


A Cut Too Deep



**US Foreign Aid Withdrawals and the
Collapse of Protection for Women
and Girls in Honduras**



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, youth, and other people who are often overlooked, undervalued, and underserved in humanitarian responses to displacement and crises. We work in partnership with displaced communities to research their needs, identify solutions, and advocate for gender-transformative and sustained improvement in humanitarian, development, and displacement policy and practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them.

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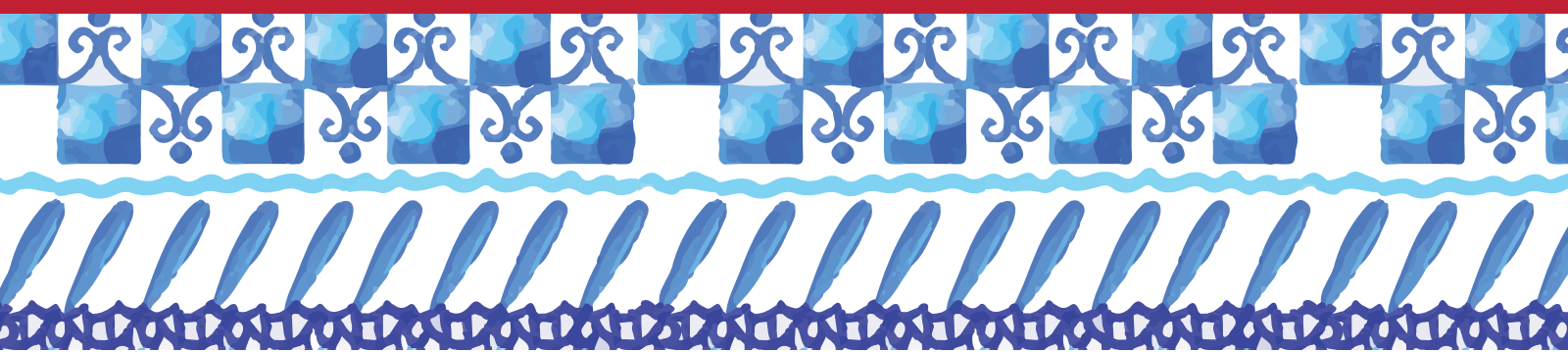
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Indigenous Lenca women and children in Intibucá.

Introduction

“If resources for humanitarian aid suddenly restrict, like if the United States changes its policy... there could be a major crisis here.”

These were the words of a UN official in 2023, warning of the likely consequences of shifting US migration policies for Honduras (WOLA, 2023, p. 29). Two years later, this scenario is becoming a reality following the suspension of US foreign aid on 20 January 2025. An estimated \$184 million in annual funding vanished overnight (Migration Policy Institute, 2025).¹ For humanitarian assistance, a recent global survey assessing the impact of US aid cuts under the Trump administration found that \$13.7 million in funding were withdrawn—although the actual total is likely higher due to reporting limitations (OCHA, 2025).² As a result, more than seven million people—around 64 percent of the national population—are no longer targeted for assistance (*Ibid.*).

Honduras is facing a largely overlooked crisis which is worsening—driven not only by sheer numbers but by the severity of needs and the scale of unmet protection risks. Violence remains widespread, fueled by forced displacement, poverty, inequality, climate shocks, impunity, and weak institutions. Criminal groups exert territorial control through extortion, recruitment, and gender-based violence (GBV), pushing many to flee. Women and youth are especially at risk, and femicide rates remain among the highest in the world (World Bank, 2023). Meanwhile, over 900,000 in-transit migrants have crossed the country in the past two years, triggering a humanitarian emergency at the borders (INM, 2025). Despite this dire scenario, the country was ranked the ninth most neglected displacement crisis in the world in 2024—the only one in Latin America—receiving less than one-third of the funding required to respond effectively (NRC, 2025). The latest US aid cuts have exacerbated an already critical situation.

The GBV sector has been among the hardest-hit by the most recent funding cuts. According to the aforementioned global assessment, 29 percent of GBV programs have reportedly been terminated since January 2025 (OCHA, 2025). Yet, this report reveals an even starker reality: national and international organizations have reduced GBV activities by 60 to 100 percent, leading to dangerous gaps in protection.³ As a result, three major international nongovernmental organizations (INGOs) with a strong focus on GBV—working with migrant and returnee populations—have announced that they will end their operations in the country in the coming months.⁴ Consequently, countless women and girls in Honduras now face drastically reduced access to vital and lifesaving services. This sharp decline in service availability comes at a time when the risks of such violence is rising and often overlooked, further weakening prevention and response systems and pushing humanitarian efforts to the brink. As a women’s organization explained:

“Our overall funding came from the US, and it has all been withdrawn. If a woman in life-threatening danger comes to us today, we have no way to help her move to another city. We are on our own.”

Beyond immediate service disruption, the loss of US support—once aimed at tackling the root causes of migration, including GBV—threatens to intensify violence and displacement in the longer term (US Department of State, 2023).

Against this backdrop, this research seeks to fill a critical evidence gap on the challenges faced by survivors and women at risk of suffering GBV, high with a specific focus on those affected by displacement, return,⁵ or precarious migration. It assesses the availability, accessibility, and quality of institutional responses in Honduras, and explores how evolving US policies and funding reductions have shaped the provision and utilization of GBV services. While previous studies have documented broad gaps in support for survivors (CDM, 2024; Florez, 2021), and others have examined the regional and global impact of US aid cuts (Migration Policy Institute, 2025), this is the first study to analyze the intersection of these two dynamics in a country impacted by both high levels of GBV and deep reliance on international cooperation. Developed by the Women's Refugee Commission (WRC)—an organization committed to improving the lives and protecting the rights of displaced women and girls—this report exposes the devastating consequences these funding cuts have had on frontline responses in Honduras.

The report starts with a contextual background on Honduras to frame the intersection between GBV and (forced) migration. Although data shows a weak link, the absence of a gender-sensitive lens often masks women's experiences and the role of GBV in migration. For women returning to Honduras—primarily from the US and Mexico—the process can heighten risks, including retaliation from those they fled. The following section outlines the state of support services provision for survivors of GBV and women at risk prior to the recent US funding cuts, highlighting the structural limitations that predated the current crisis. This sets the foundation for the core analysis, which examines how shifts in US policy and funding have disrupted service delivery and weakened institutional capacity to deliver quality GBV services. The report concludes with key findings and actionable policy recommendations to close existing gaps and improve the effectiveness and inclusivity of GBV response efforts.



Methodology

This report draws from a desk review of secondary sources, including national and international datasets, legal and policy frameworks, and institutional reports, and fieldwork conducted in Honduras between April and May 2025. A total of 25 semi-structured interviews were conducted with a diverse range of stakeholders, including UN officials, national and international NGOs, grassroots women's organizations, and public authorities.⁶ Participants were selected based on their role in providing GBV services, humanitarian assistance, and/or migration support. All interviews were conducted in Spanish, and informed consent was obtained from every participant. Field visits were conducted in Tegucigalpa, San Pedro Sula, Choloma, and Omoa, and included on-site assessments of all three Centers for Attention to Returned Migrants (CARMs). Additional interviews were conducted remotely with actors based in La Ceiba and Intibucá. Findings were presented to and validated by women's groups and civil society organizations in Honduras.

These locations were selected based on three key criteria: (1) the number of institutions and organizations working there on migration and/or GBV; (2) their high femicide rates, which have prompted the development of specialized protection mechanisms and care pathways; and/or (3) their high levels of internal displacement and outward migration (CIPPDV, 2019; SIAMIR, 2025; UNAH, 2024). These criteria were not mutually exclusive, and most locations reflected more than one of these factors. The analysis was inductive, combining thematic analysis using NVivo software and triangulation of interviews, policy reviews, and secondary data. In line with WRC's ethical standards and the principle of "do no harm," this assessment intentionally did not include interviews with GBV survivors or individuals in highly vulnerable situations. Given the subject matter, this approach was designed to avoid the risk of retraumatization and undue stress, particularly in light of the current context. Instead, the analysis draws on insights from frontline service providers who work closely with affected populations and offered detailed accounts of systemic gaps and emerging concerns.

Figure 1: Map of the region



This report reflects the situation as of 15 June 2025 and should be interpreted accordingly. Key limitations include the lack of quantitative data on the GBV response (for example, the number of women survivors served), the fact that not all relevant actors were interviewed, and that some regions with potentially greater service gaps are underrepresented. In addition, this report focuses on critical risks and service gaps faced by displaced women in Honduras; in doing so, it does not fully reflect the strengths, capacities, and strategies many women use to navigate adversity and pursue stability.



Despite these constraints, the findings offer a nuanced and well-informed overview of the current context and emerging trends—representing one of the first efforts to document the impact of US aid cuts on GBV services in Honduras.

