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The Venezuelan Diaspora: Migration-Related Experiences and Mental Health

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Abstract

Since 2015, the Venezuelan diaspora has poured forth from the Venezuelan sending context into an array of (mostly) middle-income receiving countries and into the United States (US) as well. For many Venezuelan migrants, post-migration reception has been mixed, and multiple studies suggest that mental health is an important challenge with discrimination and negative context reception contributing to mental health burden in terms of depression, anxiety, and posttraumatic stress. Cross-national research points to important sociodemographic differences between Venezuelan migrants resettled in South American contexts and in the US, and suggests that—on average—migration-related cultural stress is lower and mental health outcomes are better among those resettling in South Florida and elsewhere in the US.

Keywords

Venezuela; migration; emigration; discrimination; mental health; healthcare

Introduction

In recent years, the emigration of Venezuelans from their once prosperous country has emerged as the largest and, arguably, the most important movement of people in the Western Hemisphere. During the latter half of the 20th century, as the South American nation boasted a robust economy, Venezuela was an important receiving country for immigrants from Europe and other Latin American nations [1]. Since 2015, however—in the face of economic instability, hyperinflation, political repression, and widespread violence [2]—more than 6 million Venezuelans, roughly 20% of the nation's population, have fled their home country [3].

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Several salient features of the Venezuelan migration/refugee crisis (often referred to as the ‘Venezuelan diaspora’), should be highlighted. The *first point* relates to where Venezuelans are migrating: the vast majority of Venezuelan émigrés have resettled not in high-income receiving countries but in an array of middle-income countries in Latin America. To be sure, the United States ([US], pop. 330 million) has received many—nearly half a million—Venezuelan migrants, but Colombia (pop. 50 million) has received nearly two million, Peru (pop. 33 million) more than one million, and another 1.5 million are scattered across Argentina, Brazil, Chile, and Ecuador, [3–4]. The *second point* builds off of the first: there is substantial concern that the very large and rapid relocation of Venezuelans to under-resourced destination countries may stress fragile economic, social, and health systems [5–7]. These first two points relate to the central objective of the present article inasmuch as fragile economic and social systems may function as sources of stress to migrants (as they strive to establish themselves) and under-resourced health systems may not be able to respond effectively to the mental health needs of migrants. The *final point* relates to the crisis nature of the diaspora: the Venezuelan emigration is largely an ‘overnight’ migration in which many migrants are leaving abruptly and resettling in receiving communities that do not have pre-existing Venezuelan networks. This pattern is distinct from the dominant trend of Latin American migration throughout the latter half of 20th century, in which Latin American migrants often relocated to communities in the US where informal social systems were relatively well established [8]. Given the importance of social support in terms of buffering stress and facilitating help seeking among those in need, this final point is also likely relevant to the experiences and mental health of Venezuelan migrants.

A large body of research has amassed on Latin American migration, stress, health, and mental health with a primary focus on the US as a receiving context [9–10]. This literature provides important insights into foundational migration-related constructs such as acculturation [11], cultural stress [12], crisis migration [13], and resilience [14]. However, there are core aspects of the Venezuelan diaspora that seem to render it *sui generis*. Indeed, the sheer scope of the Venezuelan diaspora, and its features as a multi-country and overnight crisis migration to largely under-resourced contexts, are such that we should not assume that the Venezuelan migrant experience will necessarily align with that of prior (largely US-bound) migration waves.

The present article provides an overview of the current knowledge regarding the experiences of Venezuelans in diaspora. We begin by describing research on the context of departure and contexts of reception in the countries where Venezuelans are resettling. Next, we examine evidence on the mental health of Venezuelan migrant populations in Latin America and in the US. Subsequently, we succinctly outline a robust literature on the health of Venezuelan migrants and access to care. We conclude with a consideration of future areas for research.

Key Background: Context of Departure and Reception

A logical starting point for thinking about the Venezuelan diaspora is to consider pre-migration “drivers” of emigration. Mazuera-Arias et al. [15] examined causes of emigration in a large sample of Venezuelans resettled in Colombia’s Northern Santander department, which borders Venezuela. They found several emigrant profiles—including younger

migrants concerned about instability, adult migrants in search of work opportunities, and middle-aged migrants with children—but concluded that the fundamental driver for all subtypes was the nation’s exceedingly dire economic situation. Other work suggests that additional factors, such as political persecution and violence, are also important drivers, and we examine links between these risk factors and mental health in the following section [16–17]. Scholarship has also focused on Venezuela’s “brain drain” and the impact of the mass emigration of skilled workers and professionals [18].

