Sexual violence against illegal migrants in Mexico in transit to the United States

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Mexico

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A thesis submitted in partial fulfilment of the requirement for the degree of Master of Public Health
by
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Declaration
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This thesis **(Sexual violence against illegal migrants in Mexico in transit to the United States) is my own work.**

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Abstract
Sexual Violence is indicated as a major public health problem. Currently, thousands of so-called "illegal migrants" are vulnerable to all forms of sexual violence as an almost unavoidable part of the migrants' journey. About 1 in every 6 migrant women report sexual violence experience along Mexico en route to the United States. This study aims to 1) describe factors that contribute sexual violence toward migrants in transit through Mexico, and 2) review interventions that address sexual violence, developing suggestions about needs of migrants.

Methods: A literature review, using an existing conceptual model described by Goldenberg (2011) to analyse the structural, interpersonal and individual factors that influence sexual violence, and effective prevention strategies.

Results: Factors related to sexual violence among migrants show to be structurally and socially widely associated with poverty; homelessness, gender norms; stereotypes, illegal status, exploitation by criminal circuit in the sex industry and human trafficking; abuse by law enforcement officers; and lack of supportive institutions. There is a relation between those factors and coerced sex, rape, sexual exploitation, and absence of the rights to use contraception and protection against STIs and HIV, all committed by a broad variety of non-partner sexual violence. Strong evidences indicate extensive impact on the victim's/survivor´s physical, sexual, reproductive, and mental health. As result, both prevention and response strategies for sexual violence are needed.

Conclusions and recommendations: Illegal migrants in Mexico in transit to the U.S are at high risk of multiple forms of sexual violence and human rights violation. Migrants are left without adequate support in situations of extreme vulnerability. This requires a multi-level prevention strategy, and government commitment in order to respond in a comprehensive manner to the victims of sexual violence. There is a strong call to the international community to pay attention, particularly in addressing sexual violence, and protecting human rights.

Keywords: Sexual violence, risk factors, migrants, prevention, Mexico
Word count: 12,809

List of Abbreviations

AI	Amnesty International
GBV	Gender-Based Violence
GBSV	Gender-Based Sexual Violence
HIV	Human Immunodeficiency Virus
IM	Illegal Migrants
INM	National Institute of Migration
INSP	National Institute of Public Health
IOM	International Organization for Migration
IPV	Intimate partner Violence
LGBT	Lesbian, Gay, Bisexual and Transgender
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
NPSV	Non-partner sexual violence
PAHO	Pan American Health Organization
STIs	Sexually Transmitted Infections
SV	Sexual Violence
UN	United Nations
US	United States
VAW	Violence against Women
WHO	World Health Organization

Definitions

Sexual Violence (SV)	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".[1]
Human trafficking for sexual exploitation	The organized movement of people, usually women, between countries and within countries for sex work. Such trafficking also includes coercing a migrant into a sexual act as a condition of allowing or arranging the migration.[1]
Intimate partner violence (IPV)	Self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years".[2]
Non-partner sexual violence (NPSV)	When aged 15 years or over, experience of being forced to perform any sexual act that you did not want to by someone other than your husband/partner.[2]
Illegal migration	People moving across international border by the phenomenon of irregular migration, without official authorization in order to find work, to be reunited with members of their family or to seek asylum in another state.[3]
Smuggler	Can be an individual, transporting irregular migrants for a fee across the border; a **trafficker** has the intention to exploit the migrant. Both can be part of an organized crime network.[4]
Organized crime & drugs cartels	Any group having some manner of a formalized structure and whose primary objective is to obtain money through illegal activities. Drug cartels are large, highly sophisticated organizations composed of multiple drug trafficking organization with specific assignments such as drug transportation, security/enforcement, or money laundering.[5]
Masculinity	It is an interrelation of emotional and intellectual factors directly affecting men and women, in which other social factors like race, sexuality, nationality and class also have a part. Masculinity signifies different things to different men, at different ages, in different periods and different societies. Masculinity is historical and constructed by society and culture.[6]

Introduction

I am a Mexican nurse and worked for many years with the indigenous people in Mexico and Colombia. Since 2007 my work was focused on different countries in the African continent. My work experience was dedicated to medical and humanitarian needs, such as HIV/AIDS, maternal health and medical emergencies (e.g. cholera outbreaks). I have no professional experience in linking illegal migration to sexual violence (SV), which is a challenge my country is currently facing. However, through the academic experience I gained through my masters program in public health, I take the opportunity to explore and describe factors related to SV against illegal migrants, and review strategies to address SV that minimize its health related harm.

SV is commonly perceived as rape, and defined as "physically forced or otherwise coerced penetration – of the vulva or anus, using a penis, other body parts or an object". However, the actual definition by World Health Organization (WHO) in 2002, SV is much broader. SV comes in many forms, including: "unwanted sexual advances or sexual harassment; demanding sex in return for favours, sexual abuse of children; forced prostitution and trafficking for the purpose of sexual exploitation; denial of the rights to use contraception or adopting other measures to protect against sexually transmitted infections (STIs)".[1]

SV affects 35.6% percent of all women globally. In the North and South American region, 29.8% of women have suffered physical or SV by intimate partner violence (IPV) and 10.7% have been victims of a non-partner sexual violence (NPSV). Women who have been physically or sexually abused report with higher rates of health problems. For example: injuries or even death, depression, STIs, unwanted pregnancy and abortion.[2]
Latin America, which includes Central America and Mexico is a violence-prone country.[7] Most of these countries report high levels of physical violence with a variety of forms of SV.[8] Femicide has increased in recent years.[9] Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica and Mexico, have reported that at least one thousand women die each year of femicide or other forms of gender-based sexual violence (GBSV).[10] Particularly, Ciudad Juárez, Chihuahua, located on the Mexico-United States

(U.S) borders, in 1998, reported eight hundred cases of rape and more than nine thousand cases of violence, including rape and kidnapping. Among women, the victims were migrants.[11]

This situation has affected migratory flows, which currently concerns hundreds of thousands of people from Central America particularly, who attempt to illegally cross Guatemala-Mexico-U.S borders. This illegal immigration is an increasing problem [12] and it is well-known that increasing violence, including SV, against illegal migrants has become common and increasingly aggressive.[13]

SV can be caused by multiple factors and occurs at all levels in diverse societies.[14] SV is a neglected sexual and reproductive problem as well as a human rights violation against illegal migrants, and can carry with it serious health consequences for survivors and for society.[15]

The paper includes six chapters: 1) Background information on migration characteristics: demographic, social and health information; 2) Problem analysis, justification, objectives, methods and conceptual framework 3) Factors related to SV and its consequences, particularly among illegal migrants 4) Strategies to address SV; 5) Discussion; 6) Conclusions and recommendations.

Chapter 1: Background Information

Mexico has a surface area of 1,958,201 sq. Km. It is bordered on the north by the United States and on the south by Guatemala and Belize. Its total population is over 113 million.[16] Mexico and Central America have the largest number of Spanish-speaking people globally.[17]

Mexico's geographical position makes the country into a migrant corridor. Since 1990, Mexico is one of the world's countries of most irregular migration, particularly for Central Americans who travel to reach the U.S every year.[10] Many illegal migrants start their journey to the U.S. from the Mexican borders at the Suchiate River which is crossing between Guatemala and Mexico; both countries share a border of 962 km.[18]

The international migration concerns a population group moving-transiting through the country[19]. Migration can be voluntary or forced. Illegal migrants include transiting, trafficked or smuggled persons, deportees and refugees[20]. Given its irregular nature, there are many variations on statistics. In 2005, the number of illegal migrants reached a record high, with a volume between 390,000 and 430,000 (Figure 1 in annex 1).[21] .
Migrants entering without authorization mostly represented by the following nationalities: Guatemalans 46.8%, Hondurans 34.7%, Salvadorans 16.6%, and 1.9% (Belize, Costa Rica, Nicaragua and Panama).[22] Among this population, the predominance is men, around 70%, aged 15 to 29 years, and women and girls represent an average of 30%.[23]
Due to migration laws, Mexico has historically been a difficult place for unauthorized migration. In 1974, a General Law of the Population declared that undocumented people entering into Mexico will carry a sentence of up to ten years prison and a monetary fine.[24].

