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Trauma in the American Asylum Process: Experiences of Immigrant Families Under the Migrant Protection Protocols

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Abstract

Objective: Latinx asylum-seeking families report posttraumatic distress that is 161–204% higher than in non-immigrants, with adverse consequences for health and well-being. Recent U.S. policies have further embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, enduring dire living conditions in tent encampments near the border while awaiting processing. These families are now entering the United States in large numbers. This article sheds light on their recent experiences and mental health needs, using a mixed methods-grounded theory design, presenting quantitative and qualitative data to describe the experiences of six asylum-seeking families who waited for 1–2 years in the refugee camp in Mexico.

Method: Quantitative data was obtained from the Brief Symptom Inventory-18 and the Harvard Trauma Questionnaire while qualitative interviews provided insight into reasons for migration and trauma at different stages of the migration process.

Results: All participants experienced multiple traumas and endorsed trauma related symptoms. Important themes of psychological distress and trauma emerged, including unending suffering, hunger, and worry for the safety of their children while living in the refugee camp. Asylum-seeking families experienced substantial distress and trauma secondary to their stay in Mexico and COVID-19.

Conclusion: Families arriving to the United States have experienced significant trauma, separation, and loss before and during their journey. Interactions with an unprepared and overwhelmed immigration system further compromises their psychological well-being. It is

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imperative that first-person narratives inform policy that addresses their complex needs and protects their human rights.

Keywords

immigration; trauma; asylum-seeking; Migration Protection Protocols; refugee camp

The current patterns of Hispanic/Latinx immigration to the United States are striking and notably different from previous trends. Data shows that since 2011, United States (U.S.) Customs and Border Protection (CBP) has apprehended growing numbers of unaccompanied children and migrants traveling as families from Central America to the United States (Congressional Research Service, 2019); O'Connor et al., 2019). Furthermore, a rising proportion of those arriving to the Southern border are requesting asylum, whether at official ports of entry or after entering the United States “without inspection” (O'Connor et al., 2019).

Data from recent waves of migrants from Central America and Mexico indicate that trauma exposure is prevalent in this population and posttraumatic distress is a pressing public health matter (Keller et al., 2017; Sangalang et al., 2019; Venta, 2019). These migrants are severely affected by the excessive violence in their countries and are exposed to multiple forms of trauma and migration related loss (Garcini et al., 2019, 2017; Keller et al., 2017; Mercado et al., 2021). Indeed, in a sample of adults migrating through Texas from Latin America, 70% reported experiencing crime-related trauma and almost half endorsed experiencing physical or sexual trauma (46%) before or during migration; posttraumatic distress was clinically elevated and associated with adverse self-reported health, well-being, and diminished functioning (Mercado et al., 2021). In a similar study, Keller and coauthors (Keller et al., 2017) found that 83% of adult immigrants in their study sample cited violence as a reason for fleeing the Northern Triangle region, and about a third (32%) of the sample met diagnostic criteria for posttraumatic stress disorder (PTSD), a quarter (24%) for depression, and 17% of participants meet criteria for both disorders.

Concerning findings have also been reported in samples of recently arrived immigrated children and adolescents from Central America and Mexico, among whom 60% experience clinically significant posttraumatic distress and reports of trauma exposure are daunting (Venta & Mercado, 2019). For instance, adolescents endorsed a high prevalence of trauma events such as seeing someone in the community get slapped, punched, or beat up (64%); experiencing a serious accident or injury (56%); experiencing a natural disaster (51%); and witnessing violence perpetrated against a family member (45%). Although in lower prevalence, the aforementioned trauma events were also present among children, such that 39% endorsed seeing someone in the community get slapped, punched or beat up; 27% reported experiencing a natural disaster; 25% had witness violence perpetrated against a family member (25%); and 25% had experience a serious accident or injury (Venta & Mercado, 2019).

While the aforementioned studies have not clearly delineated trauma exposure (and resultant symptoms) endured before versus during migration, qualitative data collected from youth migrants indicates that trauma is embedded across all stages of the migration process, and

that it varies depending on the length of the journey and its inherent dangers. Indeed, in DeBrabander and Venta (2022), 34.2% of respondents indicated migrating with the use of a “coyote” (smuggler); 39.7% indicated traveling between one and three months; 71.2% did not migrate with a caregiver, leaving them to tackle the long and grueling journey without much support; 30.1% experienced frightening events while traveling; 46.6% experienced hunger, with some not eating for several days; 32.9% reporting experiencing thirst; 32.9% reported experiencing exhaustion, especially after walking for days with a lack of sufficient food, water, or sleep; and 12.3% experienced extreme temperatures. Respondents in that study indicated that thoughts of their migration experiences intruded on their lives as often as once to multiple times a day (6.9%), once to multiple times a week (19.2%), or monthly (13.7%; DeBrabander & Venta, 2022).

