian and Haitian-Dominican GBV survivors. Specifically:
 - a. Disseminate information about free legal aid and legal rights information in Haitian Creole and Spanish in and across Haitian women's community-based and grassroots groups and networks. The National Ombudsman's Office and CSOs must be partners in these efforts.
 - b. Ensure further that legal information dissemination informs parents of Haitian descent in the DR how to register their children's births in the DR and obtain birth certificates, as this documentation may help address lack of birth registration documentation as a barrier to public services access.
10. Support the training and performance evaluation of judiciary personnel in survivor-centered, nondiscriminatory, actively inclusive judicial response. Strengthen administrative and operational capacity with technical assistance, equipment, and training based on benchmarks that demonstrate improvements in equitable justice services delivery.
11. Support Haitian women-led organizations to advocate for revision of standard operating procedures (SOPs), with participation and support from the Ministry of Health and the Attorney General's Office, for inclusive, survivor-centered GBV response practices in health and law enforcement sectors recognizing the rights, privacy, confidentiality, and dignity of women survivors of Haitian descent or origins, among all women survivors in the DR.

12. Support Haitian women-led community-based organizations, grassroots groups, and networks to promote GBV survivor-centered restorative justice principles and facilitate access to culturally appropriate, alternative justice processes with Haitian survivors that address their own understandings of ‘impunity’ and ‘accountability’ for GBV. These activities could be planned and implemented through partnerships with CSOs and the National Ombudsman’s Office.
13. Partner with the Ministry of Women’s Affairs to support legal sector CSOs to advocate for and support inclusive national adaptation of the Latin America Model Protocol⁶¹ for investigations of gender-related killings of women in the Caribbean. Further support these CSOs to train investigators to implement the Protocol.
14. Support legal sector CSOs in advocating for review, amendment, application, and monitoring of GBV-related legislation and policies that support healthy community norms and a GBV-free society.
15. Improve safe, disaggregated GBV-related crime data collection and promote a centralized, anonymized database to monitor crime statistics GBV against Haitian women in the DR. Strengthen visibility and awareness of the extent of GBV against Haitian women through improved criminal case definitions, classification, data collection, and reporting. The National Statistics Office, the Office of the Attorney General, and the National Police must work in collaboration to improve the GBV monitoring system, ensuring the collection of data among Haitian migrant and undocumented women.

5.3 STRATEGIC PATHWAY THREE: STRENGTHEN SURVIVOR-CENTERED, ACTIVELY INCLUSIVE PREVENTION INITIATIVES

Recommendations for prevention initiatives follow an integrated socio-ecological model,⁶² which organizes recommendations to address risk and protective factors affecting GBV impunity and to prevent future GBV at individual, interpersonal and group, community, and national structural levels. Note that implementing recommendations to improve protection and recovery and/or judicial services also contributes to preventing GBV, since it reduces the likelihood of revictimization.

5.3.1 Individual level:

16. Help prevent GBV survivor revictimization and polyvictimization through creating safe meeting spaces for Haitian GBV survivors to access information about services and legal rights in the DR, with learning and dialogue in Haitian Creole and Spanish to strengthen their individual agency.
17. Facilitate grassroots efforts by Haitian GBV survivor representative groups through community-wide activities focused on fostering gender equality, engaging men as change agents for GBV prevention among other men, and identifying culturally adapted ways to prevent and respond to GBV as a community. Integrate diverse survivor groups’ recommendations into the design of GBV prevention activities, inclusive of input of women, men, and gender non-binary survivors. This includes input on possible interventions to prevent repeated (and worse) acts of violence from existing perpetrators as well as how to mitigate risk factors that may contribute to a person becoming a perpetrator or a survivor of GBV, and interventions that could prevent these outcomes.

5.3.2 Interpersonal and group levels:

⁶¹ Bernal Sarmiento, Camilo; Lorente Acosta, Miguel; Roth, Françoise; and Zambrano, Margarita. (2014). Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide). United Nations High Commissioner for Human Rights (OHCHR) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). <https://oig.cepal.org/en/documents/latin-american-model-protocol-investigation-gender-related-killings-women>

⁶² Bronfenbrenner, Urie. (1979). The ecology of human development: experiments by nature and design. Cambridge, MA: Harvard University Press.

18. Engage men and boys in communities where Haitian migrants work and reside on positive masculinities and gender norm change to prevent IPV and bring about greater gender equality and gender justice for Haitian people in the DR.

5.3.3 Community level:

19. Encourage dialogue and collaboration between CSOs, Haitian migrant women's associations, and local government agencies working in community-based and municipal-level GBV prevention initiatives.
20. Support GBV prevention programs to reduce sexual violence against and exploitation of Haitian women in or near schools and common workplaces for Haitian women in the DR. Common workplaces which could be targeted include those related to agriculture (like *bateyes*), civil engineering, construction, and transportation.
21. Support Haitian women-led, survivor representation and support organizations, strengthening their capacities to advocate for their constituents' human rights, deepen their constituents' knowledge regarding their rights, and network with similar organizations to amplify their advocacy in service of GBV accountability.