Subsequently, since 2001, Mexican borders began to be considered a matter of national and international security, as the U.S. policy migration strengthened after the September 11th terrorist attacks. Two additional factors are; to restrict the increase of migration flows, and to control the growing presence of members of the main criminal gangs, such as drugs cartels, which is a political agreement between Mexico and U.S.[25]
Where non-communicable diseases are the leading causes of deaths, homicide ranks seventh overall in Mexico (2011).[26] About 200 deaths related

violence occur every day, while 4,000 injuries are treated at the same time, placing a heavy burden to the health sector.[27]

Illegal migration flows move in areas with high environments of insecurity levels. On the Mexico-U.S borders, there are the higher homicide rates per 100,000 population related to violence, especially in Chihuahua (Ciudad Juarez) 125; Nuevo Leon 43.2; Tamaulipas 32.6, and Coahuila 26.5, while the national rate is 24.9 victims per 100,000 population.[26] Although there is no precise data on SV, a study estimated 17.3% of rape prevalence among Mexican women[28] versus 60% among migrant women.[13]

The health situation in those regions is worrisome. There is a lack of water-sanitation in areas where migrants move, as well as the presence of diseases such as STIs and Human Immunodeficiency Virus (HIV)[29] In 2011, the death rate caused by HIV/AIDS per 100,000 population was estimated as Tabasco 10.6; Baja California 8.6, and Tamaulipas 6.4 per 100,000 population,[26] (versus national rate of 4.4 per 100,000 population[30]), which are all states bordering with Guatemala or and the U.S.

The Mexican health system is composed by two sectors: public and private.[31] By the end of 2012, the health system has reached 70% of the health coverage at national level through its Social and National Health Insurance.[32] Additionally, Mexico has an Official Standard law, NOM-190-SSA1-2005, that addresses SV. The aim of this law includes detection, prevention and medical care of SV against Mexican women.[33] This law though, does not include migrants[34] However, the Mexico´s National Development Plan 2013-2018 recognizes and considers health services access to migrants without discrimination.[35] The National Institute of Migration (INM) also is responsible to provide health and psychological care to SV victims, sex trafficking, kidnapping or other causes.[25]

Chapter 2: Problem analysis, justification, objectives and methodology

2.1 Problem Analysis

Evidence indicates that SV against women and children are common in Latin America. According to Pan American Health Organization (PAHO) statistics show that 1 in every 3 women reported to had experienced of physical or sexual by IPV or NPSV during their lifetime. SV prevalence in Central America, women reported having experienced childhood sexual abuse from 4.7% in Guatemala; 6.4% in El Salvador; and 7.8% in Honduras.[36]

The magnitude of SV against migrants and refugees often goes unreported.[37] However, violence and discrimination can appear during the migration process .[15] For instance, in Morocco, in 2014, 45% of sub-Saharan migrants indicated that they were victims of SV, predominantly gang rape.[38] Medecins Sans Fronteiras documented that one in three women treated by MSF has been subjected to one or more sexual attacks during the journey and/or their stay in Morocco.[39] In terms of human trafficking, the International Organization for Migration (IOM) estimated that global 800,000 people may be trafficked across international borders every year.[15]

SV against illegal migrants in transit through Mexico is poorly documented by the national institutions; however according to an Amnesty International (AI) report, in 2010, it was estimated that 6 out of 10 female migrants suffer SV.[13] In addition, thousand of migrants are facing kidnapping, threat and sexual abuses by members of criminal gangs and state employees. Few of these abuses are reported and never held to account.[40]

Based on studies by the National Institute of Public Health (INSP), illegal migration is related to the following determinants: mostly Central American countries; Mexico as country of transit, temporally destination and deportation; around 150,000 migrants enter illegally to Mexico per year;[23] exacerbated by political, economic and social conditions in the countries of origin; structural violence (organized crime and gangs); stigma and discrimination; SV; health care needs, and barriers in access to health services.[41]

During migrants' journeys and stay at destination, violence, SV and discrimination continue to be part of their lives.[13,15] This situation has been exacerbated by the migration law enforcement efforts, strengthening the Mexican-U.S border control, and by the continued detention and deportation of migrants.[42]
According to concerned Non-governmental Organizations (NGOs) and human rights activists, there is an excessive use of different types of violence, including SV and human rights abuse against migrants.[13,40]

Migrant's health is also a concern due to the health consequences of SV increasing their risk of exposure to STIs and HIV.[40] Because of the mobility of the migrant it is difficult to reach them for preventative actions, or provide medical care. They are often marginalized and discriminated due to their irregular status. This condition interposes barriers to accessing health services.[41]

2.2 Justification

SV is indicated as a major public health problem.[43] It was put on the international health agenda when the World Health Assembly adopted a resolution in 1996, declaring violence a leading worldwide public health problem (WHA49.25).[7] SV leads to considerable health impacts, such as physical and mental health problems, death, disabilities, affected social well-being of victims, and is a contributor to other health consequences.[44]

There are evidences that SV is widespread, and have serious mental impacts on victims and survivors, such as depression, anxiety disorders, including Post-Traumatic Stress Disorder-PTSD.[2,45] There are also reported physical and sexual reproductive health effects linked to miscarriage, stillbirth, negative child health, intrauterine haemorrhage, sexual dysfunctional, disabilities, deaths, anxiety and noncommunicable diseases among others.[46]

The impacts of SV can occur at different levels. Individual impacts can be of physical and psychological nature.[14] There are also social and economic impacts in terms of costs to society by increasing the expenditure of health services, and other services related to security policies.[15] SV can reduce productivity and block economic development, which destabilises the economy of the countries and regions.[47]

Violence has become a public health problem in Mexico. Homicide represents the seventh leading cause of deaths in the country.[26] In 2012, 20,643 cases of homicide related to violence and GBSV were reported.[27] Violence against illegal migrants, transiting through Mexico-US, is a matter well known in the country.[13]
The United Nations Development Fund report and AI say that there are high levels of SV against illegal migrants, particularly women, and many of them have disappeared during their journey.[48] As per statistic Central American illegal migrants are often facing SV.[49]

The Mexican health ministry highlights the need to work on an agenda to address and prevent violence. However, illegal migrants in Mexico are vulnerable and often invisible in that agenda. They face repeated violation of their human rights by institutions and society against their physical and psychological health.[48]
Migrants suffer various types of violence, including SV in transit through Mexico. Understanding its causes and consequences may bring significant contributions in setting priorities at all levels, advocating for prevention and protection of their health and human rights.

2.3 General Objective

To describe factors that contributes sexual violence and explores strategies to advocate and promote health and human rights of illegal migrants in Mexico in transit to the United State

2.4 Specific Objectives

1. To analyze structural, interpersonal and individual causal factors of sexual violence and its linkage to health consequences
2. To identify all forms of sexual violence against migrants
3. To review interventions to address sexual violence
4. To develop suggestions for raising awareness about the needs of migrants related to sexual violence

2.5 Methodology

The method used for this study is literature review. A descriptive study about influencing factors of SV, in particular against illegal migrants in Mexico in transit to the U.S, with the objective to develop suggestions to address SV. Peer reviewed articles, and grey literature are used.

2.5.1 Search strategy

From January to August 2015, review literature using keywords and describing 1) factors influencing SV guided by the existing conceptual framework; 2) forms of SV against illegal migrants; 3) epidemiological evidence linking SV and health impacts including STIs and HIV; and 4) interventions addressing SV. Subject, abstract or summary were screened for content and include these four fields. International PubMed, Vrije university library and Google Scholar databases were searched using combinations of keywords terms. As peer reviewed studies were limited, also grey literature (reports, news, web based network on SV and conference proceedings) was searched using PAHO, WHO, IOM, Google and national websites such as Minister of Health, INSP, and INM. Key organizations and people were contacted for information.

Table 1: Search Strategy Table

Literature	Databases/websites	Objective 1	Objective 2	Objective 3 and 4
Peer-reviewed Published articles	Pubmed, Google scholar, MEDLINE	Violence, sexual violence, risk factors, migrants, mobility, Latin America, Central America, mexico, violence against women, gender-based violence, poverty, homelessness, sex trafficking, human rights, migration law, consequences, effects, HIV, STIs	Violence, sexual violence, violence against women	Strategies, prevention, sexual violence, violence against women, effectiveness, intimate and non-partner violence, migrants, Asia, Africa, Mexico
Grey literature	Secretaria de Salud (MoH) www.salud.gob.mx National Institute of Public Health www.insp.mx Instituto Nacional de Estadística y Geografía www.inegi.org.mx World Health Organization & Pan American Health Organization www.who.int/en/ and www.paho.org/hq/ Centers for Disease Control and Prevention www.cdc.gov Medecins Sans Frontieres www.msf.org.au International Red Cross www.icrc.org	Violence, sexual violence, risk factors, migrants, mobility, Latin America, Central America, mexico, violence against women, gender-based violence, poverty, homelessness, sex trafficking, human rights, migration law, health consequences, effects, HIV, STIs	Annual report, prevalence, incidence, migrants, Mexico, Central America	Strategies, prevention, sexual violence, violence against women, intimate and non-partner violence, migrants, Asia, Africa, Mexico
	Key informants	One peer-review		

The search strategy with databases and websites is shown in Table 1. Full-text articles/reports/websites included for factors influencing SV; focus on SV among migrants, NPSV or combined IPV and NPSV, and effectiveness intervention to address SV in Latin America or combine other settings such as Africa and Asia. Articles written in English and Spanish were included with a limited time frame between January 2000 to August 2015.

