Interconnected Experiences of Violence: Exploring the Nexus of Sexual Violence, Migration, and Asylum Plans for People on the Move (PoM) in Latin America

Diana Gómez-López

Médecins Sans Frontières, Central America and Mexico Integrated Office

Lindsay Salem-Bango*

Médecins Sans Frontières, Central America and Mexico Integrated Office

Marcos Tamariz

Médecins Sans Frontières, Central America and Mexico Integrated Office

Nasiha Hussain

Médecins Sans Frontières, Central America and Mexico Integrated Office

Mallary Taylor

Médecins Sans Frontières, Central America and Mexico Integrated Office

Serena Sorrenti

Unidad Médica Brasileña (BRAMU), Médecins Sans Frontières-Brasil

Iza Ciglenecki

Médecins Sans Frontières, Geneva Headquarters

Reinaldo Ortuño Gutiérrez

Médecins Sans Frontières, Central America and Mexico Integrated Office

María Laura Chacón

Médecins Sans Frontières, Central America and Mexico Integrated Office

Nelly Staderini

Médecins Sans Frontières, Geneva Headquarters

Derek C. Johnson

Médecins Sans Frontières, Central America and Mexico Integrated Office

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Email msfch-mexico-epidemiomanager@geneva.msf.org

Abstract

Introduction: This study investigates the interconnected vulnerabilities of People on the Move (PoM) in Latin America who have experienced sexual violence (SV) and/or plan to seek asylum.

Methods: Médecins Sans Frontières conducted a health survey of 2,121 PoM (45.3% female, 54.5% male) from June to December 2022 in Guatemala, Mexico, and Honduras. Descriptive statistics and logistic regressions using sexual violence and planning to seek asylum as outcomes of interest were conducted.

Results: Of the 1,452 PoM who answered the module on SV, 128 (8.8%) reported experiencing SV, of whom the majority (81.9%) were women. PoM who reported SV had significantly higher odds of experiencing physical aggression (OR=2.03; 95% CI 1.08-3.69) and kidnapping (OR=3.54; 95% CI 1.63-7.37) in the country where they were surveyed. 22.2% (n=28) and 31.2% (n=39) of SV cases respectively sought medical or psychological care after the incident, and of those, 92.9-94.9% received it. PoM who planned to seek asylum (n=211, 14.5%) had significantly higher odds of also reporting harassment in the country of survey (OR=1.57; 95% CI 1.07-2.29) and extortion during the journey (OR=1.52; 95% CI 1.07-2.29). Reported perpetrators of non-sexual violence were most often law enforcement or criminal organisations.

Conclusion: Addressing the diverse needs of PoM who have experienced sexual violence and/or who plan to seek asylum requires a comprehensive approach that recognises the intersectionality of PoM's vulnerabilities.

1. Introduction

Current migration trends within the Americas represent a growing humanitarian crisis.[1] According to the United Nations High Commissioner for Refugees (UNHCR), over 22 million individuals were displaced in the Americas during 2023, and about one third of all new applications for asylum worldwide came from Latin America and the Caribbean.[2] In addition to the number of displaced persons almost tripling in number over the last dec-

1 Priscila Solano & Douglas Massey. 'Migrating through the Corridor of Death: The Making of a Complex Humanitarian Crisis' (2022) 10 Journal on Migration and Human Security 147 <https://doi.org/10.1177/23315024221119784> accessed 30 August 2024

2 Banco Interamericano del Desarrollo and Organización para la Cooperación y el Desarrollo Económico, 'Flujos Migratorios En América Latina y El Caribe: Estadísticas de Permisos Para Los Migrantes' (Banco Interamericano del Desarrollo 2021) <https://publications.iadb.org/en/publications/span-

ade,[3] people on the move (PoM) from Latin America are increasingly female,[4] and children now comprise around one out of four PoM travelling through Latin America.[5]

Political turmoil, poverty and criminal violence are significant drivers of Latin American migration, with many PoM exposed to gender-based and sexual violence in their countries of origin.[6] Sexual violence (SV), defined by the World Health Organization (WHO) as 'any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting',[7] is a major push factor driving many PoM from El Salvador, Guatemala, Mexico, and Honduras to embark on dangerous journeys in search of safety.[8] This is particularly true for women and adolescents, with one study conducted by Plan International reporting that 19% of adolescent PoM cited sexual and gender-based violence as their reason for migrating.[9] Looking at violence more

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ish/viewer/Flujos-migratorios-en-America-Latina-y-el-Caribe-estadisticas-de-permisos-para-los-migrantes.pdf> accessed 30 August 2024.

3 Plan International, 'Navigating the Unprecedented Migration Crisis in the Americas: An Urgent Call for International Protection and Humanitarian Assistance in the Region' <https://plan-international.org/news/2023/11/16/statement-migration-crisis-in-the-americas/> accessed 20 August 2024; Adrian Kitimbo et al,'Migration and Migrants: Regional Dimensions and Developments', *World Migration Report* (2024) <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2024-chapter-4/who-migrates-internationally-and-where-do-they-go-international-migration-globally-between-1995-2020> accessed 30 August 2024.

4 Celine Bauloz et al, 'Gender and Migration: Trends, Gaps and Urgent Action', *World Migration Report* (2024) <https://worldmigrationreport.iom.int/what-we-do/world-migration-report-2024-chapter-6/current-context-feminization-migration-growing-global-gender-gap-migration> accessed 30 August 2024.

5 UNICEF – USA, 'Record Numbers of Child Migrants in Latin America and the Caribbean at Great Risk' <https://www.unicefusa.org/stories/record-numbers-child-migrants-latin-america-and-caribbean-great-risk> accessed 25 August 2024.

6 María París-Pombo, 'Trayectos Peligrosos: Inseguridad y Movilidad Humana en México' (2016) 22 Papeles de Población 145 <http://rppoblacion.uaemex.mx/pp/index.php/papelesdepoblacion/article/view/566/pdf> accessed 14 August 2024; Guillermo Castillo, 'Centroamericanos en Tránsito por México. Migración Forzada, Crisis Humanitaria y Violencia' (2018) Vínculos. Sociología, análisis y opinión 39 <http://www.publicaciones.cucsh.udg.mx/pperiod/vinculos/pdfs/vinculos12/V12_3.pdf> accessed 14 August 2024; Ietza Bojórquez-Chapela et al, 'Forced Migration and Psychological Distress among Migrants in Transit through Mexico' (2024) 66 Salud Pública de México 173 <https://saludpublica.mx/index.php/spm/article/view/14829> accessed 14 August 2024; Women's Refugee Commission and Instituto para las Mujeres en la Migración, AC, 'Stuck in Uncertainty and Exposed to Violence: The Impact of US and Mexican Migration Policies on Women Seeking Protection in 2021' <https://www.womensrefugeecommission.org/wp-content/uploads/2022/02/Stuck-in-Uncertainty-2.pdf> accessed 30 August 2024.

7 World Health Organization, 'Sexual Violence' <http://apps.who.int/violence-info/sexual-violence> accessed 8 August 2024.

8 Anne Garbett et al, 'The Paradox of Choice in the Sexual and Reproductive Health and Rights Challenges of South-South Migrant Girls and Women in Central America and Mexico: A Scoping Review of the Literature' (2023) 7 Journal of Migration and Health 100143 <https://linkinghub.elsevier.com/retrieve/pii/S2666623522000666> accessed 5 September 2024.

9 Violeta Castaño, 'Mujeres Adolescentes en Crisis: La Vida en Contextos de Movilidad en la Región de Centroamérica y México' (Plan Internacional España 2023) <https://plan-international.org/up-

broadly, an individual is 1.5 times more likely to consider migrating if they or someone close to them has been a victim of a crime.[10]

While violence in Latin America is a major push factor in migration, female PoM, unaccompanied minors, and LGBTQIA+ individuals, reportedly face high rates of SV both in transit and in destination countries.[11] SV during migration is impacted by a range of factors, including gender, patriarchal cultural norms, socioeconomic conditions, and unequal power dynamics,[12] which may also impact the ability of PoM to access justice or health services.[13] Underreported SV poses a serious challenge to analysing its extent in Latin America, as demonstrated by the research conducted by the Pan American Health Organization (PAHO) which showed that up to 64.3% of women who had experienced physical or SV inflicted by a partner neither told anyone nor sought institutional help in Honduras.[14] A lack of information about how to seek help, fear of deportation, and discrimination are also key reasons why PoM may not look for health care, even in countries where documentation is not a requirement for access to support.[15] The extent of SV underreporting among PoM

loads/2023/03/Full-report-available-in-Spanish-only.pdf>.

10 International Organization for Migration, 'Why Migrants Risk it All' <https://americas.iom.int/en/blogs/why-migrants-risk-it-all> accessed 5 September 2024.