An exhaustive description of how different countries have responded to the Venezuelan migration crisis is beyond the scope of this article. However, we can note that scholars have observed important variation in policies relevant to the contexts of reception of Venezuelan migrants. For instance, Selee and Bolter [19] noted that the Colombian government has provided temporary protection status to more than 700,000 Venezuelan migrants via Decree No. 216 (executed in March, 2021), which facilitated access to basic education, healthcare, and the labor market. That said, Selee and Bolter also noted that those who entered Colombia without authorization were not granted protection, such that most Venezuelans in Colombia presently lack legal status. Within a North American context, the US federal government designated Venezuela as a temporary protected status (TPS) country in March 2021 [20]; since then, more than 200,000 eligible Venezuelans have applied for TPS benefits, which include authorization to remain in the US and permission to work.

Other scholars have argued that South American countries have adopted a mixed approach, pointing to a disconnect between inclusive political discourse/legislation and “lukewarm” receiving practices in Brazil [21] and noting that receiving policies in Ecuador have moved swiftly from inclusive (in 2017–2018) to restrictive (since mid-2019) [22]. Reflecting on the tepid attitudes of many Colombians toward Venezuelan immigrants, Pérez-Gómez [23] noted that—for Colombia and other middle-income countries—the social and economic challenges of absorbing large numbers of migrants, many of whom arrived with limited financial resources, are formidable. Doña-Reveco and Gouveia [24] observed that some Venezuelan immigrants who relocated to Chile earlier in the 2000s expressed negative views toward newer Venezuelan migrants and favored restrictive migration policies. In the following section, we consider the impact of exposure to a negative receiving context and other migration-related stressors on mental health.

The Mental Health of Venezuelan Migrant Populations

Despite the magnitude of the Venezuelan diaspora and evidence that much of this population has experienced psychosocial stressors, few studies have examined the mental health of Venezuelan migrants. That said, a number of noteworthy studies can be highlighted.

Venezuelan Migrants in Latin America—Several studies have examined the mental health of Venezuelans within Latin American receiving contexts. Carroll et al. [26] examined migration-related experiences and their association with depression and anxiety in a sample of Venezuelan migrants crossing the border between Ecuador and Peru. Noteworthy findings include that: pregnant women were at highly elevated risk for depression, and walking as a means of migration—a dramatic reflection of economic

hardship—was associated with elevated risk of anxiety. Mougenot et al. [27] found, in examining data from a large sample of Venezuelans residing in Peru, that perceived discrimination was associated with elevated risk of mental health problems. Notably, two in five Venezuelan migrants in the sample reported having experienced discrimination in Peru. This finding is in keeping with research conducted in Chile indicating that exposure to discrimination was linked with mental health problems among recent Venezuelan migrants [28]. A recent scoping review focused on the experiences of Venezuelans in Colombia, Ecuador, and Peru provides fine-grained information as to mental illness prevalence and intersections with cultural stressors and other negative experiences [29].

Beyond the aforementioned research focused on mental health outcomes, scholars have considered an array of factors we know to be related to psychological well-being. Okumura et al. [30] found that, in a sample of Venezuelans relocated to Peru, perceived social support from family was positively associated with adaptive cognitive reappraisal strategies, but that longer duration in the Peruvian receiving context was linked with maladaptive suppression strategies. Recent qualitative studies have explored economic constructs such as precarious employment and ‘downward mobility’ among professionals [31–32]. Other studies, also using qualitative methods, have examined how some Venezuelan migrants have experienced nationality-based criminalization (i.e., the perception that individuals from a particular group/nation are prone to criminal behavior) and, in the case of women, hyper-sexualization (i.e., disproportionate emphasis on physical features and sexuality) [33–34], and have been exposed to gender-based and sexual violence during the relocation and resettlement process, including in temporary shelters [35–36].