5.3.4 National, structural level:

22. Support evidence-based social norm change programs to replace the social acceptance and normalization of GBV toward Haitian migrant women with new inclusive, nonviolent, and nondiscriminatory beliefs and behaviors among Dominicans toward Haitian people in the DR. Note that, although social norm change is a structural/national-level recommendation, social norm change interventions are often implemented most effectively when they include community-level interventions.
23. Support advocacy efforts that seek to strengthen socioeconomic integration and inclusion initiatives engaging Haitian women that do not discriminate based on their immigration or citizenship status to increase GBV accountability. Specifically:
 - i. Advocate for policies and programs that prevent spatial segregation by race and ethnicity and promote social cohesion and inclusion in and across communities in the DR.
 - ii. Promote public policy interventions to improve social, economic, legal, and political inclusion, basic rights, and equality of people of Haitian descent in the DR.
 - iii. Support CSOs in advocating for participatory public policy dialogues and coordination between public, private, and community-based organizations for Haitian migration policy reform to reduce the political drivers of GBV impunity for Haitian survivors in the DR.
24. Support collaboration of Haitian women's self-organized, grassroots groups with women-led CSOs to implement activities that further mitigate and reduce Haitian women's socioeconomic and legal risks of further GBV and impunity.
25. Support national awareness raising campaigns using mass and social media that communicate information on migrant and undocumented women's rights in Haitian Creole and Spanish, engaging in dialogues or 'talk shows' with existing migrant women's associations and other relevant stakeholders. Partner with the private sector and CSOs to design and implement awareness raising media campaigns.
26. Support awareness raising campaigns of Haitian migrant women's labor and sexual exploitation targeting private sector business owners' and operators' associations in sectors where Haitian migrant women work, including in agriculture, civil engineering, construction, and transportation.
 - a. In the agricultural production sector, especially target owners and associations working with sugar, bananas, vegetables, coffee, cacao, and agricultural products for export.

- b. Other sectors awareness raising campaigns could target include civil engineering and construction, management organizations of the bateyes, transportation, local business owners in the Duarte market area of Santo Domingo, and street vendor associations in market and suburban areas across the DR.
- 27. Help strengthen leadership capacities on diversity, equity, inclusion, and accountability among public sector managerial staff responsible for supervising nondiscrimination, inclusion, and non-violence toward GBV survivors in public services delivery, especially in health clinics and hospitals, shelters, law enforcement, and the judiciary.

ANNEX I: ADDITIONAL DETAIL ON THE METHODOLOGY AND ETHICS AND SAFETY PROTOCOLS

The DR case study protocol received approvals from two research ethics committees: NORC at the University of Chicago’s Institutional Review Board and a committee in the DR consisting of three distinguished academic experts with subject matter expertise relevant for researching GBV impunity among Haitian migrant women in the DR. DR-based researchers selected two contrasting, emblematic cases of GBV-related to Haitian migrant women in the DR—one in which the perpetrator’s GBV crimes remain in judicial impunity and another where a court convicted the perpetrator.

The team conducted qualitative individual in-depth interviews (IDIs) to explore the extent and social acceptance of GBV impunity, its social, economic, and political drivers, and survivors’ recommendations for how to improve GBV accountability for Haitian migrant women survivors in the DR.

The regional study technical team facilitated a three-day capacity-sharing, pre-data collection workshop with the DR research team. Workshop sessions covered GBV survivor-centered, trauma-informed, qualitative interviewing techniques, along with role-playing exercises that included technical support feedback. The workshop also covered refresher knowledge and skills sessions on GBV research ethics and safety practices, good communication techniques with GBV survivors, and strategies for managing trauma and stress in GBV research.

Following the capacity-sharing workshop, the team finalized a map of available and verified GBV survivor referral support services and created an information sheet with relevant contact details. They then field-tested and refined the interview guide. To ensure ethical and safety procedures, the team followed a rigorous security process to contact and invite study participants for interviews safely. Over a few months, the team completed 30 IDIs with GBV survivors, as well as with staff members of government institutions and CSOs working with GBV survivors, including those who had survived GBV. The team conducted interviews over the Internet or by phone, using end-to-end-encrypted, Voice-Over-Internet-Protocol (VOIP) platforms, in adherence to the study’s security and COVID-19 prevention protocols for privacy and safety.

The team used a qualitative data analysis Framework Method⁶³ with integrated thematic analysis⁶⁴ to identify, analyze, and interpret key themes in the interview transcripts. The researchers agreed collectively on a codebook for analysis that they adapted from the regional study common codebook. The codebook retained a set of *a priori* codes to enable synthesis with the other seven country case studies. To ensure consistency and reliability in the analytic process, each team researcher individually coded, analyzed, and interpreted data from transcripts, and engaged in collective interpretation discussions weekly or biweekly. The team produced tables of key themes and illustrative quotes in the

⁶³ The process of Framework Method qualitative data analysis involves several steps, including transcribing the interviews; becoming familiar with the data; coding the data; creating an analytical framework; applying the framework to the data; reducing the data into charts; and interpreting the data. The Framework Method is a systematic and flexible approach to analyzing qualitative data that can be used effectively by research teams, even if not all members have previous experience with qualitative research, provided there is leadership from an experienced qualitative researcher. See Gale, Nicola K; Heath, Gemma; Cameron, Elaine; Rashid, Sabina; and Redwood, Sabi. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(1), 117. <http://www.biomedcentral.com/1471-2288/13/117>.