11 Mariana Calderón-Jaramillo et al, 'Migrant Women and Sexual and Gender-Based Violence at the Colombia-Venezuela Border: A Qualitative Study' (2020) 1-2 Journal of Migration and Health 100003; Médecins Sans Frontières, 'Incidents of Sexual Violence Spike for those Crossing Darien Gap in Panama' <https://www.msf.org/incidents-sexual-violence-spike-those-crossing-darien-gap-panama> accessed 30 August 2024; Jenny Phillimore et al, '"We Are Forgotten": Forced Migration, Sexual and Gender-Based Violence, and Coronavirus Disease-2019' (2022) 28 Violence Against Women 2204 <http://journals.sagepub.com/doi/10.1177/10778012211030943> accessed 30 August 2024; 1.; Francisco Landeros et al, 'Transnacionalización de la violencia en el trayecto de mujeres solicitantes de asilo en México' (2022) 34 Frontera Norte 1 <https://fronteranorte.colef.mx/index.php/fronteranorte/article/view/2284> accessed 30 August 2024; Laura X Vargas et al, 'Traumatic Experiences and Place of Occurrence: An Analysis of Sex Differences among a Sample of Recently Arrived Immigrant Adults from Latin America' (2024) 19 PLOS ONE <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0302363> accessed 13 August 2024.

12 Sze Eng Tan and Katie Kuschminder, 'Migrant Experiences of Sexual and Gender Based Violence: A Critical Interpretative Synthesis' (2022) 18 Globalization and Health 68; Emily R Dworkin, Barbara Krahé and Heidi Zinzow, 'The Global Prevalence of Sexual Assault: A Systematic Review of International Research since 2010' (2021) 11 Psychology of Violence 497.

13 Ramin Asgary and Nora Segar, 'Barriers to Health Care Access among Refugee Asylum Seekers' (2011) 22 Journal of Health Care for the Poor and Underserved 506 <https://muse.jhu.edu/article/430668> accessed 30 August 2024; Tadele Dana Darebo et al, 'The Sexual and Reproductive Healthcare Challenges When Dealing with Female Migrants and Refugees in Low and Middle-Income Countries (a Qualitative Evidence Synthesis)' (2024) 24 BMC Public Health 520 <https://doi.org/10.1186/s12889-024-17916-0> accessed 12 August 2024.

14 PanAmerican Health Organization and Centers for Disease Control, 'Violence Against Women in Latin America and the Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries' (2012) <https://iris.paho.org/bitstream/handle/10665.2/3471/Violence%20Against%20Women.pdf?sequence=1&isAllowed=y> accessed 5 September 2024.

15 Martha Piérola and Marisol Rodríguez, 'Migrants in Latin America: Disparities in Health Status and in Access to Healthcare' (Inter-American Development Bank 2020) <https://publications.iadb.org/en/publications/english/viewer/Migrants-in-Latin-America-Disparities-in-Health-Status-and-in-Access-to-Healthcare.pdf> accessed 6 September 2024

makes it difficult to accurately capture information on its magnitude.[16] However, in 2015-2016, Médecins Sans Frontières (MSF) reported an approximately 30% prevalence of SV among migrant women attending their clinics on the Mexico migratory route; most of the patients were rape survivors, although other forms of SV were also documented, such as unwanted touching.[17]

As PoM are subjected to restrictive migration policies like Title 42[18] and the Migration Protection Protocols (MPP)[19] aimed at stemming migration flows, they are forced to seek alternative routes that are even more remote and dangerous. Not only do these alternative routes put in peril PoM's physical and mental health,[20] but they increase PoM's reliance on smugglers, who are often linked to organised crime networks,[21] to reach their destination. This shift not only heightens the risk of SV exposure for PoM but also perpetuates a vicious cycle, further entrenching these criminal enterprises.[22]

To effectively address the needs of PoM, especially asylum seekers and those who have experienced SV, a comprehensive approach is essential. This includes providing legal support, protection measures, and access to healthcare and psychological services. Given the integrity and security risks posed to PoM in the migratory routes in Latin America and the importance of effec-

16 Cesar Infante and others, 'Rape, Transactional Sex and Related Factors among Migrants in Transit through Mexico to the USA' (2020) 22 Culture, Health & Sexuality 1145 <https://www.tandfonline.com/doi/full/10.1080/13691058.2019.1662088> accessed 30 August 2024; Hada Soria-Escalante and others, '"We All Get Raped": Sexual Violence Against Latin American Women in Migratory Transit in Mexico' (2022) 28 Violence Against Women <https://journals.sagepub.com/doi/10.1177/10778012211013909> accessed 12 August 2024; Daniela G Domínguez and others, '"They Treat Us like We Are Not Human": Asylum Seekers and "La Migra's" Violence.' (2022) 12 Psychology of Violence 241 <https://doi.apa.org/doi/10.1037/vio0000434> accessed 30 August 2024.

17 Médicos sin Fronteras, 'Forzados a Huir del Triángulo Norte de Centroamérica: Una Crisis Humanitaria Olvidada' (Médicos sin Fronteras 2017) <https://www.msf.mx/wp-content/uploads/2017/05/msf_forzados-a-huir-del-triangulo-norte-de-centroamerica_0.pdf> accessed 8 August 2024.

18 US Government Publishing Office, 'U.S.C. Title 8 – Aliens and Nationality' <https://www.govinfo.gov/content/pkg/USCODE-2011-title8/html/USCODE-2011-title8-chap12-subchapII-partII-sec1182.htm> accessed 30 August 2024.

19 Homeland Security, 'Migrant Protection Protocols' <https://www.dhs.gov/archive/news/2019/01/24/migrant-protection-protocols> accessed 30 August 2024.

20 Guadalupe Correa-Cabrera and Kathleen Blair Schaefer, 'Notes on a Perilous Journey to the United States: Irregular Migration, Trafficking in Persons, and Organized Crime' (2022) 64 Latin American Politics and Society 142; Lavanya Vijayasingham et al, 'Restrictive Migration Policies in Low-Income and Middle-Income Countries' (2019) The Lancet e834

21 Karla Andrade, Nelly Trejo and Alberto Mora, 'Tráfico de Migrantes en la Frontera México-Estados Unidos' (2022) 20 Revista Guillermo de Ockham 175 <https://www.revistas.usb.edu.co/index.php/GuillermoOckham/article/view/5628> accessed 5 September 2024; Guadalupe Correa-Cabrera and Jennifer Bryson Clark, 'Re-Victimizing Trafficked Migrant Women: The Southern Border Plan and Mexico's Anti-Trafficking Legislation' (2016) 7 Eurasia Border Review 55 <https://doi.org/10.14943/ebr.7.1.55> accessed 5 September 2024; Simón Izcara Palacios, 'De Víctimas de Trata a Victimarios: Los Agentes Facilitadores del Cruce Fronterizo Reclutados por los Cárteles Mexicanos' (2017) 18 Estudios Fronterizos 41 <https://ref.uabc.mx/ojs/index.php/ref/article/view/608> accessed 5 September 2024.

22 Vijayasingham (n 20); Heidi Stöckl et al, 'Human Trafficking and Violence: Findings from the Largest Global Dataset of Trafficking Survivors' (2021) 4 Journal of Migration and Health 100073.

tively addressing their needs, further understanding on the patterns of SV and health seeking behaviours is required. While other reports and studies have stressed the prevalence of different forms of violence against PoM in Latin America or qualitatively highlighted these interconnected experiences,[23] few have quantitatively explored the nexus of violence among transient populations. A study in the US and Spain on female immigrants from Latin America found that women who had experienced sexual assault were significantly more likely to have also experienced physical assault.[24] However, surveys did not differentiate between events in the US or Spain, in their country of origin, or during transit. Surveys also excluded men.

In an effort to address these gaps, MSF conducted a comprehensive survey at several locations along the migration route in Latin America. This manuscript presents results from a subset of PoM who completed the SV section of the survey and aims to shed light on the interconnectedness experiences of violence on the migration route.

2. Methods

2.1. Study Setting

The Migration History Tool (MHT)[25] was a comprehensive survey conducted from 16 June 2022 to 9 December 2022 by MSF in the following areas: Tegucigalpa, Danlí, and Trojes (Honduras); Tecún Umán (Guatemala); and Ciudad de México, Tapachula, and Reynosa (Mexico). These cities were selected as study areas due to their proximity to known PoM flows and to where MSF was providing healthcare services to PoM.

