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Structural Gender-Based Violence and Unresolved Trauma: Power Structures  
and Social Dynamics that Influence the Migration of Women Fleeing the  
Northern Triangle Countries of Central America

A thesis submitted in partial satisfaction of the  
requirements for the degree Master of Arts

in

Global Health

by

Francisca K. Rivera

Committee in charge:

Professor Thomas Csordas, Chair  
Professor Janis Jenkins  
Professor Argentina Servin

2021

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University of California San Diego

2021

## DEDICATION

Para mis amores, hijos e hija,  
ustedes han sido mi paz a través de la tormenta, me  
inspiran a superar todos los desafíos, son el trío que  
hace que este viaje valga la pena!

## EPIGRAPH

Migration is a gendered process and impacts women and men differently ... Gender stereotypes limit women's autonomy and decision-making processes, increasing their vulnerability to the systematic violation of their human rights.

UN Women

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## LIST OF ABBREVIATIONS

CBP .....	U.S. Customs & Border Protection
DHS .....	U.S. Department of Homeland Security
GBV .....	Gender Based Violence
ICE .....	U.S. Immigration & Customs Enforcement
IPV .....	Intimate Partner Violence
PPD .....	Post-Partum Depression
PTSD .....	Post-Traumatic Stress Disorder
SRH .....	Sexual and Reproductive Health
SRR .....	Sexual and Reproductive Rights
TASET .....	Tracing Asylum Seeker's Experience & Trajectories



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## PREFACE

As a first-generation university student, and first generation Central American U.S. citizen, it is important for me to dedicate myself, through the utilization of my position within the academic environment, to conducting research aimed at highlighting the gendered health issues migrant women experience. In order to move forward as an equitable multicultural society that promotes health and well-being and the successful integration and support of migrant women, we must begin to understand the life altering decision making process migrant women fleeing their home countries undertake while navigating intersecting identities. In addition, in recognizing the traumatic mental health outcomes caused by structural gender-based violence, immediate course of action to increase access to resources and support is essential.

This thesis is written in part for the academic and public health community with the aims that increased attention to the mental health vulnerabilities that marginalized migrant women experience, and the continued contextualization of the structural issues that influence women's health and transnational migration can instill a sense of urgency concerning the establishment of appropriate mental health evaluation programs, intervention strategies, and support resource and health delivery systems.

I want to acknowledge and extend my appreciation and gratitude to the University of California San Diego, Global Health and Anthropology Programs faculty and staff both at the undergraduate and graduate levels. As a student in both departments, I was allotted opportunities to learn beyond the classroom and work with knowledgeable and dedicated experts in their fields. I also want to take the opportunity to thank my committee chair, Dr. Thomas Csordas, and the TASET research team for allowing me the opportunity and space to engage in meaningful and life changing research. Lastly, to the dedicated female scholars on my committee and life-long mentors, Drs. Samantha Hurst, Janis Jenkins, Jennifer Miller-Thayer, and Argentina Servin, I am humbled by your ongoing support, enthusiasm, and investment in my academic success!

## ABSTRACT OF THE THESIS

Structural Gender-Based Violence and Unresolved Trauma: Power Structures  
and Social Dynamics that Influence the Migration of Women Fleeing the  
Northern Triangle Countries of Central America

by

Francisca K. Rivera

Master of Arts in Global Health

University of California San Diego, 2021

Professor Thomas Csordas, Chair

Guatemala, El Salvador, and Honduras, share a volatile history of fostering structural systems that sustain extreme violence against women, sanctioning the normalization of gender-based violence. Given the precarious environmental conditions of women fleeing the Northern Triangle regions, contextualization of their lived experiences as they navigate the duality of caretaker and survivor during the migration decision-making process is of the utmost importance in ensuring mental health wellness. Therefore, understanding trauma exposures during the migration journey, pre, during, and post flight periods, also known as the triple trauma paradigm, is necessitated.

Through an in-depth literature review and synthesis of existing qualitative data, this thesis provides a conceptual framework to further understanding of how structural violence towards women increases their exposure to trauma throughout their lives, subsequently, increasing the probability of intergenerational trauma. Although the available literature documents migrant experiences, current research lacks an emphasis on migrant women's experiences of structural gender-based violence, unresolved compounded trauma, and how those experiences influence their mental health outcomes. The appropriate contextualization of migrant women's mental health encumbrances has both immediate and long-term implications on the establishment of appropriate intervention strategies explicitly tailored to the diverse mental health care needs of migrant women. As the number of women migrating to the U.S.-Mexico border region increases, it becomes increasingly critical to highlight the rising global mental health challenges they experience, which have societal and public health implications for migrant women's life trajectories, and influence their ability to endure the challenges of transnational migration and resettlement in the U.S.

## INTRODUCTION

Imagine waking up knowing that there is a high possibility that this day you will be kidnapped, assaulted, raped, tortured, or even worse murdered. You may wonder why one may suggest you imagine such atrocities; and now, think about your hesitation to imagine such horrors, as one could only assume you chose not to imagine such violent outcomes for yourself. You have a choice in controlling your thoughts and imagination, you possess personal autonomy and have the freedom of making choices. In addition to possessing free will, you are afforded human rights and assumed protections from the aforementioned acts of violence. The majority of women fleeing the Northern Triangle region of Central America, are not afforded the choice of imagining such horrors, they are born into a nation of structural systems and institutions that deprive them of free will and personal autonomy, stripping them of human rights and protections from experiencing brutal acts of violence. For vulnerable populations fleeing the countries of Guatemala, El Salvador, and Honduras, which are collectively referred to as the Northern Triangle countries (Figure 1, pg. 2), various factors influence their mental health and well-being.



**Figure 1:** Map of the Central American countries of Guatemala, El Salvador, and Honduras with the red triangle overlay to depict a visual representation of why the countries are collectively referred to as the Northern Triangle region. Adapted from a map of countries presented by United Nations High Commissioner for Refugees (UNHCR). (2015). *Women on the Run: Firsthand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico, A Study Conducted by the United Nations High Commissioner for Refugees* (13).

It is important to understand that although these countries share commonalities, their history, socioeconomic make up, and political structures differ in how those systems sustain the oppression and marginalization of women and enforce gender-based violence. Guatemala, Honduras, and El Salvador have a long tumultuous history, these countries have experienced decades long civil wars and political unrest. Women in these countries have been exposed to and have experienced several forms of war related trauma and political violence. Those forms of trauma include large massacres, assassinations and executions, sexual violence, i.e., rape, torture, reproductive health violations, and government

sanctioned assaults on their bodies, persons, and minds. As a form of social and political repression and control, many women have also experienced silencing and isolation. Gender structures in these countries also allow for women to endure interpersonal and intimate partner violence, as well as other forms of violence at the hands of their partners, and family members. In Central America, a woman's value is shaped by the power structures and social dynamics specific to their home countries, which support and facilitate the ongoing infliction of structural gender-based violence (GBV) against women; acts of violence that expose them to toxic stress and situations of trauma. Women who experience a life of extreme duress and unresolved trauma risk the possibility of continuing the vicious cycle of violence and mental health trauma, which increases mental health risks for them and their families, ultimately leading to unresolved mental health issues and trauma manifesting itself in the form of intergenerational trauma.