Findings

3.1 Complex mobility and crisis: Understanding migration trends in Honduras

Honduras is a country of approximately 112,000 km²—roughly the size of the US state of Pennsylvania—with around 10 million inhabitants, just over half of whom are women and girls. Over 55 percent live below the national poverty line, making Honduras one of the most economically vulnerable countries in Latin America (World Bank, 2024). Despite some progress in reducing homicide rates over the past decade, Honduras remains the most violent country in Central America with a homicide rate of 25.3 per 100,000 inhabitants (Insight Crime, 2024). Its current homicide rate is more than four times the global average and over twenty times that of countries like Germany or Spain (UNODC & UN Women, 2024). This chronic violence is compounded by weak governance and high levels of corruption, with Honduras ranked 154th out of 180 countries in the Corruption Perceptions Index (Transparency International, 2023).

3.1.1. Multidirectional migration is a new reality

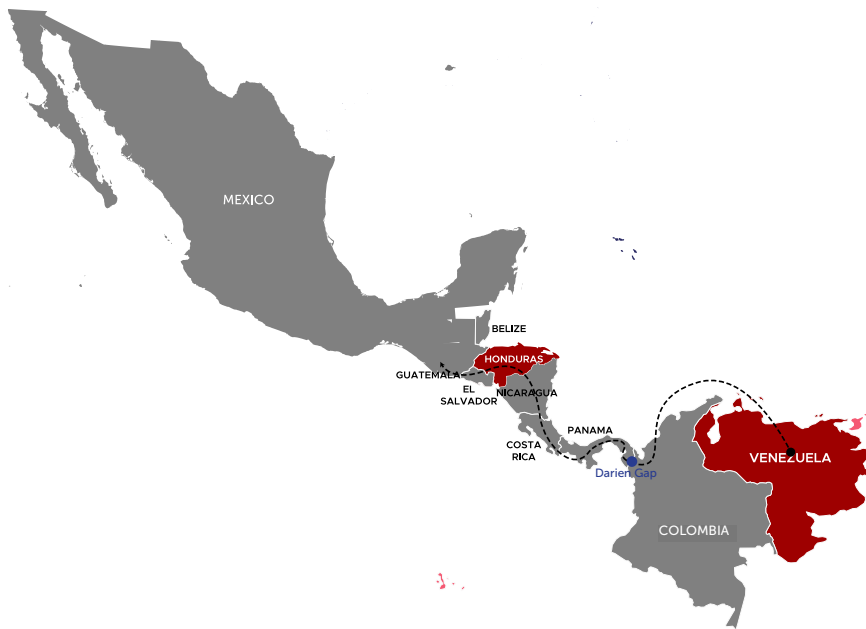
Although migration has long shaped Honduras, recent years have seen a shift from being primarily a country of origin to also serving as a corridor for transit and return. Between 2021 and May 2025, around 1,144,814 international migrants (36 percent of whom were women and girls) passed through its territory, with flows fluctuating significantly (INM, 2025).

The highest number of in-transit migrants was recorded in 2023, at 545,043. The sharp increase was largely driven by overlapping crises in countries such as Venezuela and Haiti, a rise in extracontinental migration, and growing uncertainty around US immigration policy enforcement, prompting many to accelerate their journeys (WOLA, 2023). In contrast, only 18,352 migrants crossed through Honduras between January and May 2025, compared to 216,758 during the same period in 2024—a 91 percent decrease (*ibid.*).

Three points are worth highlighting. First, official data may not fully reflect the current reality. Several sources have noted a shift in migrant behavior: unlike in previous years, many now avoid registration out of fear that their personal data may be shared with US authorities. Under new migration policies, such disclosure is perceived as carrying heightened risks. Second, despite the reported decrease, the number of people in transit remains considerable and continues to place pressure on border areas—particularly as humanitarian support structures at key crossings continue to weaken. Third, the current decline is likely to be temporary, as one academic observed:

“People are waiting to see what happens—if something changes. But they won’t stop migrating. Violence and poverty are stronger than the fear of what lies ahead.”

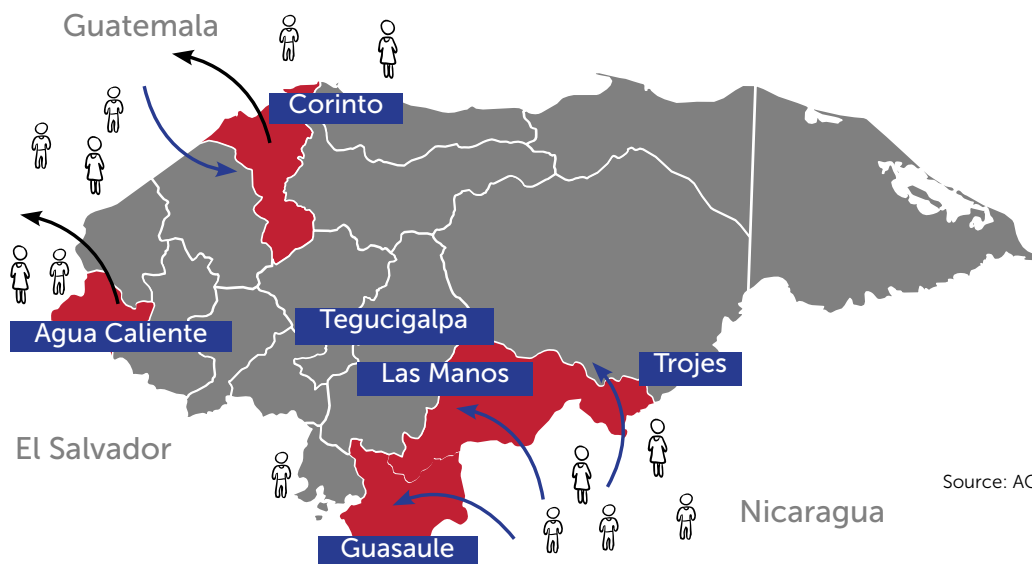
Figure 2: Migration routes



3.1.2. A new trend in migration flows


A notable recent shift has been observed driven by changes in US immigration policies: the rise in **reverse migration**. While **only 196 people travelled from north to south in January 2025, this number rose to 4,438 people in February—an increase of 2,364 percent in just one month**, a trend that is expected to continue rising. Women and girls were 41 percent of those recorded heading south, and the majority were from Venezuela, Colombia, and Ecuador (IOM, 2025)

Figure 3: Flow of entry and exit of identified irregular migrants in Honduras (ACH, 2002)



Source: ACH, Informe de Situación No. 3, 2002.

Since registration is not mandatory and migrants use multiple routes, total figures are likely higher. Given the unprecedented pace of this surge, reverse migration is expected to continue rising in the coming months. Although several actors have indicated that many migrants are returning to their countries of origin, there is no official data available to verify this claim. What is clear, however, is that asylum requests have increased—both among those returning from the north and those arriving from the south. Based on information shared by one institutional source, 144 of the 259 cases currently



being processed were filed in the first quarter of 2025. Yet, most migrants do not intend to stay; unable to return to places like Venezuela, they remain in a limbo, waiting for policy changes that might allow them to continue northward. **Approximately 9.4 percent of Honduras's population—around 985,000 people—now lives abroad, up from 156,000 in 1990** (IOM, 2024). **The vast majority resides in the US, most without legal status** (Pew Research Center, 2024). Migration from Honduras is primarily undertaken by young adults, especially men, although the proportion of women has increased significantly in recent years, now reaching around 40 percent (INE & IOM, 2023).

Tracking how many Hondurans are migrating north is a difficult task given that most departures from the country are recorded as regular migration. However, US border encounters provide some indication of the trend, showing a significant decrease. While 40,778 Hondurans were arrested in 2024, only 8,034 were detained between January and May 2025—an 80 percent drop over the same period the previous year (US Customs and Border Protection, 2025). Studies consistently cite economic hardship as the main driver of Honduran migration, with weaker, but still relevant, links to natural disasters and violence (World Bank, 2024; INE & IOM, 2023). However, asylum data suggest a more complex picture. In 2023, Honduras ranked eighth globally for total asylum applications—a striking position for a country with just over 10 million inhabitants (UNHCR, 2023). In 2024 alone, Honduras accounted for more than 38 percent of all asylum requests in Mexico (3,213 out of 8,413), surpassing the combined total of Cuba, Guatemala, and Colombia—countries with over 80 million people between them (COMAR, 2024).

3.1.3. Deportation to Honduras, the return to a more dire reality

Deportations to Honduras have significantly intensified over the past decade, with a particularly sharp increase in recent years driven by increasingly strict migration policies across the region. Between January 2014 and 16 June 2025, around 267,745 individuals were deported to the country—28.6 percent of them women—mainly from the US and Mexico (National Institute of Migration [INM], 2025). In response, Honduras has expanded its reintegration programs and now operates three CARMs, managed by civil society organizations with state funding and international support.

Following recent declarations by the Trump administration to ramp up mass deportations, the Honduran government launched a new initiative in 2025: “Hermano, Hermana, Vuelve a Casa” (Brother, sister, return home). The program provides returnees with \$100 in cash, food vouchers, seed capital for small businesses, and logistical support to reach their communities. One organization remarked:

“Before, people arrived empty-handed, now at least they have something to get started.”

Paradoxically, despite these policy shifts, deportations to Honduras declined by 9.85 percent between January and mid-June 2025 compared to the same period in 2024 (12,266 vs. 13,607, according to official data (*Ibid.*).⁷ Still, the overall number of deportations remain high given the country's precarious conditions. As service providers warn, the real struggle begins once deportees leave the CARMs and return to environments that, in many cases, are even more violent and unstable than when they fled.

