

Migrant Women Experiencing Homelessness

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Abstract

A total of 89 (n = 89) in-depth interviews were conducted in the U.S.-Mexico border with women of Mexican and Central American origin who migrated and experienced homelessness in their host country. Deficiencies were documented in Ciudad Juarez and El Paso, Texas where the data were collected, where women evidenced unmet physical and mental healthcare needs. The vulnerabilities and violence they faced before and after migrating were also reported, as well as the strengths to continue and face the challenges related to experiencing homelessness. For this study, the definition of “homelessness” from the Institute of Global Homelessness was used. It was found that the migrant women experiencing homelessness were exposed to six types of vulnerabilities: isolation, insecurity, defenselessness, and threats; as well as feeling helpless and fearful. Also, they suffered eight types of violence: physical, psychological, patrimonial, economic, sexual, school- and work-related, community, and institutional. Lastly, this report presents recommendations to address inequalities that impact women's health. It is concluded that the social inequalities that this population faces are catastrophic and require a multidisciplinary approach and a change in public policies that focus on the social determinants of health.

Key words: Homelessness, women, migrant, violence, health, Ciudad Juarez and El Paso

Introduction

The effects of homelessness on health are well documented; however, less is known about the challenges of the intersectionality of access to health and mental care, intimate partner violence, social exclusion, and isolation of migrant from a women’s perspective. Migrant women experiencing homelessness in the U.S.-Mexico border (El Paso, Texas and Ciudad Juarez, Chihuahua) constitute a highly vulnerable sub-group due to the invisibility, gender inequalities, low social inclusion and other structural factors, which to date, have been less researched.

This cross-sectional exploratory study used in-depth interviews to document the following: 1) pre-disposing factors, 2) vulnerability, 3) enabling factors, and 4) actions needed. The study integrated a biographical component through an in-depth examination of the lives and experiences of migrant homeless women. Special focus was placed on how they became homeless (living in shelter, with relatives, or unstable housing), their experiences and their possible exit routes.

A total of 91 women (n=91), 44 in Ciudad Juarez, Mexico and 47 in El Paso, Texas, ages 18 years and older were interviewed. All participants were homeless at the time of the study or had a history of housing insecurity during the past six months.

The results provided knowledge about homeless migrant women and their access to physical and mental health, social assistance and support services. The findings can serve as an input to inform policy and programs to improve services and address the social determinants that influence health-seeking behaviors and mitigate the impacts of homelessness.

Background:

Without taking into consideration short-term and seasonal movements, women represent more than 48 percent of the 244 million international migrants in the world; and outnumber men in developed countries with 51.5 percent, while in developing countries they represent 45.6 percent of the total immigrant population. Explaining female migration and gender discrimination has recently proven to be of particular significance (Ruyssen & Salomone, 2018). While the effects of homelessness on health have been well documented, little is known about the challenges of health and mental care, intimate partner violence, social exclusion and isolation in women migrants experiencing homelessness from their perspective (Mayock, Sheridan & Parker, 2012; Hauff & Turner, 2014).

The phenomenon of homelessness had been used to refer to individuals displaced by war, natural disaster, or violence (O'Brien, A. 2018). Homelessness is a global issue. Several studies have focused on the mental health of homeless women (Teruya, Longshore, Andersen, Arangua, Nyamathi, Leake, & Gelberg, 2010). However, few studies have focused on migrant homeless women in a binational context. Research reports that homelessness is linked to social exclusion, extreme poverty, family and social disengagement, low social and employment reintegration, gaps in physical and mental health, invisibility and gender inequality (Mayock & Sheridan, 2012; Cheung & Hwang, 2004).

For this study, we used the global definition for homelessness by the Institute of Global Homelessness as “individuals living in severely inadequate housing due to lack of access to minimally adequate housing” (Busch-Geertsema, Culhane, & Fitzpatrick, 2015). Homelessness possesses a variety of environmental and psychosocial stressors, and basic survival is a daily goal (Hauff & Sector-Turner, 2014); which involves a daily search for food, shelter, income, employment and other constant concerns (Crawley, Kane, Atkinson-Plato, Hamilton, Dobson, & Watson, 2013). The literature describes the health and behavioral health needs of homeless persons as complex and compounded by social, cultural and financial challenges (Hamilton, Poza, & Washington, 2011; Barczyk, Thompson & Rew 2014).

In the United States, two trends are largely responsible for the rise of homelessness in the past 25 years; a growing shortage of affordable rental housing, and simultaneous increase of poverty and trauma (Schiff, 2015; Arangua, Andersen & Gelberg, 2016). In the United States and in Mexico, women have become the fastest growing group of the homeless population, yet very little is known about their socio-demographic profile, health status, use of physical and behavioral health services, or the relationship between their homeless condition and these social and health factors (Campbell & Lachica, 2013). Women experiencing homelessness in the U.S. and Mexico constitute a highly vulnerable sub-group by the invisibility, gender inequality, low social inclusion and other features, which to date, has been the subject of little research and low public commitment to address this reality (Murillo, Ramos-Olazagasti, Mannuzza, Castellanos, & Klein, 2016; Dawson & Jackson, 2013). Homeless mothers have high levels of depression and psychiatric co-morbidities; associated risk factors appear to be specific for this group and shared

with mothers in the general population (Roze, Vandentorren, Van-Der-Waerden, & Melchior, 2018). In Ciudad Juarez, there might be more than 3000 homeless people (Campbell & Lachica, 2013). This is roughly twice the homeless population in El Paso, which has approximately 1500 homeless people (Moya, Chavez-Baray, Loweree, Mattera, & Martinez, 2017).

Research Method, Design, and Statistic Analysis:

A cross-sectional mixed-methods study was conducted; the study consisted of the application of in-depth interviews with a semi-structure guide, and included descriptive statistics for data analysis. The study sample consisted of 91 (n=91) migrant homeless women, 44 (n=44) in Ciudad Juarez and 47 (n=47) in El Paso, Texas. However, two interviews from El Paso, Texas were excluded due to not meeting the selection criteria for the study, leaving 45 (n=45) interviewees in El Paso, Texas, and a total of 89 (n=89) conducted interviews.

