

# Trauma and Stress Among Central American Immigrants living in Langley Park, Maryland

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Public Health

## Background

The largest immigrant population in the U.S. is composed of Latinos, including Mexicans as well as Central and South Americans<sup>1</sup>. Central Americans from Guatemala, El Salvador and Honduras represent one of the largest growing populations in the Washington D.C. metropolitan area<sup>2</sup>. Nonetheless, the breadth of information regarding the health disparities and vulnerabilities related to transnational migration is still narrow, particularly in the context of Central American migration. The few contemporary studies investigating mental health of an immigrant Latino population demonstrate the high potential for psychological stress in each segment of migratory transition<sup>3</sup>.

## Objectives

- To explore the occurrence of stress and experience of traumatic events within a Central American population considering the sociocultural circumstances pertaining to their life history in their country of origin, their migration experience and their ability to adjust to living in the United States.
- To determine the segment of the migration process which causes the most stress: leaving the home-country, migration experience or adjustment to life in the U.S.
- To understand how the pre-migratory, intra-migratory, and post-migratory conditions influence the mental health of the population studied.
- To provide a resource that can inform measures taken to eliminate health care disparities, and provide culturally sensitive health care.

## Methods

This exploratory, qualitative-quantitative investigation analyzes a total of 45 migration-focused life history, semi-structured interviews, collected in Spanish in Langley Park, MD. The study population is composed of a nearly equal spread of male and female participants between the ages of 18 and 56 (avg=32) from El Salvador (58%), Guatemala (27%), Honduras (13%), and Nicaragua (2%) who have lived in the U.S. for 4 months to 16 years. Participants were recruited by team members and multiple community contacts/partners of the Avance Center using convenience and snowball sampling. The participants were assured anonymity and confidentiality would be maintained and that they were not required to answer any or all of the questions. The George Washington University IRB approved the collecting instrument and protocol.

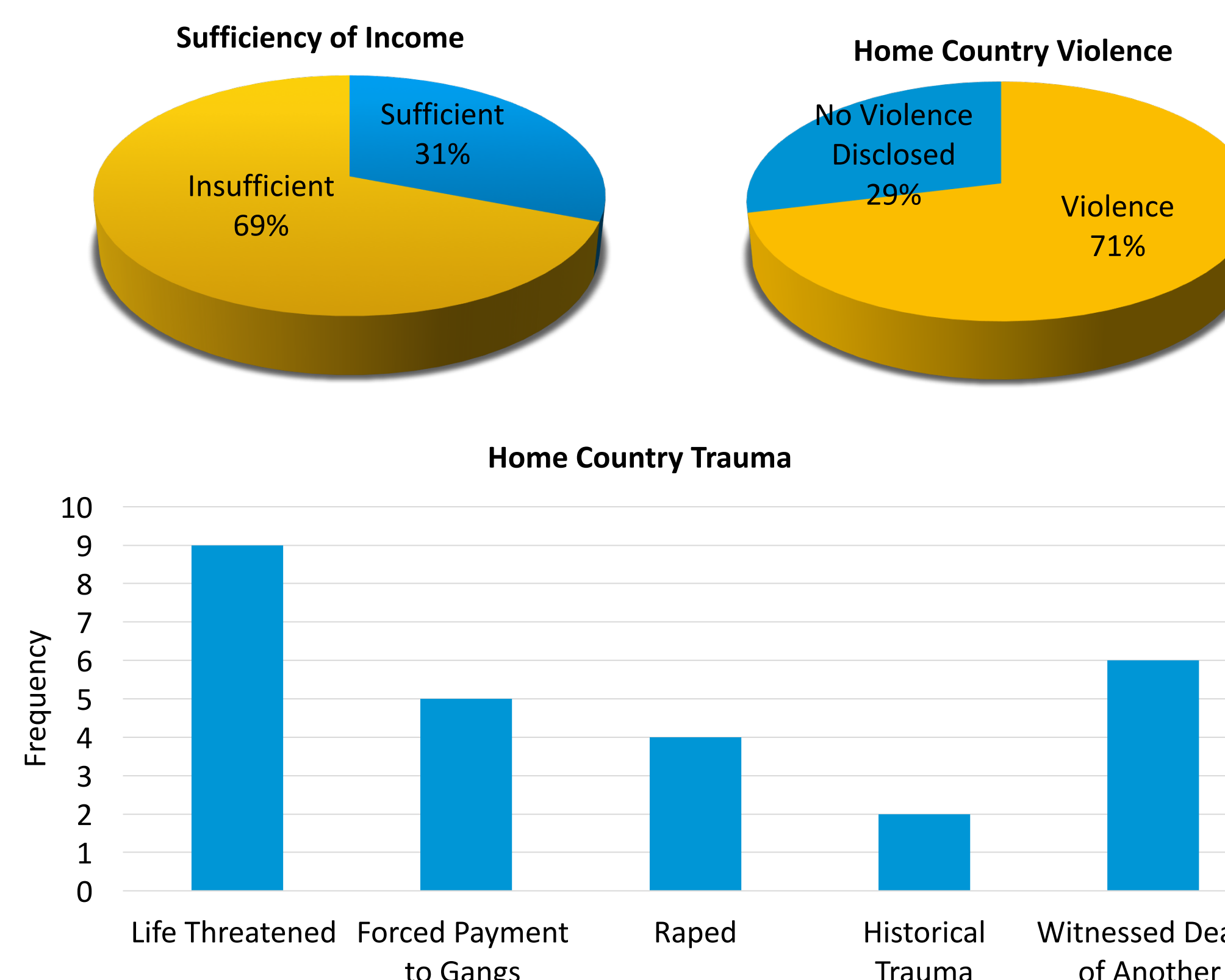
Demographic Variable	Mean
<b>Age</b>	32
Range	18-56
<b>Time in U.S.</b>	5.2 years
Range	4 months – 16 years
<b>Demographic Variable N = 45</b>	<b>n (%)</b>
<b>Female</b>	23 (51)
<b>Home Country</b>	
Salvadoreño(a)	26 (58)
Guatemalteco(a)	12 (27)
Hondureño(a)	6 (13)
Nicaragüense	1 (2)
<b>Education</b>	
None	2 (4)
Incomplete High School	26 (58)
High School Graduate	9 (20)
Incomplete University	5 (11)
University Graduate	1 (2)
Technical Licensure	2 (4)
<b>Marital Status</b>	
Single	24 (53)
Together/Accompanied	9 (20)
Married	12 (27)
<b>Family Size</b>	
No children	13 (29)
1-3 children	24 (53)
4-6 children	8 (18)
Separated from children	17 (38)
<b>LGBTQ</b>	4 (9)