Returnees at risk are integrated into Honduras's already fragile system for assisting displaced populations—structures further strained by the country's broader displacement crisis. Honduras has one of the highest levels of internal forced displacement in the region, with approximately 247,090 people affected by violence and another 1.1 million by natural disasters (CIPPDV, 2019; Internal Displacement Monitoring Centre, 2025). Despite the severity of the situation, the country was ranked among the world's most neglected displacement crises in both 2023 and 2024, with humanitarian needs largely absent from global discussions and political agendas (NRC, 2024,

2025). At the national level, although a Displacement Law was approved in late 2022, two years later, still no resources have been allocated for its implementation. It is therefore unsurprising that women continue to receive minimal—if any—state support, particularly when it comes to addressing their specific protection needs (Florez, 2021; Proceso Digital, 2024). Pervasive criminality, entrenched machismo, and widespread impunity continue to force women to flee to survive, as will be explored in the next section.

3.2. A choiceless choice: The migration experience of GBV survivors in Honduras

Understanding the intersection of GBV and migration is essential to understanding how violence shapes women's mobility— from the decision to flee, to risks faced in transit, and the challenges experienced upon return. Despite the increasing feminization of migration in Central America, gendered causes and consequences remain obscured. GBV is rarely acknowledged as a driver of mobility, and women's experiences are often lost in generalized categories (Florez, 2021; HIAS & UNHCR, 2023). This omission is especially concerning in Honduras, where GBV is both pervasive and extreme. In 2023, the country recorded one of the highest femicide rates in the region, with 7.2 per 100,000 women—fourteen times higher than in Guatemala and eight times higher than in Costa Rica (ECLAC, 2024). On a single day of fieldwork, on 13 May 2025, three women were murdered in different locations, one by a state agent (La Prensa, 2025). For comparison, in the US—despite having 34 times the population—the average is also three women killed per day (Violence Policy Center, 2020).



However, a significant difference is that, unlike in the US and elsewhere around the world where most femicides are committed by intimate partners or ex-partners, in Honduras most are linked to organized crime (Luciano et al., 2020; UNODC & UN Women, 2024). This distinction is critical, as put by the director of a national women's NGO:

"Women in Honduras aren't just fleeing their abuser—they're fleeing an entire criminal structure, sometimes even the police, who'll hunt them down to the last corner to kill them."

Deep-rooted institutional corruption and documented collusion between police forces and organized criminal networks have severely undermined the legitimacy of security institutions, enabling GBV to persist with near-total impunity (HRW, 2025; ICG, 2023; Oxfam, 2018). In this context, shelters are scarce, and legal pathways are slow or inaccessible. Many survivors perceive the police not as protectors but as part of the threat. As a result, there is often nowhere to turn. For many, fleeing the country becomes a "choiceless choice"⁸—a last resort for survival in the face of systemic violence and abandonment. Other data are equally alarming. **One in two women in Honduras has experienced violence in her lifetime, compared to one in three globally** (INE, 2022). Sexual violence is particularly widespread: over 100,000 medico-legal exams related to sexual violence were conducted in the past decade, most involving women and girls (UNAH, 2024). In 2022 and 2023 alone, 7,620 cases of sexual violence were reported—roughly one rape per hour (CDM, 2024). Yet, actual numbers are likely much higher: according to a national survey on violence against women and girls, only 4 percent of survivors report incidents to the authorities (INE, 2022). This already dire reality is compounded by the severely limited availability and quality of GBV services in Honduras, as further discussed in this report.

3.2.1. Gender-based violence, the silent driver of migration

Despite the prevalence of GBV, administrative records often attribute the causes of women's deportation primarily to economic factors. Of the 178,443 women deported back to Honduras between 2014 and January 2025, only 3.8 percent cited GBV-related reasons for migrating, while nearly two-thirds pointed to economic factors (INM, 2025; SIAMIR, 2025). The National Survey on Migration and Remittances in Honduras reflects similar trends: most migrants (without sex disaggregation) cited economic motivations, while only 1.8 percent mentioned violence and just 0.4 percent referred to domestic violence (INE & IOM, 2023). Moreover, forms of such violence—such as domestic abuse, sexual assault, or femicide threats—were not even included among the listed survey response options (*Ibid.*). Other important studies have followed this pattern, often failing to disaggregate data by sex and prioritizing economic explanations for migration (World Bank, 2024). Crucially, this data reveals the absence of a gender lens, which often obscures GBV as a key driver of migration. As one organization explained, referring to the underreporting of such violence in returnee data:

"At the returnee centers, if a woman says 'I had no money,' she's labelled an economic migrant—no one sees how machismo violence and State neglect forced her to flee."

Taken at face value, such data may misleadingly suggest that women migrate for the same reasons as men—obscuring the specific forms of violence many face in Honduras. GBV, however, is present throughout the migration cycle—as both a trigger and a constant threat. For many Honduran women, whether they remain in the country or cross borders, migration is not a choice. Neither the act of leaving nor continuing the journey is a voluntary decision. It is what has been described as a choiceless choice—a constrained decision made under conditions of extreme violence and limited alternatives. As has been shown, the levels of violence against women in Honduras are alarming, as are the systemic failures of institutions tasked with protecting them. Cinthia Martínez, an Afro-Honduran woman, reported her abusive partner six

times without receiving protection. In 2020, he killed her. Her case is not an isolated incident—it reflects the daily reality faced by countless survivors (Contracorriente, 2020). As one study participant explained:

“We’re providing assistance to a woman whose ex-partner, a gang member, tried to kill her. She cannot return home, nor can she remain in Honduras. All doors are closed. What is she supposed to do? Migrate—or stay and be killed.”

This is the dilemma women face in Honduras, where, even when confronted with life-threatening violence, access to protection and support services remains limited, inconsistent, or entirely out of reach.

For migrant women, particularly those subject to intersecting forms of marginalization, the risk of harm increases as a result of the compounded vulnerabilities they encounter during transit. Although no official data captures the full extent of GBV affecting women while in transit through Honduras, one source reported a sharp increase in identified cases of sexual violence at the borders—from just 10 in 2022 to over 100 per quarter by 2024. Still, this rise may reflect improved detection rather than an actual increase in incidents. Organizations supporting migrants estimate that approximately 90 percent of these cases occur along the Darién route between Colombia and Panama, although some are also reported in Honduran territory. In 2024, humanitarian actors at the eastern border raised alarms about rising cases of GBV, human trafficking, and forced labor (OCHA, 2024). Yet, the true scale remains unknown, as many survivors choose not to disclose their experiences or cannot access services. As one practitioner shared:

“Migrant women said, ‘I don’t want to file a report.’ One Venezuelan woman we tried to support had been raped in eastern Honduras, but she wanted to keep going—despite the long-term trauma she’ll carry.”

For many, continuing the journey despite abuse becomes a choiceless decision, not because the harm is tolerable, but because stopping, returning, or seeking help is neither viable nor safe.



3.2.2. A new phenomenon: reverse migration

Perhaps the least documented and most opaque stage of the migration cycle—particularly in relation to GBV—is the return process.⁹ This includes so-called “voluntary” returns, where many women—often alone or with children—are turning back in what is known as reverse or inverse migration. Yet, these are not voluntary movements in any meaningful sense; rather, they reflect a choiceless choice, driven by increasingly harsh migration policies, the closure of asylum and resettlement pathways, and widespread abuse and exploitation in third countries such as Mexico. As one interviewee noted:

“Many women are currently stranded in Mexico, but that was never their destination. On top of that, they face constant abuse by both police and civilians. Once it becomes clear that US policies will not change, mass returns are likely.”

As will be discussed later, the near-total absence of humanitarian assistance for GBV survivors in the context of reverse migration is a major concern, particularly after many aid organizations withdrew from border areas due to US funding cuts.


The most striking example of the contested use of the term “voluntary returns” is the new US self-deportation program, CBP Home—introduced in 2025 to replace CBP One. Although promoted as a voluntary decision, it reflects conditions that are far removed from any genuine notion of choice. In May 2025, thirty-eight Hondurans were the first to return under this initiative, each receiving \$1,000 from the US government and being transported under improved conditions, such as the absence of handcuffs. Four US-born children also returned with their parents. In at least one documented case, a woman agreed to return only after her husband had already been deported; others spoke of constant fear and choosing to go back to avoid detention. A similar dynamic may soon affect over 80,000 Hondurans (43 percent women) living in the US who could be forced to return if their Temporary Protected Status (TPS) is not renewed in July 2025 (UNAH, 2025). **While presented as voluntary, these returns often stem from fear, coercion, or lack of options**—leaving little room for genuine choice. Many of those affected have lived in the US for decades, and an estimated 33,000 US citizen children currently live in households with Honduran TPS holders, underscoring the far-reaching consequences of termination—including the risk of massive forced family separations (*Ibid.*).