The inclusion criteria consisted of migrant women, aged 18 and over, who were born in Mexico or Central America and who emigrated to El Paso County or Ciudad Juarez, who were displaced through countries by forced migration in the past seven years and who lived for 30 days in unsafe places, shelters, transitional shelters, hotel paid with a voucher, a church, a covered public place, an abandoned building, a vehicle, the street or other public place, or in a rehabilitation program for the homeless. All participants in the study were homeless at the time of the interview or had lived in unstable accommodations during the past six months. The participants that met the inclusion criteria were recruited. PI's, Co-PI's interviewed the participants.

The research team worked with community-based organizations to identify participants. Interviewers in Ciudad Juarez recruited participants using specific contacts in shelters where the interviews were conducted. In El Paso, Texas interviewers worked with shelter managers and outreach workers to conduct face-to-face interviews. The study used a snowball sampling technique to find the study sample, by asking the selected participants if they know someone living in the same situation. The project team developed recruitment materials in English and Spanish and distributed them through existing networks that serve homeless women. All interviews were limited to the participants who met the inclusion criteria. Participants who did not meet the inclusion criteria were excluded, as well as those deemed mentally unable to complete the interview.

A bilingual instrument was developed and only the Spanish instrument was used. The instrument examined health, vulnerability, risk and resilience factors. The administration of the in-depth interviews took approximately 45 to 60 minutes each, and were conducted in shelters, transitional life centers and community organizations by members of the research team. Each study participant received a \$20 stipend or its equivalent in Mexican pesos. Also, each participant signed an informed consent form. In Mexico to ensure the confidentiality and security of interviewees, approval to conduct the study was obtained from CIESAS. In El Paso the approval for the Institutional Review Board (IRB) was granted by the University of Texas at El Paso.

No access to the data was granted to anyone other than the researchers in the project. The research team audio-recorded, collected, coded, transcribed, and analyzed the data, and implemented a research audit trail. Collaboration among researches took place to verify the accuracy of coding and interpretations, and to enhance the internal and social validity of the study. Regular research team meetings took place to evaluate rules, and transcriptions of

interviews only contained code identifiers. Qualitative data analysis followed Miles, Huberman and Saldaña (2014).

In El Paso, the research team completed the identification and recruitment of participants with the assistance of The Opportunity Center for the Homeless, Villa Maria, La Posada Home, Reynolds House and Familias Triunfadoras, Inc., all local community nonprofit organizations. It is worth mentioning that during the initial steps of data collection, the state of Texas changed the admission policies of shelters that exclusively serve immigrant populations that were recently released and awaiting their court appointment; some immigrants were wearing electronic shackles. Hence, the researchers lost the authorization to recruit and conduct interview In Ciudad Juarez, the researchers worked with the following local shelters and community organizations: *Respetrans*, *Servicio Comunitarios Médicos Sociales, A.C.* “*Pan de Vida*”, *Casa del Migrante y Casa Hogar “Príncipe de Paz” A.C.*

Results

From the demographic data found (Table 1) in the research of migrant women who experienced homelessness in El Paso, Texas and in Ciudad Juarez, Chihuahua, it turned out that the El Paso, Texas sample almost entirely (n= 44) migrated from somewhere in Mexico, 1 person migrated from Central America. The highest percentage of place of origin was 64.4 % from Ciudad Juarez, following from Mexico City with 8.8 %, then Durango with 6 %, Aguascalientes with 4.4 % and finally Acapulco Guerrero, Oaxaca, Cuauhtémoc, Chihuahua, Ascension, Delicias, and Central America with 2.2 % respectively. Analyzing the data by states, Chihuahua was the highest to contribute to the migration of women who experienced homelessness. In El Paso Texas, with 73.3 %; the States with the lowest percentage were Guerrero and Oaxaca with 2.2 % each. In Ciudad Juarez, the majority of the interviewed migrant women were from Central America 95.4 %: 52.2 % from Honduras, 18.1 % from El Salvador, and 25 % from Guatemala. Only 4.5% migrants were from Mexico: one from Michoacán and the other from Chihuahua. As a collateral finding, a large number of migrant women experiencing homelessness that were from Cuba were identified.

Regarding the age of the participants, in El Paso Texas the youngest woman was 23 years old and the oldest woman was 58. The most frequent age group found in El Paso Texas was between 30 and 39 years old with 44.4 %. In contrast, in Ciudad Juarez the highest number of women interviewed was concentrated between 18 to 29 years of age, corresponding to 61.3 %. In Ciudad Juarez the youngest woman was 18 and the oldest woman was 57 years old.

Analyzing the data from El Paso, Texas, it was found that women who experienced homelessness had a level of education that ranged from less than high school to college. The women with less than high school education were 35.6 %, 26.7 % had earned a high school diploma, and 22.2 % of the sample had an open high school diploma. It is important to note that the GED studies were completed in El Paso, Texas. This indicates that, at the time of their migration, more than half women or 57.8 % did not have high school studies. Only 11.1 % of women said they have completed college, and 4.4 % had a technical degree. In Ciudad Juarez, the majority of migrant women experiencing homelessness or 52.2 % referred having less than high school education, 20.4 % said they had no education, 13.6 % had completed high school, 6.8 % had a technical degree, and 6.8 % had college education. From the women who had college education, one studied business administration, one had a B.S. in education, and another had a nursing degree.

	El Paso, Texas (n=45)	Ciudad Juarez, Chihuahua (n=44)
Place of birth	44 México 29 Ciudad Juárez, Chihuahua 4 Ciudad México 3 Durango, Durango 2 Aguascalientes 1 Ciudad Cuauhtémoc, Chih. 1 Ciudad Chihuahua, Chih. 1 Ascensión, Chihuahua 1 Delicias, Chihuahua 1 Acapulco, Guerrero 1 Oaxaca, Oaxaca 1 Central America	42 Central America: 23 Honduras 11 Guatemala 8 El Salvador 2 México 1 Michoacán 1 Chihuahua
Age	5 20-29 years 20 30-39 years 16 40-49 years 4 50-60 years	27 18-29 years 9 30-39 years 7 40-49 years 1 50-60 years
Race/ethnicity¹	45 White/Hispanic	1 Central American 4 Salvadoran 8 Honduran 3 Ladina 1 Guatemalan 1 Brunette 2 Other 5 Do not know/understand 12 White/Hispanic 6 Indian/Mestizo/“Jalapeña” 1 Mexican
Education	16 Less than high school 10 GED diploma 12 High school diploma 2 Vocational/technical diploma 5 College (associate’s/bachelor’s degree) 0 Master’s/Doctoral degree 0 No formal education	23 Less than high school 0 Open high school diploma 6 High school diploma 3 Vocational/technical diploma 3 College (associate’s/bachelor’s degree) 0 Master’s/Doctoral degree 9 No formal education

