Post-Traumatic Stress Disorder in Central American Immigrants in the U.S.

The issue

Central Americans are highly likely to develop Post-Traumatic Stress Disorder (PTSD) and other related mental and physical disorders due to higher exposure to trauma during the migration process. It is necessary to devise a special health care strategy for this group to confront the barriers and challenges they face as well as to meet their need for mental health services.[1]

Post-Traumatic Stress Disorder

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".[2] Because PTSD symptoms are frequently ambiguous or somatic, they are often hard to diagnose. Furthermore, Latino patients usually either have alternative explanations for the origin of the symptoms, fail to give the symptoms due attention, underestimate the effect of the symptoms, or believe that they are untreatable.[3] Compared to other Latino immigrant populations in the U.S., Central Americans are more likely to be diagnosed with PTSD. Studies have found that as much as 60% of Central American adult participants exhibit PTSD symptoms.[4] Furthermore, a higher percentage of Central Americans reported sleeping troubles, concentration difficulties, and death thoughts, compared to other new legal immigrants.[5]

Migration Process

In 2009, almost 3 million foreign-born Central Americans lived in the U.S. making up 7.6% of the country's total immigrant population.[6] Over the past three decades, the growth rate of this immigrant group has been one of the highest.

39.4% of Central American immigrants are Salvadoran, followed by 27.4% Guatemalan, 16.1% Honduran, and 8.1% Nicaraguan. The remaining includes immigrants from Panama, Costa Rica, and Belize. Immigrants coming from the four main sending countries share similar migration characteristics.

Each migration phase is associated with mental and physical health risks resulting from the adversity before, during, and after resettlement.

Risk before Migration

In 2010, Honduras and El Salvador were the countries with first and second highest rate of intentional homicides in the world. Guatemala is 5th place, followed by Belize.[7] Furthermore, more than 90% of Central American immigrants in the U.S. come from countries with a recent history of violence and political persecution. Guatemala, El Salvador, Honduras, and Nicaragua all experienced wars during the last half of the twentieth century.[8] In Guatemala, up to 200,000 people were killed or went missing, while in El Salvador, the smallest country in Central America, 74,000 were killed and an unknown number of people disappeared.[9]

Compared to other Latino groups, Central American immigrants to the U.S. reported a higher prevalence of political violence in their home countries.[10] 52% of Central Americans that reported migrating due to war or political unrest in their home country suffer from PTSD.[11] This is more than double the rate of PTSD in Mexican immigrants at large.

Risk during Migration

While many Central Americans enter the U.S. as legal refugees due to either genocide or ethnic or political persecution, many others enter through unauthorized channels. Recent annual estimates of unauthorized migration through Mexico with the intent of reaching the U.S. ranges between 150,000 and 400,000 people.[12] About 90% of these migrants come from Guatemala, Honduras, El Salvador, or Nicaragua.

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. These are all highly associated with PTSD.

- 2,000 Central Americans disappear every year in Mexico.[13]
- 70% of migrant women are victims of violence and 60% experience sexual violence.[14]
- 76% of sex workers in Ciudad Hidalgo, Mexico, a city on the border with Guatemala, are temporal transit migrants from Honduras, El Salvador, and Nicaragua.[15]

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- 26% of migrant women in Mexican detention centers said that they suffered sexual violence, including rape by freight-train security guards. This statistic is believed to be far underreported. More than half of the women mentioned that they were victims of extortion in Mexico.[16]
- Central American women in the U.S. largely describe their journey as marked by violence, deprivation, fear, and life-threatening situations.[17]

Post-migration Risk

Acculturation barriers cause stress and can increase the gravity of a previous mental illness; previous trauma magnifies the effect of subsequent traumas.[18] 29% of the Central American-born immigrant population in the U.S. lives in California, followed by Texas with 12.3%, and Florida with 11.7%.

Post-migration Concerns

- The foreign-born population from Central America had the lowest rate, at 24%, of naturalization into citizenship out of all Latin American and Caribbean regions; more than two of every five lack legal immigration status.[19]
- Two-thirds of Central American immigrants reported limited English proficiency compared to 52% of all immigrants. 18% spoke no English at all, compared to 11% of all immigrants.[20]
- 20% of Central American immigrants had a household annual income below the federal poverty line, compared to 17% of the entire foreign-born population and 14% of the native born.

Public Policy Recommendations

- Further research and data that differentiate Central Americans from other Latinos in the U.S. Statistics and accurate information on the Mexican crossing routes are vital, including number of disappearances, extortions, deaths, violence, accidents, etc.
- Agreements between countries of origin, transit, and destination are needed to prevent violence and abuse during the journey. These agreements should include legislation on preventive measures and consider actors such as immigration officers, local police, and private companies (i.e. railroad companies like Ferrosur, or Ferromex).
- It is necessary to consider barriers to outreach and treatment of the Central American immigrant population. Mental health care should be included universally in all care given to Central American patients. The mental treatment strategy should be linguistically and culturally appropriate.

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Acknowledgements

This factsheet was reviewed and edited by Rachel Wexler, Caroline Dickinson, and Stefany España from Health Initiative of the Americas.

Suggested Citation

Valenzuela, D, Guendelman, S, Castañeda, X. (2013) *Post-traumatic Stress Disorder in Central American Immigrants in the U.S.* (Fact Sheet) Health Initiative of the Americas. University of California Berkeley, School of Public Health.