Central American women wake up every day knowing that they will, if they have not already, be forced to survive some form of GBV, which can lead to unresolved experiences of trauma that negatively impacts mental health and well-being. This is a harsh reality for many women who have survived existing in the violent, misogynistic, threatening environments that are found in most parts of the Northern Triangle region countries. GBV is not isolated to Central America, it is a worldwide problem that affects women all over the world; sexual and physical

abuse is estimated to affect 1 in 3 women worldwide.<sup>1</sup> GBV takes many forms and can be defined as, violence that is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life (UNHCR 2021). Acts of GBV are heavily influenced by power structures and sociocultural ideologies, that impose gender inequalities, harmful norms, and abuses of power.<sup>2</sup> GBV occurs both directly and indirectly and it takes many forms; in Central America it has been documented to take the form of intimate partner violence (IPV), sexual and reproductive violence, social exclusion, sexual and reproductive health (SRH) policies, pervasive judicial corruption, acts of femicide, and patriarchal ideologies. GBV is one of the major push factors that has influenced the recent mass migration of women fleeing Central America traveling north to the U.S.-Mexico border regions; risking their lives, determined to enter the U.S. in search of protection and refuge. For women, migration can be their only form of survival; proof of their resilience and ability to develop strength and self-agency in the face of adversity (Paris 2008, 142). Unfortunately, undertaking the

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1. United Nations Population Fund (2020) is one of the UN's lead agencies working to further gender equality and women's empowerment, and to address the physical and emotional consequences of gender-based violence.

2. The United Nations High Commissioner for Refugees (2021), The UN Refugee Agency.



decision-making process to migrate can also place an excessive amount of stress and anxiety on survivors of violence, further risking their mental health wellness and exacerbating unresolved mental health vulnerabilities.

Mass migration of people forced to flee Central America is not novel. The phenomenon of migration from the Northern Triangle region is influenced by many reasons, including war and violence that lead to humanitarian crisis', social and economic destabilization that leads to poverty, and as witnessed more recently in Honduras, natural disasters that lead to the decimation of the agricultural sector, devastating people's lives. In addition, in some regions an increase in globalization has facilitated and encouraged the migration of people from all over the world spanning every continent, for reasons such as education, employment, and better opportunities. Although migration is not new, the most recent decade has witnessed a dramatic shift in the demographics of migrants arriving to the U.S. – Mexico border region.

The most recent data shows a significant increase in people fleeing Central America, and since 2013 the number of women migrating from the region has more than tripled.<sup>3</sup> Crime and violence in the region continues to increase and data shows that regarding global homicide rates, Honduras ranks first, El Salvador

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3. UNHCR (2015), Women on the Run: Firsthand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico, A Study Conducted by the United Nations High Commissioner for Refugees. 2-60.  
<https://www.unhcr.org/publications/operations/5630f24c6/women-run.html>

ranks fifth, and Guatemala ranks sixth (2). Many women who arrive at the U.S. border region seeking asylum and refuge have reported cases of murder, extortion, and rape, and have expressed a fear to return to their country of origin. The most recent problems that influence migration are not presented and understood as they should be, given the proper context. The push factors for migration differ, and it is important to distinguish the root causes of migration specific to women. We must recognize that there is a stark difference between people migrating for economic purposes and people fleeing death and violence.

The abuses that migrant women fleeing the Northern Triangle countries experience, heavily impact women's mental health which can lead to depression, anxiety, posttraumatic stress disorder (PTSD), and when it is not addressed, it has been shown to cause collective trauma which can further affect their maternal health, observed through the manner in which they navigate motherhood and systems of support, and as further studies show, also affecting the health and well-being of their offspring. Trauma that affects one generation and continues to have negative impacts on the health and well-being of future generations is known as intergenerational trauma (Sangalang and Vang 2017, 745). Furthermore, understanding the pre trauma environment, pre-migration, is vital in understanding the psychological impact structural violence has on migrant women and how it gives rise to PTSD (Aron et al.1991, 38). Similarly, the study conducted by Kaltman et al. (2011), notes that the trauma that immigrant women

from Central America, South America, and Mexico experience is understudied, and further research is necessitated in understanding trauma exposures pre-migration and the direct link to the prevalence of mental health disorders in vulnerable subpopulations, such as migrant women. The study results show that women experience several forms of violence in their home countries, including physical, sexual, and emotional (637). When discussing the broader issues that women face in their home countries, Lykes et al. (1993) notes that, “History instructs us that it is easy to ignore women as a group sexist structures and policies render women and their special needs invisible. Compared with the gross violations that threaten survival, gender specific violence is seen as less worthy of attention or is called a cultural or private issue and is not fully apart of the public discussion of human rights” (526). The pervasive violence against women and girls continues to have psychological effects on women’s health worldwide. In addition, the state sponsored violence and oppression that women experience continues to give rise to the false dichotomy of private and public issues of violence in social political contexts (529). Patriarchal systems in the government and in society marginalize women, and that marginalization further leads to acts of violence against women, the public influences the private, they do not exist alone.

In addition to enabling the perpetuation of violence against women, sociocultural ideologies and beliefs affect how survivors of GBV internalize

blame through justification and approval. Central American culture is rooted in patriarchal ideologies that inform values and beliefs regarding stereotypical gender roles (Bucheli and Rossi 2019, 2). It is not uncommon for incidents of GBV, more specifically intimate partner violence (IPV) to go unreported, not only because of fear, but also due to women believing that they deserved or merited the violent behavior, which is influenced by the cultural ideology of *Marianismo*. Marianismo is the counterpart to a more commonly recognized term *Machismo*, the culture is rooted in the belief that the prescribed woman's role should be that of caregiver, passivity, purity, and submissiveness.<sup>4</sup> Machismo culture, that is the idea that masculinity dominates femininity, is pervasive in Central America and permeates the social, political, and economic realms to its core (Wiedel 2016).<sup>5</sup> In the political realm, machismo culture can be witnessed through policies and laws that limit woman's autonomy over their reproductive rights and health, such as restrictive anti-abortion policies, and limited protections for women. Although the most recent decade has seen an increase in laws being passed to protect women, they are rarely enforced, which allow many perpetrators of GBV to act with impunity. Perpetrators of GBV gaining the confidence to act with impunity did

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4. Nunez et al. (2017) state that, *machismo* and *marianismo* are intertwined, co-existing constructs that describe socially acceptable norms and beliefs that support men and women in traditional gender roles emphasizing a patriarchal power structure. The endorsement of *machismo* ideology is not exclusive to men as women are often socialized to show respect for male authority and are expected to internalize and normalize patriarchal values.

5. Wiedel (2016) notes ... "machismo" consists of the Spanish word "macho," meaning "male," and the suffix -ismo, meaning "-ism." It reflects male power and female subservience.

not occur in a vacuum. Central America's history of violent civil wars and state sponsored violence has enabled the machismo culture and misogynistic acts of violence towards women, as can be observed through documented incidents of war crimes, terrorism, political repression, and social control (Aron et al. 1991, 37). Systems of machismo and gender inequalities shape the lived experiences of women, and understanding these issues is vital in promoting gender equity and protecting the lives and health of women and girls. Public policies, such as reproductive rights laws, anti-abortion laws, and the criminalization of women further instill the beliefs that women's lives, their sense of self, and dignity are less important.