Recent U.S. immigration policies have further embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, enduring dire living conditions in tent encampments near the U.S.-Mexico border while awaiting processing (Mercado et al., 2021). Specifically, the Migrant Protection Protocols (MPP), implemented in January 2019, introduced a new U.S. policy entitled the Remain in Mexico Policy that changed the landscape for asylum seekers (Department of Homeland Security, 2019). According to data analyzed by The National Immigration Forum (2021), from January 2019 to December 2020, more than 70,000 asylum-seekers were returned to Mexico where they faced homelessness or housing insecurity, having to live in makeshift tent encampments along the U.S.-Mexico border. Thousands of children, including hundreds of infants, were among the migrants returned to Mexico under the MPP. Early this year, it appeared as if the nightmare that MPP posed was finally coming to an end. In February 2021, the Biden Administration announced its intention to suspend the policy, and migrants who were living in the tent encampments started to be slowly processed by U.S. immigration officials and began entering into the United States after weeks and months of awaiting their immigration court hearing in tent encampments in Mexico.

However, in mid-August of 2021, a Texas lower court ruled that the Biden administration must reinstate the MPP program (García, 2021). While the Biden administration made an emergency appeal for a stay of the order, the Supreme Court refused it in late August 2021, requiring the Biden administration to make a “good faith” effort to restart the Remain in Mexico policy while the court case proceeds (Barnes, 2021). The reinstatement of MPP is already resulting in more and more people being returned to Mexico without any guarantee that their immigration proceedings will go forward. The MPP program exposes children and families seeking asylum to serious dangers. While U.S. citizens are frequently warned by the State Department not to visit Mexico and border cities due to safety concerns, thousands of asylum seekers have been sent to these border cities by the U.S. Department of Homeland Security to await their court hearings. The MPP program forces families with children to wait in physically, and often psychologically, unsafe environments in Mexico where they are at great risk of assault, mistreatment, trauma, and disease (Garcini et al., 2020). According to the Mexican government, the country is currently facing a violent public security crisis (Cruz et al., 2020; Garcia Bochenek, 2020). Mexico recorded more intentional homicides in 2018 than it has since the country began keeping records in 1997, and registered a subsequent increase in homicides (up by 7.9%) between 2018 and 2019 (Cruz et al., 2020).

The country is also plagued by “femicides” (the intentional killing of women because of their gender), reports of missing persons, extortion, and the unpunished activities of organized criminal groups (Cruz et al., 2020). Significantly, the northern Mexican states to which asylum seekers are being returned under MPP (i.e., Baja California, Chihuahua, and Tamaulipas) are among the most violent in the country (Garcia Bochenek, 2020). Migrants have reported that while waiting in Mexico, they or their children were beaten, harassed, sexually assaulted, kidnapped, or exposed to other serious crimes and violence (Human Rights First, 2021). Therefore, the Remain in Mexico policy is putting families at risk who are already facing desperate situations.

To date, no empirical data has documented the effect of these detrimental living conditions on the physiological or psychological functioning of individuals and families awaiting asylum under MPP in the United States. This information is needed to inform the development of interventions, as well as policy and advocacy efforts. The purpose of this study is to provide a first glimpse into a public health crisis at the U.S.-Mexico border. We present quantitative and qualitative data to describe the experiences of six asylum-seeking families who lived for over a year in a tent encampment in Mexico along the Rio Grande. Quantitative analyses measured trauma exposure and psychological distress and posttraumatic stress (PTS) symptoms. Qualitative analyses examined migratory experiences deeply, to determine the nuances within participants’ lived experiences. Even though qualitative methods tend to pose particular challenges, they offer certain benefits that are of great value when trying to deepen understanding of relatively new areas of research. In particular, qualitative methodologies allow for greater flexibility and encourage the exploration of emerging themes that might not have been initially considered by researchers at the outset of their study. Likewise, qualitative results have the potential to guide future research that quantitatively measures and analyzes theoretical dimensions observed. An additional key feature of this study is the recency of the detailed experiences as the families were interviewed within 24 hr of being processed by U.S. immigration officials for seeking asylum.

Method

Participants

Participants included six adults who lived in a refugee camp in Mexico due to MPP. The six participants provided sufficient data to reach theoretical saturation, signaling a stopping point in data collection as no new themes are emerging that contribute to the elaboration of theoretical constructs (Guetterman et al., 2019). Most of the participants were interviewed at a humanitarian respite center upon release from immigration officials. Two were men and four were women ranging from 29 to 51 years of age ($M = 39.17$, $SD = 7.76$). Their countries of origin included Guatemala, Honduras, El Salvador, and Mexico. Participants’ average education was sixth grade. All participants identified as parents and had from two to four children. Age of the children ranged from 4–27 years old. Table 1 summarizes the demographic information of the participants.

