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FORCED TO FLEE CENTRAL AMERICA'S NORTHERN TRIANGLE:

A NEGLECTED HUMANITARIAN CRISIS

MEDECINS SANS FRONTIERES

When you have no strength left, when you no longer have anyone around to help you keep going, when you have lost all hope, when fear and distrust are your only travel companions, when you can't take another hit, when you have lost your identity, when you feel that your dignity has been missing since the last time you were assaulted, or the last time they forced you to undress —it is during these moments when you need to take a seat, regain your strength, and build the confidence to talk to people and let them help you.

Carmen Rodríguez
MSF Mental Health Referent in Mexico

Cover: Migrants and refugees cross the Suchiate River to enter Mexico from Guatemala in 2014.
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Migrants travel through Mexico on a cargo train, known locally as "The Beast."

1

EXECUTIVE SUMMARY

An estimated 500,000 people cross into Mexico every year[1]. The majority making up this massive forced migration flow originate from El Salvador, Honduras, and Guatemala, known as the Northern Triangle of Central America (NTCA), one of the most violent regions in the world today.

Since 2012, the international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) has been providing medical and mental health care to tens of thousands of migrants and refugees fleeing the NTCA's extreme violence and traveling along the world's largest migration corridor in Mexico. Through violence assessment surveys and medical and psychosocial consultations, MSF teams have witnessed and documented a pattern of violent displacement, persecution, sexual violence, and forced repatriation akin to the conditions found in the deadliest armed conflicts in the world today[2].

For millions of people from the NTCA region, trauma, fear and horrific violence are dominant facets of daily life. Yet it is a reality that does not end with their forced flight to Mexico. Along the migration route from the NTCA, migrants and refugees are preyed upon by criminal organizations, sometimes with the tacit approval or complicity of national authorities, and subjected to violence and other abuses —abduction, theft, extortion, torture, and rape— that can leave them injured and traumatized.

1_ Source: UNHCR MEXICO FACTSHEET. February 2017. Last visited 18 April 2017. Data compiled by UNHCR based on SEGOB and INM official sources.

2_The Geneva Declaration on Armed Violence and Development. Global Burden of Armed Violence 2015: Every Body Counts, October 2015, Chapter Two, http://www.genevadeclaration.org/fileadmin/docs/GBAV3/GBAV3_Ch2_pp49-86.pdf

Despite existing legal protections under Mexican law, they are systematically detained and deported. Nearly 98 percent of NTCA citizens were captured by immigration authorities in 2015, with devastating consequences on their physical and mental health.

The findings of this report, based on surveys and medical programmatic data from the past two years, come against the backdrop of heightened immigration enforcement by Mexico and the United States, including the use of detention and deportation. Such practices threaten to drive more refugees and migrants into the brutal hands of smugglers or criminal organizations.

From January 2013 to December 2016, MSF teams have provided 33,593 consultations to migrants and refugees from the NTCA through direct medical care in several mobile health clinics, migrant centers and hostels —known locally as albergues— across Mexico. Through these activities, MSF has documented the extensive levels of violence against patients treated in these clinics, as well as the mental health impact of trauma experienced prior to fleeing countries of origin and while on the move.

Since the program's inception, MSF teams have expressed concern about the lack of institutional and government support to the people it is treating and supporting along the migration route. In 2015 and 2016, MSF began surveying patients and collecting medical data and testimonies. This was part of an effort by MSF to better understand the factors driving migration from the NTCA, and to assess the medical needs and vulnerabilities specific to the migrant and refugee population MSF is treating in Mexico.

The surveys and medical data were limited to MSF patients and people receiving treatment in MSF-supported clinics. Nevertheless, this is some of the most comprehensive medical data available on migrants and refugees from Central America. This report provides stark evidence of the extreme levels of violence experienced by people fleeing from El Salvador, Honduras, and Guatemala, and underscores the need for adequate health care, support, and protection along the migration route through Mexico.

In 2015, MSF carried out a survey of 467 randomly sampled migrants and refugees in facilities the organization supports in Mexico. We gathered additional data from MSF clinics from 2015 through December 2016. Key findings of the survey include:

Reasons for leaving:

— Of those interviewed, almost 40 percent (39.2%) mentioned direct attacks or threats to themselves or their families, extortion or gang-forced recruitment as the main reason for fleeing their countries.
— Of all NTCA refugees and migrants surveyed, 43.5 percent had a relative who died due to violence in the last two years. More than half of Salvadorans surveyed (56.2 percent) had a relative who died due to violence in this same time span.
— Additionally, 54.8% of Salvadorans had been the victim of blackmail or extortion, significantly higher than respondents from Honduras or Guatemala.

Violence on the Journey:

— 68.3 percent of the migrant and refugee populations entering Mexico reported being victims of violence during their transit toward the United States.
— Nearly one-third of the women surveyed had been sexually abused during their journey.
— MSF patients reported that the perpetrators of violence included members of gangs and other criminal organizations, as well as members of the Mexican security forces responsible for their protection.

According to medical data from MSF clinics from 2015 through December 2016:

— One-fourth of MSF medical consultations in the migrants/refugee program were related to physical injuries and intentional trauma that occurred en route to the United States.
— 60 percent of the 166 people treated for sexual violence were raped, and 40 percent were exposed to sexual assault and other types of humiliation, including forced nudity.
— Of the 1,817 refugees and migrants treated by MSF for mental health issues in 2015 and 2016, close to half (47.3 percent) were victims of direct physical violence en route, while 47.2 percent of this group reported being forced to flee their homes.

The MSF survey and project data from 2015-2016 show a clear pattern of victimization—both as the impetus for many people to flee the NTCA and as part of their experience along the migration route. The pattern of violence documented by MSF plays out in a context where there is an inadequate response from governments, and where immigration and asylum policies disregard the humanitarian needs of migrants and refugees.

Despite the existence of a humanitarian crisis affecting people fleeing violence in the NTCA, the number of related asylum grants in the US and Mexico remains low. Given the tremendous levels of violence against migrants and refugees in their countries of origin and along the migration route in Mexico, the existing legal framework should provide effective protection mechanisms to victimized populations. Yet people forced to flee the NTCA are mostly treated as economic migrants by countries of refuge such as Mexico or the United States. Less than 4,000 people fleeing El Salvador, Honduras, and Guatemala were granted asylum status in 2016[3]. In addition, the government of Mexico deported 141,990 people from the NTCA. Regarding the situation in US, by the end of 2015, 98,923 indiviudals from the NTCA had submitted requests for refugee or asylum status according to UNHCR[4]. Nevertheless, the number of asylums status granted to individuals from the NTCA has been comparatively low, with just 9,401 granted status since FY 2011[5].

As a medical humanitarian organization that works in more than 60 countries, MSF delivers emergency aid to people affected by armed conflict, epidemics, disasters, and exclusion from health care. The violence suffered by people in the NTCA is comparable to the experience in war zones where MSF has been present for decades. Murder, kidnappings, threats, recruitment by non-state armed actors, extortion, sexual violence and forced disappearance are brutal realities in many of the conflict areas where MSF provides support.

The evidence gathered by MSF points to the need to understand that the story of migration from the NTCA is not only about economic migration, but about a broader humanitarian crisis.