Through the application of a conceptual framework a further understanding of the processes in which structural violence influences mental health outcomes for Central American women pre-migration facilitates further understanding and recognition that unresolved trauma in migrants is often believed to be "... a chronological interaction of three distinct traumatic periods" (Michultka 2009). These three distinct traumatic periods have been described to function within the developed model of the Triple Trauma Paradigm. For asylum seekers and refugees, the three periods of trauma in the migration journey are distinguished by their lived experiences occurring pre-flight, flight, and post-flight. These distinctive periods are also described as the trauma of the country of origin, the trauma of the escape/journey of migration, and the trauma of the

relocation process (Michultka 2009). The model presented in Figure 2 (pg. 38), which was adapted from a model presented by The Center for Victims of Torture (2005, ch.3), details the traumatic events and experiences documented in the literature that apply specifically to Central American women's encounters during their migration journey.<sup>6</sup> Therefore, the environments in which these women live and how it affects their mental health, and in some cases maternal health, is significant to understanding how unresolved compounded trauma leads to mental health disorders such as posttraumatic stress syndrome (PTSD), anxiety, depression, and postpartum depression (PPD). The mental health status of Central American migrant women arriving to the U.S. can significantly impact the ability they have to endure and survive the migration journey to the U.S. and overcoming the additional barriers they encounter upon their arrival to the southern border regions. Moreover, study of gender-based violence experienced by women asylum seekers from the Northern Triangle countries, conducted by Baranowski et al. (2019), notes the following key points of interest:

Women asylum seekers from Honduras, El Salvador, and Guatemala report systemic gender-based violence in their countries of origin

These experiences of violence are associated with significant physical and psychological sequelae

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6. The Center for Victims of Torture (2005) *Healing the Hurt: A Guide for Developing Services for Torture Survivors*. Chapter 3: Working with Torture Survivors Core Competencies.. 19-38.

A narrow definition of torture by authorities might impede access to international protection

Their study found that the majority of asylum seekers endorsed symptoms associated with anxiety and depression as well as trauma and stressor related symptoms (52).

These findings further support the fact that understanding the gender-based violence that women face in these countries is of vital importance, and the contextualization and subjective nature of these experiences must be considered when making decisions of granting asylum protection and offering appropriate medical care and mental health treatment and support (Baranowski et al. 2019, 55). However, although research has shown that women in Central America face extreme cases of violence, war related trauma, poverty, and marginalization, it is also important to note that studies also show women in these regions are extremely resilient and overcome extreme adversity in their home countries (pre-migration), during migration, and when they resettle in their host countries (post-migration) (Radan 2008, 60). For this reason, further research is needed to understand the support systems that women in these regions establish and utilize during the migration decision-making process and the migration journey that assist in mitigating the negative effects of trauma and violence. Highlighting how they find strength and resilience in environments structured to erase them is critical in understanding the process in which support systems and continuous

cycles of care can be implemented to empower Central American migrant women's ethos of agency.

The Northern Triangle region of Central America shares an extensive history with the United States, both in the political and economic sectors. Since the 1800's the United States has intervened in the region with the implementation of foreign policies and military aid, which have caused considerable disruptions to the political, economic, and social systems in these countries. The phenomenon of mass migration from the region is a direct result of the intervention policies and actions of the U.S. government. The historical and continuous U.S. interference in the region has influenced decades of civil wars, economic decline, state sanctioned violence, widespread health inequities, and environmental instability. Through the analysis of political policies, incidents of war and violence, and social instability, and how they have shaped women's lived experiences and exacerbated their exposure to trauma, implications of political and economic structural GBV will be presented.

Social and cultural ideologies such as machismo and marianismo heavily influence social instability and the phenomenon that is mass migration of women from the Northern Triangle region. Identifying and understanding the manner in which specific ideologies influence the interrelation of ubiquitous GBV and heightened exposure to trauma is necessary and can be understood through the



application of the conceptual framework. Subsequently, through examining these ideologies, the extent as to their influence and permeability on laws and policies, women's health and social status, judicial oversight, and widespread impunity is detailed. Moreover, the aforementioned issues have a direct effect on the mental health and well-being of women, and increases their experience of violence and trauma, which will be discussed in the context of social exclusion, intersectionality of identities, marginalization, and stigma. In addition, it is argued that the social, psychological, and emotional well-being of women is heavily determined by their environment, which is shaped by structures that consider women as less than second class citizens, allowing for incidents of gender-based violence to disrupt the lives of women and girls throughout Central America. Endemic violence towards women, forces them to endure a life of trauma, in turn pressuring them to undertake the arduous decision-making process of migrating and fleeing guaranteed violence and possible death in their home countries. The lived experiences of violence and trauma, along with the migration decision-making process is analyzed in relation to the triple trauma paradigm, unresolved trauma, and the theoretical concept of intergenerational trauma. In conclusion, it is of vital importance to recognize the long-term implications trauma and victimization have on migrant women's ability to endure the cumbersome migration journey along with the increased mental health stressors and

vulnerabilities encountered upon arrival in their host countries, and their ability to navigate a transnational identity.

## METHODS

This scholarly work was conducted as part of a larger research project, Tracing Asylum Seeker's Experience and Trajectories (TASET), led by Thomas Csordas and Janis Jenkins at the Center for Global Mental Health (CGMH) at the University of California, San Diego (UCSD). The TASET project aims to better understand the health and psychosocial well-being of forced migrants and displaced peoples that enter the U.S. at any point in their migrant journey through the U.S.-Mexico border region.<sup>7</sup> An in-depth literature review was conducted regarding the historical and current political, economic, and sociocultural contexts of the Northern Triangle countries of Guatemala, El Salvador, and Honduras, in order to gain an overarching understanding and contextualization of the innumerable forms of structural gender-based violence that specifically influence women's experiences of mental health stressors and experiences of trauma, and how these experiences affect manifestations of trauma, and give acquiesce to intergenerational trauma.

To research migrant women's experiences in their countries of origin, an in-depth non-systematic literature review was conducted. Research queries were conducted through academic literature websites such as JStor, Google Scholar,

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7. University of California San Diego (UCSD). (2020). Center for Global Mental Health (CGMH) Tracing Asylum Seeker's Experiences and Trajectories (TASET) Project. <https://cgmh.ucsd.edu/research/research-project/north%20america/three-column.html>.