Measures

Psychological Distress—Participants completed the Spanish version of the Brief Symptom Inventory (BSI-18) to assess for psychological distress symptoms (Derogatis, 2001). The BSI-18 is an 18-item questionnaire that gathers self-reported data to measure psychological distress and psychiatric disorders in medical and community populations, including undocumented immigrants (Garcini et al., 2017). Respondents are asked to identify their level of distress experienced over the previous 7 days using a 5-point Likert scale ranging from 0 = *not at all* to 4 = *extremely*. The BSI-18 has three symptom scales: somatization, depression, and anxiety, each containing six items; *t* scores of 63 or higher on the global severity index or any two dimensions are considered to be clinically significant. The internal consistency reliability estimates for the different dimensions of the BSI-18 have been satisfactory, ranging from .74 to .89 (Derogatis, 2001). For this study, the computed Cronbach's α of the global severity index was .80.

Trauma Exposure and Symptoms—Participants completed a Spanish translation of the Harvard Trauma Questionnaire-Revised (HTQ-R) to measure exposure to traumatic events and symptoms of posttraumatic stress (Mollica et al., 2004). The HTQ-R included a 27-item checklist that ask respondents to indicate whether they have experienced a variety of trauma events by answering yes or no. If answering yes, respondents are asked to identify when the traumatic event was experienced by choosing from “in my country before migrating,” “during my migration to Mexico,” and “in the hielera/detention center.” The HTQ-R also included 40 items inquiring about emotional symptoms considered to be uniquely associated with trauma. Respondents indicate how much each symptom has bothered them in the past week using a 5-point Likert scale, ranging from 0 = *not at all* to 4 = *extremely*. Individuals with scores on the HTQ-Total that are greater than or equal to 2.5 are considered to be symptomatic for PTSD. For this study, the Cronbach's α for the HTQ-Total was .96 and the HTQ-*DSM-IV* (*Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition*) was .95. The HTQ-R has been previously used with the target population (Garcini et al., 2017).

Interview Protocol—Participants provided semistructured interviews, with set questions, while allowing for follow-up questions or clarification. The goal of the semistructured interviews was to gather information about the migration related experiences of families across the different parts of the migration process. Overall, the interview protocol was designed to capture the perspective on migration from the immigrants themselves. Thus, the semistructured interview mainly contained open-ended questions to encourage participants to reflect upon their migration experience.

Interview questions were written in English at a fifth grade reading level and translated into Spanish utilizing a back-translation procedure (Sutrisno et al., 2014). The interview included 23 questions about reasons for leaving their home country, violence and trauma experienced in their home country, and difficult emotions and experiences endured throughout their journey to the United States. Due to the focus of the study, most questions asked about experiences upon arrival at the U.S. border while residing at the tent encampment in Mexico. Examples of questions include “How long were at the tent encampment in Matamoros?,” and “How was your experience at the tent encampment?” among others.

Procedure

Approvals from the University of Texas Rio Grande Valley Institutional Review Board and data collection site were obtained before data collection. A total of six individuals participated in the interview. Five of the six participants were interviewed at a humanitarian respite center after being processed by U.S. immigration officials. An additional participant was interviewed over the phone due to having left the center to reach her final destination in the United States. Families who receive services at the respite center have been apprehended by U.S. Customs and Border Protection and released from custody pending their asylum court hearing. The respite center provides immigrant families with basic needs, including food, clothing, and medical resources, short-term housing, and information regarding the bus transportation system.

Participant recruitment and data collection was carried out by members of the research team who were bilingual and self-identified as Hispanic. Attention to demographic characteristics among interviewers was important to address linguistic barriers and issues related to researchers' characteristics and interpersonal dynamics, all identified by Pernice (1994) as methodological challenges in research conducted with immigrants. Due to the vulnerability faced by this population, participants provided verbal over written consent. This facilitated protecting participants' anonymity and mitigated fears associated with document signing. This measure is common practice in current research being conducted with immigrant populations (Garcini et al., 2020; Venta, 2019). Each participant was compensated with \$20 gift cards.

Participants provided demographic information and completed the BSI-18 to assess for psychological distress symptoms and the HTQ-R to measure exposure to traumatic events and symptoms of posttraumatic stress. All questionnaires were administered orally in Spanish. The interviews followed questionnaires and were carried out using a semistructured interview protocol. The interviews were audio recorded.

Quantitative Analyses

Descriptive statistics were generated for sex, age, country of origin, number of children, education level, and occupation in country of origin. Quantitative analyses report on exposure to traumatic events, location of traumatic events, psychological distress, and PTS symptoms.