3.3. A fragile system: Weaknesses in GBV response

The period between 2022 and 2024 was widely described by interviewees as a turning point for GBV visibility in Honduras. During this period, the issue gained increased prominence across institutional and humanitarian agendas—driven by rising mixed migration flows, sustained advocacy by national women’s organizations, and some international actors. This momentum was further reinforced by the adoption of key policy frameworks.¹⁰ Humanitarian actors made important strides in coordinating efforts to address the gendered impacts of violence, particularly in the context of migration and displacement. As one INGO noted:

“At the borders, we were able to establish referral pathways, train staff, and create cross-border case management protocols. It was a relatively successful model for GBV services.”

Whether the increased visibility of GBV issues during this period translated into greater domestic or foreign aid is difficult to determine, given the limited and fragmented data available. Some data points, however, offer partial insight. The Honduran national budget allocated to women’s shelters increased from \$400,000 in 2022 to \$1.2 million in 2023 and 2024 (República de Honduras, 2022, 2023, 2024). Funding for GBV prevention rose from \$200,000 to \$800,000 over the same period. While these increases are significant, questions remain about their actual impact and implementation (see section below). Overall, investment remains insufficient relative to the scale of



the problem. Internationally, humanitarian funding has been even more limited: by the end of 2024, only 8 percent of the resources required for GBV-related interventions under the Humanitarian Needs Plan had been received (Subcluster de VBG, 2025). Within the UN system, GBV remains one of the most underfunded areas of humanitarian response, with agencies working on GBV consistently receiving a disproportionately small share of overall funding. As several organizations warned, even before the recent US funding cuts, mobilizing resources for this work had long been a challenge despite donor rhetoric. As one participant explained:

“It isn’t always attractive to donors because the impact isn’t immediate or visible—unlike handing out food or hygiene kits. There’s no photo-op, just the quiet work of saving a woman’s life.”

Another common concern is the tendency of most donors to fund short-term, highly localized initiatives, which limits the ability to provide integrated support and sustained follow-up. In the words of an INGO:

“GBV funding focuses on these small, emergency projects [...] but addressing violence against women is a long-term process—it can’t be done with an eight-month project.”

In contrast, several participants noted that, prior to 2025, US-funded programs were generally more stable and long-term—often lasting at least three years—and allowed for stronger coordination, sustained care, and capacity-building.

3.3.1. Progress on paper, gaps in practice

In addition to funding constraints, policy progress has yet to translate into effective implementation. Most approved laws and policies aimed at supporting GBV survivors remain unregulated—meaning they lack dedicated funding and do not establish mechanisms to ensure institutional compliance. A key example is the Protocol for the Care of Victims of Sexual Violence, approved in 2022, alongside the reversal of the 2009 ban on emergency contraception. Yet without dedicated funding, the protocol remains largely unimplemented (Contra Corriente, 2024). A physician working with survivors noted:

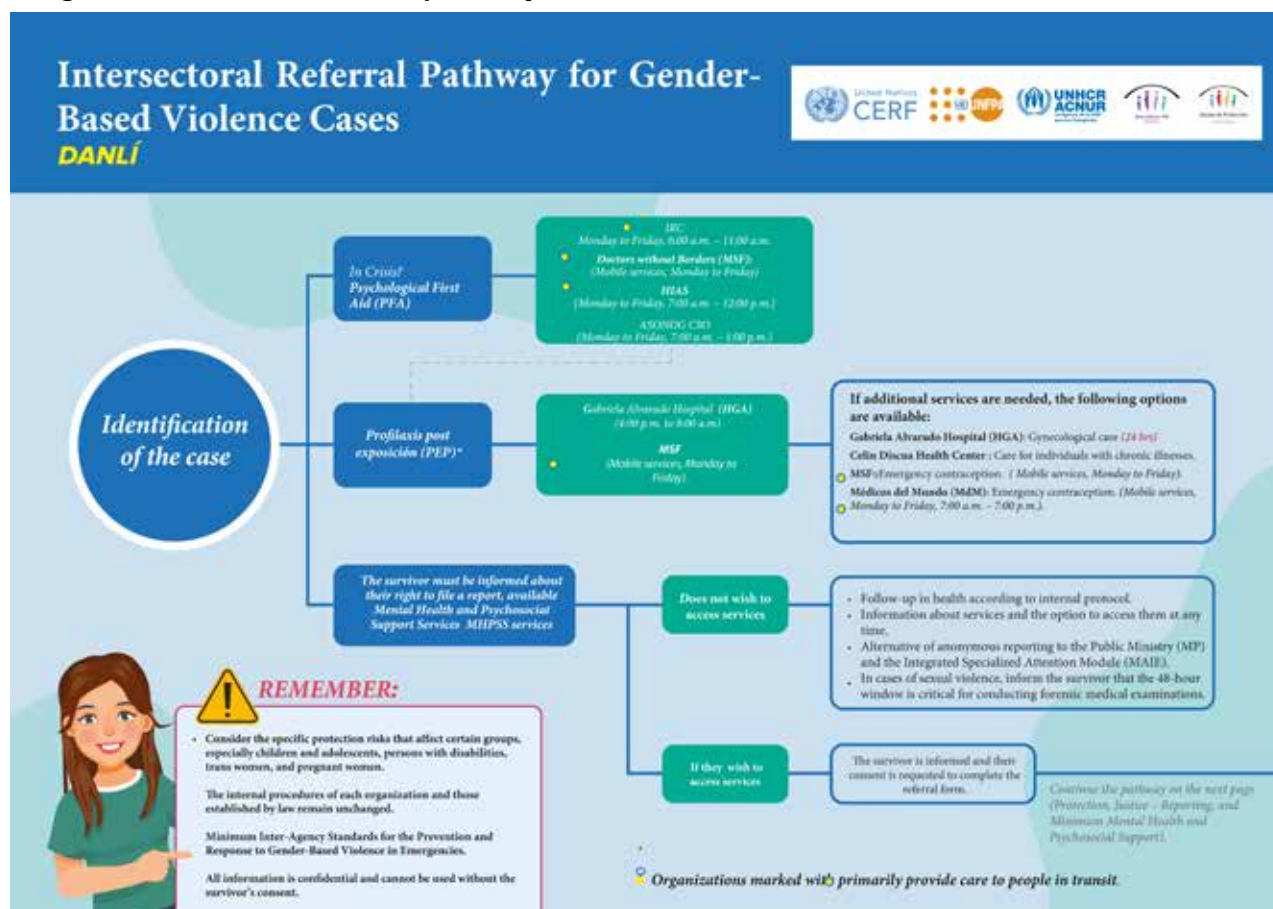
“The majority of health centers still require survivors to file a police report before providing care, and many continue to deny access to post-rape kits and emergency contraception—even two years after the protocol was adopted.”

The phased transfer of sexual violence care from Médecins Sans Frontières (MSF)—a long-standing, trusted provider—to state institutions in Tegucigalpa and other cities has further strained the system, often leaving survivors without adequate support. With MSF now withdrawing from key border areas where it supported migrant populations, and responsibility shifting to national authorities, mounting concerns suggest that the state is ill-equipped to fill the gap, raising the risk of repeated failures and further erosion of the GBV response.

In Honduras, the GBV response relies heavily on referral and case management systems, with survivors directed to different entities based on institutional mandates, areas of expertise, and local presence (CDM, 2018). For example, legal service providers may refer cases to medical or psychosocial support services, while health professionals may also refer survivors to protection actors. US funding previously enabled many municipalities to establish referral pathways adapted to local capacities. Figure 1 illustrates the referral pathway for GBV cases in Danlí, a key city on Honduras’s southeastern border that serves migrant, displaced, and at-risk women.¹¹ However, significant gaps persist, particularly in Indigenous and Afro-descendant communities, where small women’s organizations are often the only available support. In Atlántida, a department with a majority Afro-descendant population, some women’s groups have intervened directly, removing survivors from their homes after attempted femicides, when police failed to act. Even in Tegucigalpa, grassroots coordinators

manage emergency hotlines and provide direct assistance, often at great personal risk. Although referral networks still exist in some key cities, they have been severely weakened due to US funding cuts and the withdrawal of key partners. The consequences of these losses are examined in more detail in the next section.

Image 1: Intersectoral referral pathway for GBV cases, 2024



3.4 How US foreign aid cuts impact GBV services

Honduras has been one of the countries in the region most affected by recent US funding withdrawals, largely due to its heavy reliance on international assistance. In 2024 alone, it received \$184 million from the US—equivalent to 0.53 percent of its GDP and accounting for 74 percent of all foreign support that year (Confidential HN, 2025; Migration Policy Institute, 2025). At the time, Honduras had eighteen active USAID-funded migration-related programs valued at approximately \$357.8 million, scheduled for implementation between 2022 and 2029, according to a report submitted by the Trump administration to Congress in March 2025 (Masood, 2025). Few included components specifically aimed at addressing GBV. However, following the change in the US administration in early 2025, all projects are now slated for cancellation, with \$135.6 million in uncommitted funds withdrawn (*Ibid.*). These numbers fail to fully capture the profound



impact of the sudden loss of funding on women's lives. As one international organization put it:

"We had 60 survivors who, after six months of training, were about to receive their seed capital. Two days before they did, the project was canceled. The programs helping them escape abuse or gang control vanished without warning or alternatives."