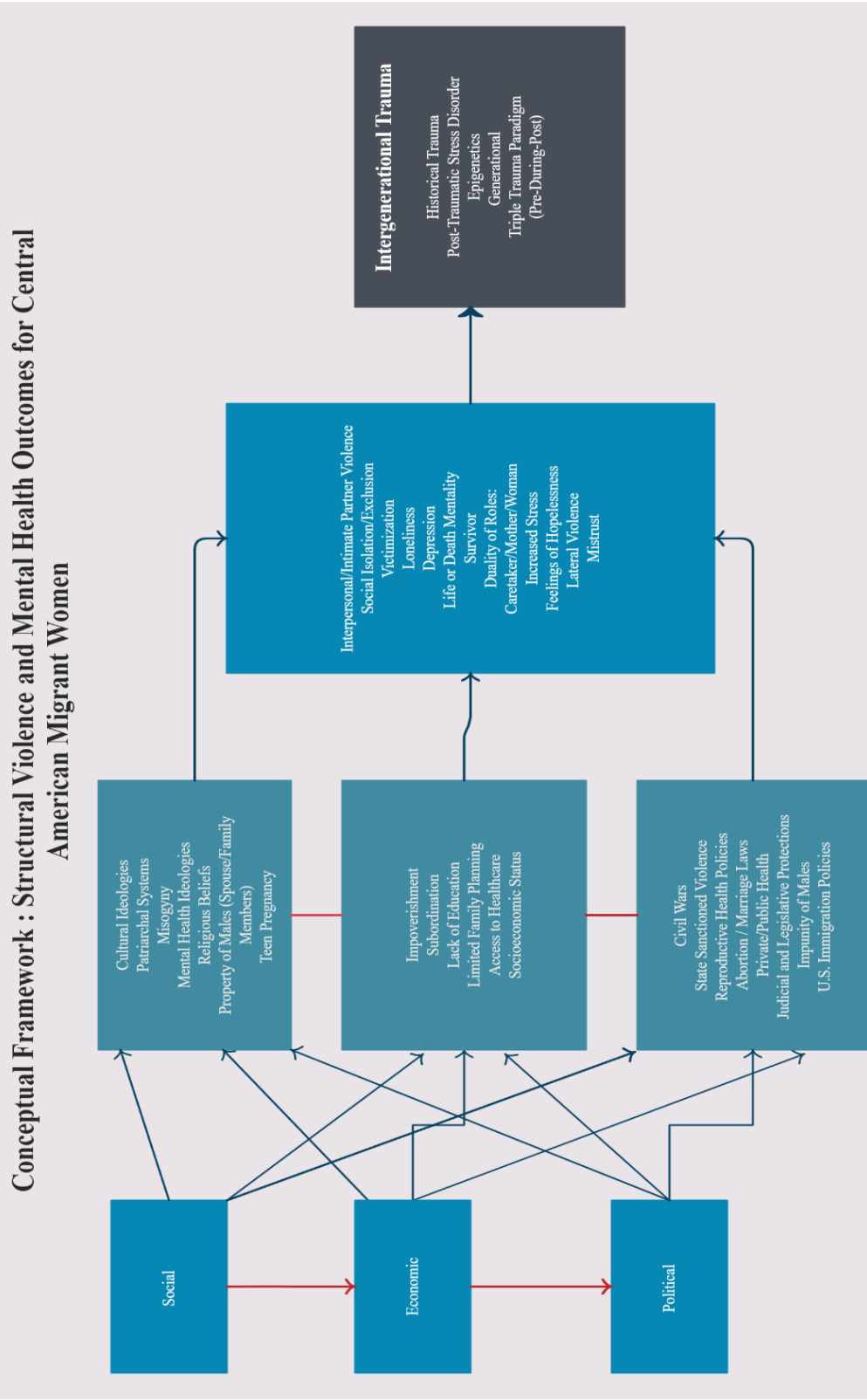
EBSCO, ProQuest, and Roger, Advanced Roger, WorldCat, and Circuit, in addition to scholarly literature available on several library databases. In addition, grey literature research was conducted through various internet search engines, online media libraries, and non-scholarly journal works. The grey literature offered information and data on a range of the most recent immigration issues and migrant women's mental health topics and experiences, which were otherwise not available through existing academic or scholarly published works.<sup>8</sup> In addition, the literature also focused on U.S. immigration policies specific to asylum seekers rights, morality policies, U.S. global partisan immigration policies, U.S. administrative action, global burden of disease, specifically maternal mortality in Central America, global health policy, and legislative information regarding the protections and services available to women in their home countries and as migrants, asylum seekers, and (or) displaced peoples in the U.S. This list is not exhaustive, it is used to offer insight to the many issues and topics related to the research conducted. In addition, a comparative analysis of past and present political events, including civil wars, ethnic genocide, state sponsored violence, and public policies specific to structural violence and gender inequities was conducted using available information specific to policy implementation and

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8. Keywords used in internet searches included, Central American women, gender violence, Latin American anti-abortion policies, Guatemalan, Salvadorean, Honduran migrants, global mental health, reproductive rights, femicide in Central America, asylum seekers at the border, triple trauma paradigm, generational trauma, and women's rights.

health and wellbeing outcomes of women from the Northern Triangle countries. Through examining specific political events that influenced decades of war, violence, and oppression, contextualization to specific mental health stressors of women survivors is analyzed.

Research was conducted regarding the health implications that misogynistic reproductive health policies have for maternal and reproductive health outcomes and how they influence mental health outcomes, including data on cases of criminalization of abortion and miscarriage, and data regarding restrictive access to reproductive and family planning services and figures detailing health complications due to unsafe and clandestine abortion practices. Subsequently, through the analysis of qualitative and quantitative data regarding the implications that exposure to structural violence has on migrant women's health and well-being, an informed conceptual framework is presented in Figure 3 (pg. 18). The conceptual framework offers a further understanding of the various structures that enforce gendered inequalities, in turn producing systems that perpetuate gender-based violence, which have negative mental health implications for women who experience trauma. Furthermore, restrictive immigration policies and how they have collectively had negative impacts on mental health outcomes is analyzed in the context of the current political climate and despairing circumstances at the U.S.-Mexico border regions, and the current parallel pandemics of gender-based violence and COVID-19.



**Figure 2:** Conceptual Framework: Structural Systems of Violence that Influence Mental Health Outcomes and Intergenerational Trauma for Central American Migrant Women.

## CIVIL WARS AND POLITICAL WARFARE

Contextualizing the past experiences of civil war and political violence in the Northern Triangle region and how such events have shaped the social, political, and economic structures that directly affect women offers some understanding of the effects long term exposure to trauma can have on vulnerable people. The military and warfare methods utilized during the civil wars that took place in the mid 1990's in Guatemala and El Salvador have been described as the most brutal in Latin American history (Bracken 2016), as well as being documented to result in the disappearance of over half a million people and the violent deaths of hundreds of thousands indigenous people and ladino peasants (Aron et al. 1991, 238). In addition, historical cases of gender-specific state terrorism and politically motivated sexual violence have given rise to the normalization of structural gender-based violence, that has become ingrained in the everyday lives of Central American women.

The civil wars fought in Central America began to take place during a time when the U.S. was actively combatting the ideology of communism, which began after World War I, in a period known as the Cold War. The U.S. was heavily involved in supporting and offering military aid to right-wing extremist governments in Central America with the goal of impeding the spread of communism at any and all costs. As is illustrated in a report regarding a policy of

“containment” by the National Security Council 68: United States Objectives and Programs for National Security (1950):<sup>9</sup>

It was and continues to be cardinal in this policy that we possess superior overall power in ourselves or in dependable combination with other likeminded nations. One of the most important ingredients of power is military strength. In the concept of "containment," the maintenance of a strong military posture is deemed to be essential for two reasons: (1) as an ultimate guarantee of our national security and (2) as an indispensable backdrop to the conduct of the policy of "containment." (Section VI).