Qualitative Analyses

Audio recorded qualitative interviews were transcribed verbatim in Spanish by a team of bilingual research assistants. To screen for errors, an independent researcher relistened to the recordings to clarify what was uttered by the participant and how it was transcribed. For the protection and privacy of participants, data was de-identified. First, we developed a set of codes based on the interview questions to guide a grounded theory analysis (Charmaz, 2014). Transcriptions were coded by three independent, bilingual researchers to develop subthemes to deepen understanding of the factors shaping the experiences of migrant families. The researchers then compared their coding and identified subthemes. The team discussed all discrepancies, and final coding decisions were made through a process

of consensus. Once the team of researchers agreed on the subthemes corresponding to each major theme, subthemes were added to (see Table 2).

To ensure that we had adequate interview data (especially given that we conducted fewer interviews than planned), theoretical saturation was ascertained by one of the authors not involved in the construction of the original themes. This author identified their own tentative themes and compared those to the themes developed by the researchers to see if new themes had emerged that would require additional data to support them. No new themes emerged that could not be categorized under existing themes. As the final step, the team of researchers reviewed and coded all transcriptions a second time based on the set of codes developed.

Results

Qualitative Findings

Results from qualitative data identified six main themes of trauma, loss, and hardship corresponding to each stage of the migratory journey of asylum-seekers. Several subthemes emerged within each of these broader themes of trauma related to migration (see Table 2).

Hardship, Loss, and Trauma Before Leaving Their Home Country—All participants expressed limited choice in the decision to leave their country. They perceived themselves to be forced to leave and migrate to the United States to escape ongoing violence and danger in their respective home countries. The acts of violence mentioned by participants represent significant sources of trauma and included murder, death threats, extortion, corruption, and gang violence. In fact, most participants explicitly expressed they fled their country for survival because they feared for their lives and the lives of their family members. Participants provided detailed accounts of death threats made against themselves and their families. Participants reflected with disappointment on how rampant impunity and the lack of action from the authorities added to their fear. These circumstances forced these immigrant families to make difficult decisions to hastily leave with nothing and against their desires. Participants described their decision was not something they planned for or even wished for; instead they saw themselves without an alternative. For example, a 51-year-old mother from Honduras, identified the murder of her husband as her main reason for leaving her hometown in search of safety along with her two sons ages 9 and 16. She reported being afraid that the gang responsible for killing her husband could harm her children.

Economic challenges represented another source of hardship encountered by participants before leaving their home country. For half of the individuals interviewed, economic reasons, although secondary, also played a role in their decision to migrate to the United States. In particular, participants cited poverty and limited employment opportunities as an additional motivation to leave their countries.

Hardship, Loss, and Trauma on the Journey to the United States—Half of the participants reported directly experiencing or witnessing violence and/or crime during their migratory journey. Events experienced or witnessed included robbery, physical or sexual assault, extortion, and threats. A 29-year-old father from Guatemala described how

he was stripped down and robbed by policemen in Mexico. In addition, more than half of the participants discussed their experiences with hiring a coyote, or smuggler, to help them travel across Mexico and reach the U.S. border. One participant detailed her negative experience with a coyote that was characterized as scary and inhumane. This 38-year-old mother from Honduras recounted being locked in a warehouse without food or water and unable to communicate with her family back home in Honduras. Other participants shared similar experiences, including how their own experience of suffering hunger and thirst along their journey was intensified by knowing their children were hungry, one stating “I could hear my son’s hunger.” Some participants talked about reaching a point of desperation that prompted them to beg for food so they could feed their children. Participants remembered these experiences with embarrassment and talked about how this hurt their pride. Results from qualitative data further identified harsh weather conditions as an additional source of hardship on the journey to the United States. Participants narrated how they endured long cold nights and unbearable hot days walking through the desert.

Trauma and Hardship in the Tent Encampment—All participants described the conditions at the tent encampment as inadequate, unsanitary, and hazardous. Participants unequivocally characterized life in the tent encampment as harsh. Most participants mentioned lacking adequate shelter because of living in small and frail tents, which were not suitable to withstand severe weather conditions. Indeed, harsh weather conditions posed a challenge to most participants and emerged as another common subtheme. Participants articulated they mainly worried for their children and suffered seeing their children endure extreme weather. Extreme weather conditions included intense heat waves during the summer that extended over several months, and a hard, week-long Texas freeze in the winter. A 38-year-old mother from Honduras shared that her 10-year-old son developed hypothermia in his foot during the hard freeze and how it pained her that she was not able to do anything to help him. In addition, participants described having to frequently withstand the rain without proper shelter. These participants related how their few belongings and their children, would get wet. Not surprisingly, a majority of participants mentioned how they or their children became sick as a result of the harsh weather conditions and inadequate shelter.