Table 1. Demographic data of migrant women experiencing homelessness in the border.
 Authors: Silvia Chavez-Baray, Eva M. Moya, Patricia Ravelo & Susana Báez

A noticeable finding in El Paso, Texas, from the 45 (n=45) migrant women experiencing homelessness, 13.3 % reported not having children at the time of migration. However, from the 86.7 % of women who reported having children, 64.4 % said they had migrated alone, and only

¹ Most of the migrant women interviewed in Ciudad Juarez were disconcerted when asked about their race/ethnicity; because they did not know the concept well, they gave their place of birth as an answer.

17.8 % of the women had managed to reunite with all their children. It was noteworthy that two women migrated with their grandchildren. The migrant women have been living in their community from 3 months to 7 years, and 20 % reported living alone. In Ciudad Juarez, out of the 44 (n=44) migrant women interviewed, 22.7 % reported having 1 to 3 children; 22.7 % said they have 2 children; 11.4 % indicated having 3 children; 2.5 % had 4 children; while another 2.5 % mentioned having 6 children; finally, a woman reported having 7 children. Hence, the majority of respondents had 1- 2 children, corresponding to 45.4 %. There were 31 women who traveled with minor children, that is, 70.4 %. Although there were women who left their sons and daughters in the care of their mothers or relatives in their places of origin, others took all of them, most of them minors. It is noteworthy that one woman was migrating with one of her grandchildren.

The average monthly income of women who experienced homelessness in El Paso fluctuates from \$ 61.00 to \$ 1,500.00 per month. While most women interviewed in Ciudad Juarez did not have any income, a few reported receiving sporadic income from family and friends. Some expressed their interest in working, “at least doing domestic service.” However, they added not going out because they feared femicides, social violence, not having the required documentation, lacking networks or institutions to take care of their minor children while they worked, and feared the happening of their turn and date to appear before the U.S. immigration offices and not being available to attend.

In El Paso, Texas the work activities performed by migrant women who experienced homelessness were mostly occupations, see Table 2.

Work activities in El Paso, Texas.	Time
Waitress	2 days to 5 years
Article seller	1 year to 4 years
House keeper	6 months a 5 years
Community Health Worker	3 months a 2 years
Cooker	4 months a 7 years
Yard cleaner	7 months a 5 years
Care provider	1 year a 4 years
Baby sitter	1 year 2 years
Nail technician	4 years
Baker	1 year

Table 2. Work activities in El Paso and time of work of migrant women experiencing homelessness on the border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

In Ciudad Juarez, women reported not having a job, so they only reported the work activities they had before migrating (Table 3). Most of them were doing domestic work such as cleaning houses, washing and ironing. They also worked in the field, sold food and carried out other activities in the commerce and services sector. Only two women performed professional activities, one as a teacher and another as a nurse.

Work activities in Ciudad Juarez before migrating	No.	Time
Housework (house cleaning, washing and ironing)	10	2-3 years
Employed in small businesses	3	1-5 years
Maquila worker in the field	6	2-9 years
Selling food	3	1-3 years
Merchant	5	2-15 years
Clerk, saleswoman and shop assistant	2	2 years, temporary
Project coordinator/NGO/LGTB foundation; call centers in private companies	2	9 months to 3 years
Government employee	1	1-3 years
Teacher	1	4 years
Has not worked	5	Not applicable
They did not report	6	Not applicable

Table 3. Work activities in Ciudad Juarez and time of work of migrant women experiencing homelessness on the border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

Emerging themes

Origins of homelessness

In El Paso, Texas, most homeless women, experienced homelessness more than once. First, when arriving at the host country, and subsequently due to gender-based violence or because they are facing economic and social disadvantage.

"These are two occasions when I became homeless, one when I arrived in El Paso, I didn't know anyone, I didn't have anything, no place to stay. I walked down the street for two days. And it was a relative who welcomed me into her house, an aunt, and I stayed almost a year there with her, it was in the two thousand thirteen... I lived six months with a friend when I divorced, when I... I experienced violence, I was left with a very expensive rent when everything happened, and I had no choice but to leave that house and look for another house with my children as the courts passed, while everything passed. The two experiences have been bad, even if it is family you do not have your place, you do not have your space, I argued with the family member I lived with. A lot of abuse, not because I was there, even though I was cooperating with money, and even if I worked and even if I cooked and cleaned, it wouldn't look good, she didn't charge us rent or anything but I tried to do things at home as a way of thanking her that she was providing me with accommodation, and in the end she ran me out of her house. And the second, bad, according to me I had stability, we already had a rental house or something, and after, I lost everything overnight and I had to go out, leave my belongings with a friend..., and I had to live with another friend, so that I could give my children a home while my whole situation was passing."

(36 years, Mexico City)

"When I got here it was the first time I was homeless, I was 24 years old, and I have been homeless 3 times. The first time I lived with a friend for two months, I didn't have the money to pay rent. The second time, I lived with a lady for about a month, only a well-known person, because I had no money to pay the rent and, because the father of my

children practically didn't help me at all. And the third time, I lived in a mobile home that I had borrowed, I lasted there like a year. My experiences have been very ugly, bringing my children here and there, struggling, not being able to give them what they need, and not giving them a stable home to live. They do not have the necessary things, none, they sleep on the floor, they do not have a bed for them, not having a home where they can feel at ease, and being the unwelcomed guests. It is something that is very difficult, it is not what one thinks, to come and live a beautiful life as we all think, but no, you struggle a lot."

(30 years, Durango)

In Ciudad Juarez, most women mentioned that it was the first time that they were homeless, as a consequence of gender-related, social and institutional violence that converged in their stories, which indicate the living conditions of their communities of origin. They also mentioned the deficiencies faced at the host location.