The “containment” policy was in effect during 1954, when, with U.S. CIA involvement, right-wing militias overthrew Guatemala’s democratically elected president, thus allowing right-wing military regimes to take hold of the region by force, which led to the beginning of a 36-year civil war between the military and leftist guerillas (Bracken 2016). In addition, in 1961, with the support of the U.S. military, El Salvador came under control of the right-wing National Conciliation Party (PNC), which spurred a civil war between PNC and the leftist group, Farabundo Marti National Liberation Front (FMLN) (BBC 2018). During this

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9. National Security Council (April 14, 1950). NSC 68: United States Objectives and Programs for National Security. *A Report to the President Pursuant to the President's Directive of January 31, 1950*. VI. U.S. Intentions and Capabilities--Actual and Potential.



time period, Honduras was also involved in the military conflict, and was utilized by the U.S. as a military base for American troops brought in to help assist the right-winged military regimes. The U.S. military support of the civil wars continued through the Carter and Reagan administrations and continued to fuel Central American political conflicts. Consequently, Reagan invested heavily in an effort to roll back this left-wing tide by arming, training, and supporting *government forces and death squads* in El Salvador, Honduras, and Guatemala, in an effort to fight against Marxist groups vying for power and to scare people away from supporting these groups.<sup>10</sup>

The military regimes and death squads of Central America committed several forms of political terrorism against people suspected to support communism and leftist ideologies. State terrorism was often gender-specific (Aron 1991, 38), and included torture methods such as rape and forced nudity of women, as well as forcing women to witness these acts of violation and torture being committed on other women. As a result, the political sanction of gender-specific violence transformed the isolated act of rape into a normative act of social control (39). In an effort to gain political power and weaken their enemy, the state and military regimes abused and oppressed women, by the

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9. Saeed, Sana. "How U.S. Involvement in Central America Led to a Border Crisis", *Al Jazeera Media Network*, 12:35, (July 8, 2018). <https://youtu.be/ueNWIMyUNy4>.

continued physical violation of their bodies. State sanctioned acts of gender-based violence such as these influences and proliferates throughout the structural fabric of Central America, further pushing the ideology that those in power, which coincidentally to this day continue to be heteronormative males, could utilize women's bodies at their disposal and as instruments in satisfying their personal or collective goals, both in the private and public sectors. As a result of the historical political terror inflicted on women, these patriarchal misogynistic ideologies are widespread, and are expressed in many forms throughout the region, as specifically witnessed in the sociocultural ideologies of machismo and marianismo.

## SOCIOCULTURAL IDEOLOGIES AND GENDER VIOLENCE

Gender roles in Central America are of dominance and submission, males are the dominant, and women the submissive. This ideology is expressed in the sociocultural acceptance of machismo and marianismo culture that influences social behaviors and norms. The traditional patriarchal prescribed gender roles heavily influence women's autonomy and agency, and further inhibit their ability to gain independence and respect from their male counterparts. Machismo culture is associated with the idea that men are the enforcer and head of households, allowing for the exertion of their control and masculine nature over the woman (Nunez et al. 2016, 4). This ideology is rooted in religiosity, which is seen in the counterpart to machismo, marianismo. The prescribed gender role of women is heavily influenced by Christian beliefs, such as passivity, spirituality, obedience, and purity of the virgin Mary (Nunez et al. 2016, 3), which in effect also influences beliefs about sexuality and reproduction. Such prescribed gender roles heavily influence interpersonal and intimate partner violence (IPV) women experience, both by their spouses and related males. Machismo culture influences patriarchal familial relationships and patriarchal societies allow men power and control over their female counterparts, resulting in men controlling what behaviors are acceptable for women to express and the rights that women are allotted (Socolow 2000, 179). In addition, for women who are in patriarchal

relationships, it is common for their economic and social capital to be extremely limited, and for many non-existent, many times forcing them to endure social control and physical and sexual imprisonment. In a series of interviews conducted by UNHCR (2015), of Central American migrant women first-hand accounts offer contextualization of the relationship dynamics that are shaped by gender ideologies. The following are excerpts from women's statements about their experiences of gender-based violence and social control,

A Guatemalan woman, whose partner was abusive, emphasized intrinsic links between the domestic violence she experienced and the violence in her neighborhood: Twice, I saw the gang kill two young men who approached the block. My ex required me to watch...it was a way of making me more afraid, weaker. How they screamed and begged for their life, I cannot forget it (25).

A rape survivor from Guatemala described constant and debilitating abuse: My husband abused me verbally and physically on a regular basis. He kept me locked in the house. I wore my hair pulled back, and sometimes he would grab my hair, shove my face near the fire, and ask 'Are you fine here?' Or he would hold a knife to my neck and ask the same thing. I had to respond 'yes.' To me, this is not a life (25-26).

Another woman from El Salvador endured escalating levels of physical and sexual violence for years. "He'd demand that I have sex with him, and sometimes I did not want to. And he would then take me by force. He said I was his, she explained (26).

These women's accounts are common experiences among migrant women seeking refuge and protection in the U.S. The women recounting their experiences of GBV at the hand of their partners fled their home countries due to fear and

knowing that if they stayed the state and judicial systems would do nothing to protect them. The patriarchal and machista ideologies are not confined to the private spheres, GBV occurs both in the private and public spheres, and threatens the safety of women and girls in all situations. In addition to knowing that they are targets of violence in the home, many women also note that in situations of domestic violence, the judicial authorities will not offer any help or support them in anyway. The following statements were reported in the study conducted by UNHCR (2015),

Another El Salvadoran woman stated: One time the police came to our home, but they said that because this was a case of domestic violence, we could resolve it between ourselves. I do not have confidence in the police (26).

Get a president who respects the laws and cares about women's rights, especially victims of abuse, whatever abuse. Even though many laws exist to protect us, they do not enforce them. They only exist in name – Guatemalan woman (8).

In Central America men have been accustomed to acting violently toward women and getting away with it, they have acted with impunity for decades. These violent acts against women are so volatile and common place that men are confident that they will, as they have, continue to get away with the abhorrent crimes committed against women. It is argued that the increase of violence in the Northern Triangle countries, along with the fact that most of the sexual crimes committed against women since the civil wars, which were mostly conducted by

military and state actors, has gone unpunished, and has further facilitated the belief that men can continue to commit these heinous crimes untethered (Carey and Torres 2010, 144). Based on figures from the country's National Institute of Statistics, between January 2000 and May 2018 more than eleven thousand women and girls were murdered in Guatemala. Guatemala has one of the highest rates of violent deaths among women worldwide (Torres 2019). Unbridled acts of violence against women have led to extreme GBV and increased cases of femicide. Femicide is generally understood to involve intentional murder of women because they are women, but broader definitions include any killings of women or girls (WHO 2012).<sup>11</sup>

In El Salvador over 67% of women have experienced GBV, and over 46% report acts of violence within the last year, and one woman is murdered by a man every 24 hours in El Salvador, making for the highest rate of femicide in the world.<sup>12</sup> Regarding the impunity and judicial abandonment in relation to GBV and

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11. WHO Department of Reproductive Health. (2012). Understanding and Violence Against Women. Femicide is usually perpetrated by men, but sometimes female family members may be involved. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence, or situations where women have less power or fewer resources than their partner.  
[https://apps.who.int/iris/bitstream/handle/10665/77421/WHO\\_RHR\\_12.38\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/77421/WHO_RHR_12.38_eng.pdf).

12. *Encuesta Nacional De Violencia Contra La Mujer, El Salvador 2017*. Dirección General De Estadística y Censos, 2017. Statistics are from the National Survey of Violence Against Women, conducted by the El Salvadoran government in 2017.

femicide, the themes among the three Central American Countries are very similar as noted in the following statements,

El Salvador has made genuine legislative progress in the last decade, their solutions have thus far suffered from deep structural flaws, inadequate funds for implementation, and most pervasively, widespread cultural norms that condone violence against women (Huttner 2019).