Participants also described having only limited access to basic services such as running water for showering and cooking. For example, a 35-year-old mother from Honduras stated that when she first arrived with her family to the tent encampment, there were no bathrooms or showers. They had to bathe in the Rio Grande River that, while dangerous, was their only option. She said her family would go days without showering and without being able to wash their clothes. In addition, this participant also mentioned being bothered by insects at the camp. She vividly described how cockroaches and flies pestered she and her children, and how she suffered seeing cockroaches crawling over her children while they slept.

Most participants complained of suffering severe sleep deprivation throughout the many months they lived in the tent encampment. Reasons cited for their sleep difficulties included lack of a place to sleep, but mainly fear for their safety and the safety of their children. Participants described they would delay falling asleep and would rise early in the morning to protect their children and they did this for many months. They expressed feeling the consequences of limited sleep on their bodies, feeling tired and worn out throughout the

day for unending months. Safety concerns related to violence and crime emerged as another prominent subtheme discussed by the majority of participants. Participants shared stories of murder, robbery, physical and sexual assault, kidnapping, extortion, threats, and organized crime activities. Some participants described how asylum-seekers would sometimes try to cross the river out of desperation but they had to pay a “fee” to organized crime first and if they failed to do so, they were murdered. These participants said they were aware of this happening multiple times, and one participant sadly recalled how her tent “neighbor” encountered this ill fate after he tried crossing the river without paying the proper fee to a criminal group. After spending 2 years at the tent encampment, she described this as her worst memory.

Difficult Emotions While at Camp—All participants discussed difficult emotions and feelings they experienced while living in the tent encampment and this emerged as another predominant theme. Among the emotions and feelings described were suffering and sadness, despair and hopelessness, fear and distress for their children, loneliness, regret, and shame. All participants invariably mentioned worrying for the wellbeing of their children and feeling helpless not being able to get their children out of there. Participants talked about regretting having left their country and feeling guilty for putting their children through such an ordeal, but at the same time they express knowing with certainty that they had no other choice and could not go back because their lives would be at risk in their home country. A 38-year-old mother from Honduras expressed at times almost believing it was all a bad nightmare. Participants said they very much feared never being able to get across the border that would make all their effort and suffering pointless. In this regard, a 35-year-old mother from Honduras shared she would cry in despair and lost hope as days and weeks passed in the tent encampment.

Quantitative Findings

Traumatic Events—On average, the participants reported experiencing approximately 10 traumatic events ($M = 10.33$, $SD = 5.85$). The most traumatic events experienced by a single participant were 19 out of the 27 possible traumatic events. The most frequently reported traumatic event was “lacking a place to live” and “felt afraid/in danger.” Several participants experienced at least one of the following: confiscation or destruction of personal belonging or property, been evacuated or forcibly removed from dangerous conditions, extortion or robbery, been present while someone was looking for people or things in the place they lived, locked somewhere for a long time because there was danger. Several participants also reported experiencing a lack of food or water, forced separation from family members, or have been in a war situation. Additionally, participants also reported experiencing poor health without having medical attention, disappearance or kidnapping of a family member and/or friend, physically tortured, or witnessed the torture or death of someone else. Experiencing being imprisoned while being innocent, forced labor, kidnapped, or other types of sexual abuse or sexual humiliation were also endorsed.

All participants experienced some form of traumatic event either in the country of origin, during their travel through Mexico, and/or in a detention center. In the country of origin, participants reported on average five traumatic events (range = 1–14 events). During the

travel through Mexico, participants reported on average 5.33 traumatic events (range = 0–15 events). At the detention center, participants reported on average 5.17 traumatic experiences (range = 0–12 events). The most common traumatic experiences reported in the country of origin were extortion, natural disaster, war situation, and feeling afraid/in danger. The most commonly reported traumatic experiences during the travel through Mexico were related to material deprivation such as lacking a place to live, lack of food or water, locked inside because of danger outside, and feeling afraid/in danger. Lastly, the most commonly reported traumatic event reported at the detention center was not having a place to live.

PTS Symptoms—No participant reported clinically significant PTS symptoms based on the HTQ-Total score (see Table 3). However, each of the 40 possible symptoms were experienced by at least one participant. The most common symptoms (reported by at least five of the six participants) were trouble sleeping, increased alertness, reduced ability to do things, difficulty coping, tired/exhausted, guilt/remorse, lack of trust in others, and feeling as if others do not understand what has happened to them.

Distress—Of the six participants, two females reported having a previous history of experiencing *ataque de nervios*, often described as a state of extreme emotional upset in response to a stressful event. Overall, three of six participants met criteria for clinically significant distress, with depression being the most common symptoms of distress. Participant 1 reported clinically significant symptoms of somatization and anxiety, whereas Participant 2 reported clinically significance symptoms of depression and anxiety. Participant 6 reported clinically significance symptoms for all distress subscales (somatization, depression, and anxiety), as well as for the global severity index (see Table 3).