2.5.2 Conceptual Framework

The World Report on Violence and Health uses the definition of violence developed by WHO in 1996: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". It is specified that this definition includes all types of violence such as self-directed, interpersonal and collective; and violent acts include physical,

sexual, psychological, and deprivation (Figure 2 in annexe 2).[47] In this paper, the focus is on SV, and refers to interpersonal and collective SV. Minority groups, such as illegal migrants, displacements and refugees often contextualize violence at different levels of the society, in which there is an increased risk of physical safety and exposed to IPV and NPSV.[50] [51]

In the general literature on violence, the ecological health model appears to be a dominant framework for understanding and addressing SV. It is used as an overall framework for SV analysis.[52] [53] Few studies have focused on SV in a migration context and have adapted the framework accordingly.[54,50] Searching for a model that is adapted to the context of migration and SV, It was identified a conceptual model of impact of structural influences on HIV/STI vulnerability among trafficked women and girls described by Goldenberg (2011) (Figure 3).[54] This framework was used to conceptualize the relationship between structural and individual-level risk factors of HIV and vulnerability to trafficking, and structural violence related to migration in Mexico-U.S. border.[54] It was also guided by two theoretical models: the ecological health model of SV Prevention, reviewed by Centers for Disease Control and Prevention,[53] and by the World Report on Violence and Health, which analyses the typology of violence.[47] These theoretical models describe the root causes of SV, which are not attributable to a single factor: its causes occur at different levels. Each level contributes to the understanding of SV and helps to build strategies that sustain protective and risk factors.[53,54]

The framework is divided into three broad categories: Structural, interpersonal and individual levels. Each category is subdivided to exhibit the links between structural factors and individual level experiences regarding SV and its consequences.[54]

1. Structural level: This is a macro-level encompassing factors as causes and effects of SV, such as gender inequality, cultural belief systems, societal norms, and economic conditions.[54,47] Interventions for structural societal-levels involve collaborations between multiple partners to change or enforce the laws and policies related to SV.[53]

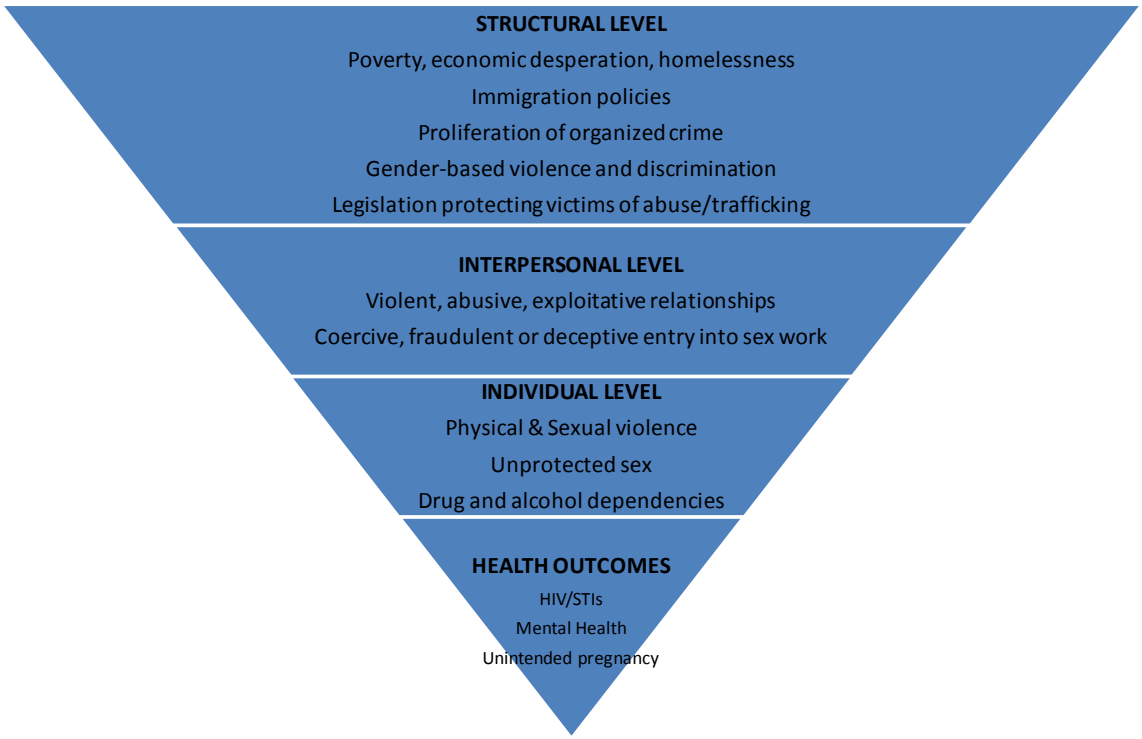
2. Interpersonal level: Explores the community context (e.g., neighbourhoods), in which there may be a general tolerance of SV.[53] Interpersonal level factors influence risks, based on community and social environments and include interpersonal experience such as violent, exploitative and coercive relationships.[54] Interventions are designed to impact the climate, systems and policies.[53]

3. Individual level: This level identifies personal factors related to gender, age, personality disorders, alcohol and/or drug abuse, and the engaging in violent behaviour, which also contributes to the tendency of either becoming a victim or perpetrator of SV.[54] Interventions on this level are often designed to target social and behavioural factors through approaches such as counselling, therapy, and educational training sessions.[53]

4. Health Outcomes: The framework contains a last level defined as "health outcomes", which is based on influencing factors of SV and its health consequences.[54]

Figure 3. The conceptual framework described by Goldenberg (2011)[54]

Conceptual framework to conceptualize the relationship between structural factors and individual-level experiences of sexual violence against migrants



Chapter 3: Influencing factors of sexual violence and its health consequences

This chapter describe factors that influence SV, using an existing conceptual framework (Figure 3). For some, there is evidence that they are part of causal pathways for SV among illegal migrants, particularly in Mexico. For others, which are described has been proposed as influencing, but evidence is inconclusive, since little research has been carried out into the issue.
The factors presents, include causal factors influencing at *structural level*, poverty, homelessness, GBSV, Migration policy & legislation protecting victims of SV; at *interpersonal level*, antisocial peers – delinquency; and at *individual level*, vulnerability factors for SV victimization/perpetration, substance use, HIV, STIs, and SV factors influencing health consequences.

3.1 Structural Level

There are several factors that may make a person more vulnerable to SV.[14] International research shows poverty, homelessness, and gender-based violence (GBV) are among the root factors of SV, they are often present in the experiences of victims and survivors.[55 56]

3.1.1 Poverty and sexual violence

Research shows patterns, such as that people living in poverty, and lacking economic power and resources are at a higher risk of SV. These factors can have consequences on the abilities to live in a safer environment.[55] Poverty and economic desperation can make people more dependent on others for survival, less able to control their own sexuality, to consent sexual abuse, to recognize victimization or to seek help when victimized.[57]

SV appears in all societies and at all socio-economic levels, but SV can have high levels of vulnerability in migrants' households.[15,58] Since, most often, illegal migration is driven by poverty, low education, and unemployed. And strong correlation between SV and poverty among illegal migrants has been reported. For example, there are reports that migrants suffer SV during and after their journey to the United Kingdom, and they are at higher risk of rape than the UK average. Poorer women are up to three more likely to being raped.[56] Other examples on SV against sub-Saharan in Morocco and

Zimbabwean migrants in South Africa, studies shows that poverty status was identified as a risk factor for SV. Financial hardship forced people to migrate in dangerous conditions, take unsafe routes and bad accommodation, which put them in a vulnerable situation.[38] Zimbabwean refugees study reported 44% of men and women were willingly negotiated their bodies for money, easy passages and others.[56]

This is similar to the situation of illegal migration in the Mexican context particularly for illegal Central American migrants, who need to pay for security as routes are controlled by national police, militaries, migrant smugglers and organized crime. Those who cannot afford to pay, are forced to engage in transactional sex.[24] There have been reports where migrants were forced into prostitution, prior it, they had been raped by traffickers.[11] Poverty and unemployment force migrants to take jobs that place them at risk; such as sexual exploitation. Migrant women often began sex work during migration, as a temporary strategy to meet subsistence/remittance needs (e.g., transport, shelter, food, and support kids/family).[9,59]

3.1.2 Homelessness and sexual violence

There is a relationship between homelessness and SV.[60] Researches indicate that people who are homeless experience excessive rates of SV.[61] One study on homeless people in Dhaka indicates that 63% of women respondents had experienced some forms of SV, such as unwanted sexual advances, touching or sexual prostitution, rape, among other. Among perpetrators were IPV and NPSV.[62] Some risks factors identified were economic survival, length of time they are homeless, locations while homeless, sleep in the streets, even childhood sexual abuse and substance use.[63] Migrants, refugees and asylum seekers are also particularly vulnerable to SV because of homelessness. A study shows that homeless Zimbabwean refugees in South Africa reported 52% refugees were sexually harassed, and SV perpetrators were border officers and police.[56]