While there are certainly people leaving the NTCA for better economic opportunities in the United States, the data presented in this report also paints a dire picture of a story of migration from the NTCA as one of people running for their lives. It is a picture of repeated violence, beginning in NTCA countries and causing people to flee, and extending through Mexico, with a breakdown in people's access to medical care and ability to seek protection in Mexico and the United States.

It is a humanitarian crisis that demands that the governments of Mexico and United States, with the support of countries in the region and international organizations, rapidly scale up the application of legal protection measures —asylum, humanitarian visas, and temporary protected status— for people fleeing violence in the NTCA region; immediately cease the systematic deportation of NTCA citizens; and expand access to medical, mental health, and sexual violence care services for migrants and refugees.

2

INTRODUCTION: **CARING FOR REFUGEES AND MIGRANTS**

MSF has worked with migrants and refugees in Mexico since 2012, offering medical and psychological care to thousands of people fleeing the Northern Triangle of Central America (NTCA). Since the MSF program started, the organization has worked in several locations along the migration route: Ixtepec and Arriaga (Oaxaca); Tenosique (Tabasco); Bojay (Hidalgo); Tierra Blanca (Veracruz); Lechería/Tultitlán, Apaxco and Huehuetoca (México State); Mexico City; San Luis Potosí and Celaya (Guanajuato). Locations have changed based on changes in routes used by migrants and refugees or the presence of other organizations. MSF's services have mainly been provided inside hostels, or albergues, along the route. In some locations, MSF set up mobile clinics close to the rail roads and train stations.

In addition, MSF teams have trained 888 volunteers and staff at 71 shelters and hostels in "psychological first aid"—in which patients are counseled for a short period of time before they continue their journey. Health staff and volunteers in key points along the transit route, at 41 shelters and 166 medical facilities, received training on counseling related to sexual and gender-based violence (SGBV).

From January 2013 to December 2016, MSF teams carried out 28,020 medical consultations and 5,573 mental health consultations. More than 46,000 individuals attended psychosocial activities organized by our teams to address the following topics: stress on

3_ Source: UNHCR MEXICO FACTSHEET. February 2017.

4_ Regional Response to the Northern Triangle of Central America Situation. UNHCR. Accessed on 01/02/2017 at http://reporting.unhcr.org/sites/default/files/UNHCR%20-%20NTCA%20Situation%20Supplementary%20Appeal%20-%20June%202016.pdf

5_ Source: MSF calculations based on information from US Homeland Security. Yearbook of Immigration Statistics 2015.

Migrant and refugee patients attended by MSF from 2013-2016

the road, violence on the road, mental health promotion and prevention, myths and truths about the migration route, and developing tools to deal with anxiety.

Some of the people treated by MSF report extreme pain and suffering due to physical and emotional violence inflicted on them on the migration route. In 2016, MSF, in collaboration with the Scalabrinian Mission for Migrants and Refugees (SMR), opened a rehabilitation center for victims of extreme violence and other cruel, inhuman or degrading treatment. Since then MSF has treated 93 patients who required longer-term mental health and rehabilitation services.

Torture is inflicted by governmental security actors, while criminal organizations inflict extreme degrees of violence on these already vulnerable populations. Migrants and refugees are often easy prey, and they face severe difficulties in making any formal legal complaint. Some patients reported having been kidnapped, repeatedly beaten for days or even weeks for the purposes of extortion and ransom, or sometimes to frighten or intimidate other migrants and refugees. Attacks often include sexual assault and rape.

- Center Route: From Tierra Blanca to Querétaro
- Northeast Route: From Querétaro to Ciudad Acuña
- Northwest Route: From Querétaro to Tijuana
- North Route: From Querétaro to Puerto Palomas
- Southeast Route: From Tenosique to Tierra Blanca
- Southwest Route: From Tapachula to Tierra Blanca

- Capital City
- Transmigrant project, town of interest
- Health facities
- International boundary
- Coastline

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After disembarking a train, migrants traveling from Central America to the United States walk to a shelter in Ixtepec, Oaxaca, Mexico, in 2014.

3

NORTHERN TRIANGLE OF CENTRAL AMERICA: UNPRECEDENTED LEVELS OF VIOLENCE OUTSIDE A WAR ZONE

The violence experienced by the population of the NTCA is not unlike that of individuals living through war. Citizens are murdered with impunity, kidnappings and extortion are daily occurrences. Non-state actors perpetuate insecurity and forcibly recruit individuals into their ranks, and use sexual violence as a tool of intimidation and control. This generalized and pervasive threat of violence contributes to an increasingly dire reality for the citizens of these countries. It occurs against a backdrop of government institutions that are incapable of meeting the basic needs of the population.

The global study on homicide carried out by the United Nations Office on Drugs and Crime (UNODC) in 2013, placed Honduras and El Salvador first and fourth respectively on the list of countries with the highest murder rates in the world[6]. In the last ten years, approximate 150,000 people have been killed in the NTCA[7]. Since then, the situation has only worsened, with a particularly worrying situation in El Salvador, where 6,650 intentional homicides were reported in 2015, reaching a staggering murder rate of 103 per 100,000 inhabitants in 2015, while Honduras suffered 57 per 100,000 (8,035 homicides) and Guatemala 30 per 100,000 (4,778 homicides).

6_ UNODC, *Global Study on Homicide 2013: Trends, Contexts, Data*, 10 April 2014, https://www.unodc.org/documents/gsh/pdfs/2014_GLOBAL_HOMICIDE_BOOK_web.pdf, p. 126

7_ International Crisis Group calculation of total homicides since 2006 based on data from "Crime and Criminal Justice, Homicides counts and rates (2000-2014)"

Data from the UNODC report shows that homicidal violence in the NTCA resulted in considerably more civilian casualties than in any other countries, including those with armed conflicts or war[8]. Rates of violent death in El Salvador have lately been higher than all countries suffering armed conflict except for Syria[9].

In this context, an estimated 500,000 people from the Northern Triangle of Central America (NTCA) enter Mexico every year fleeing poverty and violence, according to the UN High Commissioner for Refugees (UNHCR). As an organization treating patients in Mexico fleeing these violent contexts, MSF teams witness the harrowing stories that have pushed people to make the urgent decision to flee their homes. Lack of economic opportunities are mentioned by a significant number of individuals interviewed by MSF, however, they systematically describe personal exposure to a violent event that triggered their decision to emigrate. The cycle of poverty and violence creates an untenable setting for many, and drives them toward the treacherous path through Mexico.

Due to MSF's experience treating migrants throughout Mexico, the organization sought to better understand the realities of life for individuals making the journey north, first to assess how to improve services to this marginalized population, and second to raise awareness about the conditions they face. This information is often missing from national statistics or publicly available data. This led to the development and implementation of a survey tool to measure an individual's reasons for fleeing, and the health impacts experienced before and after embarking on the route through Mexico. These findings, along with medical project data from the past two years, illustrate that the insecurity they fled at home and the violence they experience on the route north have significant physical and emotional impact.

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Art adorns the front of the men's dormitory building at a shelter for migrants in Mexico.

The VAT Background & Methodology

As a Victimization Assessment Tool (VAT), a survey was conducted among 467 refugees and migrants in September 2015 in the albergues along the migration route in Mexico where MSF was providing health and mental care at the time: Tenosique, Ixtepec, Huehuetoca, Bojay and San Luis Potosí (see Annex 3 for methodology).