23 Vargas et al (n 11); Susanne Willers, 'Migración y Violencia: Las Experiencias de Mujeres Migrantes Centroamericanas en Tránsito por México' (2016) 31 Sociológica (México) 163 <http://www.scielo.org.mx/scielo.php?script=sci_abstract&pid=S0187-01732016000300163&lng=es&nrm=iso&tlng=es> accessed 13 August 2024; Leyva-Flores R et al, 'Migrants in Transit through Mexico to the US: Experiences with Violence and Related Factors, 2009-2015' (2019) 14 PLOS ONE <https://dx.plos.org/10.1371/journal.pone.0220775> accessed 13 August 2024; Paola Letona et al, 'Sexual and Reproductive Health of Migrant Women and Girls from the Northern Triangle of Central America' 47 Pan American Journal of Public Health <https://iris.paho.org/bitstream/handle/10665.2/57277/v47e592023.pdf?sequence=3> accessed 13 August 2024; Frida Quintino-Pérez et al, 'Dinámica de Movilidad y Salud de Mujeres Migrantes En México, En El Contexto de La Pandemia Covid-19, 2021-2022' [2023] Salud Pública de México 1 <https://saludpublica.mx/index.php/spm/article/view/14812> accessed 14 August 2024;

24 Lisa Fortuna and others, 'Trauma, Immigration, and Sexual Health among Latina Women: Implications for Maternal–Child Well-being and Reproductive Justice' (2019) 40 Infant Mental Health Journal 640 <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21805> accessed 30 August 2024.

25 The MHT was developed by MSF BRAMU through MSF's Transformational Investment Capacity (TIC) to improve MSF's regional understanding and humanitarian response to the migration crisis. Surveys were designed to collect quantitative data on migration, health, and violent events along the migration route. This methodology has also been used in South Africa and in northeastern Brazil.

2.2. Participants

Participants were recruited at MSF-run clinics, bus stations, shelters, in front of public institutions where PoM applied for documentation, and in other public spaces where PoM were known to gather. A non-probability sampling approach was used to interview approximately 25% of the daily flow of PoM observed by MSF field teams. At the time of data collection, convenience sampling was employed to select PoM in transit. The inclusion criteria for participation included: speaking fluent Spanish,[26] being fifteen years or older, being PoM in transit from any nationality, and being currently located in the study area. To help ensure representation from particularly vulnerable populations, interviewers targeted the following groups: unaccompanied minors, elders, and the LGBTQIA+ population. To balance the sex of the survey participants, interviewers alternated between men and women. When this was not possible, interviews were conducted on a first-come-first-serve basis. Each participant provided written consent.

2.3. Procedure

Participants were provided a questionnaire that included the following thematic modules related to migration: demographics, migration history, current migration, deportation, mental health, future plans, and violence (Appendix A). Questions about violence were asked for 1) the period during the journey and 2) the period after arrival in the country where they were surveyed ('country of survey'). Exposure to SV was assessed asking the question 'Have you ever suffered sexual abuse at any time in your life?'. To assess the location where the SV occurred, the following question was asked: 'Where did the incident occur: 1) In the country where the survey took place; 2) In transit; 3) Before starting your journey; 4) Prefer not to answer'. The PoM's intention to seek asylum was assessed asking the question 'Upon arrival at your destination, do you plan to apply for any protection measure (asylum, complementary protection, visa for humanitarian reasons)?' and PoM who reported seeking asylum were classified as a separate category.

Interviewers were recruited from the countries where the research was conducted and underwent a 4-day training. The survey was piloted in Honduras by MSF staff prior to deployment. Tablets with RedCap v21.2.0 application[27] were used for data collection. The software utilised an audio module designed to collect information on sensitive topics, such as sexual orientation, STIs/

26 Although the number of non-Spanish speaking extracontinental PoM is increasing on the Latin America migratory corridor, for this study, PoM were excluded if they were not fluent in Spanish.

27 Paul Harris et al, 'The REDCap Consortium: Building an International Community of Software Platform Partners' (2019) 95 Journal of Biomedical Informatics 103208.

HIV, and exposure to SV, where only the participant could hear the questions on the tablet, and the interviewer could not hear the question or reply.

2.4. Statistical Analysis

Analyses were conducted on a subset of participants from the broader MHT who completed the survey's modules on SV; participants who skipped the SV module were excluded. Descriptive statistics and summary tables were used to describe populations of PoM who experienced SV and PoM who planned to seek asylum. Where appropriate, statistical significance was evaluated using t-tests and chi-square univariate tests. Multiple logistic regression models with SV as the outcome were adjusted for the following variables: Age, Sex, Education, Ever been deported, Having a spouse or partner, Having experienced harassment in the country of survey, Having experienced physical aggression in the country of survey, Having experienced kidnapping in the country of survey, and country of birth. Multiple logistic regression models with intention to seek asylum as the outcome were adjusted for the following variables: Age, Sex, Education, Ever been deported, Having experienced harassment in the country of survey, Experiencing extortion during the journey, and country of birth. Model variables were chosen based on a review of the migration literature for well-known factors associated with SV and intention to seek asylum. Additionally, a stepwise selection of variables where models were forced to include Age, Sex, Education, and Country of Origin was used to determine the best-fitting models based on the lowest Akaike Information Criterion (AIC) where SV and intention to seek asylum were the outcomes. Variance Inflation Factor (VIF) was used to assess for multicollinearity. Analyses were performed in R software version 4.2.[28]

2.5 Ethics

MSF obtained ethical approval from the Comité de Ética en Investigación Biomédica de la Facultad de Ciencias Médicas de la Universidad Nacional Autónoma de Honduras, the Comité de Ética de Ciencias Sociales de la Universidad del Valle de Guatemala, and the Comité de Ética en Investigación de El Colegio de La Frontera Norte, México; and the Ethics Review Board of Médecins Sans Frontières (ERB #1875 a/b/c).

28 Dominique Makowski, 'Automated Results Reporting as a Practical Tool to Improve Reproducibility and Methodological Best Practices Adoption' <https://easystats.github.io/report/>.

3. Results

3.1. Descriptive Characteristics

In total, 2,121 PoM completed the survey, of whom 1,452 (44.6% female, 55.4% male) provided information on SV (Table 1). 45 (3.4%) PoM reported being transgender and 114 (8.1%) PoM reported being non-heterosexual. The majority of surveys were completed in Mexico (n=893, 61.5%) followed by Honduras (n=315, 21.7%) and Guatemala (n=244, 16.8%). The median age of respondents was 29 years (IQR 24-36), and 75.4% of PoM (n=1095) reported a secondary level of education or higher. The three most frequently reported countries of birth (Venezuela [60.0%], Honduras [13.2%], and Mexico [6.0%]) represented 79.2% of all respondents. The majority of PoM reported having a spouse/partner (n=927, 64.0%) and most PoM were travelling with at least one family member (n=1445, 66.1%). The vast majority of PoM reported the USA as their intended final destination (n=1249, 86.2%) (Table 1).

Table 1. Characteristics of PoM who completed the module on sexual violence

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes[1]	No[1]	Yes[1]	No[1]
Total PoM (n=1,452)	128 (8.8%)	1,324 (91.2%)	211 (14.5%)	1,241 (85.5%)
Country of Survey[2,4]				
Guatemala	11 (8.6%)	233 (17.6%)	12 (5.7%)	232 (18.7%)
Honduras	25 (19.5%)	290 (21.9%)	22 (10.4%)	293 (23.6%)
Mexico	92 (71.9%)	801 (60.5%)	177 (83.9%)	716 (57.7%)
Demographics				
Sex[3]				
Female	104 (81.9%)	544 (41.1%)	102 (48.6%)	546 (44.0%)
Male	23 (18.1%)	779 (58.9%)	108 (51.4%)	694 (56.0%)
Transgender				
Yes	6 (4.8%)	39 (3.0%)	5 (2.4%)	40 (3.3%)
No	118 (93.7%)	1229 (93.7%)	198 (94.7%)	1149 (93.6%)
Prefer not to answer	2 (1.6%)	43 (3.3%)	6 (2.9%)	39 (3.2%)
Sexual Orientation[2]				
Heterosexual	87 (70.7%)	1040 (81.1%)	172 (83.5%)	956 (79.6%)
LGBTQIA+	23 (18.7%)	91 (7.1%)	16 (7.8%)	98 (8.2%)
Prefer not to answer	13 (10.7%)	152 (11.8%)	18 (8.7%)	147 (12.2%)
Age[4], median (range)	29 (23, 37)	29 (24, 36)	31 (25, 37)	28 (23, 36)