Although, SV and homelessness has not been systematically documented among migrants in Mexico, there is evidence that illegal migrants often become homeless.[24] Once on the streets, migrants are at greater risk for sexual victimization.[48] For example, migrants, especially women have been sexually harassed for the purpose of sexual exploitation in migration

stations, even in shelters by smugglers or migrants themselves.[24] AI report (2010) has also documented repeatedly kidnapping of migrants and as a result to become victim of SV. In June 2009, 157 migrants women confirmed kidnapped, two were murdered and others raped, and at least one was forced to stay with the gang-leader as a "trophy".[13]Poor housing or homeless migrants are at risk of being targets of rape, sexual harassment, among other types of violence. These attacks have occurred along their transit to the U.S., which they often move in isolated dangers routes by foot or riding the freight trains.[24,13]

SV victims who are homeless can be within a context of societal isolation and lack of access to medical and legal support.[55] Migrants are facing this situation, despite the rapes reported, there is very limited medical, psychological, and legal access to help victims of SV.[64,13]

3.1.3 Gender-based sexual violence and discrimination

While SV can affect anyone, it is considered GBV since women are the primary targets.[65] Chege (2007) describes, "gender violence takes on a more specific nature that is mainly sexual and which hinges on patriarchal cultures whereby men seek to control the women´s bodies as objects of male sexual gratification".[66]

Rates of GBV in Latin America are among the highest in the world. WHO reports estimated that in 2013, 35% of women had experienced IPV and NPSV worldwide, while in Latin America, violence by men directed towards women, make up 36.1% of combined IPV and NPSV among women over 15 years.[2] In Mexico, a study of violence against Mexican women determined more than 36% of these women experience IPV, and 6% report having been victims of rape by someone that was not a partner.[67] Statistics specific to SV among illegal migrants in Mexico are few, however, it is roughly estimated that 60% of these illegal migrant women are raped. [48,13]

GBSV is predominantly rooted in societal norms that maintain power differentials between men and women.[65] GBSV depends not only on structures of power and domination, but also on differences in identity. This may be influenced by gender, age, race and ethnicity. For example, the

construction of masculinities is closely connected with male power over women and manifests in violence against women (VAW).[68] A University of Missouri researcher found that Mexican-American men are more engaged with traditional attitudes of masculinity (Mexican culture known as "macho man") than European American or Black men. They believed they deserve respect from their families since they are the protectors. There are highlighted influences by catholic religion in the importance of Mexican culture. It is also emphasized that these traditional attitudes may lead to greater risk of violence, substance abuse and reluctance to seek psychological support.[69] Macho man gives no accounts, explanations, and accepts no criticisms.[6]

Research on SV from Latin America shows GBSV is rooted in gender inequality norms, power relationships between men and women, and a general acceptance of violence by society.[10] Particular examples are: legitimizing and fostering acceptance of GBV among men and women; blaming women for rape or other forms of SV; justifying SV perpetrated by men, due to their sexual desires; seeing women as sexual objects; seeing female virginity as a financial value; and limiting economic opportunities for women.[70] High levels of GBSV are common in environments of Central America and Mexico, and in most of these regions, governments' responses to SV have been weak.[71,64]

GBSV, according to findings, is of particular concern within the realm of illegal migration, as women migrants appear to be in higher risk of physical and sexual abuse along their transit, than men.[13,] To understand GBSV against women migrants, a distinction has been made between structural causes such as "illegal status" and their sex and/or socially constructed gender norms supporting SV.[72]

Illegal status has an ideological and political connotation, so this population is identified as criminals violating the laws of another country. Thus, illegal status of migrants without legal protection is considered a risk factor for SV and a continuous violation of their human rights. Furthermore, migrant women's vulnerability lays in the structural and cultural gender norms, because between the decision to migrate and how to do so, women are exposed to many forms of SV.[72]

Research and reports have documented that women migrants are at high vulnerability to be forced to have sexual relationships with truck drivers, gangs, police, immigration authorities, militaries and local people as a way to allow to transit, it is known as "body-card".[73] This, could be understood as studies argues that men violent and rape in a quest for gendered power because need to demonstrate their identity, and constantly demonstrate masculinity, obliging them to give public demonstrations that involve abuses of power and humiliation.[74,6]

Simmons´s study (2015), pointed out that the Mexico-U.S militarized borders brings with it and exacerbates "hyper-masculinity, colonialism, and patriarchy", in which women migrants' bodies are targeted for physical and sexual abuse.[75] [76]

> "The train stopped at the military post near Mexicali. Two soldiers got on and when they saw the two girls they took them off the train and yelled at us to shut up or they would hit us. After a little while the girls returned and one was crying. She said they forced them to perform oral sex on the soldiers (Honduran man, 28 years old)".[76]

Masculinities allow men to rape women as part of their entitlement of being men. In some environments women are shamed for being sexually violated, and even more so men.[48] In addition to shame, migrants do not report sexual abuse because of their illegal status. As their migration is considered an illegal act, this somehow justifies violating their human rights.[72]

Lesbian, Gay, Bisexual and Transgender (LGBT) community is another concern identified among migrants, they also suffer discrimination and violence because of their sexual orientation or gender identity.[77] Women migrants are most vulnerable to SV, but LGBT migrants may be much more at risk to SV than heterosexual men and women. According to INSP statistics (2014), less than 3% of men and 60% of women reported being raped, whereas 63% of the LGBT community reported being raped.[78]

LGBT migrants suffer rape as one of the most common forms of SV perpetrated by other migrants and locals, among others. This form of violence is mainly based on issues of homophobia, intolerance, stigma and discrimination.[6] Additionally, this situation may be a consequence of patriarchal societies, like Mexico and Latin America, where LGBT are

frequently targets of discrimination and violence as a way to maintain a strong notion of masculinity that stigmatizes any form of femininity in men or hetero-normative standards.[79,70]

Trafficking: one form of sexual violence against migrants

Human trafficking, a type of involuntary form of migration is an important worldwide issue.[15] According to the study on VAW, war displacement, economic and social inequalities, and the demand for low-wage labour and sex workers are factors that shape the sex industry. Often controlled by mafia, gangs, or police and military figures, trafficking of women is a highly profitable business.[80]

There is no reliable data, though estimations suggest that 700 000 to 2 million women and girls are trafficked across international borders every year. In Latin America and Mexico primary data on sexual trafficking is difficult to obtain. IOM estimates around 20,000 victims of trafficking in Mexico, as many as 17,000 children are trafficked into the U.S every year.[81]

Mexico is considered the largest source in terms of transit and destination for trafficked persons. Mostly, women and girls are trafficked from or through Central America and Mexico to the U.S.[82,71]

Early GBV including sexual abuse increases the risk of becoming a victim of human trafficking.[71,82] Evidences from Goldenberg et al (2015) research on sex trafficking in Mexico shows causative factor for being trafficked, such as early GBV including sexual abuse was common throughout the participants´ childhood and adolescent. Sexual abuse during childhood led to involvement into the sex industry. Marginalization, inexperience, and lacking of social support makes young women become more vulnerable to sexual exploitation. Most of the participants were forced, coerced to exchange sex during their youth on the street. One third of participants exploited by a trafficker began to exchange sex as adolescent.[71]

Sex trafficking is a serious problem in the country and it is also a form of SV against migrants. A UN report, published in 2014, reported that at least 15 Mexican states have the national highest incidence of sexual trafficking, where all those states are located between Guatemala-Mexico-U.S. borders,

and are the main corridor for illegal migrants.[83] Some illegal migrants in transit along Mexico-U.S. are well-reported to become victims of sexual exploitation because they get into the hands of human traffickers.[84]

> "Many of the women who stay here (Tenosique) are travelling alone and they are single mothers. The traffickers will talk to these women along the route and offer their assistance in getting to the (U.S.-Mexico) border," said Franciscan Priest Tomas Gonzalez, director of migrant shelter La 72. "These women are so desperate in wanting to move north that they trust these traffickers and later on they are raped or they are sold".[84]

According to findings, the main factors increasing the risk of sexual exploitation among migrants are similar to Goldenberg's study. These factors are:

a) migrants' lack of access to information about legal channels to migrate for work;[15]
b) lack of human rights knowledge and the contexts in which they are transiting;
c) lack of institutional protection; high economic vulnerability; and illegal status.[13,64,72]

Drugs cartels are also widely linked with sex trafficking. Drugs cartels have been combined drugs-trafficking and sex trafficking as a more profitable business, because women can be sold more than once.[24,73] Organizations and Human Rights activists have documented that illegal migrants, trying to cross into the U.S, fall into the hands of traffickers or smugglers, and become victims of drugs cartels during their migration process and end up in forced sexual or forced sexual exploitation. According to the IOM report, among victims of trafficking that was reported in 2011, 70% were victims forced into labour, 24% into sexual exploitation, and the remaining into forced marriage.[81]

Macho culture is again related within the drug trade leading to VAW. Drugs cartels or organized crime[82] have widespread their activities to human trafficking, women migrants have become commodities in their illegal activities. Thus, VAW has been linked to the growth in organized crime and drugs trafficking. Migrants women can be raped as an initiation for being trafficked for commercial sexual exploitation, their personal papers are confiscated and they have no control over the money they earn.[85]