## Results

### Pre-Migration Experiences

**Historical Trauma:** “When it was the time of guerilla warfare in El Salvador, I remember that my daughter was small, she was going to be a year old. The helicopters flew over like this, shooting bullets. We hid under the bed and the girl cried and cried. So when I covered her mouth, my daughter fainted. My sister came to give her air, to revive her. She started to cry.” - 51 y/o female, El Salvador

**Life Threatened:** “One time I went to play soccer with my friends and they assaulted us. They put a gun to me, they almost killed me.” -18 y/o male, Honduras



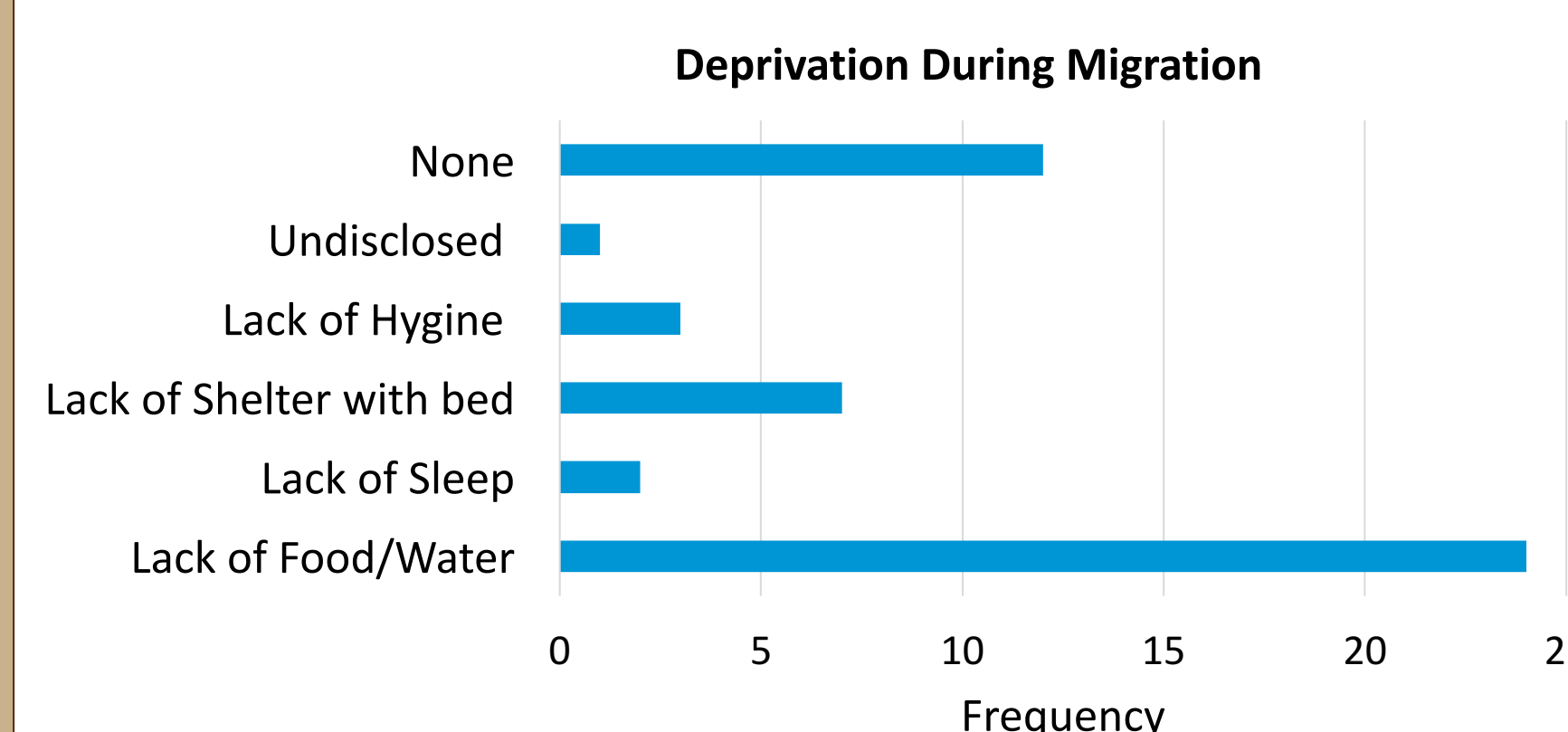
**Forced Payment to Gangs:** “And now they were not only asking for a small quantity [of money], but rather they asked for more. They put my life, and my son’s life at stake. I had to [leave El Salvador to] safeguard my life and the life of my child, because at this time I didn’t have the quantity that they were asking for.” - 33 y/o female, El Salvador

**Violence:** “It wasn’t life because every day, every little while, you heard a shootout and we had to close windows, doors. The fear of maybe going to the corner store but not knowing if you were going to return.” - 33 y/o female, El Salvador