⁶⁴ Terry, Gareth; Hayfield, Nicki; Clarke, Victoria; Braun, Virginia. (2017). Chapter 2: Thematic Analysis, in *The Sage Handbook of Qualitative Research in Psychology*. Sage Research Methods. <https://dx.doi.org/10.4135/9781526405555.n2>.

interview data, disaggregated by profile of respondent (i.e., GBV survivor, CSO staff member, or government institutional staff member). In this report, the study team features the voices of GBV survivors and service providers who work with them, some of whom are GBV survivors themselves, to present their analysis and interpretation. The team places diverse survivors' priorities at the center of the findings and recommendations.

ANNEX 2: FURTHER DETAILS ON THE LEGAL FRAMEWORK CONCERNING VIOLENCE AGAINST WOMEN (VAW) IN THE DR

Annex 2 provides additional information regarding specific legal frameworks relevant for addressing VAW as a form of GBV in the DR. However, it is worth noting that the national legal recourse available for VAW is often inaccessible to certain groups of women, due to the anti-Haitianism survivors described in this study. These groups include women of Haitian descent who are residents or citizens of the DR, as well as Haitian nationals who migrated to the DR without identity documentation and whose immigration status in the DR has not been regularized.

To ensure that legal recourse for VAW is accessible and offers pathways to justice for all women GBV survivors in the DR, it is crucial that national legal frameworks and remedies are applied for women of Haitian descent who are legal residents and citizens in the DR, as well as Haitian migrant women in the DR without proper identity documentation or regularized residency status.

As such, applicable laws, resolutions, and plans that should be taken into consideration include:

- Law No. 24-97 on Domestic Violence and Violence Against Women established the Violence Against Women legal definition. Article 309.I defines VAW: “any action or conduct, public or private, by reason of its gender, that causes physical, sexual or psychological harm or suffering to women, through the use of physical force or psychological, verbal violence, intimidation or persecution.”
- Law N° 46-07 (2007) institutes the annual campaign “16 Days of Activism on Violence Against Women.”
- Resolution N° 3869 (2006) of the Supreme Court establishes the “battered woman’s syndrome” that can be used in handling cases of women at high risk of death by their spouses or former spouses.

In accordance with Presidential Decree No. 121-13, Article 2, the Ministry of the Interior and Police implemented “Local Security, Citizen and Gender Roundtables” in various provinces. These tables act as dialogue spaces to manage the implementation of public policies and programs about violence prevention.

Other domestic and intrafamily violence norms include:⁶⁵

- The Strategic Plan for a Life Free of Violence for Women in line with the objectives of Sustainable Development in the DR (C-PREV).⁶⁶ The plan includes a proposed assistance program for orphans of femicide violence, as well as an information campaign. This plan includes initiatives to promote changes in structural and social norms; guarantee coordinated service response for attention, protection and accompaniment of GBV survivors; guarantee that survivors have access to justice and with high-quality and nondiscriminatory judicial-legal

⁶⁵ Essayag, Sebastián. (2017). From commitment to action: Policies to end violence against women in Latin America and the Caribbean. United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). https://oig.cepal.org/sites/default/files/from_commitment_to_action_policies_to_end_vaw_in_latin_america_and_the_caribbean.pdf.

⁶⁶ UNFPA República Dominicana. (2020). Gobierno presenta Plan Estratégico por una Vida Libre de Violencia para las Mujeres. United Nations Population Fund (UNFPA) Dominican Republic. <https://dominicanrepublic.unfpa.org/es/news/gobierno-presenta-plan-estrat%C3%A9gico-por-una-vida-libre-de-violencia-para-las-mujeres>.

services; secure legal reparation for the rights of GBV survivors; reinforce the legal, normative, and political framework to eradicate all forms of violence; and guarantee the intersectional Free of Violence for Women response to GBV across all levels of government. The plan also implements a monitoring and follow-up system.

- The National Plan for Gender Equality and Equity, PLANEG III, is the national policy for gender equality in the DR and the primary jumping-off point for the Strategic Plan for a Life Free of Violence for Women.⁶⁷

The Office of Gender Equity and Development (OEGD)⁶⁸ within the Ministry of Public Health implements the following protocols for survivors of gender violence:

- Protocols for the Comprehensive Attention to Intrafamily and Gender-Based Violence (December 2010): Protocols for psychological, physical, and sexual violence.
- Strategies to strengthen the response of the national system of health for violence, with emphasis on GBV.

⁶⁷ Ibid, 2020.

⁶⁸ Ibid, 2020.