Discussion

The nature and magnitude of premigration and migratory trauma of families from Central America and Mexico has been documented to certain extent; however, much less is known about the further trauma exposure that immigrants endure as result of recent U.S. immigration policies such as the MPP that forces asylum seekers to wait in Mexico for their asylum case to proceed. Using a diverse sample of parents who had been subjected to the MPP, this mixed methods-grounded theory study found that most migrating families seeking asylum in the United States experience considerable psychological distress, which stems from significant and continued trauma exposure and harsh living conditions. These findings highlight the critical need for humane immigration policies to address the effects of trauma faced by asylum seeking families and to prevent further exposure to trauma during the asylum seeking process.

Despite poverty being often cited as a leading cause of emigration from the Northern Triangle countries as discussed in a report by the Congressional Research Service (2019), our results provided a glimpse into the striking violence in the Northern Triangle. Without question, the events leading to a forced migration are complex. As reflected in these narratives, experiences of rampant violence with little protection from law enforcement and local authorities frequently compound the underlying and chronic stress of poverty, unemployment, and food insecurity. These findings align with previous studies and reports

pointing to high crime and violence as leading causes of emigration from The Northern Triangle (e.g., Gonzalez-Barrera et al., 2014; Hiskey et al., 2022; LaSusa, 2016).

Qualitative results show that immigrant families come to the United States seeking to escape danger and they do so for the sake of their family, especially their children. All participants reported that their decision to leave their home country was influenced by their desire to ensure the safety of their family and children that echoes accounts captured in prior qualitative studies (Lusk & Chaparro, 2019). Therefore, policies disallowing the deportation of asylum seekers to countries where they would be at risk of danger and violence should be of high priority. This would mean strengthening the refoulment protections for refugees that have been outlined by the United Nations High Commissioner for Refugees (United Nations High Commissioner for Refugees, 2007). Additionally, policies offering legal pathways to migration and preserving family integrity likely preclude additional migration-related stress and trauma (Cohodes et al., 2021).

Furthermore, migrants subjected to MPP are not only vulnerable to facing immense hardship before leaving their home country, but also during and after their migratory journey. Many participants reported witnessing or experiencing assaults, robberies, and sexual violence along the journey. Most concerning is that the trauma exposures did not end at the border. Instead, asylum seekers were returned to Mexico to wait for their asylum case to be processed. Asylum seekers returned for an unknown period of time to Mexico are vulnerable to ongoing physical, emotional, and psychological threat. Many families return to the scene of trauma where many witnessed death, experienced torture, and endured extreme weather conditions. In fact, another recent article narrates how other families endured sexual assault, child abuse, and family separations in immigrant shelters while remaining in Mexico (Mercado et al., 2022). As participants recounted their personal stories, every story was marked by the experience of multiple difficult and painful emotions and feelings that included immense suffering and sadness, and distress and worry for the well-being of their children. As long as the MPP remains in effect, the wellbeing of asylum seeking families will be in jeopardy. Hence, policies dismantling the MPP should be enacted immediately to prevent further traumatization of these already vulnerable individuals (Garcini et al., 2020).

Notably, quantitative results are illustrative of the experiences described by participants and revealed through qualitative analyses. Just as qualitative analyses indicated it, quantitative analyses confirmed that every participant interviewed experienced high prevalence of trauma during their migration. Although the quantitative results failed to suggest a majority of individuals being symptomatic for posttraumatic stress disorder, it should be noted that every individual experienced multiple traumatic events during the migration process. This supports the claim that trauma exposure is prevalent in individuals migrating from Central America and Mexico (Venta, 2019). Additionally, the frequency of traumatic events experienced by individuals who were affected by U.S. policies such as the Remain in Mexico policy is evident by the high frequency of traumatic events reported in the tent encampment in Mexico alone. Altogether, the high frequency of traumatic events experienced by all the participants during various points of their migration support previous findings that adults migrating from Central America and Mexico are experiencing alarmingly stressful and

traumatic events during migration (Garcini et al., 2017; Hiskey et al., 2022; Keller et al., 2017; Lusk & Chaparro, 2019; Mercado et al., 2021; Venta & Mercado, 2019).

The lacking correspondence between detailed trauma exposure during the qualitative interviews and the scores from quantitative measures highlight a glaring gap in current understanding about how trauma-related distress presents in this migrant and recently arrived population. However, it is also important to take into account that participants in this study are still living in a threatening and unstable environment where they remain vulnerable to further trauma exposure. These conditions could at least partially explain the absence of clinically significant levels of posttraumatic stress symptoms among participants at the time data was gathered. On the other hand, half of participants met criteria for clinically significant distress as evidenced by their scores on the BSI-18, with depressive symptoms being the most common symptoms of distress. Therefore, it can be concluded that while not necessarily exhibiting trauma-related symptoms, these asylum seeking parents demonstrated psychological distress symptoms.