This section offers a qualitative assessment of how recent US policy shifts—particularly the abrupt withdrawal of aid—have affected GBV services in Honduras. It examines the consequences for accessibility, availability, and quality of care, revealing how the dismantling of donor-funded programs has further weakened an already fragile system. Many participants emphasized that this issue has been largely silenced—rarely addressed in public or political discourse—despite its profound implications for women's lives. According to one international organization:


"It's as if, from the moment Trump came to power, all GBV work has vanished, banned, erased from donor priorities and government agendas."

3.4.1 Availability of GBV services



"The women being deported left because their lives were at risk. Now that they've returned, they face double or even triple the danger—and tragically, there are no funds or resources to support them."

This quote from the director of a community-based organization reflects a broader crisis: the availability of GBV services has drastically declined following the 2025 termination or scaling down of such programs across 21 local, national, and international organizations and institutions. As many service providers noted, core services for survivors—including psychosocial support, legal aid, and economic empowerment—previously reached women in high-risk areas and those in transit. Interviewees also reported that GBV services at reception centers for irregular migrants (RCIMs) have been significantly scaled back or eliminated, as many were funded through US-supported implementing agencies. For instance, the Women's Ministry (a government agency), once active in some centers, has also withdrawn due to US aid cuts. In several municipalities with high rates of femicide, personnel financed through US-funded programs were also pulled out, further weakening frontline protection. As a result, critical services such as case management, emergency assistance, and trauma-informed care are now severely limited or unavailable. With no replacement funding, several interviewees expressed concern that the government may lack both the capacity and the political will to adequately address these gaps—particularly in an election year where gender issues appear sidelined and largely ignored by major parties.



The vacuum left by the withdrawal of US-funded programs is not currently being filled by the Honduran government. As several interviewees noted, in high-risk urban areas, the departure of international and national organizations has not been followed by the resumption of services, but rather by silence—and by the increasing control that criminal groups exert over women’s lives. At the borders, this gap is reportedly being exploited by organized crime. As recently documented in Costa Rica, criminal networks are taking advantage of the lack of protection in Honduras (WRC & Refugees International, 2025). The following testimony captures a pattern echoed across multiple interviews:

“Before, criminal groups held back because we were there—now, no one’s watching. They take women as soon as they cross, force them into prostitution in the capital for a week, and once they meet their quota, the next group arrives—mostly Venezuelan women.”

One of the most obvious indicators of the declining availability of protection services is the deterioration of women’s shelters. Historically run by local organizations with limited state support, these spaces have filled a critical gap in the response to violence (Mejia, 2023). Although the Shelter Law was passed in 2024 and a budget line was included in the 2022–2024 national budget, implementation has stalled. Largely dependent on US funding, the national shelter system suffered a major blow in February 2025 when four US-backed projects aimed at strengthening the national shelter network were canceled. As confirmed by several organizations, the government response has been limited: the law remains unregulated, and allocated funds have been redirected toward the construction of new shelters, none of which had broken ground as of the date of this report. The impact has been immediate and severe. Several shelters now operate with drastically reduced services, while one in San Pedro Sula—previously under renovation and preparing to serve displaced and migrant women—was forced to close in April 2025 due to US aid cuts. Beyond safe accommodation, shelters like this provided legal aid, psychosocial support, child protection, and emergency housing.

Yet, the threats to GBV service availability goes far beyond the shelter system. As previously discussed, GBV support in Honduras has long depended on referral networks linking survivors to specialized assistance across institutions and organizations. In the current context, these networks have broken down. As one organization offering psychological support explained:

“There’s no one left to refer to. Our success stories came when we were able to connect women with comprehensive support, including legal aid and economic empowerment. Now it feels like knocking on door after door, none of which open anymore.”

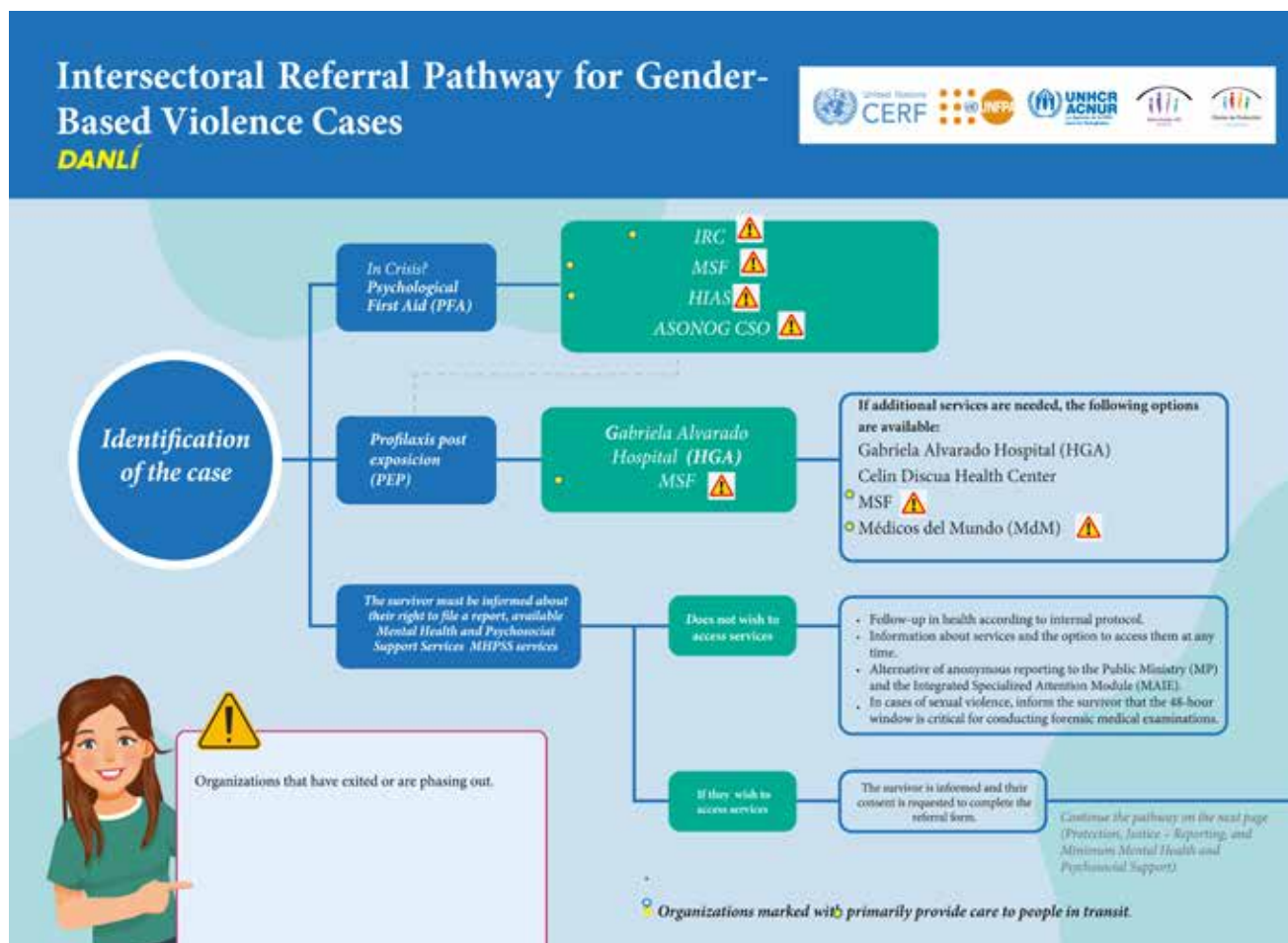
This does not mean that state institutions such as the Public Prosecutor’s Office or the Human Rights Ombudsperson’s Office (HRO) have stopped operating. Rather, the challenge lies in the fact that these agencies relied on complementary services—such as psychosocial care, protection mechanisms, and economic support—previously provided by external actors.

Many of those partners have now withdrawn or discontinued services due to budget cuts. It was particularly striking how often these organizations were mentioned during interviews as key referral partners—only to later confirm that they no longer run those programs. As one local organization reflected on this dismantling:

“We don’t have the money or safety to really help survivors. Before, we could refer them to different partners—for therapy, medical care, and humanitarian support. Now these partners are gone, and we’re doing what we can—but it’s really tough.”

The result is a fragmented and weakened protection system, leaving many survivors without the coordinated, comprehensive support they urgently need.

This breakdown in coordination is clearly visible when comparing the current referral landscape to earlier service maps. **Image 2 builds on the pathway shown previously** (Image 1), illustrating how GBV service availability in Danlí has been reduced or withdrawn. Symbols indicate reductions based on information shared by multiple actors, and not necessarily by the organizations represented in this referral pathway. As a result of this systemic erosion, the protection network for women in urgent need has become visibly diminished and fragmented.