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes[1]	No[1]	Yes[1]	No[1]
Country of Birth[2,4]				
Colombia	4 (3.1%)	35 (2.6%)	11 (5.2%)	28 (2.3%)
Cuba	2 (1.6%)	52 (3.9%)	2 (1.0%)	52 (4.2%)
Ecuador	6 (4.7%)	64 (4.8%)	9 (4.3%)	61 (4.9%)
El Salvador	10 (7.8%)	48 (3.6%)	11 (5.2%)	47 (3.8%)
Haiti	1 (0.8%)	16 (1.2%)	0 (0.0%)	17 (1.4%)
Honduras	33 (25.8%)	158 (11.9%)	38 (18.0%)	153 (12.3%)
Mexico	12 (9.4%)	75 (5.7%)	20 (9.5%)	67 (5.4%)
Venezuela	50 (39.1%)	820 (61.9%)	112 (53.1%)	758 (61.1%)
Other	10 (7.8%)	56 (4.2%)	8 (3.8%)	58 (4.7%)
Education[2]				
None	11 (8.6%)	47 (3.6%)	10 (4.7%)	48 (3.9%)
Primary	36 (28.1%)	263 (20.0%)	40 (19.0%)	259 (20.9%)
Secondary	63 (49.2%)	762 (57.6%)	129 (61.1%)	696 (56.1%)
Some Univ. +	18 (14.1%)	252 (19.0%)	32 (15.2%)	238 (19.2%)
Family Travelling With				
No. family members[2]				
0	30 (23.4%)	459 (34.9%)	70 (33.2%)	419 (34.0%)
1	30 (23.4%)	213 (16.2%)	32 (15.2%)	211 (17.1%)
2 to 4	48 (37.5%)	438 (33.3%)	72 (34.1%)	414 (33.5%)
5 or more	20 (15.6%)	207 (15.7%)	37 (17.5%)	190 (15.4%)
No. <12 years of age[2,4,6]				
1+	69 (71.1%)	498 (60.1%)	103 (74.0%)	464 (59.0%)
None	28 (28.9%)	331 (39.9%)	36 (26.0%)	323 (41.0%)
Spouse/partner[2]				
Yes	66 (51.6%)	861 (65.2%)	137 (64.9%)	790 (63.8%)
No	62 (48.4%)	460 (34.8%)	74 (35.1%)	448 (36.2%)
Travel				
Intended destination				
USA	106 (82.8%)	1,143 (86.5%)	176 (83.8%)	1,073 (86.6%)
Canada	7 (5.5%)	38 (2.9%)	11 (5.2%)	34 (2.7%)
Mexico	13 (10.2%)	125 (9.5%)	22 (10.5%)	116 (9.4%)
Other	2 (1.6%)	15 (1.1%)	1 (0.5%)	16 (1.3%)
Last year in home country[4]				
After 2021	75 (58.6%)	695 (52.8%)	130 (61.6%)	640 (51.9%)
2020 – 2021	12 (9.4%)	97 (7.4%)	14 (6.6%)	95 (7.7%)
Before 2020	41 (32.0%)	525 (39.8%)	67 (31.8%)	499 (40.4%)
Plans to seek asylum[2]				
Yes	26 (20.3%)	185 (14.0%)	--	--
No	102 (79.7%)	1,139 (86.0%)	--	--

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes[1]	No[1]	Yes[1]	No[1]
Experience w/ Violence				
Any violence during journey[4, 2]				
Yes	56 (43.8%)	403 (30.4%)	141 (66.8%)	682 (55.0%)
No	72 (56.3%)	921 (69.6%)	70 (33.2%)	559 (45.0%)
Sexual abuse				
Ever	128 (100.0%)	--	26 (12.3%)	102 (8%)
Timing of abuse				
Before journey	64 (52.5%)	0 (0.0%)	12 (46.2%)	52 (52.5%)
During journey	4 (3.3%)	0 (0.0%)	0 (0.0%)	4 (4.0%)
In country of survey	14 (11.5%)	0 (0.0%)	5 (19.2%)	9 (9.1%)
Prefer not to answer	40 (32.8%)	3 (100%)	9 (34.6%)	34 (34.3%)

[1] Variables might not add up to total sample size due to missing data. Percentages calculated from available data.
[2] P-value <0.05 in relation to SV; [3] P-value <0.01 in relation to SV
[4] P-value <0.05 in relation to seeking asylum; [5] P-value <0.01 in relation to seeking asylum
[6] Only participants traveling with 1+ person were asked this question, which is reflected in the denominator of the percentage calculation.

3.2. Sexual Violence (SV) Among People on the Move

128 (8.8%) of participants reported having experienced sexual abuse (Table 1). Of these individuals, 81.9% (n=104) were women, despite being only 44.6% of the total cohort. When stratified by sex at birth, women were more likely than men to have ever experienced SV (16.1% vs 2.8%). Additionally, a larger proportion of people who ever experienced SV were LGBTQIA+, compared to those who did not ever experience SV (18.7% vs 7.1%, p<0.05). 64.9% (n=83) of PoM who experienced SV were born in either Venezuela (n=50, 39.1%) or Honduras (n=33, 25.8%). While most SV cases originated from Venezuela and Honduras, the proportion of SV cases among PoM stratified by country of birth indicate that El Salvador (17.3%) and Honduras (17.2%) had the highest proportions of SV cases among PoM by country of origin. PoM who reported SV were significantly less likely to have a spouse/partner (51.6% vs 65.2%, p<0.01) but were more likely to be travelling with one or more family members (Table 1). PoM with no education or a primary level of education were more likely to report experiencing SV than PoM with a higher level of education (p<0.01).

52.5% (n=64) of PoM who experienced SV reported that the incident happened before they began their journey, while 3.3% (n=4) and 11.5% (n=14) reported the incident happening during their journey or in the current country, respectively (Table 1). 32.8% (n=40) preferred not to answer. Of the 128 PoM

who reported SV, only 22.2% (n=28) sought medical attention after the incident and only 31.2% (n=39) sought psychological treatment after the incident (Table 2). However, of those who did seek medical or psychological treatment after their incident of SV, 92.9% (n=26) and 94.9% (n=37), respectively, received care (Table 2). Fear of reprisals for being a migrant kept 15.7% (n=13) and 9.3% (n=9) of respondents from seeking medical and psychological assistance, respectively (Table 2). Additionally, 8.4% (n=7) did not seek medical care because they would have to file an official complaint about the incident, and 12.0% (n=9) did not seek psychological care because they lacked money or health insurance (Table 2).

Table 2. Health and psychological care post-sexual violence

	All	**Planning to Seek Asylum**	
	(n=128)	**Yes** (n=26)	**No** (n=102)
Medical attention			
Sought medical care[1]			
Yes	28 (22.2%)	3 (11.5%)	26 (25.7%)
No	88 (69.8%)	20 (76.9%)	67 (66.3%)
Prefer not to answer	10 (7.9%)	3 (11.5%)	8 (7.9%)
Received medical care[2]			
Yes	26 (92.9%)	3 (100.0%)	24 (92.3%)
No	1 (3.6%)	0 (0%)	1 (3.8%)
Prefer not to answer	1 (3.6%)	0 (0%)	1 (3.8%)
Reason for not seeking care			
Fear of reprisals for being a migrant	13 (15.7%)	5 (25.0%)	8 (12.7%)
Required to file a complaint	7 (8.4%)	1 (5.0%)	6 (9.5%)
No money or insurance	4 (4.8%)	2 (10.0%)	2 (3.2%)
Facility too far away or too crowded	2 (2.4%)	0 (0.0%)	2 (3.2%)
Prefer not to answer	20 (24.1%)	6 (30.0%)	14 (22.2%)
Other reason	37 (44.6%)	6 (30.0%)	31 (49.2%)
Psychological Attention			
Sought psychological care[1]			
Yes	39 (31.2%)	7 (26.9%)	32 (32.0%)
No	81 (64.8%)	17 (65.4%)	64 (64.0%)

	All	Planning to Seek Asylum	
	(n=128)	**Yes** (n=26)	**No** (n=102)
Prefer not to answer	5 (4.0%)	2 (7.7%)	4 (4.0%)
Received psychological care[2]			
Yes	37 (94.9%)	7 (100.0%)	30 (93.8%)
No	2 (5.1%)	0 (0.0%)	2 (6.3%)
Reason for not seeking care			
Facility too far away or too crowded	3 (4.0%)	1 (5.9%)	2 (3.4%)
Afraid of reprisals for being a migrant	7 (9.3%)	2 (11.8%)	5 (8.6%)
No money or insurance	9 (12.0%)	2 (11.8%)	7 (12.1%)
Other	40 (53.3%)	6 (35.3%)	34 (58.6%)
Prefer not to answer	16 (21.3%)	6 (35.3%)	10 (17.2%)

1 'Sought medical/psychological care' means that the person tried to receive care but it does not guarantee that they ultimately received that care.
2 Percentages calculated using the number who sought care as the denominator.

PoM who reported SV were significantly more likely to also report having experienced harassment (11.7% vs 7.4%; p<0.01) and physical aggression (9.4% vs 3.1%; p<0.001) since arriving in the country of survey, compared to PoM who did not report SV (Table 3). PoM who experienced SV were also significantly more likely to experience kidnapping (3.1% vs 1.0%; p<0.001) during their journey compared to PoM who did not experience SV (Table 3). With the exception of kidnapping, most acts of violence during the journey and after arrival in the country of survey were perpetrated by authority figures (Table 3).