Clinical Implications

The complex traumas inflicted on asylum seeking families demand great consideration. Exposure to violence and other traumatic events have both been clearly identified as risk factors for the development of trauma related distress and its detrimental health consequences. The experiences of asylum seeking families call for the provision of trauma-informed and culturally sensitive interventions by mental health providers trained in cultural humility (Cohodes et al., 2021). Early interventions for asylum seeking families are essential to ameliorate the effects of migration-related trauma on mental health. Nevertheless, only a small portion of immigrants in need of mental health services receive any form of support, screening, or therapy services (Cohodes et al., 2021). Therefore, policies that promote the delivery of effective and culturally sensitive interventions and increase access to mental health services should be implemented. Such policies must provide support and access to trauma informed health care upon seeking asylum at the border and upon release at their respective sponsor communities. Similarly, mental health professionals should advocate for policies prohibiting practices that may preclude or discourage immigrant families from accessing mental health services.

Psychologists and other mental health providers can better support the immigrant population when they consider their unique characteristics and circumstances (Garcini et al., 2022; Mercado et al., 2021). Thus, it is essential that the mental health community gains insight into migration-related trauma and the consequences of immigration policies on children, youth, and families. Nonetheless, despite considerable exposure to significant adversity and trauma, immigrants are also capable of demonstrating striking strengths and resilience (e.g., Lusk et al., 2021). Accordingly, it is also important to highlight the strengths possessed by immigrant families arriving to the United States. Future research should examine strengths and psychological factors fostering resiliency in recently immigrated individuals.

Conclusion

This article sheds light on the recent experiences and mental health needs of asylum-seekers, using quantitative and qualitative data to describe the experiences of six asylum-seeking families who waited for 1–2 years in a refugee camp in Mexico, steps away from U.S. soil along the Rio Grande River. Quantitative results underscore the high prevalence of trauma exposure of individuals seeking asylum from Central America and Mexico and the negative consequences of remaining in situations and environments that cause psychological distress, such as the tent encampment in Mexico. The use of qualitative methodology proved more revealing through narratives that expand the understanding of the phenomena using immigrants' voices.

Findings reflect the complex and contradictory emotions often shared by immigrant parents: waves of relief, guilt, doubt, and hope. While the valued role of parent motivates many to flee their homes in search of a better life and opportunities for their children, the consequences associated with restrictive immigration policies often challenge their perceived self-efficacy and competence. The long-term impact for individuals, children, and families is often missed by policymakers who lack an appreciation for the human being affected by these decisions. Mental health providers who engage with this community are uniquely poised to not only deliver culturally affirming therapeutic interventions but to also educate and influence policy that has the potential to affect generations to come. In this article, we aim to highlight the importance of advocating for systemic changes and hope that our discussion will inform policymaking while also encouraging clinicians and researchers in the field to advocate for the mental health of migrant and asylum seeking families.

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Clinical Impact Statement

Recent U.S. immigration policies have embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, where they endure dire living conditions in tent encampments while awaiting processing. Given the health implications associated with trauma, the experiences of this population demand attention and action. This study extends our understanding of inhumane immigration policies as risk factor for further trauma by evaluating the association between being subjected to the Migrant Protection Protocols and psychological distress. It is imperative that research inform policy that addresses the complex health, social and legal needs of vulnerable immigrants and protects their human rights.

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Table 1

Demographic Characteristics of Participants (N = 6)

Variable	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Age	38	37	51	45	29	35
Sex	Female	Female	Female	Male	Male	Female
Country of origin	Honduras	El Salvador	Honduras	Mexico	Guatemala	Honduras
Education level	Sixth grade	Sixth grade	Sixth grade	Fifth grade	High School	Seventh grade
Occupation	Homemaker	Entrepreneur/clothes seller	Seamstress	Commerce (self-employed)	Construction	Manufacturing worker
Ataque de nervios	Yes	No	No	No	No	Yes
Number of children	2	4	2	3	2	3
Age of children	10, 18	6, 10, 14, 16	9, 16	24, 26, 27	4, 9	8, 10, 15

Note. Ataques de Nervios = history of panic attack.