I had no need of being here, look at my girl I bring her barefoot, but I do it so as not to lose my life, that's why I do it, going elsewhere, to other countries because people do not forgive. If people say I kill you today, it is because they kill you; that's why you run away from your country, look I had no need because I had my coffee plantations, I had my house, I had my little store, and from there I went, I had no need to be here because I had all my food, I had everything, I didn't have any need, my girl missing classes, all that for me is pain, she is skinny because she suffers because we have no money, nobody sends us money, we cannot buy a fruit, nothing...., not even a juice for her, she has lost three kilos because she does not want to eat the food, because she is bored with beans and rice, she is bored and we cannot buy anything; but after being so scared one suffers, but God knows why he does it.

(50 years, Honduras)

This is the first time that I leave my house, they threw us out on the street. We arrived at immigration services in the United States, there they took our information. From there, they move us, always right there, to a place, to a tent, let's say; and there, again, they take data from us and again they take everything away from us, they just leave us with our clothes on; they take away from us the toothbrush, toothpaste, even the hair bands, everything; and then from there, we are in the sun with water, in the sun and cold, I mean, because water not, it did not rain, and the truth is that they treat us badly ... An officer yelled at a girl, and that scared me: "When I'm talking to you, look me in the eye," but in a loud voice. The girl was very intimidated, because she went to ask for milk for a baby of about two years old. Another girl was with a baby of about seven months, they took all her clothes and the baby's too. At that moment, the baby pooped, then the girl told him to please return the baby's clothes. The security guard said no, the baby's dress was even dirty and the girl had to change it, but the officer said no, and no and no. And every time you are a migrant, you are humiliated because what you say does not matter to them (officers). So that's how the baby stayed.

(38 years, Honduras)

Access to health care

With regards to access to physical health care, some interviewees mentioned not going to the doctor and prescribing themselves; this due to limited healthcare access, even in community clinics. In addition, they perceived themselves as having good health.

"... I don't go to the doctor, but if I know I have a sore throat, that I can't eat I assume I got an infection, then I go and buy ibuprofen and when it's very painful then I say that it's indeed an infection and I get an antibiotic."

(44 years, Ciudad Juarez)

"I almost never get sick, I never go to the doctor, and now that my knees hurt I take pills, Tylenol, and ibuprofen that I get. Before when they were not very strict (in the clinic), I used to go to the clinic (clinic name), there they used to give me discount but not any longer, because they already asked for many things: passport, insurance, ID, everything, the service was good, the doctor was good. I had a pain in my chest. They gave me pain killers. I didn't finish the treatment I couldn't go anymore."

(58 years, Mexico City)

Most of the women in Ciudad Juarez reported treating themselves some type of physical discomfort with medicines that they brought from their places of origin or that they bought from pharmacies or were given to them in the shelters, such medicines included: pain relievers, syrups, and pills for stomach infection. Their priority if the medicines are bought is for their daughters and sons, since one of their biggest concerns is that their children get sick and not be able to take care of them in a timely manner. The women interviewed in a local shelter mentioned having medical service, and those who identified themselves as LGBTQ reported being able to obtain medical service through the “*Seguro Popular*.” Similarly, the women who obtained the humanitarian visa from the Mexican government, they also had medical service. Some women mentioned that when they were in the cages or coolers (migrant camps at the immigration offices in the United States) they did not receive medical care, one woman said "on one occasion a doctor took pity on the children and gave them treatment." One of the health and hygiene problems identified in the migrant camps was menstruation, as some participants indicated that they were not given sanitary towels the time they were in the camps, and it was until they returned to Ciudad Juarez that they were able to clean themselves. Also, some women mentioned not having received gynecological care during migration and during their stay the Mexican side of the border.

I've been through a very difficult moment, I had a kidney pain, I went to the doctor; but they haven't done a test or anything to tell me what that is. They gave me medications by intravenous infusion, but the pain is always there, I did not sleep, since June 13 the pain started and it did not go away, I started to pray.

(26 years, Honduras).

Yes, I had gotten the flu, cough, mostly my children had been quite ill, the boy has ear pain, just like the girl; I have given them medications, but yes, I am sick, and I have been exposing my children to everything that may happen to them, whatever; to improve in something, we expose our children to whatever may happen to them, but thank God they have given them medicine and right now they are a little bit better. In immigration services in the United States, they did not want to help me much because when I

approach the gentlemen that were interviewing, they told me to stay there until the doctor comes, that they would talk to me, they do not care

(32 years, El Salvador)

Mental health

With regards to prevention and access to mental health care, in El Paso Texas, most women mentioned that they have never been offered mental health care services, except for those who had been in shelters. However, some mentioned not being satisfied with the service, and others mentioned being very satisfied with the service. The need for mental health care was related to episodes of gender-related violence and depression symptoms.

"I haven't had access to mental health services, I was receiving support from a social worker when I was at (she named the shelter), I was assigned one but honestly, her work was limited to asking me when I will get the immigration papers, but as for support, let's talk about how are you? Or some kind of therapy no. Here (she named another shelter) there is much more attention as far as how my (immigration) process is going, if I am achieving the things I want to do, but it is not a mental health therapy. From the point of view of mental therapy or mental health there is not, you can say the attention is bad"

(44 years, Central America)

"In (she named the shelter), I was given therapy, I was sent to the psychiatrist, the psychiatrist told me you're fine, nothing happens, no more therapy, they gave me permission to go to do my things like go swimming, I walked a lot, I did a lot of meditation, I read a lot, I was able to meet my obligations and I realized many capabilities that I didn't know I had. I was unwell, very depressed without wanting to live, I did not find meaning in life, because I met a person, I fell in love, and I lived violence with him, at first everything was very nice and everything started to change and started to be aggressive and jealous, he used to drink alcohol. I experienced verbal violence, being pushed, and sexual violence"

(53 years, Durango)

In Ciudad Juarez, the shelters have infrastructure for addressing mental and emotional health conditions, despite that, some women stated that they got sick from the “nerves,” depression, anxiety and fear. They mentioned that the aggression received in their places of origin “have made them sick”, as it was mentioned by a teacher from Honduras, who was in a shelter. All women interviewed reported having experienced various emotional symptoms from their migratory experience due to the uncertainty related to their arrival at the border, they mentioned they have never imagined being homeless and in “the limbo” while awaiting an immigration process to achieve the American dream. Some said they had to keep track of the number assigned to them by the North American immigration office to assess their request for political asylum, and they reported having to wait two or more months. They reported having anxiety, sleep disorders, stress, depression, drug addiction problems, mood swings, fear, distress and even suicidal ideation. Only women who were in a shelter had the possibility of receiving psychological support, although they did not request it due to fear or to not thinking about mental health care; they mentioned being focused on: managing to cross into the United States, the guilt for bringing their daughters and sons to an uncertain adventure, the longing for the family and their place of origin.