The findings from this survey paint a detailed picture of the violence migrants faced at home and as they made their way through Mexico. This aggregated information allows MSF to identify avenues for further medical programming or to modify existing approaches in reaching this population. Although demonstrative of the harrowing realities faced by many people on the route north, this study is a snapshot in time and included a selective population accessible to MSF. Interviews were conducted in albergues, where migrants seek out food, shelter, information, and health care. These interviews are not necessarily representative of the entire migrant population traveling through Mexico. MSF avoids drawing sweeping conclusions, however the survey provides valuable information about the realities that many people on this route experienced, in a specific time period, as reported to MSF teams.

8_ ACAPS. Other Situations of Violence in the Northern Triangle of Central America. Humanitarian Impact July 2014.

9_ International Crisis Group. Mafia of the Poor: Gang Violence and Extortion in Central America Latin America Report N°62 | 6 April 2017.

Who was interviewed

Most of the people interviewed—88 percent—were male and 12 percent were female. Of those interviewed 4.7 percent were minors, 59 percent of them unaccompanied. Most interviewed, 67.6 percent, were from Honduras, while 15.7 percent were from El Salvador, 10.5 percent from Guatemala and 6.2 percent represented other nationalities. The average person surveyed was 28 years old, with 79 percent under 35.

Nationalities of people surveyed

	Number Surveyed	Percentage of Total
Honduras	315	67.6%
El Salvador	73	15.7%
Guatemala	49	10.5%
Nicaragua	15	3.2%
Mexico	11	2.4%
No Response	1	0.2%
Dominican Republic	1	0.2%
Suriname	1	0.2%

The majority of respondents—65 percent— confirmed that they have children and 52 percent of them lived in large households (with five or more people). A majority said that their family had financially supported them to help them make their way north.

Violence in countries of origin

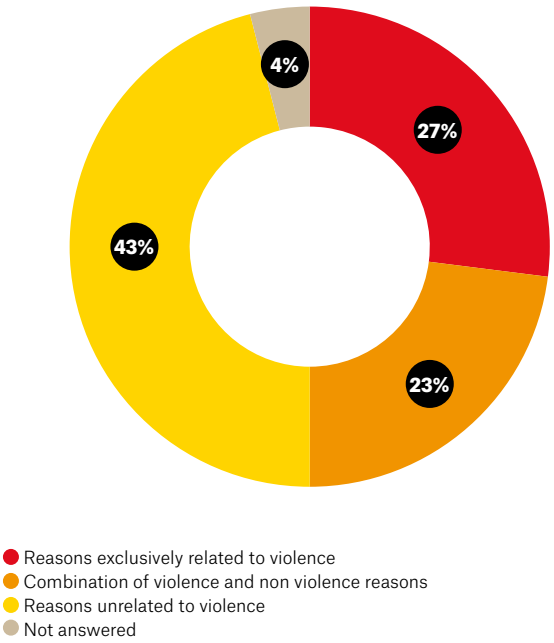
Respondents were asked several questions about their experience with direct and generalized violence in their home countries. Collectively, their individual stories show a population continuously exposed to some degree of violence or targeted threats, and, depending on their nationality, that experience can vary greatly.

- According to the survey, 57 percent of Honduran and 67 percent of Salvadoran migrants reported that they never feel safe at home, whereas only 33 percent of Guatemalans and 12 percent of Nicaraguans felt the same way.
- One third (32.5 percent) of the population from NTCA entering Mexico has been exposed to physical violence perpetrated by a non-family member (mainly members of organized crime) in the previous two years.
- Half of the population (48.4 percent) from NTCA entering Mexico received a direct threat from a non-family member (61.6 percent for Salvadorans alone). Of this group, 78 percent said that the threat seriously affected their social and professional activities.
- 45.4 percent of Hondurans and 56.2 percent of Salvadorans entering Mexico have lost a family member because of violence in the last two years before they migrated. 31 percent of the Central Americans entering Mexico knew someone who was kidnapped and 17 percent know someone who has disappeared and not been found.
- The vast majority —72 percent of Hondurans and 70 percent of Salvadorans interviewed— heard regular gunshots in their neighborhoods. Respectively, 75 percent and 79 percent had witnessed a murder or seen a corpse in the previous two years.

Reasons for leaving country of origin

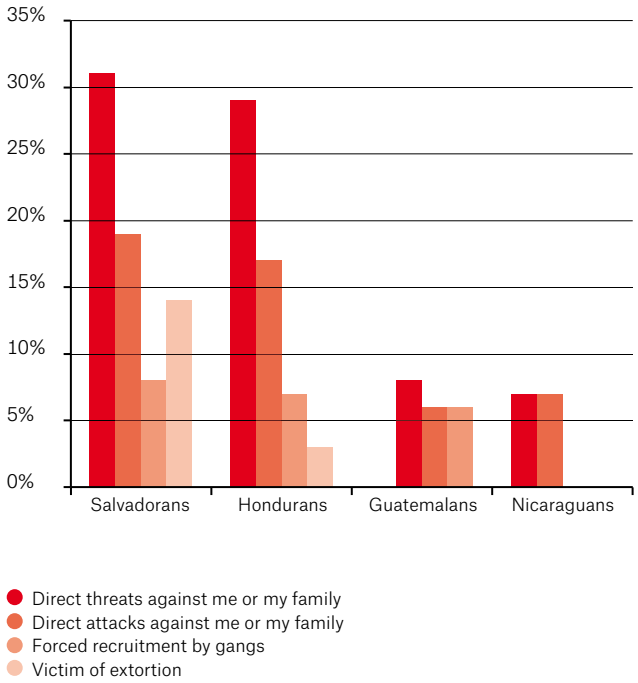
Half (50.3 percent) of those interviewed from the NTCA entering Mexico leave their country of origin for at least one reason related to violence. For those fleeing violence, a significant 34.9 percent declared more than one violence-related reason.

Reasons given for leaving country of origin



Direct attacks, threats, extortion or a forced recruitment attempt by criminal organizations were given as main reasons for survey respondents to flee their countries, with numbers significantly higher in El Salvador and Honduras. Of the surveyed population, 40 percent left the country after an assault, threat, extortion or a forced recruitment attempt.

Migration related to direct violence

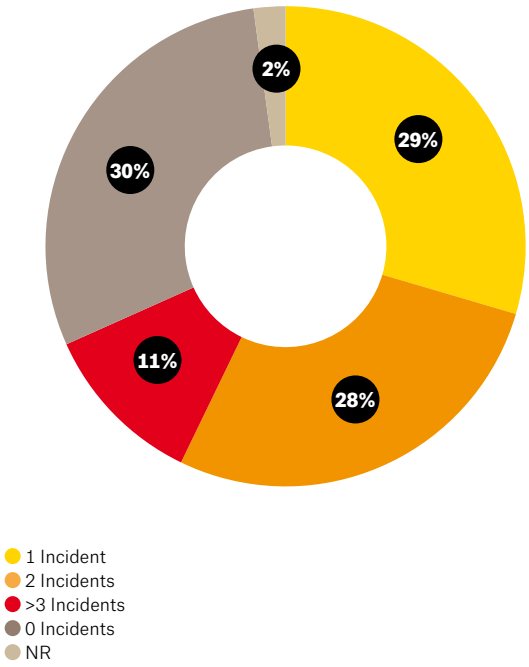


Regarding exposure to violence along the migration route through Mexico

The findings related to violence in the survey are appalling: more than half the sample population had experienced recent violence at the time they were interviewed: 44 percent had been hit, 40 percent had been pushed, grabbed or asphyxiated, and 7 percent had been shot.