Laws are limited in their efficacy because misogyny takes place in everyday life—in which laws are applied and when, in how violence against women is sidelined or exploited, in the acceptance of the social suffering of rape, and in the display of machismo as an emblem of political power (Torres 2019).

Like most countries in the region, patriarchal patterns of behavior, attitudes, expectations, beliefs, and practices discriminating against and denigrating girls and women remain widespread. Patriarchal attitudes in Honduras perpetuate domestic violence and other forms of violence committed outside the home. This sense of supremacy of men over women also tends to limit the ability of women to participate in political and economic life, as well as a more equalitarian family environment (OHCHR 2018).

In Central America, the patriarchal ideology of familial structures is widespread, and for women, this ideology further limits their ability to seek support outside of the household or with the authorities. Some women are even afraid to report acts of violence to the authorities due to their inability to intervene, or their lack of application of the law. In addition, the authorities in many communities, such as state or local police are made up of males, who also believe in patriarchal ideologies. Some

women even report, police officers instructing them to handle domestic situations as a private matter, a private matter where they refuse to intervene. The cultural ideologies that influence attitudes and tolerance for IPV are important to consider when discussing the increased acceptance and impunity regarding acts of violence towards women in Central America.

The idea that men are dominant and leaders of their households, and expected to display aggressiveness, power, and strength, opposed to women who are expected to be meek, quiet, and submissive (Bucheli and Rossi 2019, 2) allow for men to continue to inflict violence on women within their homes. Furthermore, the violence against women is not limited to being inflicted by their intimate partner(s), women also suffer acts of violence at the hands of other familial males, including brothers, fathers, and uncles. Women are often times punished by many males, and due to the cultural ideologies of *marianismo*, come to accept the violent behavior as normal, and evidence shows that most cases of femicide are committed by a partner or relative.

In addition, the study conducted by Bucheli and Rossi (2019), states that incidents of intimate partner violence are higher in Latin American Countries (LACs) where the public sphere is reflected in the private, that is when male figures dominate the political and social sphere and the majority of positions of



power are held by males, the power dynamic is then translated to private and personal environments, where men will continue to dominate positions of power within their households (10). The almost complete impunity in which men function is additionally witnessed through data on IPV reported by the Northern Triangle countries. A recent report notes that, of the cases presented to Guatemala's Special Prosecutor for Women, 97.5 percent are not resolved or do not result in prosecution. The Honduran National Human Rights Commission reported that 90 percent of the femicides committed between 2002 and 2018 brought no one to account; according to local human rights groups, the number is closer to 98 percent. In El Salvador, 95% percent of the denunciations of crimes against women never go to trial (Ziff 2019). Women in these countries live in fear for their lives, and although there are state and local authorities available, women know that when it comes to their protection and support, the judicial structures in place are dominated by the very same ideologies that cause them harm at home. It is riskier to report their perpetrator than it is to accept the violence and stay silent. In countries where violence is pervasive and common, intimate partner violence becomes acceptable and permeates women's daily lives; also, important to note is that violence is not limited to the physical, it takes many forms, including emotional, psychological, verbal, sexual, and reproductive.

## REPRODUCTIVE HEALTH

In addition to feeling hopeless and abandoned by the state in cases of physical and interpersonal violence, women are continuously discriminated against when it comes to reproductive justice. As noted before, the machismo and marianismo cultures in Central America are centered around religiosity. Catholic and Christian religion play a major role in influencing beliefs regarding women's reproductive rights and fertility (Bucheli and Rossi 2019, 13). Due to these religious ideologies, access to reproductive health services and contraceptives is limited, and in all three countries, abortion is illegal. The barriers that women face in exercising their free will and rights over their bodies and reproductive health is another form of GBV that women must overcome. In Honduras and El Salvador abortion is completely illegal, regardless of the circumstances, or if the woman's life is in danger (Guthrie 2019). In addition, El Salvador is known to have the strictest abortion laws in Central America, as women who miscarry, to no fault of their own, have been charged with crimes and jailed for up to 40 years; women and healthcare providers risk being prosecuted to the full extent of the law (Guthrie 2019). In Guatemala, elective abortion is also illegal, and only permissible if the woman's life is in danger. The restrictive bans on abortion and reproductive health services for women is extremely troubling being that women from Central America are at higher risk to experiencing rape and unwanted

pregnancies (IPAS 2021). The reproductive violence that women experience through these extreme violations of their personal autonomy and human rights leaves women at increased risk from having to undergo traumatic clandestine abortion practices. In addition to risking their health and well-being, many women can ultimately lose their lives (IPAS 2021). As stated by one Central American migrant woman, if you are raped and end up pregnant, it is better to abort, so that you are only left with the trauma of the event, not a baby in the future from the rape (UNHCR 2015, 44). This is a clear example of how women endure compounded trauma and are left to reckon with choosing between living with one trauma or undergoing additional trauma. Women who are subjected to sexual violence, additionally face structural reproductive violence due to the restrictive and obstructive health policies that strip them of their autonomy and rights over their bodies, further hindering them having reproductive justice. Reproductive justice would entail women having full autonomy and the decision-making ability over their bodies, reproduction, and health choices. The critical values of reproductive justice are “(1) the right *not to have* a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments” (Ross and Salinger 2017, 65). Ideologies regarding reproduction and restrictive family planning services strip women of possessing reproductive justice and inflicts further violence and trauma.

Experiences of trauma, violence, and poor mental health complicate the circumstances and barriers for attaining reproductive justice among Latina immigrant women (Fortuna et al. 2019, 644).

## FEMINIZATION OF MIGRATION

Violence plays a particularly important role in female migration; they are affected both directly and indirectly by violence. A 2015 UNHCR study found that the majority of women interviewed after migrating north out of Central America and Mexico cited violence, including rape, assault, extortion, and death threats, as a primary motivation for leaving their communities; much of this violence was perpetrated by intimate partners, many of whom were involved in gangs (132). Women often left after local authorities refused or were unable to provide protection. In addition, women are forced to flee due to witnessing violence or having a close relationship to someone who has experienced acts of violence against them. This is the case of several migrant women who travel alone or with their children to the U.S. The following are statements from interviews conducted by Montes et al. (2018), of Central American migrant women when asked regarding their decision to flee,

A woman from El Salvador said she decided to migrate after she received death threats when she started to investigate her brother's murder in a gang killing. Our lives are in danger. The situation in El Salvador is worse than during the war in the 1980s. Back then, you knew who was who. Nowadays, you can get killed by anyone for any reason, she said.

I fled from Honduras because they threatened to take my children away from me, and I am afraid.

Ms. Hernandez used to rise at 4 a.m. daily to make and sell tortillas in the country's capital but keeping up with extortion payments to the gangs had become too difficult. She could no longer afford her daughter's textbook and school-uniform fees. I can't raise my daughter in a place like that..