I got sick from the nerves, I am in treatment, the persecution that they (gang members) gave us made us sick; my family emigrated first, I stayed because I wanted to continue studying, to realize my dream, that my dream not be cut short because I wanted to graduate with a degree in education, so I decided to stay, also financially, because there was no money for all to emigrate, there was no money for all to come to the United States ... it turns out that I had a nervous breakdown, I was shopping in a store, I passed out, I started screaming, I got very sick, horrible, and the neighbors started talking to my dad because he was the one who was near, then they called him and I went to the hospital, I lost consciousness, I didn't know who I was anymore, nor did I remember my family, nothing; I have been in psychiatric treatment since December last year.

(30 years, Honduras)

There are times when you get out of control and you even want to die ... As you are outside your country, you feel like ... right now it is difficult, you cannot go very easily, right? We need the money to go back, it is an expense and sometimes the family does not have resources for that. So, sometimes there is despair and make you want to die ... because one is filled with sadness (crying). I have thought of even hanging myself.

(28 years, Honduras)

Social vulnerabilities

In El Paso Texas, talking about vulnerabilities (Table 4), some women mentioned being threatened with deportation by their partners and ex-partners, as well as by neighbors and bosses if they did not agree to stay to work overtime without pay.

Vulnerability	Number of women	By whom?
Isolated	35	Husband, ex-husband, coworkers
Insecure	43	Husband, ex-husband, work
Helpless	36	Husband, ex-husband, police, family
Threat	42	Husband, ex-husband, neighbors, bosses, sister due to mental condition
Other:		
Fear	1	Of the authorities "asking for papers" (immigration status)
Discrimination	1	Strangers in public places

Table 4. Vulnerabilities in El Paso, Texas of migrant women experiencing homelessness on the border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

In Ciudad Juarez, the situation of vulnerability was found to be different from El Paso, Texas, the interviewees said they came from contexts of violence perpetrated by gangs in their countries of origin, they mentioned that violence was carried out by the "Maras;" they also indicated: "and violence by officers and police who protected the gangs." Women also observed that migration agents were colluded with the "coyotes" who transported them and their children to the border in conditions of insecurity, and constantly being extorted during the travel (Table 5).

Vulnerability	Number of women	By whom?
Isolated	38	The family, not knowing Ciudad Juarez, lack of employment
Insecure	29	The criminals, the government, for being in a risky city such as Juarez
Helpless	18	The government's lack of protection, for not working, fear of organized crime
Violence	17	Because they killed a transsexual, because of kidnappings, extortion, murders of relatives
Threats	16	Criminals, the laws, migration, ex-partners, organized crime
Other: Powerlessness Fear	2	Immigration laws and officials

Table 5. Vulnerabilities in Ciudad Juarez of migrant women experiencing homelessness on the border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

Migrant women experiencing homelessness in El Paso Texas, narrated the challenges they faced while migrating, which ranged from suffering from deprivation, leaving family, children, and work, experiencing humiliation, to being imprisoned with their children in the U.S. to receive a temporary visa. They endured all in the search for a better future for them and their family.

"Well, working without the father of my children knowing, risking being slapped by my husband because he didn't want me to go out, getting up very early, and cleaning the house by the time he came back, I would get back home tired and he thought that I was in the house all day, I was hiding all the time. I did other things in secret as if I were doing something wrong. Always, I was doing things in secret, like facing migration, going through all that stuff of being there, being with the girls. I was detained in immigration in the coolers or the cages, it is very unpleasant but I hope it is worth it, I tell my daughter, I hope this is worth it. I'm now at... (She named the shelter)"

(25 years, Mexico City)

"Well, the road was long and very dangerous, I already knew it, so I left my children, but looking for a better life makes one move, the search to have food on the table and a roof on the head. You see horrible things that no one wants to see or live, you see people die, and you suffer all kinds of abuse, or you see how they abuse others. In some places they treat you well, but in others it looks like you're stinking. I was very afraid, but I clung to the best life I can offer my children, but here it is not as easy as they talk, nor it is easy to get here, if they do not steal you, they threaten you, in fact there are shelters on the way that if you do not pay them they do not give you food, and sometimes you need to work a little bit to be able to continue in case you run out of money or somebody steal it from you. Once you arrive and turn yourself in to the immigrant authorities, you get arrested, you suffer cold, hungry, and sometimes you only eat a frozen "burrito" if you do well in the day, I have never been in jail but I think it is like that, there is nowhere to move, sometimes you cannot bathe or change your clothes, and the officers talk to you aggressively"

(33 years, Oaxaca)

The interviewees from Ciudad Juarez narrated the spectrum of the multiple challenges they had to face in order to achieve their goal of entering the United States. They said they went through economic deficiencies, and family, community, physical, sexual, institutional, psychological, labor, and gender-related violence, as well as violence due to sexual and religious orientation. They mentioned that one of their anguishes was having migrated with their daughters and sons and facing an uncertain present and future; leaving loved ones in their places of origin; having sold off their belongings at very low prices in their places of residence; having borrowed money, mortgaged their houses and losing money in a few months for paying the services of the “coyotes,” or for theft, extortion or survival expenses.

I came on a direct bus and I slept there day and night. Because the night found us, we slept on the bus because we kept walking... the reason is that I left because there was of a lot of crime; as I had my youngest son, he was 17 years old, he was almost 18 years old, I came here with him because they wanted to induce him to the Mara, they were forcing him, he was studying but after they induced him, I no longer wanted to let him study, because once, he was beaten very hard by five men, people told the police, and the police came, and that's why they released my son because if they hadn't come, they would have killed my son. But they beat him a lot, here he has about six stitches inside because they crushed him a lot and beat him with beer containers because they were bad, they are from Mara because he didn't accept to do what they wanted, they beat him.