Access to and utilization of services for GBV survivors in Honduras have declined sharply following US funding cuts. A major consequence of reduced funding has been the closure or downsizing of programs, especially in border areas. At the southeastern border, humanitarian spaces once hosted several specialized organizations addressing the gendered impacts of violence on migrants. As in other parts of the region, these services are now being dismantled in Honduras (WRC & Refugees International, 2025). According to interviewees, only five of the 27 organizations previously active in the area are expected to remain by June 2025. Most actors working on GBV have either shut down their programs entirely or drastically reduced their activities. While initially designed to address migration-related issues, many GBV programs had broader benefits: they strengthened institutional capacity and provided support to other at-risk groups, including LGBTQI+ individuals. These initiatives also contributed to establishing referral pathways in cities with high levels of reported GBV. With the withdrawal of key actors, essential and lifesaving GBV services have been suspended or severely reduced—particularly

psychological support, emergency assistance, and access to post-exposure prophylaxis (PEP). No concrete plans have been announced to replace or restore these services.

As mentioned above, the situation is particularly critical for women returning from the US or Mexico. These return routes are informal, unregulated, and lack support systems—conditions that disproportionately affect women who often use them because they cannot afford smugglers. Although some RCIMs remain operational at key entry points such as Choluteca and Danlí, most returnees bypass these centers entirely and never access available services. According to humanitarian organizations, this is due not only to the voluntary nature of registration and the centers' distance from migration routes, but also to widespread fear among migrants that their personal information could be shared with US authorities. In GBV cases, while RCIM staff are receiving training due to MSF's imminent phase-out, these centers are still unequipped to identify or provide specialized care for survivors. As a result, many women—often subjected to repeated abuse during their journey—pass through the country without receiving any form of assistance. As one service provider observed:

"There are no programs for them—not because the need isn't there, but because the structures that once supported GBV survivors during northbound flows no longer exist."

The outcome is an alarming protection gap: women most at risk are falling through the cracks, excluded from services and left with nowhere to turn.

In the case of deported women, access to support services has been further limited by a 30–40 percent reduction in the number of staff present at CARMs from international organizations—many of which previously provided case identification, psychological care, and protection referrals. Prior to the recent aid cuts, these centers had two or three psychologists and doctors, with those positions supported through US funding. Now, a single member of medical staff may be responsible for over 500 returnees in a single day. Even with strong commitment, it is nearly impossible to properly identify GBV cases or offer meaningful support under such conditions. Rushed five-minute screenings, often conducted in shared spaces, offer little privacy, and fear of stigma or retaliation further deters disclosure. Although posters in CARMs (Image 3) encourage survivors to report protection risks, emotional distress and time constraints remain major barriers. One official reflected:

"Our biggest challenge as a state is identifying cases. In the US, women struggle to speak up—there's no translator, they're guarded by men. When they arrive here, it's still hard for them to talk."

While mass deportations have declined since 2024, reports of degrading treatment remain alarmingly consistent. Interviewees spoke of the degrading treatment faced by women sent back from the US—including being stripped of their underwear and denied access to sanitary products.

Image 3: Red Cross Honduras' information sign at CARM in Omoa



The poster reads: If you left the country due to any kind of threat and feel that your life is in danger, come and request information from our protection assistants at this facility. A phone call can save lives. 9739-5330 / 9739-5616.



One psychologist recounted:

“A very young deportee was raped by another woman while in a US detention center. She was assaulted with a bottle and had no one to report the attack to. She arrived here completely shattered—her body and her spirit broken.”

As WRC has warned, such cases reflect the consequences of diminished oversight in detention centers, which have become increasingly opaque after key monitoring mechanisms were dismantled (WRC, 2025). According to key informants, many women reported sexual harassment, physical violence, and verbal abuse by US officers. Many had fled GBV, yet under the Trump administration, applying for or receiving asylum has become nearly impossible, regardless of the severity of their cases (Cleaveland & Waslin, 2025). Upon return, risks often persist, or worsen. Some officials reported that abusers or traffickers wait outside CARMs. Some women avoid seeking help due to deep mistrust of authorities. Even when protection is requested, options remain limited—especially after the cancelation of resettlement programs and cuts to humanitarian aid. Expressing deep frustration, one support worker explained:

“Deported women are given a phone number and told someone will call—but no one does. One woman told us, ‘If I leave the return center, they’re going to kill me.’ Those offering protection forget we’re dealing with life-or-death cases.”

The most devastating impact of the funding cuts is not just the loss of programs, but how they have reshaped the GBV response, making violence harder to name, detect, and address. Demand for services has declined; it has been silenced. One frontline worker observed,


“Funding was already limited, and now it’s practically gone. Women are left in a more vulnerable position. In dangerous neighborhoods, they used to come to us to report abuse. Now, they’re practically alone.”

The dismantling of community-based initiatives—many once supported by USAID—has been particularly damaging. These networks built trust and offered safe entry points for survivors. Their absence means many cases now go undetected. Shelters have reported reduced referrals, not because violence has decreased, but because grassroots women’s networks—previously the main source of referrals—have disappeared. Many interventions had trained local leaders to provide psychosocial support and make referrals, especially in areas where police were not a safe option. Their closure has left a critical gap. Today, countless women face abuse in silence, with no one to turn to and nowhere to go.

3.4.3. Quality of GBV services

“The level of specialization we once had to implement GBV programs and projects—our staff trained to provide care and with deep knowledge of referral pathways—is now gone.”

A decline in the quality of services for women survivors emerged as a recurring theme among research participants, as reflected in the above testimony from an international actor. While some humanitarian actors continue operating with minimal resources, many no longer offer specialized support or lack partners with the technical capacity to ensure survivor-centered care. Consequently, cases are often addressed without a gender lens, resulting in responses that fail to account for the specific needs of women and girls. One organization shared that, due to staffing cuts, they now process cases of men and women through a single intake system—without trained personnel to identify or respond to the heightened risks faced by female survivors. Without tailored approaches, protection efforts become inadequate from the outset. Particularly affected are programs focusing on economic empowerment and reintegration for deported



women. These components are essential for long-term recovery, yet their removal has left many survivors trapped in cycles of dependency and re-exposure to harm. In a country where most women live on less than \$5.50 a day, rebuilding a life without such support is nearly impossible.

The quality of care has further deteriorated as national organizations are forced to prioritize fundraising over service delivery. One organization recounted:

“We’re trying to survive by organizing garage sales—we’re even planning a big bingo. We’ve had to pull staff away from direct work just to keep our doors open. Supporting survivors is our mission, but we have no choice.”

This shift has diverted critical resources and attention away from core services, eroding the consistency, depth, and sustainability of care available to women and girls.

This erosion in quality is compounded by other critical challenges. According to several informants, much of the staff training—across both government institutions and local organizations—was previously supported by USAID, which also helped develop GBV response protocols and referral pathways in several municipalities. With the withdrawal of these resources, technical capacity has been difficult to maintain. Hundreds of trained personnel—who had developed deep knowledge of procedures and survivor-centered care—have been lost. Most have not, and are unlikely to be, absorbed by other institutions or organizations, creating a major gap in expertise.

Participants also emphasized growing shortages of essential supplies, which have further undermined service quality. At key border points, items critical to survivor care—such as dignity kits for women, hygiene kits for children (including baby formula), and basic medical supplies—have been severely reduced or entirely cut. For Honduran GBV survivors, support that previously ensured access to services—such as transportation to court hearings for women in remote areas or access to psychiatric medications—has almost entirely disappeared. One international organization reflected:

“We had the [humanitarian] fund, which allowed us to support survivors who often didn’t even have money for the bus to flee, or to buy medication for trauma. We no longer have that fund, and it truly saved lives.”

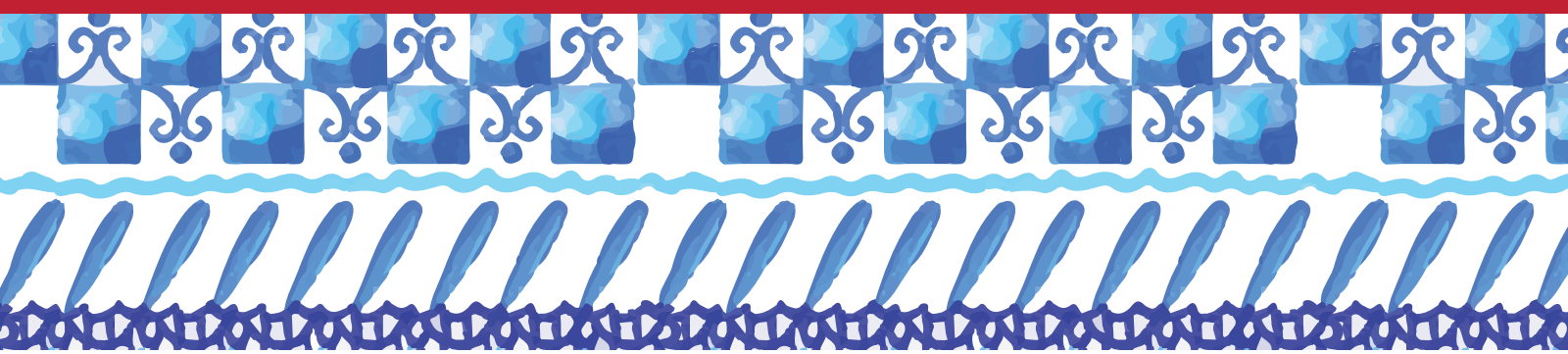


Discussion

Why focus this report on Honduras, when other countries in the region face comparable—or even more severe—US funding cuts and similarly troubling levels of GBV? While the large scale of female migration and return, as well as pervasive GBV, shaped the decision, three additional factors make Honduras a particularly critical case:

- * GBV services in Honduras were already fragmented, under-resourced, and heavily dependent on international assistance. The suspension of US support has not merely weakened this fragile system, it has pushed it to the brink of collapse.
- * Honduras represents a tipping point for an already fragile protection system heavily reliant on international aid. It offers critical lessons for other countries facing similar dynamics, both regionally and globally. The case shows how the abrupt withdrawal of external resources—especially in the face of minimal state support—can quickly unravel service delivery, disrupt coordination, and erode survivor trust. In a context of structural inequality, political fragility, and widespread violence, the consequences extend beyond national borders, with serious implications for women in transit across the region.
- * Despite the severity of the crisis, these funding cuts—particularly to GBV services—have received, despite the severity of the crisis. Media, government, and international actors have shown little public concern. So far, the only national institution to raise alarm has been the HRO. Internationally, Honduras remains largely absent from humanitarian and GBV policy agendas—including US priorities—especially when compared to more visible crises. As noted by the NRC and reflected in WRC’s advocacy, Honduras is among the world’s most neglected displacement crises, due to low media visibility and a persistent lack of political will to address these issues—especially their gendered dimensions (NRC, 2024, 2025). This invisibility persists.






The outlook for 2025 is increasingly troubling. The US had long served as Honduras's largest and most consistent donor. As this report demonstrates, US support was essential to sustaining core services for women survivors and those at heightened risk of suffering GBV—particularly in border zones, CARMs, and communities with high levels of violence. Its abrupt withdrawal dismantled key protection structures, leaving women without viable alternatives and frontline responders without resources.

Given the scale of past US contributions, it is unlikely that another donor will step in to fill the gap—not only because Honduras is not a current global priority, but also because few have the capacity to match US aid levels. In 2023, the second-largest donor was Japan, contributing \$31.9 million, followed by Germany with \$26.5 million, significantly lower than the \$188 million provided by the US (Migration Policy Institute, 2025; OECD, 2025). This stark disparity highlights the depth of the shortfall; one that few, if any, donors are positioned to cover. Moreover, most remaining international assistance is already earmarked for other sectors or geographic areas where GBV is not prioritized (*Ibid.*). As of this writing, multiple interviewees confirmed there are no clear signs that donors plan to redirect funding to address these urgent and growing protection gaps.

At the national level, the government's response to the fallout from these cuts has also been limited. While authorities have focused primarily on the reception of deported migrants—framing it largely as a humanitarian issue—this narrow approach has left other critical needs dangerously unaddressed. The national response to GBV is a clear case in point. Although institutions such as the National Migration Institute (INM) and the CARMs have made efforts to mitigate the consequences of donor withdrawal, there is still no coordinated national strategy to assess the impact or start closing the growing protection gaps affecting women and girls. Even more concerning, instead of proposing tangible solutions, the Honduran Congress recently launched an investigation into civil society organizations that had received USAID funding, accusing them of advancing agendas “contrary to national interests” (SWI, 2025). One international organization described the move as “a kind of witch hunt,” adding:

“Rather than evaluating the impact and finding ways to fill the gap, the government is shifting the blame onto us. It’s a way to deflect from its own inaction.”

Still, responsibility for the current protection crisis does not rest solely with the Honduran state. Shifts in US policy—particularly under the Trump administration—have also played a significant role. These included abrupt aid withdrawals, the expansion of migrant detention, the dehumanization of displaced populations, and severe restrictions on gender-focused programming. The prohibition against allowing the few remaining US-funded partners to address GBV, coupled with increasingly limited access to asylum and persistent abuses during detention and deportation processes, has weakened protection frameworks well beyond Honduras's borders. This situation exposes a broader failure of both national and international systems to ensure continuity of care for at-risk populations. It highlights the perils of overdependence on a single donor—not just in terms of funding, but in the absence of contingency planning when geopolitical priorities shift. In this case, the abrupt and near-total withdrawal of previously approved US funding, including for programs already under implementation, made any transition very difficult and left critical protection gaps unaddressed.



At the same time, the current situation underscores a fundamental truth: migration—especially when driven by violence, poverty, and inequality—will not subside unless its root causes are addressed. Until women and girls can live free from fear, with access to justice, livelihoods, and essential services, many will continue to migrate out of necessity. While this is not a burden Honduras can—or should—carry alone, it is a process the country must lead.

Effective migration and protection strategies must be grounded in regional cooperation, shared responsibility, and sustained investment in resilience. Ultimately, the dismantling of protection services for women and girls in Honduras is not merely a story of shifting budgets or changing political agendas, it is a story of lives placed at risk through institutional inaction and neglect. Rebuilding this ecosystem will require bold political will, diversified and predictable funding, and renewed investment in feminist, community-led approaches. What is at stake is not just the continuity of services, but the safety, dignity, and future of those most affected.

Key Findings

This report presents six key findings that capture the gravity of the current situation.

Finding #1

For many Honduran women, migration is not a choice, but a survival strategy.

GBV is a major but under-recognized driver of women's migration in Honduras. Official data and surveys often frame migration in economic terms, failing to capture gender-specific threats such as sexual violence, femicide, and systemic impunity. As a result, women's experiences are subsumed into generic categories that obscure the real risks they face—and misdiagnosing the cause also misguides the response. Many are fleeing criminal structures and state neglect. For deported and returnee women, protection remains out of reach, leaving them vulnerable to the same violence that forced them to flee. As one practitioner noted:

"She cannot return home, nor can she stay. All doors are closed."

For thousands of Honduran women, migration is not a voluntary act—it is what has been called a "choiceless choice" made in the absence of safety, justice, or viable alternatives.

Finding #2

Even before US funding cuts, GBV response system was structurally fragile.

Despite increased attention to GBV between 2022 and 2024, the response system in Honduras was already marked by structural weaknesses. Progress in policy adoption and coordination—especially in migration contexts—was not matched by sustainable funding or institutional ownership. Most services remained donor-dependent, were short-term, and highly localized, limiting long-term care and follow up. Even widely praised protocols, like the 2022 Sexual Violence Care Protocol, remained largely unimplemented due to lack of regulation and operational funding. While US-funded programs stood out for their multi-year scope and coordination, the broader system struggled to reach rural, Indigenous, and Afro-descendant communities. Referral networks were essential, but often fragile, especially in areas where grassroots women's organizations filled institutional gaps. As key actors began withdrawing prior to 2025, interviewees warned that the system was already under severe strain, vulnerable to collapse even before the most recent cuts.

Finding #3

Shrinking availability: Limited state action amid growing GBV service gaps.

The availability of GBV services in Honduras has drastically declined, with more than 21 organizations scaling back or terminating support in 2025. Core services—legal aid, psychosocial support, and emergency assistance—are now limited or entirely unavailable in high-risk areas. Despite rising needs, there is little state action to fill the gap. Nowhere is this failure more evident than in the collapse of the national women’s shelter system. Following US aid cuts, shelters lost funding, staff, and operating capacity. In San Pedro Sula, one key shelter preparing to serve displaced women was forced to close in April 2025. Although a shelter law exists, it remains unregulated, and state funds have been diverted toward unbuilt facilities. Referral networks that once enabled comprehensive care have also broken down, leaving survivors trapped in fragmented systems with no clear path to protection. The current crisis exposes not only a funding vacuum, but a structural lack of political will to prioritize women’s lives.

Finding #4

Diminishing access, declining utilization: Survivors face mounting barriers to protection.

Migrant, deported, and displaced women and girls in Honduras face escalating barriers to accessing GBV services. Between 60 and 100 percent of specialized GBV services have been dismantled—especially along migration routes and at returnee centers—following US funding cuts. Community-based programs that once fostered trust and encouraged reporting have largely disappeared. The result is not a decrease in violence, but in visibility. Utilization of GBV services has dropped—not because violence has diminished, but because the spaces and mechanisms for seeking help have eroded.

This deterioration is particularly evident in the experience of deported women. Many return after suffering institutional abuse in US detention centers—including the forced removal of underwear, denial of sanitary products, and incidents of sexual violence. Such abuses have become more frequent since oversight mechanisms were weakened, as warned by WRC. Upon return, many women continue to face serious risks. Although staff at CARMs remain committed, the system has lost between 30 and 40 percent of the specialized partners that previously supported the GBV response. Screenings are rushed, and fear of retaliation or stigma often prevent women from disclosing abuse. As a result, those most at risk are often the least likely to be identified or assisted.

Finding #5

Rising exploitation risks for migrant women.

As humanitarian actors withdraw from border areas, criminal groups are swiftly occupying the vacuum, increasingly trafficking migrant women into prostitution to fund their return journeys home. The growing pattern of reverse migration—women returning south after failed migration attempts—has gone largely unaddressed due to the lack of official data, resources, and protection mechanisms. There are no formal programs in place to support women who migrate, return, or those who experience GBV during their transit. The risk of exploitation is escalating, and frontline organizations warn that, in the absence of humanitarian presence, women are left entirely unprotected. As one civil society group stated: “Women are left to the mercy of God.” Unless urgent action is taken to restore protection and humanitarian coordination at strategic points, this emerging crisis will continue to expand invisibly and unchallenged.