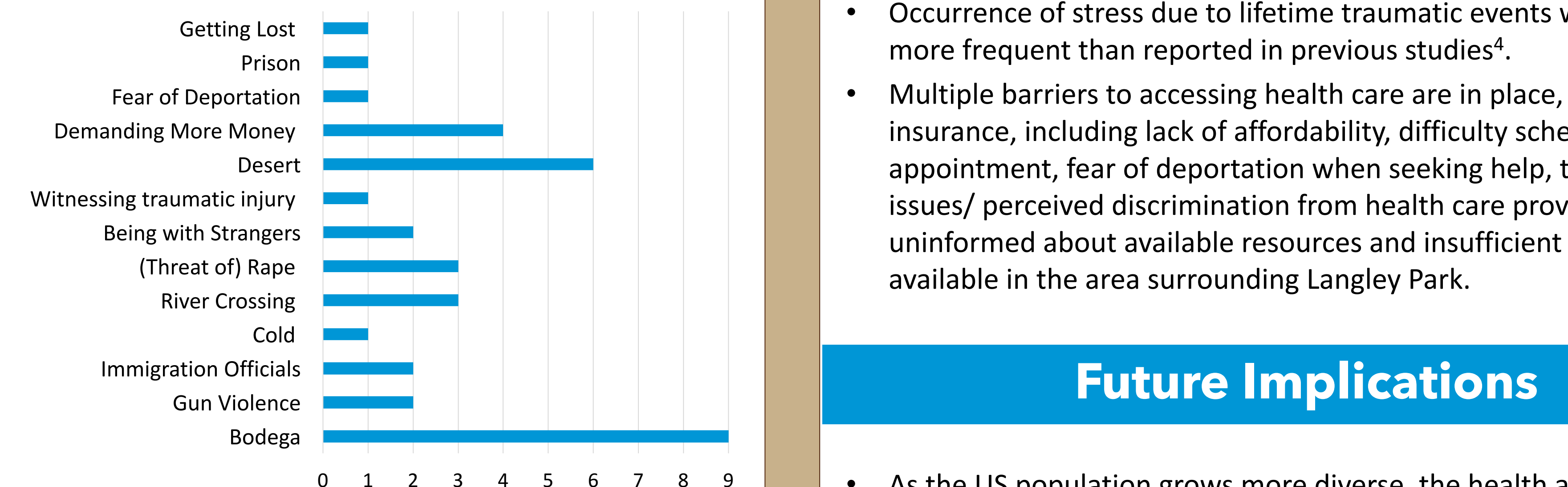
### Migration Experiences

**Payment to Coyote:**  
Range \$500-\$15,000  
Mode \$8,000-\$10,000

**Duration of Trip:**  
Range 1-54 days  