Table 3. Other types of violence experienced, by history of SV and asylum plans

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes	**No**	**Yes**	**No**
Total PoM	128 (8.8%)	1,324 (91.2%)	211 (14.5%)	1,241 (85.5%)
Ever deported[1,3]				
Yes	23 (18.0%)	174 (13.2%)	45 (21.3%)	152 (12.3%)
No	105 (82.0%)	1,147 (86.8%)	166 (78.7%)	1,086 (87.7%)
Types of Violence During the Journey[1,3]				
Harassment	0 (0.0%)	6 (0.5%)	0 (0.0%)	6 (0.5%)

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes	No	Yes	No
Physical Aggression	4 (3.1%)	44 (3.3%)	8 (3.8%)	40 (3.2%)
Kidnapping[2]	4 (3.1%)	13 (1.0%)	2 (0.9%)	15 (1.2%)
Extortion[2]	33 (25.8%)	401 (30.3%)	77 (36.5%)	357 (28.8%)
Retention of Documents	7 (5.5%)	26 (2.0%)	6 (2.8%)	27 (2.2%)
Destruction of Documents	27 (21.1%)	258 (19.5%)	48 (22.7%)	237 (19.1%)
None	53 (41.4%)	576 (43.5%)	70 (33.2%)	559 (45.0%)
In Country of Survey[1,3]				
Harassment[2]	15 (11.7%)	98 (7.4%)	21 (10.0%)	92 (7.4%)
Physical Aggression[2]	12 (9.4%)	41 (3.1%)	9 (4.3%)	44 (3.5%)
Kidnapping	3 (2.3%)	26 (2.0%)	3 (1.4%)	26 (2.1%)
Retention of Documents	13 (10.2%)	164 (12.4%)	30 (14.2%)	147 (11.8%)
Destruction of Documents	13 (10.2%)	74 (5.6%)	20 (9.5%)	67 (5.4%)
None	72 (56.3%)	921 (69.6%)	128 (60.7%)	865 (69.7%)
Perpetrator in country of survey				
Harassment [2,4]				
Criminal Org / Gang[5]	4 (11.8%)	20 (9.3%)	1 (1.9%)	23 (11.7%)
Police/Law Enforcement	17 (50.0%)	154 (71.6%)	41 (77.4%)	130 (66.3%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	6 (17.7%)	5 (2.3%)	2 (3.8%)	9 (4.6%)
Other/Unknown	7 (20.6%)	36 (16.7%)	9 (17.0%)	34 (17.3%)
Prefer not to say	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Physical aggression[2,4]				
Criminal Org / Gang	4 (16.0%)	23 (19.2%)	3 (13.6%)	24 (19.5%)
Police/Law Enforcement	11 (44.0%)	78 (65.0%)	14 (63.6%)	75 (61.0%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	2 (8.0%)	4 (3.3)	0 (0.0%)	6 (4.9%)

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes	No	Yes	No
Other/Unknown	8 (32.0%)	15 (12.5%)	5 (22.7%)	18 (14.6%)
Prefer not to say	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Kidnapping[2,4]				
Criminal Org / Gang	3 (33.3%)	18 (34.6%)	4 (40.0%)	17 (33.3%)
Police/Law Enforcement	5 (55.6%)	29 (55.8%)	5 (50.0%)	29 (56.9%)
Family Member	0 (0.0%)	1 (1.9%)	0 (0.0%)	1 (2.0%)
Other Migrant	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other/Unknown	1 (11.1%)	4 (7.7%)	1 (10.0%)	4 (7.8%)
Prefer not to say	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Retention of documents[2,4]				
Criminal Org / Gang	3 (13.0%)	6 (2.7%)	2 (4.2%)	10 (4.2%)
Police/Law Enforcement	20 (87.0%)	211 (95.0%)	46 (95.8%)	218 (92.4%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.4%)
Other/Unknown	0 (0.0%)	3 (1.4%)	0 (0.0%)	4 (1.7%)
Prefer not to say	0 (0.0%)	1 (0.5%)	0 (0.0%)	3 (1.3%)
Destruction of documents[2,4]				
Criminal Org / Gang	1 (7.7%)	3 (4.2%)	0 (0.0%)	4 (6.3%)
Police/Law Enforcement	10 (76.9%)	63 (88.7%)	18 (90.0%)	55 (85.9%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	2 (15.4%)	0 (0.0%)	0 (0.0%)	2 (3.1%)
Other/Unknown	0 (0.0%)	4 (5.6%)	2 (10.0%)	2 (3.1%)
Prefer not to say	0 (0.0%)	1 (1.4%)	0 (0.0%)	1 (1.6%)
Perpetrator during journey				
Harassment[2,4]				
Criminal Org / Gang	2 (7.4%)	29 (19.7%)	6 (11.3%)	25 (10.9%)
Police/Law Enforcement	12 (44.4%)	66 (44.9%)	37 (69.8%)	150 (65.2%)
Family Member	0 (0.0%)	1 (0.7%)	0 (0.0%)	1 (0.4%)

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes	No	Yes	No
Other Migrant	3 (11.1%)	5 (3.4%)	2 (3.8%)	6 (2.6%)
Other/Unknown	10 (37.0%)	43 (29.3%)	8 (15.1%)	45 (19.6%)
Prefer not to say	0 (0.0%)	3 (2.0%)	0 (0.0%)	3 (1.3%)
Physical aggression[2,4]				
Criminal Org / Gang	3 (16.7%)	23 (19.5%)	3 (15.8%)	23 (19.7%)
Police/Law Enforcement	9 (50.0%)	69 (58.5%)	12 (63.2%)	66 (56.4%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	0 (0.0%)	3 (2.5%)	1 (5.3%)	2 (1.7%)
Other/Unknown	6 (33.3%)	21 (17.8%)	2 (10.5%)	25 (21.4%)
Prefer not to say	0 (0.0%)	2 (1.7%)	1 (5.3%)	1 (0.9%)
Kidnapping[2,4]				
Criminal Org / Gang	10 (71.4%)	24 (50.0%)	7 (70.0%)	27 (51.9%)
Police/Law Enforcement	2 (14.3%)	17 (35.4%)	1 (10.0%)	18 (34.6%)
Family Member	0 (0.0%)	1 (2.1%)	0 (0.0%)	1 (1.9%)
Other Migrant	1 (7.1%)	0 (0.0%)	1 (10.0%)	0 (0.0%)
Other/Unknown	1 (7.1%)	6 (12.5%)	1 (10.0%)	6 (11.5%)
Prefer not to say	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Retention of documents[2,4]				
Criminal Org / Gang	2 (7.4%)	10 (3.9%)	2 (4.3%)	7 (3.5%)
Police/Law Enforcement	24 (88.9%)	240 (93.4%)	43 (93.5%)	188 (94.5%)
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	0 (0.0%)	1 (0.4%)	0 (0.0%)	1 (0.5%)
Other/Unknown	1 (3.7%)	3 (1.2%)	1 (2.2%)	2 (1.0%)
Prefer not to say	0 (0.0%)	3 (1.2%)	0 (0.0%)	1 (0.5%)
Destruction of documents[2,4]				
Criminal Org / Gang	2 (18.2%)	6 (7.5%)	0 (0.0%)	8 (10.8%)
Police/Law Enforcement	8 (72.7%)	67 (83.8%)	17 (100.0%)	58 (78.4%)

	Experienced Sexual Violence		Planning to Seek Asylum	
	Yes	No	Yes	No
Family Member	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Migrant	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other/Unknown	1 (9.1%)	6 (7.5%)	0 (0.0%)	7 (9.5%)
Prefer not to say	0 (0.0%)	1 (1.3%)	0 (0.0%)	1 (1.4%)

1 P-value <0.05 in relation to SV; 2 P-value <0.01 in relation to SV
3 P-value <0.05 in relation to seeking asylum; 4 P-value <0.01 in relation to seeking asylum
5 'Criminal org/gang' refers to people who are members of organised crime groups (eg, MS13).

Logistic regression models where SV was the outcome indicate that females were 7.8 times more likely than males to ever experience SV (95%CI 4.70-13.41). However, PoM who had a spouse or partner were significantly less likely to ever experience SV (OR 0.56, 95%CI 0.37-0.86). PoM who were kidnapped (OR 3.54, 95%CI 1.63-7.37) or experienced physical aggression (OR 2.03, 95%CI 1.08-3.69) in the country of survey were also significantly more likely to ever experience SV (Table 4).