3.1.4 Migration Policy & Legislation protecting victims

SV rates are higher in situations where there is a lack of policies and laws, or weak sanctions against SV perpetrators.[57]

Currently, the Mexican migration law (General Law of Population) is relevant, concerning to extend health and human rights protection for migrants, even in illegal status.[9] The General Law of Population principles provide a frame protecting human rights of migrants, with special attention to vulnerable groups such as pregnant women, minors, adolescents, indigenous, and elderly people as well as victims of crime. [25]
In addition, the law also emphasizes that illegal migrants are entitled to access justice. This means that all authorities should promote respect and protection of human rights.[25,9]

However, researchers argue that despite this General Law of Population principles, the state not only limits the human rights of migrants, but they are also subject to human rights violation by the state police and immigration officials.[86,49] There are reports where the detentions of migrants has been accompanied by sexual violations before their deportation and committed in the migratory detention centers or during migrants' journeys by these state actors.[49] For example, there are cases where immigration officials have demanded sexual favours to migrant women in exchange to evade the detention or deportation.[25] This situation has proven that migrants are at constant risk with very little institutional protection.[87,49]
There is also little reports done by migrants, several findings argue that the major reasons are: a) lack of knowledge about their human rights; b) their illegal status; c) being a minority group; d) fear of deportation.[25,73]

Moreover, weakness in the national institutions to exercise justice also affects the victims' motivation to denounce. There seems to be no interest in the registration procedures to document facts of SV in the migratory centers. This is supported by two reasons: 1) unknown protection mechanisms that enable migrants to report violations; and 2) there is little existing staff to ensure victim´s assistance (legal, medical and psychological).[25]

Human rights reports argue that national authorities neglect to report multiple forms of direct violence against migrants such as kidnapping, SV and even death. Lack of access to justice and human rights protection are indicators of social inequities, and demand a response on social and political levels.[88,49,73]

Legislation protecting victims of sexual abuse/trafficking

According to UN report (2011), female migrants may be at risk for violence and sexual harassment because of issues such as lack of legal protection, and limited access to protective services.[58]

Central America and the Mexican state ratified the UN protocol to Prevent, Suppress and Punishment Trafficking in Persons (2013), and the treaty of the "Convention on the Prevention, Punishment and Eradication of Violence against Women", Convention of Belém do Pará (1994), which all seek to fight VAW, in all its forms, including sexual.[9,85]

In addition, Mexico also relies on the Criminal Code that includes penalties for "induced, concealment, procurement and forced prostitution", which applies to minors under the age of 18.[89]

Mexico has participated in conferences on trafficking organized by the U.S Department of Labour. There are cooperative agreements between the Governments of Canada, U.S under the North American Agreement of Labour Cooperation (NAALC) on combating Human Trafficking within U.S, Canada and Mexico.[81]

Based on IOM report (2005) Mexico has ratified multiple agreements related to human trafficking and its efforts relied on sexual prostitution only. Its penal codes did not include a comprehensive legal definition of sexual trafficking and laws for protecting victims.[81] Despite these agreements, Mexico is not fully involved in anti-trafficking activities, not complying with the minimum standards for eliminating trafficking, and at the moment, the lack of national-level commitment and a national anti-trafficking law. [9,81]

3.2 Interpersonal level

At community level, the presence of violence may be partially due to general tolerance of SV. People living in a violent environment have an increased risk of become victim/perpetrator of violence.[90]

3.2.1 Antisocial peers (delinquency)

In general SV is higher in areas with high level of crime and delinquency.[91] SV in such a climate is often carried out by gangs and other criminal organizations. Gangs groups are a common feature of youth delinquency and are strongly associated with SV perpetration.[74]
According to Teten et al (2012), a study found higher rates of sexual SV against intimidate partner were related in areas with high homicides rates. Delinquent peers have been related as one of the strongest risk factor for violence in adolescents. There is limited but consistent evidence that gang memberships is a risk factor for SV perpetration.[91,74]

Evidences are from South Africa and Morocco, where migrants are at high risk of SV, especially rape, committed by gangs groups and local people. For example, 57% sub-Saharan migrants in Morocco who suffered rape, perpetrators were gangs, and there were cases when perpetrators raped victims for a longer period of time.[38] Another example was giving by VAW study (2012), where rapes of women by gangs are common in Papua New Guinea, as well as in the U.S. The attacks are associated with gang initiation and racism.[80]

Based on this evidence, it can be explained that several reports link criminal violence as causative factors to SV against migrant in transit through Mexico, where gangs and organized crime groups have been appointed as SV perpetrators.[9,24,85]
In Mexico and especially in the borders areas criminal organizations involved in sex and drugs industry are the common environments for illegal migrants. For example, eight Mexican cities are listed in the ranking of the 50 most violent cities in the world. Three among those cities (Ciudad Juárez, Nuevo Laredo and Tijuana) are on the Mexico-U.S borders (see map in annexe 3), which are a transit points for illegal migrants.[92] [93] In addition, Mexico-U.S drug-war policies have increased citizen security throughout the region. The

drug cartels and migrants' routes along the Mexican territory are much more controlled and therefore the migrants take more isolated and dangerous routes that are also used by organized crime groups and gangs. As a result, migrants are at a high risk of SV.[76]

3.3 Individual level

3.3.1 Vulnerability factors for sexual violence victimization/perpetration

SV can happen to anyone regardless of age, race, sexual orientation, religion and income.[55,74]

SV can be perpetrated by an IPV or NPSV.[2] SV Perpetrators often target individuals who are dependent on the perpetrators for survival, such as children, women, people with disabilities, LGBT individuals, migrants and refugees in a strong patriarchal society. And people who are less likely to report SV and less likely to be believed, such as people with disabilities or migrants.[55] For example, a study on SV in South Africa cited that illegal migrants are less likely to report rape than citizens or residents.[37]

Findings distinguish between perpetrators of SV and becoming a victim of SV either can be a vulnerability caused by observing and experiencing SV as a child. Child maltreatment, such as physical and emotional abuse, can increase the risk of violence perpetration. Individuals who experience violence in their families, or have relationships characterized by violence may have attitudes violent and they may be at higher risk for perpetrating SV.[74,91]

3.3.2 Substance use and sexual violence

Alcohol use may increase the risk of SV. For example: Basile et al (2011) analysis shows that rape was more likely when the victim was intoxicated, yet less likely when the perpetrator was intoxicated. Women´s alcohol use may be a predictor of sexual victimization. Men may perceive intoxicated women as vulnerable, or more interested in sex. Alcohol or drug use may also put individuals in a social context where they may be more likely to encounter a perpetrator. A variety of drugs can are used to commit SV, such as cannabis, cocaine, amphetamines among others. Perpetrators use these drugs to facilitate rape, because the effects of these substances may reduce

the victim´s awareness and facilitate sexual abuse. This study documented a research of 1763 U.S. adolescents who experienced some form of SV, showed that among those, 18% were related as alcohol/drugs facilitated sexual abuse, where the victims were mostly girls.[14,78]

3.3.3 HIV another sexual transmitted infections and sexual violence

History of sexual abuse in childhood or teenage years is related to engaging in HIV risk behaviours through sex with multiple partners, unprotected intercourse, and sharing unclean needles for drug use.[94] Some findings show that SV perpetrators are more likely than non-violent individuals to be at risk of acquiring HIV, through having multiple sexual partners, frequent drugs use, frequenting sex workers, and having STIs. All these behaviours of the perpetrators increase their victims' risk of HIV or STIs.[2,71]
In addition, victims of SV have limited control of their sexuality and ability to negotiate condom use due to the fact that SV is often characterized by fear and controlling of victims. In the case of forced sexual intercourse, either by IPV or NPSV, victims do not control the possibility use contraceptives or to negotiate condom use. This increases the victims' risk of HIV, STIs, and unwanted pregnancies.[2,14]

3.4 Sexual violence factors influencing health consequences

There are few researches on SV and its consequences in migrants; however some findings documented health consequence among migrants' victims of SV in Morocco and Mexico.[71,73]

3.4.1 Migration, health vulnerability and STIs - HIV

Keygnaert et al (2014) study documented that at least half of the victims reported negative health consequences related to SV. The psychological consequences were described as "shame", "restlessness", "not able to speak", "fear" and "emotional breakdown". The physical consequences were explained as wounds, vaginal bleeding, belly pains, difficult to walk, severe pain, vaginal and anal injuries, even death cases reported. Sexual and reproductive consequences were reported as well: about 20% of victims had unwanted pregnancies, STIs or HIV/AIDS.[38]

Studies show evidences that unsafe sex practice and lack of preventive programs to address SV, increases risk of STIs/HIV transmission. [95] [96,82]
The Bronfman (2002) and Goldenberg et al (2012) researches on Central America and Mexico's mobile populations and its relationship to vulnerability to STIs/HIV, show that their illegal status makes migrants particularly vulnerable to HIV transmission. Highlighted are women, who are often forced to have, exchange sex, increased number of sexual partners, are raped, all without the chance to negotiate condom use, and put women at a higher risk of STIs and HIV transmission.[59,88]