Mode 20-30 days



### Most Stressful Migration Experience

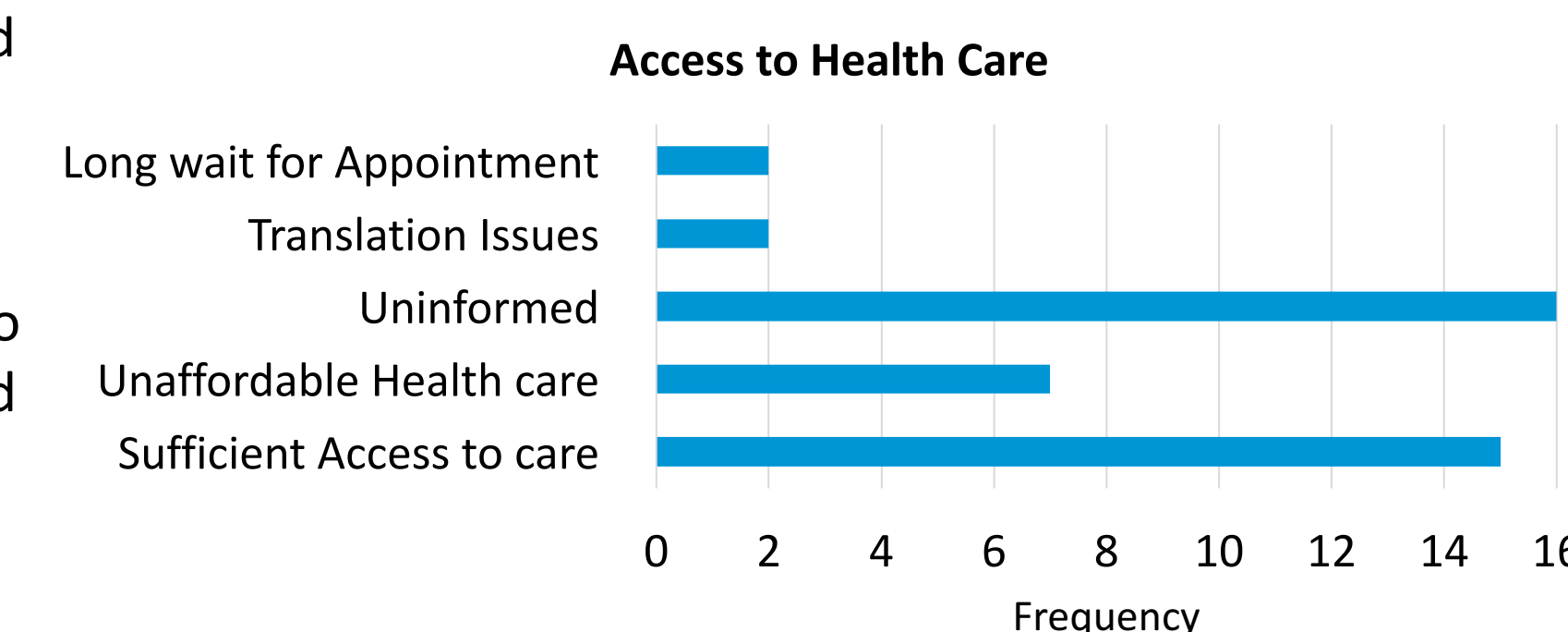
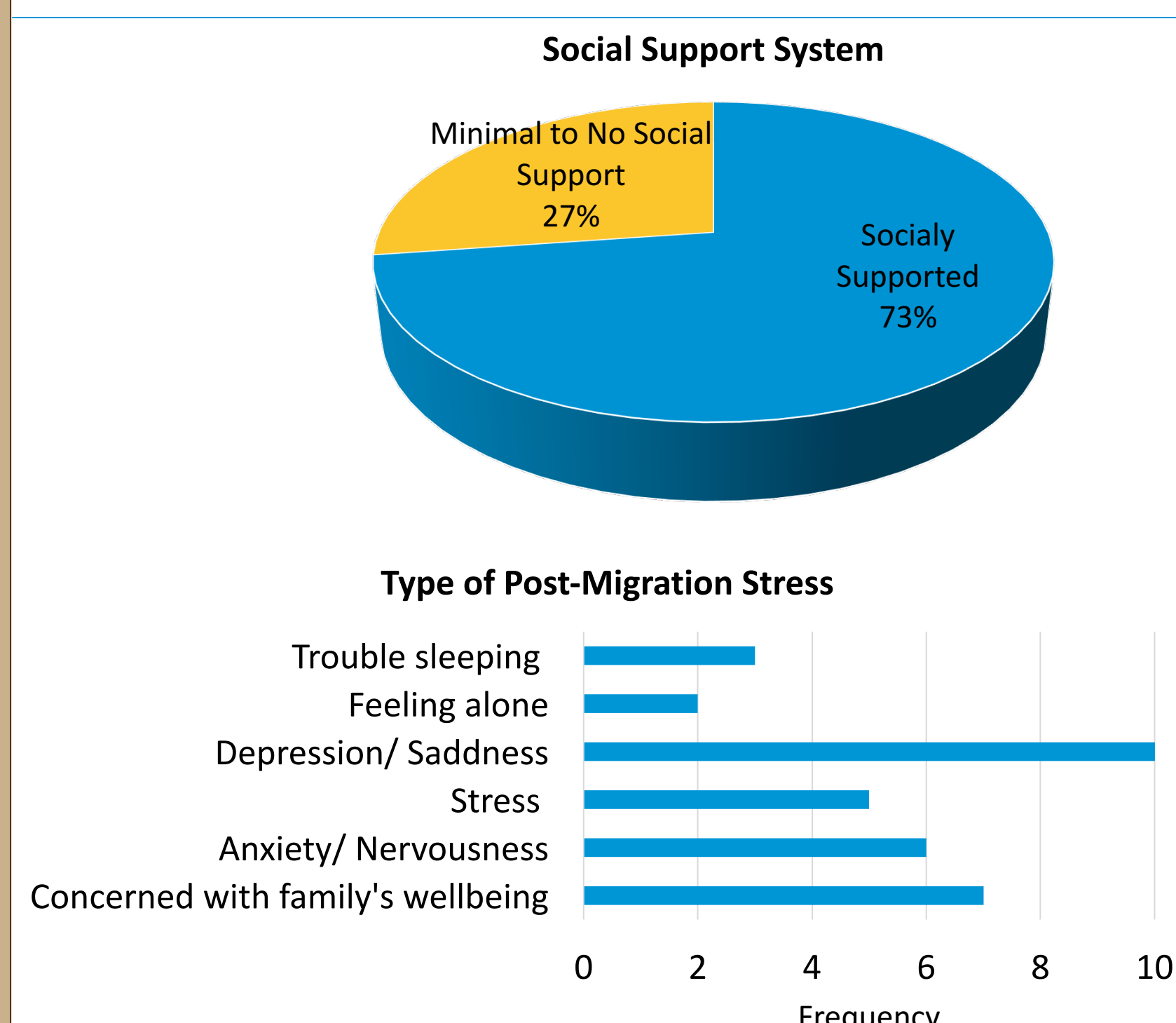