Table 2

Qualitative Themes and Subthemes With Examples

Theme	Subtheme	Example
Hardship, loss, and trauma before leaving their home country	1. Forced migration	All I can say is that we had to leave our country not because we wanted to or because we wanted to reach the United States, we left our country because our lives were in danger ... so we had to leave everything, our home, children's school, family, everything. It was very hard and unfortunate to leave the country and we never thought of leaving and I never imagined this, to migrate to a new country, but sometimes circumstances guide you so that you can be safer.
	2. Violence and crime	Primarily because of the death of my partner ... because the gangs killed him. ... All we want is for them to not harm us as they did my partner.
	3. Threats to self and family	Organized crime threatened me. They came once and asked us for a cut. But since we didn't pay them in the first week, the next day we had to leave because they were going to kill us.
	4. Criminal impunity from police	The Mexican police has to be with them [the people with organized crime]. It's horrible that the police themselves protect delinquency.
	5. Economic hardship	Over there I was a single mom, I lived alone with my kids ... what I earned wasn't enough.
	6. Family separation and difficult decisions	I was thinking that I had to make the most difficult decision, so that they wouldn't hurt my son.
Hardship, loss, and trauma on the journey to the United States	1. Violence and crime	They made us all get off the bus. There they even make everyone take their pants off, shoes, everything, everything so they can search you, so they can take your money.
	2. Experience with a coyote	While we were on the journey they would take us to a bodega/safe house, then to another. Sometimes they didn't give us food. The last few times they locked us up ... there were times when we didn't have water.
	3. Begging and receiving help from strangers	I was shameless and started to beg.
	4. Experiencing hunger and thirst	Many times we didn't eat. ... Sometimes I rested against his belly [my son's] and it would growl, I could tell he was hungry.
	5. Harsh weather conditions	We went through some very cold nights.
	6. Painful emotions	I never imagined the suffering one could endure on the journey.
Trauma and hardship in the tent encampment	1. Inadequate living conditions	We suffered a lot when we arrived at the tent encampment. There was a lot of suffering because there was nowhere to sleep ... we slept right on the floor. The first few days without a tent, there was nothing. We basically slept on the street.
	2. Unsanitary living conditions	And well there, there were always plagues of cockroaches and flies, always ... we would watch as the cockroaches crawled over their bodies [the children's], sometimes even on their faces.
	3. Hazardous living conditions	Sometimes there were even snakes ... they say that when they bite you, you die, and there were a lot of them.
	4. Harsh weather conditions	For example now that it got very cold, that ice fell in Matamoros, that the tents were frozen, we had no way of staying warm ... my son got it, they told me that he could get hypothermia in his foot, his bones hurt, and he would tell me "Mommy, I can't stand it!"

Theme	Subtheme	Example
Trauma and hardship in the tent encampment	5. Sleep deprivation	If we slept there it was only for a few hours because of the fear, the anxiety, the uncertainty that something could happen to you, that they could kidnap your child ... so there was very little sleep because you had to be alert, watching over our children.
	6. Violence and crime	At night you could hear people in the tents and they were supposedly going in and raping the women.
	7. Extortion	And suddenly we'd also see that drowned bodies would show up at the edge of the river. And why? And how? And we never knew if it was because they wanted to cross the river or if in fact, if you didn't pay before crossing they would take you and kill you.
	8. Sickness	But at the same time we constantly had that uncertainty, that sometimes we hadn't eaten well, we didn't sleep well, so that was killing us psychologically and physically because sometimes we would get very sick and we needed to see a doctor because we didn't eat well, didn't sleep well, and so that kept us unwell in the camp.
Difficult emotions while at camp	1. Fear	We were all very scared that the American people ... well, the American government wouldn't help us. That they would just tell us that they would cross us but they wouldn't help us.
	2. Despair	It's very difficult, it's a really hard thing, to wake up and see that you're in the same situation. I'd suddenly fall asleep and I'd think this was a nightmare. But when I would wake up, it was the same reality all over again. But I'd think to myself, and tell myself, I'm going to go back, I don't want to be in this place anymore, I don't want to keep suffering.
	3. Sadness	It's very sad, it's very difficult. That's the saddest thing to see your children suffering at times.
	4. Hopelessness	And so I would cry, I'd get desperate, I was disappointed because it was days, weeks, and nothing. Nothing happened.
	5. Worry	It's sad, distressing. Well yes I can say distressing because well because of the children yes it's very difficult.

Table 3

Scale Scores for Self-Report Scales

Participant	HTQ-total	BSI-somatization	BSI-depression	BSI-anxiety	BSI-GSI	Total traumatic events
Participant 1	2.48	63	64	58	62	19
Participant 2	1.43	56	65	63	62	6
Participant 3	1.53	52	50	60	55	3
Participant 4	1.40	56	50	46	51	10
Participant 5	1.45	52	50	46	50	9
Participant 6	2.25	64	67	64	67	15

Note. HTQ = Harvard Trauma Questionnaire; BSI = Brief Symptom Inventory; GSI = global severity index.