Of the migrants and refugees surveyed in Mexico, 68.3 percent of people from the NTCA reported that they were victims of violence during their transit. Repeated exposure to violence is another reality for the population from NTCA crossing Mexico. Of the total surveyed population, 38.7 percent reported more than one violent incident, and 11.3 percent reported more than three incidents.

Number of violent incidents experienced per person during migration



In a migration context marked by high vulnerability like the one in Mexico, sexual violence, unwanted sex, and transactional sex in exchange for shelter, protection or for money was mentioned by a significant number of male and female migrants in the surveys. Considering a comprehensive definition of those categories, out of the 429 migrants and refugees that answered SGBV questions, **31.4 percent of women and 17.2 percent of men had been sexually abused during their transit through Mexico**. Considering only rape and other forms of direct sexual violence, 10.7 percent of women and 4.4 percent of men were affected during their transit through Mexico.

The consequences of violence on the psychological well-being and the capacity to reach out for assistance are striking: 47.1 percent of the interviewed population expressed that the violence they suffered had affected them emotionally.

Honduran—Male—30 years old— "I am from San Pedro Sula, I had a mechanical workshop there. Gangs wanted me to pay them for "protection", but I refused, and then they wanted to kill me. First they threatened me; they told me that if I stayed without paying, they would take my blood and one of my children. In my country, killing is ordinary; it is as easy as to kill an animal with your shoe. Do you think they would have pitied me? They warn you, and then they do it, they don't play, and so they came for me. Last year in September, they shot me three times in the head, you can see the scars. Since then my face is paralyzed, I cannot speak well, I cannot eat. I was in a coma for 2 months. Now I cannot move fingers on this hand. But what hurts most is that I cannot live in my own country, is to be afraid every day that they would kill me or do something to my wife or my children. It hurts to have to live like a criminal, fleeing all the time."

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A woman and her granddaughter attend an MSF support session for women at the Tenosique migrant shelter in Mexico in 2017.

4

MSF PROJECT DATA 2015-2016: EXPOSURE TO VIOLENCE AND ITS IMPACT ON HEALTH

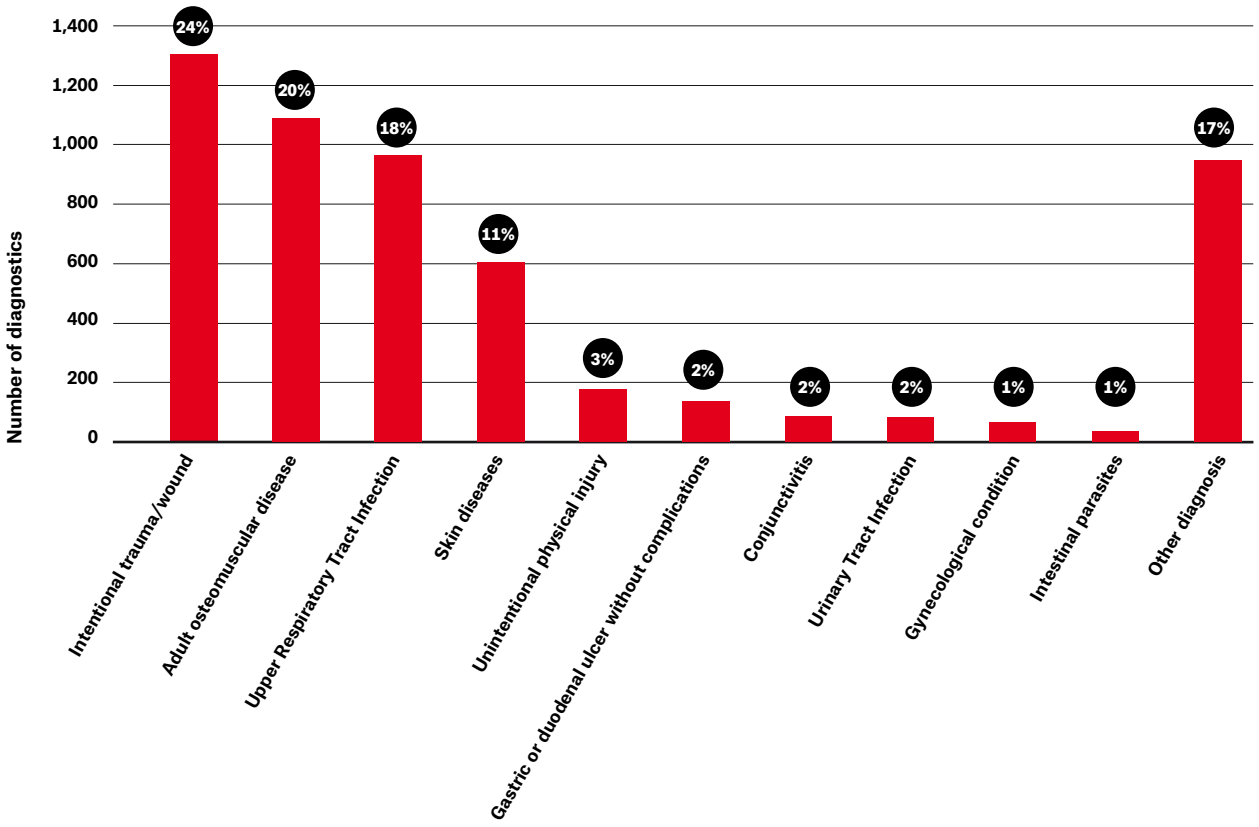
Through MSF project data of more than 4,700 medical consultations in 2015 and 2016, a picture of an often harrowing and traumatic journey emerges. Crossing Mexico from the NTCA is a constant challenge for survival which can take a severe toll both physically and psychologically. Migrants and refugees walk for hours in high temperatures, on unsafe and insecure routes to evade authorities. They risk falling from the cargo trains that transport them along the route, or ride on overcrowded trucks without food, water or ventilation for hours. In addition to these challenges, migrants and refugees do not have access to medical care or safe places to eat and sleep, and must constantly be on guard against the threat of violence or sexual assault by criminal groups or deportation and detention by authorities.

The symptoms managed in MSF clinics inside shelters or in mobile clinics close to railways are directly related to the conditions associated with the route itself: exposure to violence, days spent outdoors in harsh conditions on the train or in the forest, and long walking hours that cause dehydration, foot lesions, muscle pain, and other morbidities. Contaminated and/or scarce food found on the route result in gastro-intestinal problems or diarrheal disorders and parasites.

Main Morbidities Treated by MSF

From 2015 through December 2016, **one fourth of MSF medical consultations in the migrants/ refugee program were related to physical injuries and intentional trauma**. A morbidity analysis based on MSF consultations during 2015 and 2016 showed that most common health issues affecting migrants and refugees were intentional traumas and wounds (24 percent). Other common health issues included acute osteomuscular syndromes affecting 20 percent of respondents, upper respiratory tract infections (18 percent), skin diseases (11 percent) and unintentional physical traumas (3 percent).

10 main morbidities in MSF Clinics in 2015 and 2016



Some patients treated by our teams reported extreme pain and unbearable suffering due to physical and emotional violence inflicted as an extortion strategy. Patients tell of being tortured and abused in order to force migrants and refugees to reveal contact information for family members in order to demand a ransom payment, or as punishment for delay in ransom payment. Others report that violence is used to psychologically terrorize other migrants and refugees to ensure that they not report crimes to authorities or try to escape.