Table 4. Odds of Ever Experiencing Sexual Violence

Variable	Odds Ratio	95% CI
Age	1.00	0.97 – 1.02
Sex		
Female	**7.80*****	**4.70 – 13.41**
Male	Ref	Ref
Education		
Primary	1.04	0.44 – 2.67
Secondary	0.85	0.36 – 2.15
Some university or more	0.82	0.3 – 2.35
None	Ref	Ref
Travelling with spouse/partner	0.56	0.37 – 0.86
Country of birth		
El Salvador	1.54	0.57 – 4.03
Ecuador	1.18	0.38 – 3.26
Honduras	1.43	0.69 – 3.03
Mexico	1.08	0.41 – 2.70
Venezuela	0.60	0.32 – 1.18
Other	Ref	Ref

Variable	Odds Ratio	95% CI
Has experienced...		
Deportation (ever)	1.35	0.76 – 2.30
Harassment in country of survey	1.58	0.92 – 2.65
Physical aggression in country of survey	**2.03***	**1.08 – 3.69**
Kidnapping in country of survey	**3.54***	**1.63 – 7.37**

* P-value <0.05, *** P-value <0.001

3.3. Asylum Seekers Among People on the Move

211 participants (14.5%) reported they planned to seek asylum at their final destination (Table 1). These individuals were significantly older than PoM who did not plan to seek asylum (Mean age: 31 vs 28 years; p<0.05). While the majority of PoM who planned to seek asylum originated from Venezuela (53.1%; n=112) and Honduras (18.0%; n=38), Colombia (28.2%; n=11) and Mexico (22.9%; n=20) had the highest proportions of PoM seeking asylum per PoM country of origin. More PoM who began their journey after 2021 planned to seek asylum at their final destination than those who began their journey before 2021 (61.6% vs 38.4%) (Table 1).

PoM who planned to seek asylum were significantly more likely to experience any type of violence during their journey (66.8% vs 55.0%; p<0.05; Table 1) and were significantly more likely to have experienced deportation (21.3% vs 12.3%; p<0.01; Table 3) than those who did not plan to seek asylum. Harassment in the country of survey was more common for PoM planning to seek asylum than those who did not plan on seeking asylum (10.0% vs 7.4%; p<0.05). Retention and destruction of documents, both during the journey and after arrival in the country of survey, was more common among PoM planning to seek asylum than those who did not plan to seek asylum (Table 3). While there was no significant difference in SV experienced by PoM planning to seek asylum compared to PoM not planning to seek asylum, significantly more asylum-seeking PoM experienced SV in the country of survey compared to non-asylum-seeking PoM (12% vs 8%). Logistic regression models indicate that for every yearly increase of age, there was 2% increase in the likelihood for the person to plan seeking asylum (Table 5). PoM who had experienced deportation were 1.74 times more likely to plan to seek asylum than PoM who had never been deported (p<0.05). PoM intending to seek asylum were 1.57 times more likely to experience harassment in the country of survey (p<0.05) and were 1.52 times more likely to experience extortion during the journey than those not intending to seek asylum (p<0.05). PoM who reported Mexico as their country of birth were 3.91 times more likely to plan to seek asylum than PoM from other countries (p<0.05).

Table 5. Odds of planning to seek asylum at final destination

Variable	Odds Ratio	95% CI
Age	**1.02***	**1.01 – 1.03**
Sex		
Female	1.15	0.83 – 1.58
Male	Ref	Ref
Education		
Primary	0.76	0.35 – 1.78
Secondary	1.14	0.56 – 2.56
Some university or more	0.82	0.36 – 1.98
None	Ref	Ref
Country of birth		
El Salvador	1.75	0.73 – 4.09
Ecuador	1.30	0.52 – 3.11
Honduras	**1.95***	**1.03 – 3.84**
Mexico	**3.91***	**1.82 – 8.49**
Venezuela	1.05	0.61 – 1.89
Other	Ref	Ref
Has experienced…		
Deportation (ever)	**1.74**	**1.15 – 2.58**
Harassment in country of survey	**1.57**	**1.07 – 2.29**
Extortion during journey	**1.52**	**1.08 – 2.13**

* P-value <0.05

PoM consistently reported law enforcement as the most common perpetrator of harassment, physical aggression, and retention and destruction of documents both during the journey and in the country of survey (Table 3). For example, when PoM who both had ever experienced SV and had experienced harassment during the journey were asked about the perpetrator of that harassment, 44.4% (n=12) named law enforcement, while only 7.4%(n=2) reported the perpetrator to be a member of a criminal organization. Of perpetrators reported by asylum-seekers who experienced physical aggression on the journey, 63.2% (n=12) were law enforcement while 15.8% (n=3) were a member of a criminal organization. However, criminal organizations were more likely to be named as the perpetrator of kidnapping both during the journey and in the country of survey, with 71.4% (n=10) of PoM who experienced SV naming

a criminal organization as the perpetrator of kidnapping compared to 14.3% (n=2) naming law enforcement (Table 3).

3.4. Concurrence of Violence

Of the 1,452 PoM surveyed during this study, 823 (56.7%) experienced some form of violence during their journey, 459 (31.6%) in the country of survey, and 398 (27.4%) in both (Table 6). Only 568 (39.1%) PoM did not experience any form of violence during their journey or in the country of survey (Table 6). Several forms of violence were associated with additional forms of violence. 49.6% of PoM who experienced harassment in the country of survey (n=56) also reported being extorted during their journey. The majority of PoM who experienced physical aggression in the country of survey also reported being extorted during their journey (56.6%; n=30).

Table 6. Interconnected experiences of violence

		In Country of Survey					
		None	Harassment	Physical Aggression	Kidnapping	Retention of Documents	Destruction of Documents
During the Journey	None	568 (57.2%)	16 (14.2%)	12 (22.6%)	8 (27.6%)	15 (8.5%)	10 (11.5%)
	Harassment	21 (2.1%)	22 (19.5%)	0 (0.0%)	0 (0.0%)	5 (2.8%)	0 (0.0%)
	Physical Aggression	10 (1.0%)	2 (1.8%)	4 (7.5%)	0 (0.0%)	0 (0.0%)	1 (1.1%)
	Extortion	289 (29.1%)	56 (49.6%)	30 (56.6%)	4 (13.8%)	35 (19.8%)	20 (23.0%)
	Kidnapping	15 (1.5%)	1 (0.9%)	3 (5.7%)	12 (41.4%)	1 (0.6%)	1 (1.1%)
	Retention of Documents	86 (8.7%)	16 (14.2%)	4 (7.5%)	5 (17.2%)	121 (68.4%)	53 (60.9%)
	Destruction of Documents	4 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (2.3%)

4. Discussion

This study highlights how SV and asylum-seeking trends converge within the same humanitarian space among PoM in Latin America. Violence does not occur in a vacuum as it often builds upon PoM's vulnerabilities, heightening the risk of experiencing additional violence. This study revealed that the majority of PoM who previously experienced more than one type of violence at some point in their lives and those who experienced SV were significantly more likely to experience physical aggression and kidnapping in the country where they were surveyed. Similarly, asylum seekers were significantly more likely to be exposed to harassment and extortion in the country of survey.

Critically, this study does not attempt to provide an accurate estimate of the prevalence of SV among PoM, but describes their interconnected experiences and needs. MSF-operated clinics and projects have noted a drastic increase in cases of SV reported by PoM in 2024.[29] SV is notoriously underreported for diverse and multi-faceted reasons, including fear, mistrust, and insufficient knowledge of or access to legal resources.[30] While these factors impact all genders and sexual identities, research also suggests that men and LGBTQIA+ individuals may be even less likely to report SV than women and heterosexual individuals, respectively.[31] While PoM reported high rates of non-sexual violence (including extortion, kidnapping, and physical aggression) during transit, the majority of reported incidents of SV occurred in the PoM's country of origin. Although these findings are seemingly contrary to reports on pervasive SV among PoM,[32] they align with other existing literature,[33] including a six-year cross-sectional study on over 12,000 migrants transiting through Mexico which found a self-reported rate of SV during transit of 6.5%.[34] SV during transit may have higher rates of underreporting than during other times in

29 Médicos sin Fronteras, 'Violencia, desesperanza y abandono en la ruta migratoria' (Médicos sin Fronteras 2023) <https://www.msf.mx/wp-content/uploads/2024/04/iram_2023_final_compressed-1.pdf>; Médecins sans Frontières, 'Incidents of Sexual Violence Spike for those Crossing Darien Gap in Panama' (MSF 2024) <https://www.msf.org/incidents-sexual-violence-spike-those-crossing-darien-gap-panama> accessed 30 August 2024.

30 Lesley McMillan, 'Understanding Sexual Violence and the Implications for Practice' (2023) 33 Obstetrics, Gynaecology & Reproductive Medicine 337 <https://linkinghub.elsevier.com/retrieve/pii/S1751721423001446> accessed 30 August 2024.

31 Tillewein, Heather et al, 'Silencing the Rainbow: Prevalence of LGBTQ+ Students Who do not Report Sexual Violence' (2023) Intl J Environ Res Public Health, 20(3), doi: 10.3390/ijerph20032020; Thomas, JC and Jonathan Kopel, 'Male Victims of Sexual Assault: A Review of the Literature' (2023) 13(4) Behavioral Science, doi: 10.3390/bs13040304.