In order to contextualize the trauma women experience, it is important to understand the various forms in which violence manifests and how it affects marginalized populations. In addition to the threats, extortion, familial murder, and disappearances, women's children and families are also at risk of experiencing violence and persecution. Galvan (2019), states that, "In El Salvador, for example, there are nearly 83 homicides per 100,000 people in a country of over 6.4 million. In Guatemala, almost 60% of people live below the poverty line, and government institutions are weak and wracked by corruption, making many cities essentially lawless. In Honduras, almost 65% of the population lives below the poverty line. In addition, to push factors driving migration of women from Central America north, the Women in Migration Network (2017) states that, "Migrant women face multiple barriers to migration through regular channels, such as gendered bans on migration, violence and abuse, discriminatory regulations for residence when depending on a spouse and more limited access to travel documents. When they resort to irregular migration, they face greater abuses in transit and destination" (3).

## TRAUMA & MENTAL HEALTH VULNERABILITIES

Women who survive living in situations where they are exposed to gender-based violence also experience negative mental health outcomes due to increased unresolved trauma. In addition to feelings of intense fear and vulnerability, which further expose women to high levels of stress and anxiety, experiences of physical, sexual, and reproductive violence, often times leads to posttraumatic stress disorder (PTSD) and depression. PTSD results from a traumatic event that involves “actual or threatened death or serious injury, or a threat to the physical integrity of self or others”. Exposed individuals typically respond with “intense fear, helplessness, or horror” (HIA 2013, 1). It is important to note that women face trauma exposure both in the private and public spheres, in the form of structural gender-based violence; experienced through different stages of their migration journey, further exacerbating their vulnerabilities.

Moreover, an additional issue that furthers compounded mental health vulnerabilities for women is pregnancy; the criminalization of abortion forces many migrant women to endure pregnancies as a consequence of rape or intimate partner coercion. In a study conducted by Stewart et al. (2012), findings show that women exposed to compounded violence were also more likely to report inadequate social support and report more depression, anxiety, somatization, and (PTSD) on standardized tests (1100). In addition, traumatic experiences, including

violence associated with pregnancy, the conditions leading to migration, and the migration experience itself and lack of social support in the receiving country, likely contribute to the very high rates found for all these mental health problems (1104). Furthermore, a study conducted by Wittkowski et al. (2017), notes that, “Social support appeared to play an integral and mediating role for immigrant mothers, with mothers perceiving that their lack of social support caused several difficulties (423). Loneliness and isolation are detrimental to migrant women’s maternal mental health, and for many forced migrant women, the lack of social support is the root cause of postpartum depression (PPD).

For migrant women, undertaking the decision-making process can be as arduous and traumatizing as the journey itself. For women forced to migrate attempts to abandon their abusive or violent situations are often times met with resistance from close family members and others in their environment (Kaltman et al. 2013, 9). Cultural ideologies influence what support the women receive from their family and friends, and many of them experience being shunned or abandoned all together. This in turn further exemplifies feelings of loneliness and sadness, and trauma. The American Psychological Association (APA) (2021) defines trauma as an emotional response to a terrible event like an accident, rape, or natural disaster... Women who have faced previous trauma, may also experience long term emotional reactions to trauma, especially when additional stressors are experienced.



## TRIPLE TRAUMA PARADIGM

The migration process exposes women to increased physical and mental health vulnerabilities. One framework that can be utilized to examine the compounded trauma Central American migrant women experience is the Triple Trauma Paradigm. The triple trauma paradigm focuses on compounded trauma forced and displaced peoples experience during their migration journey at various stages. The stages are divided into three periods which include, the pre-migration period which encompasses the trauma they experience in their home countries, the migration journey itself, and the post-migration period. Refugees and asylum seekers typically encounter traumatic experiences and human rights abuses in the phases of their lives (Center for Victims 2015, 21), each migration phase is associated with mental and physical health risks resulting from the adversity before, during, and after resettlement (HIA 2013, 1). Trauma experienced during this migration or refugee experience is vital in shaping women's health outcomes. The different events that can expose Central American women to trauma during their migration journey is detailed in Figure 2.

PRE-MIGRATION	DURING MIGRATION	POST-MIGRATION
<p>Harassment/Intimidation  Threats  Living in Fear  Social Isolation  Social  Chaos/Breakdown  Increased Violence  Lack of Medical Care  Torture  Rape  Sexual Assault  Verbal Abuse  Psychological Abuse  Physical Abuse  Imprisonment  Reproductive  Restrictions  Witnessing violence  Disappearance  Femicide  Marginalization  Discrimination  Patriarchy  Misogynism</p>	<p>Sexual Violence  Kidnapping  Rape  Fear  Extortion  Social Exclusion  Victims of crimes  Malnutrition  Loss of belongings  Loss of family  Unable to take children  Family Separation  Stress/fear for family left  behind  Maternal health issues  Miscarriage  Possible Death  Witnessing violence  Unsanitary conditions  Uncertainty about Future  Imprisonment/Detention  Prolonged Journey  Exposure to  illness/Infectious  Diseases</p>	<p>Language Barriers  Legal Barriers  Loss if identity  Isolation  Fear  Anxiety / Stress for  family members back  home  Financial worries  Unresolved  losses/disappearances  Culture Shock  Unemployment  Racial/Ethnic  Discrimination  Conflict: Internal,  marital, generational,  community  Family separation  Idea of being a burden  Systemic/Institutional  barriers to accessing  resources  Lack of Healthcare  Services  Social/Cultural Isolation  Inadequate/dangerous  housing  Loneliness/Depression</p>

**Figure 3:** Triple Trauma Paradigm Model adapted from a version of model presented by Centers for Victims of Torture: Healing the Hurt: A Guide for Developing Services for Torture Survivors (2005, Ch. 3).

The pre-flight period includes the structural forces that influence women's experience of gendered based violence. These structures include the social, political, and cultural. The increased violent environments that women are forced to survive in the Northern Triangle countries exposes them to extended periods of trauma, for some women this trauma is experienced for several years, and unfortunately for many the violence and trauma is generational. The Center for Victims of Torture (2015) states that, "Often there is a pattern of escalation of traumatic events over time. Less severe forms of harassment or repression (e.g., restrictions on movement, brief arrests, monitoring) escalate to the infliction of suffering and threats on one's life (e.g., disappearance of friends or relatives, public display of atrocities, loss of job or property, detention, torture) (22).

During the migration journey women are even more vulnerable to situations of violence and trauma. Women who are forced to migrate not only have to face the complete loss of their country of origin and belongings, but they also face a perilous journey, not knowing what lies ahead for them. The unknown can cause extreme stress and anxiety for migrants. Victims of Torture (2015) notes that, "At the psychological level, characterizations of this period include profound uncertainty and fear due to lack of security, the unpredictable future, and vulnerability to additional trauma (23). In addition, it has been documented that many women experience sexual violence, kidnapping, and heightened physical health vulnerabilities. In addition, unauthorized immigrants are

susceptible to interpersonal violence, sexual abuse or rape, and harassment or violence by authorities. Migrants might also witness mutilated or dead bodies, often killed in violence (HIA 2013, 1). It is also important to acknowledge that many women during this period have not received proper mental health care or treatment for any previous trauma or mental health vulnerabilities experienced in their home countries, further compounding their experience of unresolved trauma. Some examples of the violence women experience during the migration journey were described in direct statements made to UNHCR (2018) and are noted as follows,

One woman from Guatemala who was traveling with her daughter said that the coyote raped her every day of her 20-day trip. She said the coyote offered a reduced smuggling fee if she had sex with him, but she accepted only because she was afraid that he would kill her or rape her daughter if she protested.