The mental health and physical consequences of this cruel, inhumane and degrading treatment are devastating. Their functionality is severely reduced, making survivors of violence unable to continue their journey or take care of themselves. Secondary and tertiary levels of care (including surgery, psychiatry, and neurology) are often required for patients to make a more complete recovery, and these are not always available in the areas where this violence took place or where albergues are located.

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M. fled domestic and gang violence in Honduras. In early 2017, she and her nine-year-old son were living in a shelter in Mexico, where she is filing for asylum.

Sexual Violence

During 2015 and 2016, a total of 166 sexual violence survivors were treated by MSF. Among them, 60 percent were raped and 40 percent were exposed to sexual assault and other types of humiliation, including forced nudity.

Honduran—Female—35 years old— "I am from Honduras, it's the fourth time that I try to cross through Mexico, but this had never happened before. This time, I came with my neighbor, and we were both seized by a group of delinquents. A federal police officer was their accomplice, and each one of us was handed over to gang members. I was raped. They put a knife on my neck, so I did not resist. I am ashamed to say this, but I think it would have been better if they had killed me."

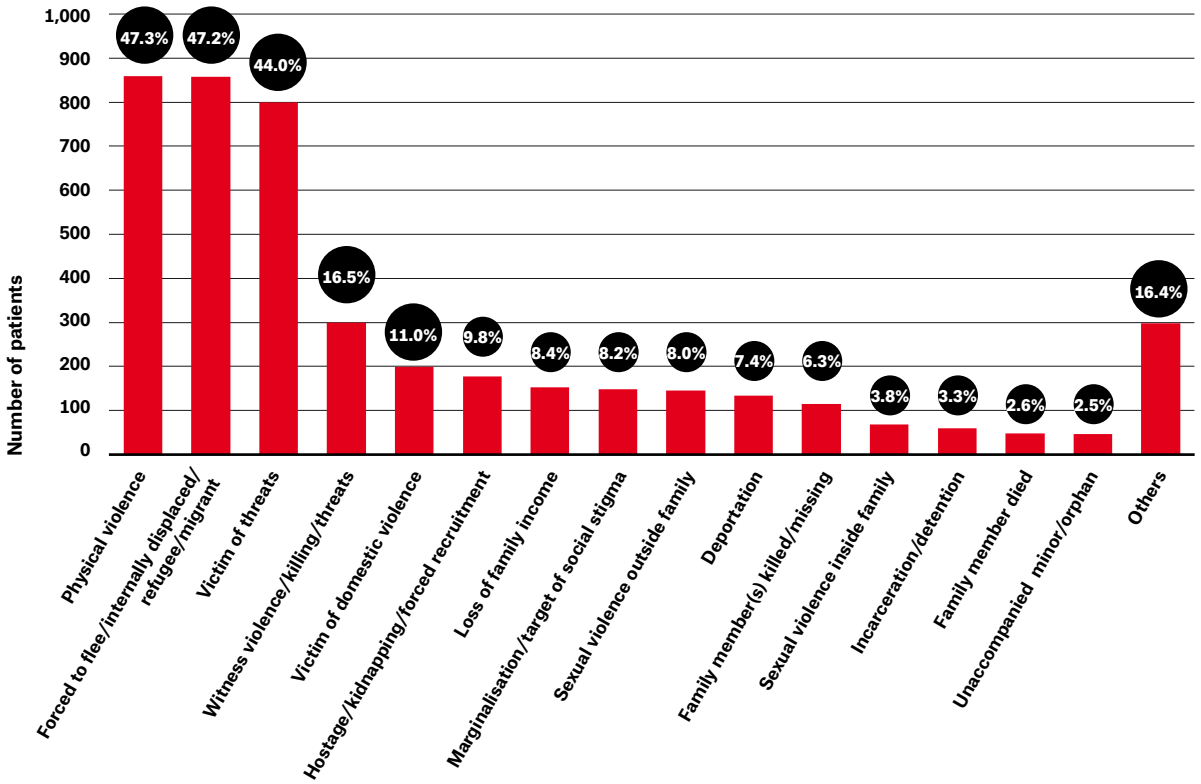
Honduran—Male—19 years old—"Today, in the early morning, hooded men assaulted us. I was traveling with my wife and my son. They beat us, and they hit me with a machete--look at my arm [there are bruises and wounds]. They took my wife to the mountain, took her away. They threatened me and told me not to turn around. They wanted us to give them information about our family to ask for ransom. But I told them we had nothing. I thought they were going to kill us. She says they did not do anything to her, but I know they abused her".

Mental Health

An important facet of MSF's work in Mexico is to provide support for the mental health needs of migrants and refugees. The data collected by the mental health teams of the project during 2015 and 2016 reveals a worrying situation. Out of 1,817 refugees and migrants treated by MSF for mental health issues over the last two years, 92.2 percent have lived through a violent event in their country of origin or during the route that threatens their mental health and well-being. A large number of MSF patients presented more than one risk factor directly linked to their exposure to violence as a precipitating factor for their mental health condition.

The graphic below portrays the fifteen risk factors most commonly identified by our teams. A detailed list of risk factors in 2015-2016 may be found in Annex 1 of the report.

Risk factors identified in mental health consultations during 2015 and 2016



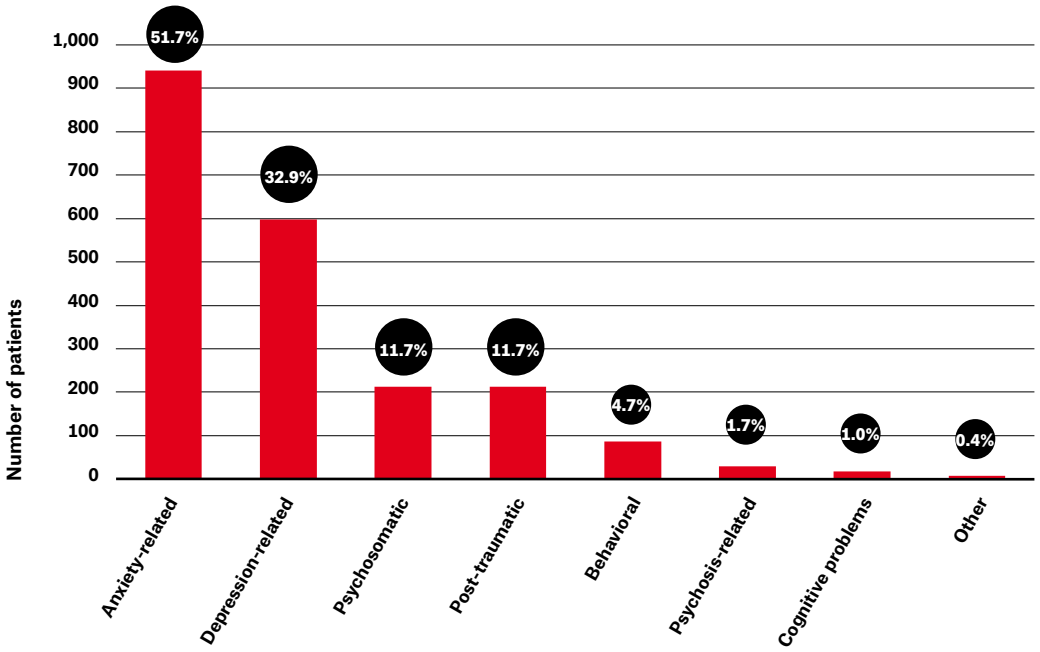
Of the 1,817 refugees and migrants seen by MSF in 2015-2016, 47.3 percent of patients survived "physical violence" as a precipitating event for the mental health consultation. Injuries included gunshot wounds, blunt force trauma from kicks and punches, mutilation of body parts during kidnappings, wounds from machete attacks, breaking of bones by blows from baseball bats, and wounds from being thrown out of a running train. In most cases, incidents registered under "physical violence" by MSF occurred along the migration route in Mexico.