Venezuelan Migrants in the US, and Cross-National Comparisons—Several studies have examined the migration-related experiences of Venezuelans in the US and have made comparisons from a cross-national perspective (i.e., contrasting Colombia and the US as receiving contexts). Schwartz et al. [37] found that, compared with their counterparts in the US, Venezuelan immigrants in Colombia reported elevated levels of cultural stress (perceived discrimination and negative context of reception) and greater depressive symptoms. The authors noted that, although Colombia and Venezuela share a language and many cultural similarities, this ostensibly surprising finding may be a function of several factors. These include the history of large-scale migration in the US (in contrast with a rather limited recent history of migration in Colombia) and the fact that many Venezuelans in the US have settled in South Florida with its uniquely robust multilingual and Latin American flavor. That said, the Schwartz et al. [37] study found that greater discrimination (in both Colombia and the US) and negative context of reception (in Colombia only) were nevertheless associated with greater depressive and anxiety symptoms. These findings are in line with recent research indicating that discrimination robustly predicts posttraumatic stress outcomes among Venezuelan immigrants in Colombia and the US, even when controlling for large differences in college education (half of Venezuelans in the US were college graduates compared to 25% of the sample in Colombia) [38]. This is also noteworthy given that recent research has suggested that college-educated Venezuelan migrants in Colombia reported lower levels of cultural stress compared to their less educated counterparts [39].

Venezuelan Migrant Youth and Behavioral Health in the United States—A

number of US-based studies have examined the experiences of Venezuelan migrant youth. Salas-Wright et al. [40] examined the relationship between pre-migration experiences of hunger in Venezuela and post-migration depression risk. Half of youth (ages 10–17) surveyed endorsed having experienced hunger in Venezuela, and one in four reported recurrent hunger. Controlling for demographic factors and post-migration stressors, pre-migration hunger was robustly associated with depressive symptoms.

Other studies conducted with Venezuelan migrant youth in the US have indicated disconcerting rates of alcohol use [41] and delineated the connections among cultural stress, family functioning, and health-risk behavior [42–43]. Salas-Wright et al. [44] examined communication patterns among Venezuelan migrant youth in the US in terms of phone, text message, and social media engagement with friends in Venezuela and in the US. Findings indicated that depression and substance use risk was lowest among migrant youth who were actively engaged in daily technology-based communication with friends their new receiving context (the US) while still maintaining weekly communication with friends in Venezuela.

A Broader Frame: Health and Healthcare Access

Beyond mental health, research on health and the Venezuelan diaspora can be classified into two main categories. The *first category* includes studies examining health conditions (e.g., access to care, treatment of chronic conditions; [45–46] and morbidity (e.g., rates of chronic illness, infectious disease; [47–48]) among Venezuelan migrants in Latin America (notably, the US receiving context is not typically examined in this literature). A number of studies have focused specifically on reproductive health [49–51], HIV [52–53], and maternal/child health [54–57]. Although these studies generally do not indicate that Venezuelan migrants are at especially heightened risk for morbidity, they underscore a complex array of challenges related to accessing healthcare systems for acute and preventative care.

The *second category* of health-focused research considers the challenges that the large-scale Venezuelan migration presents in terms of infectious disease transmission (again, the focus of this literature is on Latin America, not the US). Given the weakened health infrastructure in the Venezuelan sending context—which has allowed previously controlled/eliminated diseases to re-emerge [58]—and the precarious conditions many migrants experience, scholars have voiced concern regarding potential disease “spillover” and the amplification of ongoing epidemics in receiving countries (e.g., measles, diphtheria, malaria, HIV, tuberculosis [59–61]). Further, in recent years, the Venezuelan emigration has coincided with the COVID-19 pandemic, creating challenges in terms of vaccination access [62] and further exacerbating economic hardship and mental health burden among Venezuelan migrants [63–64].

Conclusion

Since 2015, the Venezuelan diaspora has poured forth from the austere Venezuelan sending context into an array of (mostly) middle-income receiving countries. Research indicates that, for many Venezuelan migrants, their post-migration reception in South America has been mixed at best, and multiple studies suggest that mental health is an important challenge with

discrimination and negative context reception contributing to mental health burden. Given the relative fragility of economic and health systems in countries such as Colombia, Peru, Argentina, Brazil, Chile, and Ecuador, and the nascent/underdeveloped Venezuelan social networks in such countries, there is concern that Venezuelan migrants may be vulnerable to mental health disorders and face difficulty in terms of receiving mental health care.

Moving forward, there is a pressing need for prospective research that can follow individuals and families across the critical years of departure, arrival, and resettlement. Presently, such research has not been conducted, representing a key gap as we know that migration is not a single event, but rather a process that unfolds over time [8, 11–13]. There is also a need for more cross-national comparative research (to examine the role of contexts of reception) as well as a need for rich, mixed-methods studies and research focused not only on adverse outcomes but also on stress-mitigation factors and thriving. The Venezuelan diaspora is still in its infancy; it is incumbent upon researchers to understand the manifold needs and strengths of this population.

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