Tania, a Guatemalan woman in her early 20s, traveled with a coyote to Sasabe, Arizona. '[The first coyote] handed me off to other coyotes, but those other coyotes just left me in the desert,' she said. My friend and I were there for five days in the desert. We had a little bit of water, but that ran out pretty fast. We drank water from cattle troughs.

A transgender woman from El Salvador described how Mexican immigration officials stopped her and a transgender friend in southern Mexico, and physically and sexually assaulted them. Other women were abducted and extorted by criminal armed actors (44).

The first-hand accounts and stories of the violence and trauma Central American women encounter during their journey is harrowing. For women, whose

identity intersectionality further marginalizes them, such as mothers and caretakers, as well as transgender LGBTQI+ women, the increased vulnerabilities are countless. Not only must they protect themselves from danger and persecution; mothers and caretakers, are forced to do everything within their power to protect their children, even if it means being continuously violated at the hands of criminals and corrupt officials. Unfortunately for migrant women the exposure to structural violence and trauma does not end when they arrive to their host countries. During the post-flight period, survivors experience ongoing traumas and stresses due to their marginalized or foreign status in the new country, along with poverty, racism, or anti-immigrant prejudice (Victims of Torture 2015, 23). Furthermore, it is extremely important to understand the continued exposure to structural violence and trauma in relation to the most recent political climate and drastic shifts in U.S. immigration policies, as well as the current global COVID-19 pandemic.

## U.S. - MX BORDER REGION

Many Central American women who arrive at the U.S. – Mexico border region face additional compounded barriers in obtaining a legal pathway into the U.S. In addition to having to navigate an unfamiliar immigration system, many are forced to relive their traumatic experiences by having to recount their experiences of violence and trauma in hopes that they are granted asylum or permission to enter the U.S. Furthermore, the most recent dramatic shift in immigration policies that directly affect migrants arriving to the southern border region, increases women’s susceptibility to violence, human and reproductive rights violations, and physical and mental health vulnerabilities. It has never been easy to gain asylum in the United States as a woman facing gender-based violence (Ziff 2019), although some past policies seem to help women on the surface, they continued to place barriers on women fleeing Central America. Regardless, the influx of migrant caravans arriving to the border region in the last 5-6 years has substantially increased. Important immigration policy changes that directly affect Central America women are noted in the following:

In August of 2014, a landmark decision by the US Board of Immigration Appeals (BIA) found that women facing severe domestic violence in Guatemala are eligible for asylum in the United States, setting a precedent for favorable asylum decisions for persecuted women from the region.

In 2018, then-Attorney General Jeff Sessions issued a decision overruling the August 2014 BIA decision, declaring that “persecution based on violent conduct of a private actor” is not

grounds for asylum in the United States, though his ruling was eventually struck down by a D.C. District Court.

In July 2019, Attorney General William Barr issued a decision overturning a previous ruling that recognized the legitimacy of asylum petitions based on threats to a family member, which the ACLU called the “continuation of an attack on Central American asylum seekers” by the Trump administration.

These attacks have so far included policies—such as “metering”, or limiting the number of asylum seekers that enter the United States per day, or “Migrant Protection Protocols,” colloquially known as the “Remain in Mexico” policy—which force asylum seekers to remain, or send them back to, Mexico or, potentially, Guatemala while they await asylum decisions in the United States.

The drastic and inhumane immigration policy changes that took place under the Trump administration disproportionately affects vulnerable migrant populations such as migrant women. The increase in restrictive policies and criminalization of immigration caused an increase in the detention of migrants that entered the U.S. in seek of asylum and refuge. Previous research shows that the recent executive orders and immigration policies aimed at deterring migration to the U.S. has caused an increase in detention of migrant pregnant women who are apprehended by Customs and Border Patrol (CBP). In addition, women who are forced to remain in Mexico are increasingly exposed to trauma, and many times become victims of violence and abuse while awaiting the opportunity to seek asylum.

Although 2021 saw a change in administration, which also brought subtle changes to the immigration policies, many inhumane immigration policies that

restrict asylum seekers entrance to the U.S. still remain in place. Due to the current global COVID-19 pandemic, policies that further restrict migrants' access to the U.S. were invoked and remain in place, one that directly allows the expulsion of migrants is Title 42. On March 20, 2020, the Department of Health and Human Services (HHS) issued an emergency regulation to implement a specific aspect of U.S. health law. Section 265 of U.S. Code Title 42 permits the Director of the Centers for Disease Control and Prevention (CDC) to “prohibit ... the introduction” into the United States of individuals when the Director believes that “there is serious danger of the introduction of [a communicable] disease into the United States.” The rule allows any customs officers—which includes officers of U.S. Customs and Border Protection (CBP) such as Border Patrol agents—to implement any such order issued by the CDC (American Immigration Council 2021). Since then, migrants entering the U.S. have been expelled and deported without the possibility of seeking asylum or refuge.

Of equal importance to note is that the pandemic has also had negative impacts on Central American women in their home countries. Most recent news reports have claimed an increase in femicide and gender-based violence in Latin American Countries. The lockdown measures put in place this past year have forced women to spend more time in isolation with their abusers. While lockdown measures are vital to halt the spread of COVID-19, being confined to home puts girls and women at heightened risk of violence in the home and cuts



them off from education, essential protection services and social networks (OCHA 2020). Although the global pandemic has restricted the movement of many, it has not halted the migration of women fleeing Central America. Currently there are thousands of Central American migrants living in makeshift tents at the Chaparral region of the border city of Tijuana, MX in hopes of being allowed refuge and asylum as soon as there are policy changes, that would allow them to do so. Although left with no other choice than to remain in Mexico, many Central American women do not feel safe and continue to live in fear. One woman interviewed by UNHCR (2015), perceived Mexico to be an unsafe place to claim asylum. For instance, Ana, from El Salvador, said: “Mexico [is] almost as bad as El Salvador. Why would I go there? That would be no escape. In fact, it would be worse, because I don’t know anyone there” (45).

The continued structural violence women experience through restrictive immigration policies further exposes women to states of heightened stress and trauma. A collective effort in understanding the contextualization of the various forms of structural gender-based violence migrant women face throughout their migrant journey is necessary for the U.S. to move forward in providing humane and equitable access to appropriate healthcare services for vulnerable migrant women.

## FUTURE DIRECTIONS

In discussing mental health disorders caused by compounded exposure to trauma, it is of vital importance to acknowledge the long-term effects that unresolved trauma can have on migrant women and their families. Although this thesis focuses on the compounded violence and trauma women from the Northern Triangle regions survive, the experience of structural gender-based violence is not isolated to that region of the world. If the U.S. is to collectively move forward in providing inclusive and responsible healthcare to migrants entering the U.S., healthcare must be tailored to meet the specific needs of individuals. All unique challenges and trauma exposures must be understood in the context of the various structures and experiences that shape them. A paradigm shift towards integrated approaches ensures a responsive health system with strategies in place not only for treatment and care, but also for the promotion of maternal mental health and prevention of mental health problems through broader, cross-sector linkages (GAMMH, 2020). Mental health interventions and services should be appropriately administered at various times within the migration period to ensure that asylum seekers and refugees are provided the necessary tools to live healthy and productive lives in the U.S. Furthermore, additional research is required to investigate the unique challenges migrant women face during their resettlement process in the U.S. as well as the effects of generational trauma.

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