The "precipitating event" most frequently mentioned during consultations was "Forced to flee/internally displaced/refugee/migrant" —registered by 47.2 percent of patients. This covers the period before people made the decision to flee.

Being a "victim of threats" (44.0 percent) and having "witnessed violence or crime against others" (16.5 percent) are the third and fourth most common risk factors. Witnesses to violence included patients forced to watch while others were tortured, mutilated, and/or killed —often in scenarios where they were deprived of their liberty, such as during a kidnapping for extortion.

The anguish and stress that migrants and refugees face both in their home countries and along the migration route make this population particularly vulnerable to anxiety, depression and post-traumatic stress disorder. The following graphic shows the main categories of symptoms presented by the 1,817 MSF patients seen in mental health consultations during 2015 and 2016.

Symptoms identified in mental health consultations during 2015 and 2016



More than half of patients who receive a mental health consultation (51.7 percent) report anxiety-related symptoms. Anxiety is described as an immediate, biological, physiological and psychological alarm reaction when faced with an assault or a threat. Migrants and refugees are under constant threat and risk along the migration route, and a heightened state of alert is an appropriate adaptive response to survive in a legitimately dangerous context. Problems arise when a person's reaction is exaggerated or out of proportion with the risk, making the individual incapable of adapting to new situations.

Nearly one-third (32.9 percent) of the migrants and refugees counseled by MSF in Mexico have symptoms associated with depression. Migration involves situations of psychological and social loss that trigger mourning processes, which begin at the moment of departure, are experienced on the route and continue at the place of destination. These elements represent significant psychological distress and suffering with an impact on a person's life.

In 11.7 percent of the cases, mental health teams are seeing manifestations of post-traumatic stress disorder. This rate documented in MSF programs in 2015 and 2016 are well above rates in the general population, which range from 0.3 percent to 6.1 percent. The PTSD rate among migrants and refugees that MSF is documenting in Mexico is much closer to the rates in populations affected by direct conflict (15.4 percent)[10, 11]. PTSD is a serious form of mental illness, which is usually caused by devastating life events and generally associated with impaired daily functioning in those affected. Individuals suffering from PTSD face greater risks to survival along the migration route, due to the multiple challenges associated with the journey.

Migrant and refugee women deserve special attention when it comes to mental health as data clearly show a particular vulnerability in this population. During migration, 59 percent of the women involved in the MSF study reported symptoms of depression, and 48.3 percent reported symptoms of anxiety. Other vulnerable groups—such as unaccompanied minors and LGBTQ people—are often specifically targeted by criminal groups and need greater support and protection.

The complete and detailed list of reaction symptoms presented by migrants and refugees during the mental health consultation can be found in Annex 2. Although these symptoms might be explained by the violence and the conditions of the route and do not always lead to depression or anxiety, they show how difficult the conditions for the patients can be and the importance of adapted case-detection strategies for mental health. If not addressed properly, these mental health issues can be a significant barrier during migration, interfering with daily functioning and putting their lives at risk.

MSF psychologist tells the story of a 43-year-old Honduran woman—This woman decided to leave Arriaga [Chiapas] out of fear, and walked with a group of Hondurans who would make their way along the train tracks to the town of Chahuites. However, when they slept in the mountains, they attempted to sexually abuse her. She managed to escape and arrived at the Chahuites shelter, where the patient again met her alleged assailants. She decided to flee that night to the city of Ixtepec. She was attended at the Ixtepec shelter by an MSF mental health team. She arrived with a high level of anxiety and presented post-traumatic symptoms such as flashbacks, auditory hallucinations, and sleep problems.

10_ Kessler, R.C. & Üstün, T. B. (eds). (2008). The WHO World Mental Health Surveys: global perspectives on the epidemiology of mental disorders. New York: Cambridge University Press, 1-580.

11_ Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R.A., van Ommeren, M. (2009) Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. Journal of the American Medical Association, 302(5), 537-549.

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A patient receives a medical consultation inside an MSF mobile clinic in Mexico State in 2014.

5

BARRIERS TO HEALTHCARE

Through its constitution and subsequent ratifications of international human rights treaties, Mexico has several legal instruments in place that protect the human rights of its citizens and all people within its borders, including provisions for adequate access to health care. Recently, Mexico has instituted laws that protect the passage of migrants through its country, ensuring that their entry into Mexico is not deemed as a criminal offense, and guaranteeing certain protections, with special attention to minorities, including women, children, indigenous people and the elderly.[12] In December 2014, the federal government instituted the *Seguro Popular* plan, entitling undocumented immigrants to receive health care coverage for a period of three months, without discrimination.[13]

Despite these legal protections, the recognition of basic rights, and programs that are supposed to guarantee access to health care, migrants and refugees have restricted access to health services. Across health structures in the country, there is a lack of clear, standardized regulations regarding the provision of health services to migrants and refugees seeking care. Additionally, there is a lack of training or understanding by the staff at these health facilities regarding the rights of migrants and refugees to receive care and, according to testimonies delivered to MSF, there is persistent discrimination of migrants

12_ Ley de Migración – Op.Cit. – Article 2 - http://cis.org/sites/cis.org/files/Ley-de-Migracion.pdf and Refugee Law.

13_ Presidential Decree December 2014 – National Commission of Social Health Protection Mexico DF 28.12.2014 http://www.gob.mx/salud/prensa/otorgan-seguro-popular-a-migrantes-7519

and refugees who seek out care. The right to be informed of the duties and rights as well as the criteria for admission, request of asylum is clearly stated in the Mexican Law,[14] however in practice, there is a lack of information for migrants and asylum seekers regarding their rights and the means available to them regarding health services at public health facilities. According to some testimonies of MSF patients, those refugees and migrants who do manage to access a health facility are often confronted with additional obstacles —including delays in granting appointments, even for absolute emergencies, resistance to providing care free of charge, or the filing of a complaint before judicial authorities as a prerequisite to the provision of care. There is also a risk at the health facilities that they will be handed over to migration authorities directly. In addition, the three-month limit on access to the Seguro Popular plan might not be enough to cover the current waiting period to get asylum status.

As described above in the findings of the MSF VAT, 59 percent of migrants affected by violence did not seek any assistance during their transit through Mexico despite self-identified needs, mainly due to concerns for their security, fear of retaliation, or deportation.