Finding #6

The quality of GBV services has seriously deteriorated.

A sharp decline in service quality for women survivors has become one of the most alarming consequences of recent funding cuts. Organizations that once provided specialized support, with trained staff and robust referral systems, now operate with minimal resources or have been forced to shut down. As one actor put it: “The level of specialization we once had...is now gone.” Many survivor cases are now processed through general intake systems without personnel trained to address their specific risks, undermining safety from the outset.

Economic empowerment and reintegration programs, essential to long-term recovery, have also disappeared, leaving survivors trapped in cycles of financial dependency and re-exposure to violence. In a country where most women live on less than \$5.50 per day, protection without economic support is often meaningless. As service providers scramble to stay afloat, fundraising has overtaken direct care. Staff are being pulled from frontline support to organize garage sales and bingos. The result is a fragmented, under-resourced system that can no longer guarantee even the most basic care standards for women and girls at risk.

Recommendations

To the US Government

- * Ensure that individuals fleeing persecution, including gender-based persecution, have a full and fair opportunity to apply for asylum as required by US and international law.
- * Uphold minimum care and safety standards in immigration enforcement and detention, including timely medical and psychological care. This includes restoring the US Customs and Border Protection Policy Statement and Required Actions Regarding Pregnant, Postpartum, Nursing Individuals, and Infants in Custody, and ensure that all CBP facilities comply with the directive. Ensure compliance with ICE Directive 11032.4 on Identification and Monitoring of Pregnant, Postpartum, and Nursing Individuals.
- * Reinvest in GBV prevention and response programs previously supported by the State Department and USAID—especially those providing psychosocial care and economic empowerment services that cannot be sustained without US support. This includes upholding US commitments to prevent and respond to GBV, as articulated in the 2022 US Strategy to Prevent and Respond to Gender-Based Violence Globally.
- * Address the root causes of migration, including but not limited to GBV, as recognized in Pillar V of the US Strategy for Addressing the Root Causes of Migration in Central America. Strategies include increasing supportive services for survivors of GBV, investing in gender-responsive programming, and increasing access to justice for survivors.
- * Extend and redesignate Temporary Protected Status (TPS) for Honduras, considering the continued disruption of living conditions supporting its original designation.



To the US Congress

- * Restore oversight over immigration enforcement, including full funding for the Department of Homeland Security's Office for Civil Rights and Civil Liberties (CRCL), Office of the Immigration Detention Ombudsman (OIDO), and the US Citizenship and Immigration Services (USCIS) Ombudsman.
- * Restore and safeguard funding for humanitarian aid and GBV services in Honduras.
- * Strengthen accountability mechanisms in bilateral and regional migration agreements, ensuring GBV concerns are addressed and returns to high-risk contexts are prevented.

To National and Local Civil Society Organizations in Honduras

- * Document and quantify the effects of international aid cuts on women's safety and access to GBV services, generating evidence to inform advocacy and accountability.
- * Continue collective advocacy to push for the regulation and implementation of key frameworks, such as the Shelter Law and the National Protocol on Sexual Violence.

To the Government of Honduras

- * Assess and publicly report on the impact of US aid reductions on the GBV sector, including service gaps, increased risks, and growing vulnerabilities for women and girls.
- * Coordinate national efforts to address protection gaps for GBV survivors and women at risk, particularly in returnee reception centers and high-risk communities.
- * Ensure that the Ministry of Women leads the recovery of shelter and protection services. This includes enforcing the Shelter Law, disbursing emergency funding to existing shelters, and overseeing the implementation of the National Protocol on Sexual Violence.
- * Strengthen assistance and protection mechanisms for women and girls returning through reverse migration, ensuring they are screened, supported, and referred to appropriate services.
- * Enforce actions to investigate, dismantle, and sanction criminal networks involved in trafficking and organized violence, particularly in areas where migrant women are most at risk.
- * Bolster the capacity of CARMs by reactivating GBV response teams and enabling effective screening, referral, and psychosocial support.

To the Honduran Congress

- * Approve targeted budget allocations to expand the national GBV prevention and response system, including support for shelters, psychosocial care, and community-based protection, aligned with the Shelter Law and the National Protocol on Sexual Violence.
- * Fulfill its oversight responsibilities by monitoring the enforcement of GBV-related laws and budgets, ensuring that government institutions are held accountable for delivering on protection commitments.

To Municipal Governments

- * Review and revise municipal GBV response protocols and referral pathways to reflect current risks, funding constraints, and available resources.
- * Advocate for a shared national-municipal responsibility in addressing GBV, ensuring that local governments are not left to shoulder this burden alone.



To International Donors

- * Restore and prioritize GBV prevention and response in the humanitarian funding agenda for Honduras. Funding should focus on national and local women's organizations with proven experience and deep community ties.
- * Provide multi-year, flexible, and locally driven funding to support both emergency response and long-term recovery for displaced, deported, and at-risk women.
- * Support integrated protection programs that combine psychosocial support, economic empowerment, and legal aid, particularly in regions with high rates of violence and displacement.
- * Invest in data collection, research, and monitoring efforts to track protection gaps and evaluate the impact of international aid reductions on GBV response capacity.

To United Nations Agencies and Humanitarian Organizations

- * Recognize Honduras as a GBV emergency, and ensure this is reflected in inter-agency response plans, funding strategies, and public advocacy efforts.
- * Integrate GBV systematically across all components of the humanitarian response and coordination mechanisms in Honduras. This issue must not remain neglected or sidelined.
- * Advocate for increased international funding and visibility for GBV response, using global platforms to counter the ongoing invisibility of the Honduran crisis.
- * Strengthen joint assessments and coordination among UN agencies, aligning efforts with national institutions and grassroots organizations to deliver an effective GBV response.
- * Continue supporting the Government of Honduras to strengthen GBV protection standards—including access to shelter, healthcare, and justice—by scaling up technical assistance, training, and investment in referral pathways. UNHCR and IOM should reinforce and expand current efforts.
- * Go beyond awareness campaigns to address life-threatening risks posed by organized crime in GBV and trafficking. UNODC should support justice institutions in dismantling criminal networks and work with humanitarian actors to protect women and girls at risk.

To Regional Governments

- * Establish cross-border coordination mechanisms to ensure protection for women who were trafficked, exploited, or exposed to violence during reverse migration.
- * Incorporate GBV risk mitigation and survivor services into migration and return protocols, ensuring women can access safe reporting channels, temporary shelters, and healthcare at borders and key transit points—regardless of their migration status.





Acroyms and Abbreviations

CARM	Center for attention to returned migrants
CBP	United States Customs and Border Protection
CRCL	(US) Office for Civil Rights and Civil Liberties
GBV	Gender-based violence
ICE	United States Immigration and Customs Enforcement
INGO	International nongovernmental organization
IOM	International Organization for Migration
MSF	Médecins Sans Frontières
OIDO	(US) Office of the Immigration Detention Ombudsman
PEP	Post-exposure prophylaxis
RCIM	Reception center for irregular migrants
TPS	Temporary protected status
UN	United Nations
UNCHR	United Nations High Commissioner for Refugees
UNODC	United Nations Office on Drugs and Crimes
USAID	United States Agency for International Development
USCIS	US Citizenship and Immigration Services Ombudsman
WRC	Women's Refugee Commission



Endnotes

- 1 This figure refers to US cooperation funds allocated to Honduras in 2024. A similar amount was expected for 2025.
- 2 As acknowledged by the survey itself, results are based on responses from only 10 organizations and should be interpreted with caution (OCHA, 2025).
- 3 This estimate is based on data provided by 25 interviewed institutions, local and international organizations.
- 4 One of these organizations is HIAS. The other two have not yet publicly announced their withdrawal.
- 5 In this text, “return” is used to encompass deportation, so-called voluntary return, and reverse migration. When referring specifically to one of these, it will be explicitly stated.
- 6 Given the sensitive nature of the subject and the evolving research context, the names and institutional affiliations of interviewees have been withheld to ensure their confidentiality and security.
- 7 These numbers include deportations primarily from Mexico, Guatemala, and the US. Deportations from the US alone also declined—from 12,038 in 2024 to 10,534 in 2025—a decrease of approximately 12.5 percent over the same period.
- 8 The expression “choiceless choice,” coined by Holocaust scholar Lawrence L. Langer, describes situations where individuals must act under extreme coercion. We use it here to reflect the constrained realities faced by women fleeing systemic violence in Honduras.
- 9 In this report, “return” refers broadly to the process by which individuals return to their country of origin, whether through deportation, forced return, or so-called “voluntary” return.
- 10 Several important policies were approved during this period: the Law for the Protection of Women in Emergency Contexts, the legalization of emergency contraception for rape, the Law on Forced Displacement, and the Shelter Law.
- 11 Honduras has four Reception Centres for Irregular Migrants (RCIMs), administered by the National Migration Institute (INM). They concentrate services for migrants in transit and generally provide support, including food, medical care, and temporary shelter.

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