Men who have Sex with Men (MSM) was another vulnerable group identified, since they have frequent interactions with mobile populations without safe sex, including heavy drinking.[88]

Other evidences carried out in Mexico-U.S borders show that sex trafficking and coerced sex are linked to a higher risk of HIV. Women involved in sex trafficking reported to have the highest risk of HIV, which was related to unprotected sex within the context of GBSV, forced entry into sex work, and coercion to exchange sex. Finding highlights that early GBV can be directly to shape future vulnerability to adolescent sex exchange and coerced into sex industry.[59] These studies emphasize that there are no evidence-based HIV prevention interventions for women who begin to exchange sex or sexual coercion.[97]

Very few public health services are available for illegal migrants to provide medical treatment to victims/survivors of SV.[13,73] Few shelters offer HIV prevention by giving away free condoms. Some NGOs also have health programs with undocumented Commercial Sex Workers and MSM, but are relatively inexperienced in regional HIV prevention. Additionally, these NGOs have little activities reporting, and coordination between each other.[88]

Illegal migrants in transit along Mexico are identified as a socially and economically excluded population, which may potentially affect their health.[64,76] Lack of emergency contraception, treatment and prophylaxis for HIV/STIs increases the risk on STIs/HIV transmission and may exacerbate mental health problems leading to increased alcohol abuse.[75] Since there are strong evidences that female victims of SV is 2.3 times more likely to have

alcohol use disorders and 2.6 more likely to suffer depression or anxiety compared to women who have not experienced SV.[2]
Other consequence as a result of non-consensual sex and inability to negotiate condom use are unintended pregnancies. A study in Brazil, reported 60.3% of women had an unintended pregnancy as result of SV.[98] Furthermore, 16% greater odds in low birth-weight babies, twice as likely to have an induced abortion, STIs, for example: 1.5 times more likely to acquire HIV, and 1.6 times more likely to have syphilis infection, chlamydia or gonorrhoea.[2]
SV can contribute to the burden of the diseases.[14] These evidences highlight the need to address SV, and prevent more victims. Special attention need to give to immigrants victims of SV. Health access in order to help victims of SV and prevents traumatic disorders, such as mental and physical health effects.

In sum, the findings presented in this chapter 3, illegal migrants in transit along Mexico are subject to frequent forms of SV and human right violations. Although, not all migrants become victims of SV during their transit, most findings argue that violence in general and sexual violence in particular is just an unavoidable part of the migrants' journey. Migrants in transit often experience being forced to exchange sex, rape and sexual exploitation leading to unsafe sex, and increasing the risk to STIs and HIV transmission. Among causative factors of SV, such as poverty, GBSV, Violence in the public environment, lack of institutional support, among others have a large link at structural and community levels. Furthermore, SV has serious consequences for victims' health and wellbeing, which demand interventions at individual, interpersonal and structural levels.

Chapter 4: Strategies to address sexual violence

SV is preventable, and universal interventions to address SV are aimed at the whole population.[74] Since there is no single causal factor, comprehensive strategies should address multiple causal factors at society, community and individual level.[99]

SV against illegal migrants underline structural and interpersonal causative factors, thus, the next strategies were identified through based-evidence for the effectiveness of interventions to prevent and respond VAW, which can addressed SV among migrants. The strategies have an emphasis on good practice interventions in Latin America, as priority, but also there are experiences from other countries where NGOs have been supported strategies to prevent VAW.

These strategies do not map clearly to the conceptual framework in terms of the level at which they operate. They may target one or more risk factors and operate across single or multiple levels.
There is relatively limited evidence on the particular interventions that may be relevant for responding SV among vulnerable or marginalized groups, (e.g., survivors of violence, MSM, sex workers, migrants or other minorities) as well as few studies assessed the sustainability of intervention impacts.[100] [101] [102]

The strategies also may be not be easy to implement or strengthen, since they require government commitment to protect migrants' health and rights, and a strong support from the national and international community, which play an important role in preventing and reducing perpetrators/victims of SV.

4.1 The use of Media, campaigns, and change markers

4.1.1 Communication and advocacy campaigns

Media and communication campaigns attempt to address underlying gender social norms that impact all forms of VAW. This strategy work at national, at individuals, or organizations level, motivates legal actions, protect human rights and changes social norms.[93,95]

Mostly, advocacy campaigns are part of a NGO, and, this may give resonance to interest of organizations operating locally or government attention. This can be linked to human rights calls upon international community to make all efforts, such as campaigns at UN level. The expansion of organizations (e.g., human rights ONGs) is critical for a government´s violation of human rights and the activation of international community pressure on the government to address SV or change human rights abuses.[103]
Campaigns interventions may influence social norms through public discussion, and often include media interventions, using television, radio, internet, newspapers, magazines etc. Campaigns can integrate social messages into popular and high-quality entertainment media.[100] Examples are: "*Search for a Common Ground´s DRC* programme includes community-based awareness raising interventions with refugees aimed to change community attitudes and provide information on how to prevent GBSV and support victims".[100]
Another example, "We Can Campaign to End Violence against Women", launched by Oxfam between 2004 and 2011. The campaign aimed to reach 50 million individuals in Afghanistan, India, Pakistan, and others, and the goal was to reduce the social acceptance of gender discrimination and VAW. The success of this campaign was: the creation of alliances with universities, civil society, and private sector; its contribution to individual and institutional transformation and raising public awareness of issues of VAW.[102]
In general, evaluations on their effectiveness are scarce. Some evaluations measured changes in awareness, attitudes and norms but none showed changes in violent behaviour or rates of VAW for instance.[102]

This strategy may be implemented and adapted to the migration context. Advocacy campaigns can lead to an increase in awareness and knowledge about risks factors for SV against illegal migrants in transit along Mexico-U.S. The awareness campaigns may be in countries of migrants' origin. They may be made aware of the dangerous routes and engage with traffickers and/or gangs. The awareness campaigns need to make people aware of VAW laws, and for those who take advantage of the migrants' vulnerability. This strategy may be carrying out or strengthen through human rights activists who are currently present in the region.

4.1.2 Community mobilization and advocacy: Multi-component interventions

These interventions attempt to empower women, engage men and change gender stereotypes and norms at a community level. They can take the form of community workshops and peer trainings.[100,102]
There is evidence that community mobilization campaigns have the potential to change risk factors for VAW. Evaluations show some changes in behaviour of individual men, in couple relationships and in community norms toward the acceptance violence.[104]

Latin America countries such as Bolivia, Colombia, Mexico, among others have promoted community change in attitudes and practices related to gender norms and values, VAW and HIV/AIDS prevention. However, few interventions to promote and strengthen migrants, especially women's knowledge of legal and social rights and empower them to seek help for abuse.[104]

Community mobilization and advocacy can increase awareness of migrant´s rights in the countries of origin and in Mexico to reduce the acceptance of SV as a norm against them. These strategies may also empower migrants, they can take a form of community workshops in shelters, where normally they stay for a while until reaching U.S.

This strategy combines awareness-raising with skills building about SV prevention,[100] these skills may be:

- obtain knowledge on how to access available services
- how to protect themselves against SV, and preventing to engage into sex exploitation
- warning migrants about perpetrators who are known to be violent
- provide knowledge about their rights and legislation

4.1.3 Interventions in the justice sector

While there is limited evidence about effectiveness the link between criminal justice and prevention SV, most of researchers consider a crucial component to reduce VAW.[104]

Laws do not always recognize VAW, particularly in the case of GBV, IPV or NPSV, so that priorities for prevention VAW involve to the justice sector. Justice sector may contribute to prevention VAW by sanctioning SV perpetrators; increasing awareness throughout society; and by strengthen women´s rights and access to legal system. Strengthen the institutional support of police and judiciary may be through sensitization and training of justice system personal.[104]

Training personal in the police and judiciary

Latin America organizations, such as Brazil and Nicaragua have made efforts to sensitize and train police, judges and other law enforcement personnel to improve knowledge, attitudes and practice related to GBSV. These trainings frequently is financing from international agencies or bilateral donors. Trainings can be in-service training delivery to active duty police, and pre-service training offered in the policy academy.[104]

Examples can be learned from experiences in Brazil, where its government implemented a multi-year project aimed at integrating relevant national and international human rights law and norms into operations and training. This was through an assessment of needs and capacities. Consequently the International Committee of the Red Cross in close cooperation with the Brazilian Ministry of Justice and the Military Police designed a strategy to address deficiencies and build the force´s capacities to alter negative behaviour patterns.[105]
It may be possible to work with Mexican police and immigration officials to address norms and values around the acceptance of SV perpetrated within the workforce.