(48 years, El Salvador)

Saturday night to sunrise Sunday. I crossed, with my baby I crossed. I was not humiliated or anything like that, but most of them were; they do that, they humiliate them a lot, depending on the migration officer that serves us. Well that has been the only bad experience I have had here ... We are five people, we joined, and we left together, they helped me with the girl, they did not leave me alone. They are also detained because they all caught us.

(21 years, Guatemala)

In El Paso, Texas 90 % of women reported maintaining telephone communication with some family members: children, parents, siblings, grandparents; A lower percentage, 40 % reported having contact with friends via telephone. And 10 % reported having mobility, however, having little physical contact, going little to their city of origin due to the violence suffered at the place of origin.

All women (100 %) reported having suffered at least some type of violence at the hands of different actors and circumstances. The types of violence used in this study were taken from the LGAMVLV (2018) (Table 6)

Types of violence	Number	Time	What happened?
Physical	32	2 months to 4 years	Beaten by ex-husband or partner, physical violence by organized crime, theft, extortion, or kidnapping.

Psychological	25	6 months to 8 years	Use of nicknames and bad words by ex-husband, partner, boss.
Patrimonial	6	1 day	Theft
Economic	8	8 months to 5 years	Give money to ex-partner. Not receiving full wages in El Paso. Forced to work overtime without pay.
Sexual	19	1 to 3 years	Abuse or rape by ex-husband, partner and/or strangers.
School-labor	4	8 months to 1 year	Demand work without pay, mistreatment.
Community	3	1 day	Discrimination
Institutional	2	1 day	Denied care

Table 6. Types of violence experienced in El Paso, Texas, by migrant women experiencing homelessness on the Border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

The following narratives were found in the sample of El Paso, Texas about the violence that women experienced:

"Well, when I got here (El Paso Texas) a friend recommended me to a restaurant, I worked there for about 8 months without pay, the restaurant owner told me it was my training, and that I had to thank him that I was not being charged to receive it, that it was the way it worked here to be able to have a job."

(33 years, Ciudad Juarez)

He even hit me on the head with his fist closed and kicked my legs. I was very attracted by his intelligence, by his academic level, I liked talking with him a lot, he was much older than me, he said I protect you, but if you get out of that little area, over there, I am not going to be able to do anything for you; I even had the areas where I could move around, he did not want that I get education. And I said to him, it is incredible to me that you being a university person... he also told me not to hang out with friends, he was isolating me, as if putting myself in a little corner. And after all, I ended up on the street, and then I went to the... (shelter), with the classes there, I realized that I was sexually abused many times by the person I used to want ... I had to go to court 14 times, now I have a visa.

(42 years, Ciudad Juarez)

In Ciudad Juarez, the interviewed migrant women have experienced practically all types of violence (table 7), with few references of violence in the workplace. The time that these violence, especially physical and psychological, have lasted is years. Women said to have suffered the murder of their husbands, fathers, brothers and relatives by gang groups.

Types of violence	Number	Time	What happened?
Physical	25	10 months to 3 years	Beatings by gangs, "maras," relatives, and partner; father beating her for being lesbian. Run over by a car due to having a debt. Injured with a machete by husband.

Psychological	30	2 to 7 years	Got sick from her stomach and "nerves" for the murder of her husband; nausea and vomiting out of fear; family members were murdered; death threats against children; discrimination and ridicule for being transsexual; bullying by relatives; verbal abuse by immigration officials; bad words by other migrants; and threats with weapons and firearms.
Patrimonial	14	10 months to 7 years	Theft of IDs, migratory papers, coffee plantation and store; government took away her fruit stand; loss of home; deprived of belongings by the "coyotes."
Economic	13	1 to 3 years	Extortion by the police and organized crime; fee for exercising sex service; robbery and assaults while migrating.
Sexual	11	1 month to 4 years	Rape and sexual abuse by gangs; rape by husband; husband threatened her with a gun to have sex; an uncle abused her in childhood.
School-labor	9	1 to 3 years	School and work bullying due to sexual identity; inequality in payment for being a woman.
Community	15	2 months to 10 years	Stigma and discrimination due to sexual diversity by religious groups.
Institutional	17	1 to 5 months	Neglect and mistreatment by immigration officers; ignored in their place of origin when reporting violence to their governments; lack of health care services; disregard by their governments in case of labor lawsuits.

Table 7. Types of violence experienced in Ciudad Juarez by migrant women experiencing homelessness on the border. Authors: Silvia Chavez-Baray, Eva Moya, Patricia Ravelo & Susana Báez

In Ciudad Juarez, the following narratives were found about the violence experienced by the migrant women:

I suffered a lot of bullying in my country, in schools for being a lesbian; It was very difficult. The boys liked me a lot and that's why the girls didn't like me. Those were the years when my mom was still alive. I was beaten as a girl, mostly by the girls. It was very difficult the loss of my mom, the one who bullied me; who was there... and then seeing my dad at home with my cousin (sexually)... I attempted suicide many times. It was very difficult, all the time I felt very lonely. Until one time I started to get very angry because they hurt my mom a lot, they did an offense to her and then I hit the girl myself. But I had already suffered many things: they placed chewed gum on my head, beat me, and threw me in the dust, they torn my skirt, they dirtied me... a lot of things.

(22 years, El Salvador)

Yes, my second husband beat me with a cinch, kicked me, grabbed my hair (crying) but there was no one to tell about it, because he always said: I will kill you; when I argued with him about my daughter (rape), he answered: do not say anything or I will kill you. That was what he was telling me and I was afraid, but it was my husband, it was not

someone else, the second husband I had; the first one, he did not hit me, he just abandoned me.

(57 years, Guatemala)

Strengths

In El Paso, Texas, among the personal strengths that most women reported were their children, and women said that they have aspirations to continue growing academically. They enjoy exercising, working, and being recognized as empathetic, strong, generous, and resilient. They identified family and friends as a network of support.

I already got my GED (open high school) I got my community health worker certification and I'm working hard, I'm taking English classes and that has helped me a lot.

(36 years, Ciudad Juarez)

Well, I enjoy my children, reading, singing, dancing, and working. Well, being at home with my children, I like meeting new people, having friends.

(32 years, Ciudad Juarez)

As for the women interviewed in Ciudad Juarez, there are some similarities with the migrants from El Paso, Texas, who focus their strength on loving their sons and daughters. A remarkable finding is that the population that was identified within the LGTBQ group reported growing their strength through the support of their fathers and mothers; some said they were supported by relatives and/or friends. They added that they enjoyed caring for their relatives, particularly cooking for them. They described themselves as generous, happy, grateful, and humble; all of the interviewed woman said they have faith and believe in a God.