32 Soria-Escalante et al (n 16); Willers (n 22); Amnesty International, 'Invisible Victims. Migrants on the Move in Mexico' (2017); Miguel Á Fernández-Ortega et al, 'Mexicans vs Central Americans: Violented Migrants Crossing Mexico' (2023) Journal of Racial and Ethnic Health Disparities <https://link.springer.com/10.1007/s40615-023-01767-3> accessed 30 August 2024.

33 Bojórquez-Chapela et al (n 6); Quintino-Pérez et al (n 23).

34 Leyva-Flores et al (n 23).

a PoM's journey.[35] MSF's mental health and psychosocial support guidelines stress that PoM are often in 'emergency mode' and focus on short-term survival and completion of their journey, and as a result they may not be emotionally equipped to process SV.[36] Moreover, SV is often normalised during transit,[37] and participants may not have identified certain instances of SV as sexual abuse. For example, studies have underscored the commonly reported occurrence of transactional sex faced by female PoM, whereby women feel pressured to trade sex for protection, shelter, food, or other services along the migration route.[38] It is possible that participants did experience transactional sex during transit but did not mark it as sexual abuse or violence in the survey. Lastly, due to survey limitations, participants could only provide one answer about the location of the SV.

Importantly, as previously published by MSF,[39] authority figures were the most commonly reported perpetrator of non-sexual violence in the country of survey, adding to a growing body of research that authorities themselves are one of the greatest threats to PoM's physical and psychological wellbeing during their migration through Latin America.[40] While overall criminal organisations/gangs were responsible for the highest percentage of reported kidnappings during active transit, when the PoM were asked about the incidents

35 Teresita Rocha-Jiménez et al, 'Stigma and Unmet Sexual and Reproductive Health Needs among International Migrant Sex Workers at the Mexico–Guatemala Border' (2018) 143 International Journal of Gynecology & Obstetrics 37 <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.12441> accessed 30 August 2024; The United Nations Office on Drugs and Crime, 'Abused and Neglected: A Gender Perspective on Aggravated Migrant Smuggling Offences and Response' (United Nations Office on Drugs and Crime 2021); UN Refugee Agency, Human Rights Center, and Regional safe spaces network, 'The Silence I Carry. Disclosing Gender-Based Violence in Forced Displacement' <https://www.acnur.org/sites/default/files/legacy-pdf/5c081eae4.pdf> accessed 30 August 2024.

36 Médecins Sans Frontières, 'Mental Health and Psychosocial Support Guidelines' (MSF, 2022).

37 Soria-Escalante (n 16); UN Refugee Agency (n 32); Rocha-Jiménez (n 32); Kaylee Ramage et al, '"When You Leave Your Country, This Is What You're in for": Experiences of Structural, Legal, and Gender-Based Violence among Asylum-Seeking Women at the Mexico-U.S. Border' (2023) 23 BMC Public Health 1699 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-16538-2> accessed 30 August 2024.

38 Infante (n 16); Sofya Panchenko et al, '"You Are the First Person to Ask Me How I'm Doing Sexually": Sexual and Reproductive Health Needs and Sexual Behaviors among Migrant People in Transit through Panama' (2023) 5 Frontiers in Reproductive Health 1157622 <https://www.frontiersin.org/articles/10.3389/frph.2023.1157622/full> accessed 14 August 2024.

39 Derek Johnson et al, 'Analysis of Migration Patterns, Social Characteristics, and Access to Health Services for People on the Move in Mexico' (2023) Salud Pública de México 1 <https://saludpublica.mx/index.php/spm/article/view/15247> accessed 30 August 2024.

40 Comisión Interamericana de Derechos Humanos, 'Derechos Humanos de los Migrantes y Otras Personas en el Contexto de la Movilidad Humana en México' (Comisión Interamericana de Derechos Humanos 2013) <https://oas.org/es/cidh/migrantes/docs/pdf/Informe-Migrantes-Mexico-2013.pdf>; Olga Odgers-Ortiz, 'The Perception of Violence in Narratives of Central American Migrants at the Border between Mexico and the United States' (2020) 36 Revue européenne des migrations internationales 53 <http://journals.openedition.org/remi/14452> accessed 30 August 2024; Miguel A Fernández-Ortega et al, 'Caracterización de la Violencia en Migrantes en Tránsito por México' (2023) 10 Revista Mexicana de Medicina Familiar 10251 <http://www.revmexmedicinafamiliar.org/frame_esp.php?id=126> accessed 30 August 2024.

in the country of survey, police were responsible for the highest percentage of reported kidnappings, harassment, and retention and destruction of documents. These findings add to over a decade of research highlighting violence (including SV) by law enforcement along the migration route.[41] Increased risk of violence by authorities has also been linked with concurrent vulnerable profiles, such as being a female PoM and a sex worker. For example, a study on sex worker migrants in Guatemala underscored how being both a migrant and a sex worker (two different vulnerabilities) put women at heightened risk of facing abuse by authorities.[42]

This study has important programmatic and policy implications. Findings demonstrate that while those who sought care following SV almost always received it, most people never sought care to begin with. This points to a significant gap in programming and service delivery. Countries along the migration route have attempted in recent years to improve health services for PoM, including SV survivors.[43] However, even when government services theoretically exist, problems such as insufficient physical and human resources limit access for PoM.[44] To fill this gap, non-governmental actors such as MSF also provide a range of healthcare services – including primary health, psychological care,

41 Ramage et al (n 34); Felipe Jácome, 'Trans-Mexican Migration: A Case of Structural Violence' <https://repositories.lib.utexas.edu/items/e5df972e-4fe0-4d93-a2c1-77a80efed557> accessed 30 August 2024; Shoshana Berenzon-Gorn et al, 'Malestares Emocionales y Estrategias de Afrontamiento de Migrantes LGBTQ en Tránsito Por México' (2024) 66 Salud Pública de México 165 <https://saludpublica.mx/index.php/spm/article/view/14767> accessed 30 August 2024; César Infante et al, 'Violence Committed against Migrants in Transit: Experiences on the Northern Mexican Border' (2012) 14 Journal of Immigrant and Minority Health 449 <http://link.springer.com/10.1007/s10903-011-9489-y> accessed 30 August 2024.

42 Rocha-Jiménez (n 32).

43 Secretaría de Salud, Decreto por el que se reforman, adicionan y derogan diversas disposiciones de la Ley General de Salud y de la Ley de los Institutos Nacionales de Salud 2019; Gisele Bonicci et al, Estudio Comparativo de la Legislación y Políticas Migratorias en Centroamérica, México y República Dominicana (Instituto Centroamericano de Estudios Sociales y Desarrollo; Sin Fronteras IAP 2011) <https://sinfronteras.org.mx/wp-content/uploads/2018/12/ESTUDIO_COMPARATIVO-3.pdf> accessed 14 August 2024; USAID and HEP, 'Servicios de Salud Para Poblaciones Migrantes en Guatemala: Desafíos y Recomendaciones' <http://www.healthpolicyplus.com/ns/pubs/18651-19121_GuatemalaMigrantHealthServicesES.pdf> accessed 14 August 2024; Manchinelly, Edgar, 'El Acceso a la Salud de La Migración Irregular en México' (Comisión Americana de Salud, Bienestar y Seguridad Social 2022) <https://ciss-bienestar.org/wp-content/uploads/2021/03/CASBSS-2021-El-acceso-a-la-salud-de-la-migracion-irregular-en-Mexico_.pdf> accessed 14 August 2024; Donna E Stewart et al, 'Latin American and Caribbean Countries' Baseline Clinical and Policy Guidelines for Responding to Intimate Partner Violence and Sexual Violence against Women' (2015) 15 BMC Public Health 665 <http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1994-9> accessed 30 August 2024.

44 Paola Letona et al (n 23); Adrian Parra et al, 'Structural and Intermediary Determinants in Sexual Health Care Access in Migrant Populations: A Scoping Review' (2024) 227 Public Health 54 <https://linkinghub.elsevier.com/retrieve/pii/S0033350623004614> accessed 30 August 2024; Baltica Cabieses et al, 'Intersections between Gender Approaches, Migration and Health in Latin America and the Caribbean: A Discussion Based on a Scoping Review' (2024) 40 The Lancet Regional Health – Americas <https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(23)00112-6/fulltext> accessed 19 July 2024.

and integral care for victims of violence – to PoM along the Central American – Mexico route to the United States (US).[45] However, services for PoM are far from sufficient. Increasingly stringent migration policies force many PoM to use unsafe routes in remote locations, which, in addition to increasing their risk of violence, can prevent PoM from accessing appropriate medical and/or psychosocial services within 72 hours of an incident.[46] Even if services are available nearby, factors such as fear of being found undocumented and subsequently deported, lack of knowledge about any services while on the move, language, legal and financial barriers, and mistrust of authorities may prevent PoM from accessing them.[47] PoM also often spend limited time in one place, and if they stay longer to seek care, they may risk being left behind by their travel group.[48] Health-seeking behaviours among those who have experienced sexual violence have also been found to be influenced by interpersonal, individual, and sociocultural barriers, as well as issues with healthcare accessibility.[49] In addition to underscoring the need for more services, such services must be tailored to address common barriers to care. For example, fear of reprisals for being a migrant was one of the most common reasons why PoM did not seek care after experiencing SV. This lack of access highlights a need for additional sensitisation on patient rights, including access to services during their journey.