### Post-Migration Experiences

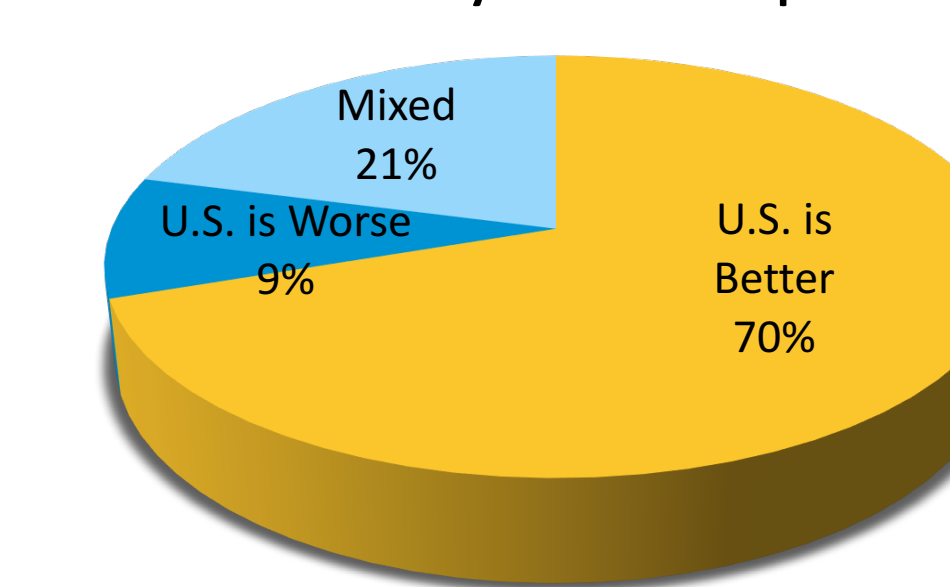
**Economic Stress:** “Here you are exposed to so much stress more than anything; thinking that the money won’t enable you to succeed. When you receive a check it’s only to send it to your family, to pay for something. One gets up early and is overwhelmed with so much work.” - 41 y/o female, El Salvador

**Access to Care:** “[In Langley Park], we lack therapy for young adults, visits with psychologists.” - 20 y/o male, El Salvador

**Fear:** “No, because I was scared of going to apply. The first pregnancy I was not under care. I went only twice to the emergency room because people told me that they would deport me.” - 30 y/o female, Guatemala



### Home Country vs. U.S. Comparison



## Conclusions

“Every immigrant has a different story to tell and I think that it is fair to respect the immigrant because only they know what they suffered to get here”. -33 y/o female, El Salvador

- Multiple lifetime stressors were found in 95% of the sample.
- 31% experienced a traumatic event in their home country; 71% experienced a traumatic event during migration; 24% experienced two or more traumatic events.
- Most respondents fled from their home country due to gang-related violence and/or to alleviate economic impoverishment.
- 87% of respondents entered the U.S. undocumented and of those, 78% described a stressful migration experience.
- Adjustment to life in the U.S. is complicated by perceived discrimination, difficulty navigating systems in English, instability of work, and fear of deportation.
- Many informants describe an “illusion”, in which their expectations of life in the U.S. were not met, and few consider returning to their home country.
- 42% of the sample has experienced worse health outcomes in the U.S. than in their home country.
- Sadness, depression, stress and anxiety are commonly experienced in the U.S.
- Occurrence of stress due to lifetime traumatic events was found to be more frequent than reported in previous studies<sup>4</sup>.
- Multiple barriers to accessing health care are in place, lack of insurance, including lack of affordability, difficulty scheduling a timely appointment, fear of deportation when seeking help, translation issues/ perceived discrimination from health care providers, being uninformed about available resources and insufficient resources available in the area surrounding Langley Park.

## Future Implications

- As the US population grows more diverse, the health and wellbeing of migrant populations becomes more important in the understanding of global public health and related immigration policies.
- This pilot study will lay the groundwork for important future research on the social determinants of health among Central American as well as other non-Latino immigrant populations. Our research will serve as resource to inform measures taken to eliminate health disparities and provide culturally sensitive care.
- Additionally, this research should be a reference for larger-scale epidemiology studies pertaining to Central American immigrant stress and PTSD.
- Finally, the findings may affect public health policy development concerning the access to mental health services for immigrant populations.

## References

- Pew Research Center Hispanic Trends 2015
- Krogstad & Keegan, 2015; Zong & Batalova, 2015
- Alegria M, et al 2013; Caplan S, 2007; Cleary et al, 2017; Kaltman S, et al 2010; Perreira, K. M. 2013; Potochnick, S. R., & Perreira, K. M, 2010; Salas, L. M., et al 2013; Santa-Maria, M. L., & Cornille, T, 2007
- Cleary et al, 2017; Kaltman S, et al 2010; Perreira, K. M. 2013

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