Trainings focusing on:

- interpretation and enforcement of domestic legislation on GBV
- international human rights conventions, such as Belém do Pará and other human rights legal frameworks from the country (e.g., general population law)
- Social services and public defenders

In addition, Morrison et al (2014) suggest evaluations on: changing attitudes towards VAW is a challenging; long-term process; include all levels of

personnel receive training, i.e., high level official; quality of content and skills of trainers; and continual trainings and monitoring & evaluation.[104]

4.2 Comprehensive health care to victims/survivors of sexual violence

This level responds immediately after SV has occurred. The focus is on the prevention of short-term effects and revictimization.[90,102]

4.2.1 Crisis centres, shelters, and helplines services

Crisis centres/shelters provide the most common forms of response to SV. Through these places multiple related services may be provided, such as medical care, shelter, crisis management, counselling, and legal aid. There is base-evidence from Bangladesh and Nepal experiences, where Multi-Sectoral Programme on VAW (MSPVAW) implemented this program together with the Ministry of Women and Children Affairs. The program has progressed, and now engages ten other government ministries including the Ministry of Law, Education, Health and Family Welfare. MSPVAW has been fundamental in the establishment and scale-up of hospital-based. Another aspect is the National Helpline Centre, 24-hour helpline accessible from land line/mobile numbers; they received 18,000 calls in 2 years. A rigorous evaluation of this strategy has not been performed, yet some key challenges are linked with this strategy. For example, shelters may not guarantee protection, finances capacity and community commitment, as well as lack of support from government and organizations.[104]
The program model requires training health care professionals, not only to provide medical care, but to accurately identify women and girls who might be at risk of violence, or who already were victimized.[104]

This strategy may be feasible to address migrants who may be victims of SV. Currently, there are approximately 50 shelters for migrants established throughout Mexico. These shelters provide humanitarian aid (food and accommodation), but does not have capacity to provide medical support. Shelters are under sustainability of the Catholic Church and civil society, without receive support from Mexican State, which requires essential support from NGOs.[14,88] Organizations may implement or strengthen this

strategy, providing these multiple services to victims of SV, they may involve national institutions or health sector. In fact, migrants often are discriminated, leading to lack of access to public services, and a pattern of contact movement, and therefore require a multisectorial support and effective response system, enabling victims to access all they need in one place.

Comprehensive medical care to SV victims include:[106]

- Early identification;
- acute care: emergency contraception, treatment and prophylaxis for STIs and HIV, information for safe abortion, and forensic examination (if a victim decides to pursue prosecution);
- mental health care
- safety planning
- referral to social support can mitigate consequences of SV and prevent re-occurrence.

The shelters can play an essential role not only in responding SV, but also in preventing violence by documentation of sexual abuses.

In sum, responses to SV in migration context need to take account of different patterns of vulnerability between structural and individual levels, of which especially the broader context of GBSV. There are practically focus on two strategies for SV, being communication and advocacy campaigns against SV at community level and the support of victims/survivors immediately after the violence has occurred. However, it is essential to focus on the prevention of SV, of which require a multi-sectoral approach with a strong support by the national and international organizations, and commitment by the government.

Chapter 5: Discussion

This review has shown significant evidences of factors influencing SV among illegal migrants: Poverty; homelessness; social and gender norms; stereotypes, illegal status, exploitation by the criminal circuit in the sex industry and human trafficking; abuse by migration law enforcement officers; and lack of supportive institutions.[70,72,73] Furthermore, SV leads to serious consequences, including alcohol disorders, depression and anxiety, negative sexual and reproductive outcomes such as unwanted pregnancy, unsafe abortion, and high risk of STIs and HIV transmission.[2] SV against migrants can take many forms, such as rape, coerced and forced sex exchange, sexual exploitation, and absence of the rights to use contraception to protect against STIs and HIV. [73,85,88]

SV against migrants seems to be moved up the national policy agenda.[9,25,72] However, there are many consequences of the SV, and have an impact at both society and individual levels. There are strong evidences that consequences can include transmission of HIV and other STIs.[2] In some studies, frequent migrations between populations with different HIV prevalence and changes in sexual risk behaviours may accelerate HIV transmission and contribute to the HIV epidemic.[59,82,88] Furthermore, SV creates direct costs for the society, such as health care and legal justice services.[14,44] These situations require an institutional approach, which in turn require support and commitment by the government. The national and international NGOs are essential to support and work together to prevent GBSV, with the broader long-term vision.[101] The effects of SV interventions are broad: benefiting the migrants themselves but also protecting the society.[99]

Drawing on the existing conceptual framework[54] (see the sum of causal factors in chapter 3), responses to SV in migration context need to take account of different patterns of vulnerability between structural and individual levels, of which the strategies presented in chapter 4 are not enough to have an impact at all levels and reduce victims/perpetrators for SV.[100,104]

As there are many health consequences of SV, the health sector involvement is also important to prevent and respond SV. Follow-up PAHO/WHO

priorities, the health sector has an essential role in collecting data about SV, risk factors and consequences, and raising awareness of VAW as public health problem.[36,68] Public health strategies can be used to change social norms and behaviours linked to SV and consequences (e.g., HIV/STIs). Interventions can be done at multiple levels: At *individual level:* targeting vulnerable groups, such as migrants and sexual workers in border posts, shelters and transit stations; At *interpersonal level*, populations in high impact communities along migrants routes; and At *structural level:* engaging establishments of police and immigration. Awareness of SV, HIV/STIs testing and risk reduction counselling can be done at all levels. Comprehensive healthcare to victims/survivors can be provided. Access to medical, psychological and social services can be facilitated to reduce SV consequences among migrants' victims of SV and trafficking. All these actions are essential for reduction of SV and consequences, such as substance abuse, unwanted pregnancy, unsafe abortion, HIV/STIs transmission among others. Partnership approaches are needed to support SV prevention and respond among vulnerable groups such as migrants.[59,70]

The public health sector role in addressing strategies to change social norms and values linked to SV has priority.[36] Since results show causal factor on environmental exposure, such as social norms around gender relations and a wide diversity of men perpetrators (NPSV) for SV perpetration against migrants. Social norms, values, masculinities and behaviours need to be understood as one of the causal factors in the environment that performance men´s SV entitled over women. SV perpetration is prevented and it is possible to change environmental exposures. Prevention programs at community level in the land of origin need to target adolescent boys with multiple risk factors for perpetration.[70,104] The focus needs to be on changing constructions of masculinity to promote more equitable and non-violent masculinities.[74] Others activities needs to promote healthy recreation to discourage forming gangs or antisocial behaviour. This can reduce SV against migrants, as well as for the general population, since as per statistics; violence and SV are a serious problem in Mexico. [74]

Another important sector is the NGOs. Illegal migration has political institutional social connotation and it is often forgotten and marginalized by governments between countries. Hence the NGOs and public campaigns need to lobby to legally enforce the human rights of migrants by state and

other societal actors.[100,] It is known that there are NGOs and civil society (e.g., Catholic Church) providing humanitarian aid and promoting human rights, however, there is very little attention or experience to address SV. It is essential to focus on these actions, of which organizations may carry out and to be strategic in the choice priorities. The literature highlighted public awareness of and support for VAW laws and migrant´s rights, and migrants' awareness of and ability to exercise rights. In addition, efforts to change SV abuses practices committed by state and non-state actors; improve implementation of criminal sanctions for SV perpetrators and ensure legal protection for SV victims by police and judicial system need to paid attention. These specific initiatives may be at national and international advocacy campaigns in order to support ratification of international VAW laws and human rights.[104] Establishment of more local organizations working in SV prevention helps to have high-visibility because a critical linkage between local NGOs and INGOs is necessary in order to have greater international community attention and support.[103]

There are very few studies to address SV against migrants and available official data are unreliable. Documenting SV abuses to do advocacy is a priority. Human rights organizations and civil society working locally (e.g., shelters) have a key role in data collection, reporting and monitoring, and then to be transmitted to international organizations that can be used this information to pressure on the local government to have more commitment. Reports need to include a view of all forms of SV, perpetrators and victims of SV, causal factors and consequences.[13,36,59]

Finally, this study mainly addresses the issues of migrants who are a specific group related to more than one government. It will not be possible to entirely eliminate the vulnerability of a migrant population as being people in between states. The Mexican government is required to make a commitment to responding in a comprehensive manner to the victims of SV on its territory. At the same time, the migrants' countries of origin, particularly in Central America, are also responsible and be aware of the serious consequences for their citizens. There is a strong call for the international community to pay attention, particularly with regard to addressing sexual violence, and protecting human rights.

Limitations of the study

This study was based on literature review. There is little research linking SV and its causative factors among illegal migrants in Mexico. However, it was possible to identify risk/causative factors based on international research and grey literature. There is scarcity of studies on SV and its health consequences in migrants who have been victim of SV in Mexico. Migrants is a general term, though most studies focus on women, and little attention specifically on migrant men and internal migrants, who may be also victims of SV. There are limitations of research on the economic impact related to SV, and explorations factors of SV in U.S and Central America.