What makes me feel strong is that I have my son by my side, that I walk with him by my side, because if they had taken him away from me..., because what they do there (immigration offices), my soul breaks, I have asked God that they do not take the children away from the mothers because it is the most painful thing that one can experience, what gives me strength right now is my son, who I carry with me, he gives me ... he comforts me, he tells me: mother one day we are going to have a better life, I am going to work, I am going to study to give you what you need, he tells me.

(48 years, Honduras)

What I do is ask God... He gives me comfort and gives me the strength to carry on, because sometimes they tell you, you are not going to achieve your American dream; so many appointments we have to make, and they send us here and there: whether you are going to go back again; one is unsure, not knowing if they are going to let me pass or if I will go back again, what will become of me.

(32 years, El Salvador)

Recommendations from the participants

In El Paso, the women requested support to obtain adequate and accessible housing, job opportunities, and legal support to regularize their immigration status.

I think that if we come here, it is because we come to work, we come here to do the best we can, so here nothing is given for free, nothing has been given to me for free, I have

done everything with a lot of work, with a lot of effort, and I feel that they should support us, because we did not come to get anything for free, we came to work hard, and most of us who are here and who are Mexicans we came to do that, to work, not to be given thing for free.

(53 years, Durango)

That they do not give us money for free, that they put us to do things, that they give us permission to work, to not be illegal... build apartments where there are homeless people, and help us rent at a little lower rate.

(44 years old, Cuauhtémoc)

Most of the women interviewed reported that governments have the responsibility to respond to the requests of migrants who come from violent, precarious and impoverished contexts such as those of Central America. They recommended that the presidents of the United States, Mexico, and Central America fulfill their duty to safeguard and protect the life and safety of people, particularly that of the women and their sons and daughters. Furthermore, they recommended that immigration institutions serve them with respect and dignity based on international agreements and human rights legislation.

Discussion

It is important to mention that the migrant women experiencing homelessness who manage to cross the U.S.-Mexico border are mainly of Mexican origin, unlike those who remained stranded in Ciudad Juarez who mostly reported being from Central America. This could be based on the fact that people of Central American origin can request political asylum to the United States, based on their policies, due to the violence experienced in their place of origin, having to document and present them properly; so they decide to stay in Ciudad Juarez as that they receive their immigration appointment. However, people of Mexican origin do not have the same opportunity politically.

From the demographics, it was found that the women who managed to reach El Paso were frequently in the age group of 30 to 39 years; in Ciudad Juarez, women were mostly found in the age group of 18 to 29 years. Migrants in Ciudad Juarez justified their migration due to fear of being recruited by organized crime, or fear of losing their lives or that of their families; and in El Paso it was found that migration was primarily driven by economic and gender violence. In education, it was found that a high number of women did not have any type of studies, which indicates the lack of opportunities for the cognitive development of women even in this century, being a risk and vulnerability factor for them and for their children. In addition, it places them at a disadvantage to position themselves in a better socioeconomic level, and therefore it is more difficult for them to achieve a better standard of living.

Unlike women in El Paso who were able to quickly identify their race, the migrants in Ciudad Juarez mostly did not understand the concept of race and were identified by their cultural group or ethnicity. This reflects the low educational level of women who migrate and become homeless, mainly from Central America, showing the lack of opportunities for better education and employment for women.

An almost general narrative found in women from both research locations was that they migrated to improve their own living conditions and that of their children, by following the American dream. However, in the sample from El Paso it was found that very few women managed to reunite with their children and families in their entirety; this could increase stressors and impact their health in the future. Would this be one of the origins of the Latin paradox? Which argues that the greater the acculturation (the longer you live in the United States), the greater the risk of an overall decline in health. Would the nostalgia of never having the whole family together affect long-term health? However, the income of the population of migrant women who experienced homelessness in El Paso was higher than that of Ciudad Juarez, who sometimes live on the resources of the shelters. It is important to mention that the income of the women in El Paso is well below the poverty line, and this is an indicator of the high risk of experiencing homelessness again in the face of any adversity, and it also puts children in vulnerability and inequity.

On the causes of homelessness, there is a significant difference between each sample, since in Ciudad Juarez it was found that it was mainly triggered by violence inflicted by gangs, organized crime, families and partners; and in El Paso it was found that it was primarily the search for a better life and gender violence, followed by the flight from organized crime and its impacts. This explains that women who migrate from Central America come from countries with high inequalities, poverty, crime and low governance, reflecting little or no protection towards them.

With regards to access to physical and mental health care, marked inequalities were found during their migration and in the host city. In Mexico, health care is universal, however, women do not have the resources to obtain it or the necessary identifications; and on the other hand, in the United States, access to health care depends on income. Migrant women experiencing homelessness are at a great disadvantage compared to the general public, as they have greater risk of developing chronic degenerative diseases at an earlier age, and where reproductive justice is also absent.

With regard to the social vulnerabilities and violence experienced, it is clear that the majority of women who migrate in these circumstances do not have the option of returning to their place of origin, as it becomes a matter of life and death. They decide to flee from vulnerabilities already experienced, to experience new ones along the way and in the host city, to safeguard their integrity and that of their family, especially their children. An outstanding fact is that the migrants located in Ciudad Juarez had greater freedom to express their sexual identity and the violence, discrimination and stigma generated by the family, friends and the community.

For the women on both sides of the border in this study, their strengths were found in their children, family, faith, and values; they are perceived as hard-working, strong, empathetic, happy, generous, humble, perseverant, positive and decisive. Personal strengths represent a shield against adversity and become a tool for resilience.

Recommendations for implementing public policies

With this document we define the problems of migrant women experiencing homelessness of Mexican and Central American origin and we present recommendations, informed by the results of the investigation, to public policies for government actions. Such actions can meet objectives of public interest and are supported in a process of diagnosis and analysis, for the effective attention to public problems.

Four general recommendations are proposed to prevent the mobility and displacement of women due to violence or survival; and if they decide to migrate, that they do not experience homelessness, living without a stable home or in shelters. In other words, to look for a secure migration:

1. Improve everyday living conditions.
2. Advocate in favor of the equal distribution of resources aimed at socially disadvantaged populations.
3. Measure and analyze physical and mental health problems.
4. Guarantee social security.