In providing free health care to migrants along the route north from the border with Guatemala, MSF has itself encountered barriers to providing urgent and effective care to its patients. In Tenosique, for example, MSF teams have encountered several administrative or organizational obstacles when they needed to urgently refer victims of sexual violence for Post-Exposure Prophylaxis (PEP). The lack of knowledge regarding protocols for the treatment of sexual violence by Ministry of Health providers, and the lack of availability of treatment or PEP kits, continues to represent a significant obstacle preventing appropriate treatment of survivors of sexual violence. In areas where sexual violence against migrants is widespread, such as Tenosique, or the corridor between the Guatemalan border and Arriaga, there is limited understanding of the population needs in the area. Furthermore, the needs of marginalized minorities, including migrants and refugees, who are at higher risk of violence and sexual abuse, are ignored.

Accessing mental health support and treatment is even more challenging for refugees and migrants. The scarcity of psychologists led MSF to systematically provide mental health consultations in all the albergues where it works throughout the country.

Survivors of sexual violence (SSV) who can reach medical facilities (including MSF's) to receive comprehensive care are just a tiny part of the total affected population. There are a considerable number of reasons that help explain why many survivors do not access medical care, including stigma and fear of being judged by hospital professionals; lack of knowledge about their medical needs and rights; fear that they will increase their risk of being abandoned or further abused; and a normalization of sexual violence as part of what's expected from men and women in order to reach their destination, in exchange for "payment" or for protection and guidance.

MSF has tried to overcome these barriers using a strategy that combines direct health care provision in migrant and refugee hostels and mobile clinics, sensitization and education of migrant and refugee populations, and additional training and staffing. Over the past two years, MSF has designed and implemented a training program to raise awareness and to provide training to health care workers, volunteers in the migrant hostels and key civil society actors on the right of migrants and refugees to health care, care protocols, mental health first aid and sexual violence case detection and management.

Honduras—Male— "I fell off the train and hit my knee so hard, but, at that moment, I did not [think I] hurt anything. They [doctors] told me it was a sprain. I fell on some very large stones. The backpack I wore was completely destroyed, and that was what saved my back. If I did not have it, I would have killed myself when I fell. I screamed as hard as I could to tell my cousin: 'Run, run, do not stop, faster. They are coming for us.' I could swear I saw them behind us. I was very scared. I felt the most intense fear of my life. Then, we arrived at a street where there was light, and I realized that my cousin was bathed in blood. I stopped a taxi, and asked the driver to take us to the hospital. He said that he could take us, but we would have to pay. I did not think twice. He left us at the hospital door. I asked for help, but no one helped me to get my cousin to the hospital. Nobody wanted to attend to my cousin. I asked for help, and I told everyone who saw that he was dying.

A doctor told us, 'Look, I cannot do anything until I call immigration.' I told him it does not matter if they deport us, if they want. All we want is for them to take care of us, and we do not want to be here anymore. They just sewed him up. We spent a few hours there. Two people came from the ministry. When I tried to explain what happened, one told me: 'Sure, they are thieves and that's why it happened to you. Do not tell me lies. I'm going to speak to immigration and they are going to take you.' A person who was in the adjoining bed got us the address of the migrants shelter and gave us money to get there.

14_ Ley de Migración – Op.Cit. – Article 13 - http://cis.org/sites/cis.org/files/Ley-de-Migracion.pdf

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A group of transgender women pose for a picture in the Tenosique migrant shelter in 2017. LGBTQ people are often at the highest risk of harassment and abuse both in their countries of origin and on their routes as migrants. Some shelters provide separate living spaces for greater security and support.

6

LIMITED ACCESS TO PROTECTION IN MEXICO

Legal framework applicable to the protection of refugees in Mexico

The Americas region already has relatively robust normative legal frameworks to protect refugees: the countries of Central and North America either signed the 1951 convention on refugees or its 1967 protocol and all have asylum systems in place. Furthermore, Mexico has been at the forefront of international efforts to protect refugees: its diplomats promoted the 1984 Cartagena Declaration on Refugees, which expands the definition to those fleeing "generalized violence".

In 2010, UNHCR established a guideline[15] for the consideration of asylum and refugee status for victims of gang violence, inviting concerned countries to apply broader criteria to the refugee definition of the 1951 Convention. In relation to these specific patterns of violence, the UNHCR concluded that direct or indirect threats (harm done to family members) and consequences (forced displacement, forced recruitment, forced "marriage" for women and girls, etc.) constituted "well-founded grounds for fear of persecution" and bases for the recognition of the refugee status or the application of the non-refoulement principle, the practice of not forcing refugees or asylum seekers to be returned to a country where their life is at risk or subject to persecution. Mexico integrated those recommendations and the right to protection stated in Article 11 of Mexico's constitution in its 2011 Refugee Law[16]. This law

15_ UNHCR Guidance Note on Refugee Claims Related to Victims of Organized Gangs – March 2010. Available at:http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4bb21fa02&skip=0&query=organized%20gangs

16_ Available in spanish at http://www.diputados.gob.mx/LeyesBiblio/pdf/LRPCAP_301014.pdf

considers broad inclusion criteria for refugees —stating, alongside the internationally recognized definition from the 1951 Convention, the eligibility of persons fleeing situations of generalized violence, internal conflict, massive violations of human rights or other circumstances severely impacting public order.

After Brazil Declaration of December 2014 and in line with its 2010 recommendations, the UNHCR established specific guidelines for the access to international protection mechanisms for asylum seekers from El Salvador and Honduras.

Nevertheless, despite the relatively adequate legal framework and the goodwill expressed in regional and international forums, the reality at the field level is extremely worrying: seeking asylum, getting refugee status, or even securing other forms of international protection, such as complementary measures in Mexico and the United States, remains almost impossible for people fleeing violence in the NTCA.

Detentions and deportations from Mexico

The number of undocumented migrants from the NTCA detained[17] in Mexico has been growing exponentially for the last five years, rising from 61,334 in 2011 to 152,231 in 2016. Migrants from NTCA account for 80.7 percent of the total population apprehended in Mexico during 2016. The number of minors apprehended is extremely worrying as it nearly multiplied by 10 in the last five years, from 4,129 in 2011 to 40,542 in 2016[18]. Of children under 11 years old, 12.7 percent were registered as travelling through Mexico as unaccompanied minors (without an adult relative or care taker).

Despite the exposure to violence and the deadly risks these populations face in their countries of origin, the non-refoulement principle is systematically violated in Mexico. In 2015, 152,231 migrants and refugees from the NTCA were detained/presented to migration authorities in Mexico and 141,990 were deported[19].The sometimes swift repatriations (less than 36 hours) do not seem to allow sufficient time for the adequate assessment of individual needs for protection or the determination of a person's best interest, as required by law.

Refugee and asylum recognition in Mexico

In 2016, Mexican authorities processed 8,781 requests for asylum from the NTCA population[20]. Out of the total asylum requests, less than 50 precent were granted. Despite the fact that Mexico appears to be consolidating its position as a destination country for asylum seekers from the NTCA, and that the recognition rate improved from last year's figures, people fleeing violence in the region still have limited access to protection mechanisms. Many asylum seekers have to abandon the process due to the conditions they face during the lengthy waiting period in detention centers.

Protection for refugee and migrant victims of violence while crossing Mexican territory

Foreign undocumented victims or witnesses of crime in Mexico are entitled by law to regularization on humanitarian grounds and to get assistance and access to justice[21]. In 2015, a total of 1,243 humanitarian visas were granted by Mexico for victims or witnesses of crime from the NTCA[22]. These numbers might seem implausible, however the vast majority of patients (68.3 percent) in MSF's small cohort of migrants and refugees report having been victims of violence and crime.