While the international community has increasingly recognised violence against women (including SV) as grounds for asylum, in practice, asylum seekers must provide significant evidence to immigration officials. This can be especially burdensome for survivors of SV who, as previously discussed, often fear reporting the crime to authorities. Furthermore, US migration policies,

45 Médicos sin Fronteras (n 17); Médicos sin Fronteras, 'Informe Anual de Actividades, 2018' (Médicos sin Fronteras 2018) <https://www.msf.mx/wp-content/uploads/2019/06/informe_anual_baja_0.pdf>.

46 Vanessa Brizuela et al, 'Strengthening Locally Led Research to Respond to the Sexual and Reproductive Health and Rights of Migrants from Venezuela and Central America' (2023) Revista Panamericana de Salud Pública 1 <https://iris.paho.org/handle/10665.2/57168> accessed 30 August 2024.

47 Darebo et al (n 13); Yessica Llanes García and Tuur Ghys, 'Barriers to Access Healthcare for Middle American Migrants during Transit in Mexico' (2021) 7 Política, Globalidad y Ciudadanía 182 <https://revpoliticas.uanl.mx/index.php/RPGyC/article/view/172> accessed 12 August 2024.

48 Médicos sin Fronteras (n 27); Philippe Stoesslé et al, 'Risk Factors and Current Health-Seeking Patterns of Migrants in Northeastern Mexico: Healthcare Needs for a Socially Vulnerable Population' (2015) 3 Frontiers in Public Health.

49 Valérie Pijlman et al, '"Sometimes It Seems Easier to Push It Away": A Study into the Barriers to Help-Seeking for Victims of Sexual Violence' (2023) 38 Journal of Interpersonal Violence 7530 <https://doi.org/10.1177/08862605221147064> accessed 12 August 2024.

including the MPP[50] and Title 42,[51] have created conditions that potentially expose PoM to further violence. Exorbitant wait times for entry[52] have contributed to large groups of PoM along the US-Mexico border,[53] often in informal tented settlements that lack adequate food, sanitation, shelter, and health and legal services.[54] PoM living in these conditions have reported high rates of SV, kidnapping, extortion, and other forms of violence, particularly by criminal organisations and authorities abusing their power.[55] With immigration policies getting stricter, it is likely that survivors of SV may have a harder time getting the protection they need, instead being subjected to a continuing cycle of violence.[56]

This study does have limitations. First, selection bias exists as language barriers limited involvement from non-Spanish-speaking PoM, mainly from Haiti, who now constitute the seventh most important country of origin among PoM in Latin America.[57] Furthermore, due to the sampling strategy

50 Joseph Nwadiuko and Sural Shah, 'Latest Public Health Threats to Migrants at the US Southern Border' (2020) 110 American Journal of Public Health 798 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7204484/> accessed 19 September 2024; Kathryn Hampton et al, 'Forced into Danger: Human Rights Violations Resulting from the U.S. Migrant Protection Protocols' (Physicians for Human Rights 2021) <https://phr.org/our-work/resources/forced-into-danger/> accessed 19 September 2024.

51 Mercedes Valadez, 'Migrant Protection Protocols: An Examination of its Consequences and Impact on Child Enrollees' (2023) 22 Journal of Family Strengths <https://digitalcommons.library.tmc.edu/jfs/vol22/iss1/4> accessed 19 September 2024; Muzaffar Chishti, Kathleen Bush-Joseph, and Julian Montalvo, 'Title 42 Postmortem: U.S. Pandemic-Era Expulsions Policy Did Not Shut Down the Border' (2024) Migration Information Source <https://www.migrationpolicy.org/article/title-42-autopsy> accessed 19 September 2024; Muzaffar Christi and Kathleen Bush-Joseph, 'U.S. Border Asylum Policy Enters New Territory Post-Title 42' (2023) Migration Information Source <https://www.migrationpolicy.org/article/border-after-title-42> accessed 19 September 2024; Monette Zard et al, 'Public Health Law Must Never Again Be Misused to Expel Asylum Seekers: Title 42' (2022) 28 Nature Medicine 1333 <https://www.nature.com/articles/s41591-022-01814-2> accessed 19 September 2024.

52 Gus Bova, 'Migrants at Laredo Tent Court Tell Stories of Kidnappings and Violence While Pleading not to Be Returned to Mexico' (The Texas Observer, 16 September 2019) <https://www.texasobserver.org/migrants-at-laredo-tent-court-tell-stories-of-kidnappings-and-violence-while-pleading-not-to-be-returned-to-mexico/> accessed 30 August 2024; Adam Isacson, 'Why Is Migration Declining at the U.S. – Mexico Border in Early 2024?' (*WOLA*, 18 April 2024) <https://www.wola.org/analysis/why-is-migration-declining-at-the-u-s-mexico-border-in-early-2024/> accessed 19 September 2024.

53 ibid; Amnesty International, 'USA: CBP One: A Blessing or a Trap?' (Amnesty International 2024) <https://www.amnesty.org/en/documents/amr51/7985/2024/en/> accessed 19 September 2024.

54 Solano and Massey (n 1); Bova (n 48); Maanvi Singh, 'What Are the US-Mexico Border Camps and Why Are Children Held There?' *The Guardian* (4 April 2024) <https://www.theguardian.com/us-news/2024/apr/04/mexico-border-children-migrant-camps-explained> accessed 5 September 2024.

55 Ana Verduzco and Stephanie Brewer, 'El Secuestro de Personas Migrantes y Solicitantes de Asilo Alcanza Niveles Intolerables en la Frontera entre Texas y Tamaulipas' (WOLA, 16 April 2024) <https://www.wola.org/es/analisis/secuestro-personas-migrantes-solicitantes-asilo-niveles-intolerables-frontera-texas-tamaulipas/> accessed 5 September 2024.

56 The United Nations Office on Drugs and Crime (n 32).

57 Organización Internacional para las Migraciones, 'Estadísticas Migratorias Para México. Boletín Anual 2023' (2023) <https://mexico.iom.int/sites/g/files/tmzbdl1686/files/documents/2024-03/

and migration patterns, exact locations and distributions of respondents varied by country and city, and a denominator of all PoM in each specific location (not just those surveyed) could not be determined. Moreover, the surveys relied on respondents' recollection, perception, and willingness to answer about past experiences, which introduces a recall bias. In particular, as previously discussed, participants may not have considered certain events as SV. These biases most likely result in significant underreporting of violence prevalence, rather than overreporting. Additionally, as a cross-sectional study, directionality cannot be determined, particularly around plans to seek asylum. The survey also did not collect data on the number of each type of violence, only whether they had ever experienced that type of violence. It also did not measure person-time at risk. However, this phenomenon is expected to have a minimal impact on the outcomes because the vast majority of PoM began their journey within 5 years of participating in this survey (87.3%) and a majority of PoM began their journey within 2 years of participating in this survey (61.2%). Lastly, the survey was part of a much larger, comprehensive tool studying a wide range of topics related to a PoM's migration history. As a result, questions were relatively limited (eg, questions about SV did not ask about every single experience of SV). Future mixed-methods research is needed to dive deeper into the nexus between SV incidents and asylum plans, as well as factors that impact health seeking after the incident occurs.

This study highlights some of the interconnected experiences of violence faced by PoM in Latin America. Addressing the PoM's needs, including legal support, protection measures, and access to healthcare and psychological services, requires a comprehensive approach that recognises and protects the intersectionality of PoM's vulnerabilities, especially in regard to SV. Given the risks posed to PoM and the worsening migration crisis in Latin America, patterns of violence and health seeking behaviour in the context of migration in this region need to be better understood so the needs of this population can be effectively addressed.

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estadisticas-migratorias-2023.pdf> accessed 30 August 2024; Cedric Audebert, 'The Recent Geodynamics of Haitian Migration in the Americas: Refugees or Economic Migrants?' (2017) 34 Revista Brasileira de Estudos de População 55 <https://rebep.emnuvens.com.br/revista/article/view/886> accessed 30 August 2024; Toni Cela, Mario Fidálgo and Louis Herns Marcelin, 'The COVID-19 Pandemic and Haiti's Changing Remittance Landscape' (2022) 95 Relaciones Internacionales 139 <https://www.revistas.una.ac.cr/index.php/ri/article/view/17808> accessed 30 August 2024.