Specific recommendations

- Improve living conditions by investing in educational programs for women and girls.
- Develop sources of employment with equitable salary.
- Label distribution of resources taking into account the needs of women and girls.
- Establish sustainable programs to measure and analyze the physical health problems of women and girls to generate programs based on evidence-based intervention.
- Coordinate work among health professionals to offer physical and mental health care, and ensure that treatments are followed until completion.
- Offer programs and treatments based on evidence at the place of origin to reduce migration due to violence or disparities.
- Offer evidence-based programs and treatments at the host site to mitigate the impact of migration on physical and mental health, and decrease chronic degenerative and infectious diseases.
- Offer security to the integrity of women and girls in the place of origin, to reduce migration by exile and forced displacement due to violence.
- Apply human security programs for migrant women and girls.
- Promote affordable housing programs for women.
- Create conditions that allow women to age with dignity.
- Participation of civil society, public powers, and international institutions to formulate social protection policies.
- Combat inequalities in the living conditions of women and girls to close gaps in gender inequality.
- Organize society to combat gender inequalities.

- Strengthen government agencies, governance, and the public sector with financing, so that they are able to comply with the protection guidelines for women and girls in their places of origin and reception.
- Implement laws and regulations to protect women from domestic and gender violence.
- Develop policies and support programs to avoid criminalizing homeless women and girls.
- Strengthen penalties for people who attempt against the safety of women and girls.
- Give legitimacy, place and support to civil society, and to the private sector and society, in order to define the common good and reinvest in collective action to prevent women from living on the streets and help them to get out of it.
- Measure the magnitude of female migration and homelessness for them, and other needs to generate informed interventions.
- Put in place equity surveillance systems by governments and organizations that allow systematic monitoring of inequalities and social determinants of health.
- Evaluate the effects of health policies and initiatives on vulnerable groups to verify their impact and improve intervention practices.
- Invest in the training of those responsible for formulating public policies and of health professionals, so that decision-making is tailored to the needs of women and girls.
- Open academic programs that focus on the intersectionalities of migration, violence, health and public policies with a gender perspective.
- Educate and raise awareness in the general population on the social determinants of physical and mental health.
- Give greater attention to the social determinants of physical and mental health in research about migration, gender, violence, homelessness, and public health.
- Educate immigration officers on the social determinants of health to offer a quality and effective service.
- Raise public opinion to influence stigma and report clearly and precisely on the felt realities of women.
- Exercise respect and dignity based on international treaties and human rights legislation by institutions focused on migration issues.

- Human treatment, dignified, respectful and timely care in matters of health in migration centers.
- Create binational programs to help migrant women in street-shelter situations, in the social, psychological and health areas.
- Have social workers and medical offices to intervene in cases necessary to protect, inform, and contain the migrant population.
- Recognize the sexual diversity of human experience and respect it as well as indigenous populations.
- Prevent and eradicate social and gender violence against women and girls with different strategies.

These recommendations are intended to contribute to improving the common good and to support the development of a research and political agenda.

Limitations

This was an exploratory pilot study with a small sample that does not represent all homeless migrant women from Central America and Mexico, but nevertheless, it offers an approach to the vulnerabilities, perspectives and experiences lived by them. Another limitation was the political moment in El Paso, Texas, which restricted access to exclusive shelters for immigrant detainees.

Conclusion

The results of this research provide a better understanding of the migration of women experiencing homelessness, in El Paso Texas and Ciudad Juarez and report on access to physical and mental health care, as well as on vulnerabilities experienced by them. The results can be used as agents for generating public policies to provide better services, address social determinants and mitigate the impacts of homelessness on women, their children (including adolescents) in the short, medium and long term.

In the country of origin, there is a lack of support and security for women, which translates into forced migration. The extreme conditions of poverty, lack of social security, accompanied by crime and gender violence expel women to flee from their place of origin, leaving the assets they have, to undertake a migratory process that, without having the necessary resources, could end in physical and emotional deterioration, and a lack of stable housing for them and the children that migrate with them. The types of violence they experience are classified as structural, since they are mostly infringed in the spaces in which they develop, leading them to risk their family and their heritage in the search for security and opportunity. However, on some occasions they end up exposing themselves to greater vulnerabilities such as isolation, insecurity, helplessness, threats and violence. The stigma, the low academic level, the differences in culture and language, and the lack of supportive public policies make it difficult to find appropriate services, which are essential to get out, if they find themselves in poverty and street situations repeatedly. We know that the interventions for homelessness are housing, and that the treatment for hunger is food, however, we have very few tools to intervene in the determinants or causes and therefore we end up dealing with the consequences: we need to change this.

The social determinants of health faced by migrants are the result of the distribution of money, power, and resources at the local, national, and global levels, and explain most of the inequities in life. The injustices, violence and inequality experienced by the migrant women affect the way they live, the probability of getting sick, and the risk of dying prematurely. Correcting those inequalities is a matter of social justice.

The maldistribution of physical and mental health care is one of the most important social determinants of health; deficiencies and disparities in living conditions are the consequence of insufficient social policies and programs, unfair economic agreements, and an ineffective political management. Interventions to address the social determinants of health must include the participation of all public authorities, the civil society, local communities and the business sector, as well as national forums and organizations. We urge the formulation of policies aimed at promoting equity in disadvantaged populations such as migrant women, girls and adolescents experiencing homelessness.

The health and safety of the population is essential to have a productive, strong, and continuously growing country in all dimensions; for this reason, it is urgent that governance be a priority within the policies and agenda of the sending and host countries. We all have the right to migrate, in a safe and dignified way, and by choice, and not out of necessity and insecurity. Migrant women have the right to receive humane treatment.

Acknowledgment

We thank the managers and staff workers of the shelters and community centers on both sides of the border for their availability, openness, and support in recruiting and providing adequate space for conducting the interviews. Our deepest respect and appreciation to the participants for their availability and openness to the interview. We also thank the Migration and Health Research Program (PIMSA) and the Health Initiative in the Americas, for their funding to carry out the study.

Translation by Valeria Mendoza, BS and Dr. Aurora Aguirre-Polanco.

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