Chapter 6: Conclusion and recommendations

SV against migrants is a serious health and human right violation. Migrants, particularly women are at high risk of multiple forms of SV by predominantly men, non-partner SV perpetrators, including local people and state officials. SV is a big concern along Mexico borders, a place where SV and human rights violations are routinely enacted against illegal migrants.

This review suggests that the predominant causal factors associated with SV against illegal migrants are structural and interpersonal; among them are poverty; homelessness, gender norms; stereotypes, illegal status, exploitation by criminal circuit in the sex industry and human trafficking; abuse by law enforcement officers; and lack of supportive institutions. These causal factors can lead to many forms of SV, and there are strong evidences that SV have important effects on victims and survivor´s physical, sexual, reproductive, and mental health. Victims and perpetrators of SV, among others are also vulnerable and at high risk of STIs and HIV transmission due to rape, exchange sex, forced sexual exploitation, and unprotected sex. Responses to SV need to take account of different patterns of vulnerability between structural and individual levels, which require public health approach to develop strategies based on evidence causal and risk factors to modify both society and individual behaviour levels.

Migrants victims of SV are left without adequate support in situations of extreme vulnerability. As result, comprehensive healthcare to SV victims/survivors urgently needed to reduce negative health consequences.
SV against migrants is apparently not being dealt with by the national authorities, and it does not seem that migrants are politically cared for by the governments. Migrants are a vulnerable population who have experienced multiple forms of SV. Since illegal migrants often experience few institutional support opportunities, target interventions for this group are needed. Therefore, this study concludes with the next recommendations:

Comprehensive cross-border, response and preventions actions linked with causal factors for SV:

Community-level interventions

1. Community awareness campaigns about GBSV against illegal migrants, law enforcing, human rights and legal protection are urgently called for lobbying at different levels;
2. Bring attention to the international community in order to address SV in a migration context. Their support is essential in order to prevent all forms of SV, to respond to the health and safety needs of SV victims and survivors;
3. Community mobilization and advocacy targeting migrants to provide awareness-raising and knowledge about human rights, SV prevention (causal/risk factors, and potential perpetrators), how to access services available, and prevent engagement in sex trafficking;
4. Advocacy actions to access comprehensive health care to migrants, victims/survivors of SV to reduce short term effects, through crisis centres or helplines services to ensure medical, psychological, shelter, crisis management, counselling and legal aid as well as assist the victim of trafficking;
5. Enforce migration law ("general population law") to protect migrants' health and human rights;

Health Sector

6. Health sector and/or partnerships address SV as a public health problem; it is a priority at individual, community and structural level. It is needed to support prevention programs for SV, e.g., programs aimed at changing gender social norms, targeting men and adolescents are particularly relevant to prevent violent behaviour;
7. Intervention that engages establishments of police and immigration. Sensitize and train on law enforcement personnel to improve knowledge, attitudes and practice related to GBSV, international VAW laws and human rights;
8. Improve SV data collection, report and dissemination. Develop research on SV among migrants population. Researches enable a better understanding of the magnitude of the problem and may be used to guide policy development, and prevent and respond SV based on evidence causal factors.

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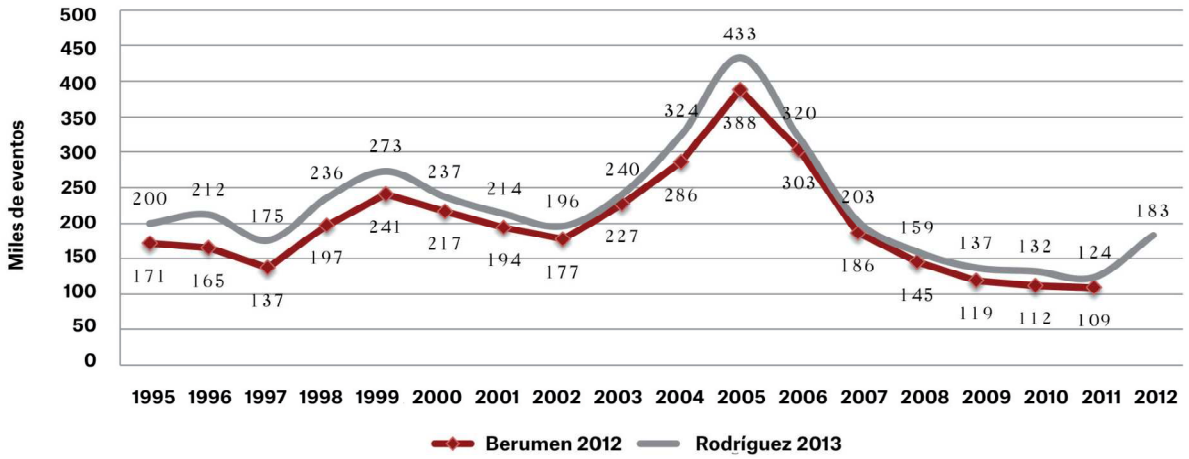
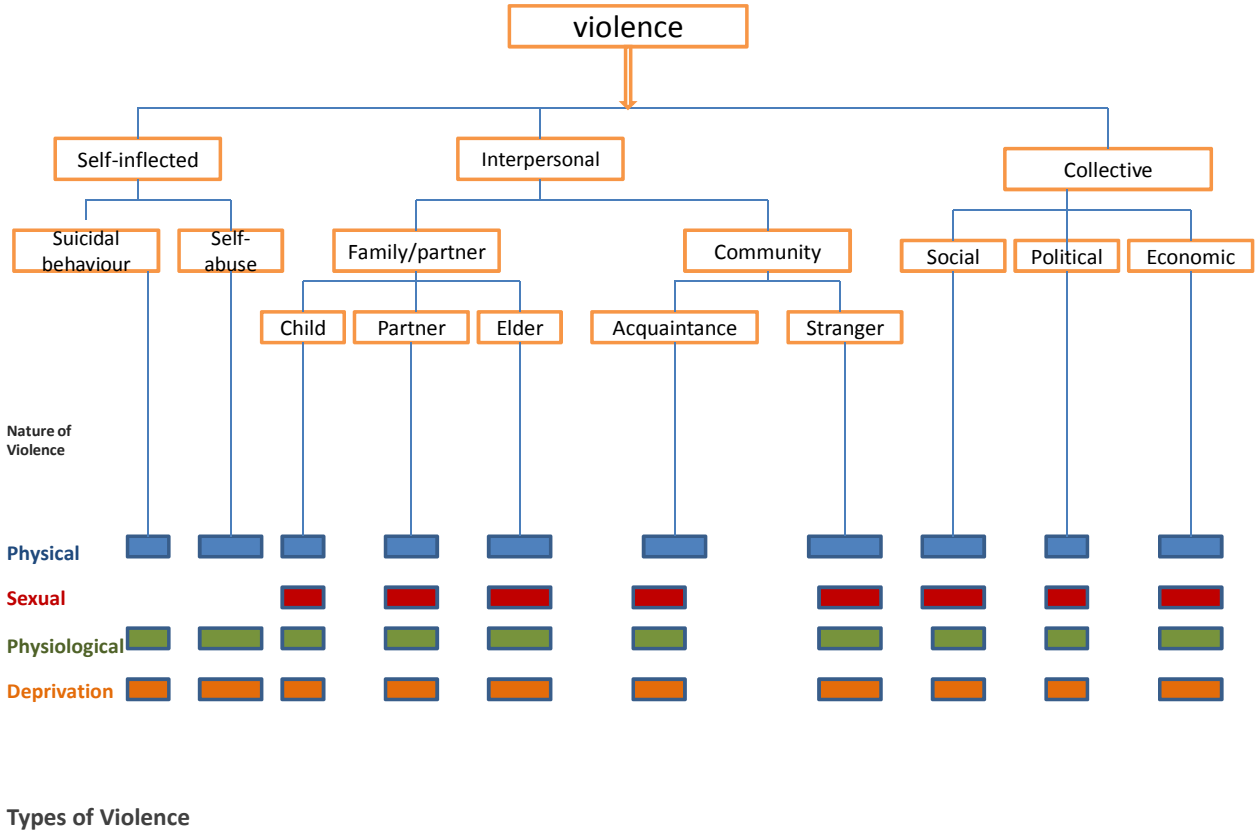
Annex 1: Figure 1 Estimation of undocumented migrants from Central America in transit throughout Mexico to USA, 1995 – 2012 (21)



Source: Estimations by Rodríguez, et al. 2011 and 2013; Berumen, et al. 2012, based on The Mexican Secretariat of the Interior (SEGOB), Immigration Statistics Bulletin of Mexico; DHS, Yearbook of Immigration Statistics; U.S. Customs and Border Protection (CBP), Border Patrol Statistics; U.S. Census Bureau, American Community Survey (ACS) and Current Population Survey (CPS).

Annex 2: Figure 2 Types of Violence (47)



Source: The world report on violence and health (2002)

Annex 3: Map - Main routes taken by migrants through Mexico (13)

Source: Invisible victims: Migrants on the move in Mexico report (2010)