Lack of access to the asylum and humanitarian visa processes, lack of coordination between different governmental agencies, fear of retaliation in case of official denunciation to a prosecutor, expedited deportation procedures that do not consider individual exposure to violence: These are just some of the reasons for the gap between rights and reality.

Failure to provide adequate protection mechanisms has direct consequences on the level of violence to which refugees and migrants are exposed. The lack of safe and legal pathways effectively keeps refugees and migrants trapped in areas controlled by criminal organizations.

17_ SEGOB. Mexico. Boletín Estadístico Mensual 2016. Eventos de extranjeros presentados ante la autoridad migratoria, según continente y país de nacionalidad, 2016. Accessed on 01/02/2017. http://www.politicamigratoria.gob.mx/work/models/SEGOB/CEM/PDF/Estadisticas/Boletines_Estadisticos/2016/Boletin_2016.pdf

18_ Ibíd.

19_ Ibíd.

20_ Source: UNHCR MEXICO FACTSHEET. February 2017.

21_ Ley General de Migración – Article 52 Section V-a. See also Article 4 for a definition of the "victims" covered by the law.

22_ Source: Boletín Mensual de Estadísticas Migratorias 2015. Secretaría de Gobernación. Gobierno de México. Accessed on 01/02/2017.

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At Tenosique migrant shelter in 2017, an MSF psychologist checks on a patient who became pregnant as a result of rape in Honduras. She fled her country out of fear that her attacker would find out about the pregnancy.

7

LIMITED ACCESS TO PROTECTION IN THE UNITED STATES

Legal framework and mechanisms for the recognition of refugees and asylum seekers in the United States

The US Immigration and Nationality Act (INA)[23], the main body of immigration law, does not embrace as broad a criteria for eligibility as the Mexican legal system. The definitions of asylum seeker and refugee reflect the one stated in the 1951 Convention, and, on paper, the law does not take into consideration contextual changes in the NTCA, recommendations formulated through the UNHCR or regional mechanisms such as the Inter American Convention on Torture or the UN Convention against Transnational Organized Crime.

Under the existing procedure, it is extremely difficult for those fleeing violence in the NTCA to obtain asylum or refugee status in the United States. Success depends on many factors, including good

23_ Available at: https://www.uscis.gov/ilink/docView/SLB/HTML/SLB/act.html. Section 101 (a)(42) and Acts 207, 208 and 209 of specific interest for the question of asylum and refuge.

legal representation, something that many asylum and refugee applications simply do not have. NTCA refugees may not be granted recognition on the grounds that they are not fleeing a country at war. Those who are not able to demonstrate physical consequences of violence —for example because they cannot provide forensic or legal documentation to prove specifics of their case, or were not "rescued" by authorities— will face insurmountable obstacles on the road to refuge/protection. According to UNHCR, by the end of 2015, 98,923 individuals from the NTCA had submitted requests for refugee or asylum status in the US[24]. Nevertheless, the number of asylum grants to individuals from the NTCA has been comparatively low, with just 9,401 granted asylum status since FY 2011. Out of the 26,124 individuals granted asylum status in the United States during FY 2015, 21.7 percent came from the NTCA: 2,173 were from El Salvador, 2,082 were from Guatemala, and 1,416 were from Honduras[25].

During FY 2015, out of the 69,920 arrivals to the United States with refugee status, not one was from an NTCA country. The United States does not have an effective system in place to facilitate refugee recognition of individuals from NTCA when they are in their country of origin or during the transit process in Mexico.

The Central American Minors Refugee/Parole Program (CAM[26]) was created in 2014 to reduce the exposure to transnational crime and trafficking, and more generally to the dangers and violence encountered by minors of age while trying to reach the US alone. The program, currently under threat of being dissolved under current US administration, has specific quotas and is reachable through US Embassies in Guatemala, El Salvador and Honduras. The program may also be accessed through a specific request from a child's family in the United States, provided that the eligible minor can prove that she or he is in the process of reuniting with close relatives legally residing in the United States. The program does not ensure adequate protection of these minors pending the analysis of their request (according to the US Department of State, this process can take up to 18 to 24 months). It is therefore not adequate for safeguarding the lives of minors at risk. Individuals who do not have direct family members legally residing in the United States have little option but to try to reach US territory by any means. The CAM program is not accessible through a third country like Mexico, where the US embassy does not have a dedicated office or department. As a result, thousands of unaccompanied minors have no other choice but to continue their journey alone or through organized crime networks, hoping to reach US soil.

24_ Call to Action: Protection Needs in the Northern Triangle of Central America. UNHCR. Discussion Paper A Proposal for a Strategic Regional Response.

25_Source: MSF calculations based on information from US Homeland Security. Yearbook of Immigration Statistics 2015.

26_ https://www.uscis.gov/CAM

Border control, detention, and deportation from the United States to the NTCA

US Customs and Border Protection (CBP) **apprehended** 337,117 people nationwide in FY 2015[27], compared to 486,651 in FY 2014, a 31 percent decrease. Of those, 39,970 were unaccompanied children[28]. From the total apprehended, 134,572 were from the NTCA—43,564 of whom were from El Salvador, 57,160 from Guatemala, and 33,848 from Honduras. Among other factors, the decrease in 2015 could be partly due to the shift of border control from US territory to Mexican territory under the Plan Frontera Sur joint effort. Apprehension of people from the NTCA is declining in the United States in the same proportion as it is climbing in Mexico.

In FY 2015, US Immigration and Customs Enforcement **removed/deported**[29] 21,920 people from El Salvador, 33,249 from Guatemala, and 20,309 from Honduras.

Many returnees who fled violence fear returning to their neighborhood. Upon return, women are often targeted and experience direct threats from gang members, often the same individuals who drove the families to flee. These threats include pressure to join criminal groups, pay money or "rent" to them, or sell drugs. Most of the women interviewed for this report revealed that upon return they were forced to live in hiding as a way to protect themselves from violent groups[30].

According UNHCR, some returnees remain identifiable by gang members near the reception centers and elsewhere, and some returnees have been killed by gangs shortly after return[31].

27_ Fiscal Year 2015 CBP Border Security Report December 22, 2015. https://www.dhs.gov/sites/default/files/publications/CBP%20FY15%20Border%20Security%20Report_12-21_0.pdf

28_ U.S. Custom and border protection. Official website of the Department of Homeland Security. https://www.cbp.gov/newsroom/stats/southwest-border-unaccompanied-children/fy-2015

29_ Source: ICE Enforcement and Removal Operations Report. Fiscal Year 2015. U.S. Immigration and Customs Enforcement. https://www.ice.gov/sites/default/files/documents/Report/2016/fy2015removalStats.pdf

30_ American Immigration Council, DETAINED, DECEIVED, AND DEPORTED. Experiences of Recently Deported Central American Families.

31_ Call to Action: Protection Needs in the Northern Triangle of Central America. UNHCR. Discussion Paper A Proposal for a Strategic Regional Response.

Honduran—Male—24 years old—

"I decided to leave my country due to threats of death and persecution by criminal groups. I did not know what to do because my family does not support me because of my sexual preference. I made the decision to leave my country because I was afraid and I did not know where to go. We arrived here at Tenosique, where they stopped us. They asked me for my documents and told me that if I did not have papers, I would be deported.

I started to remember [the past] and said that I did not want to go back to Honduras. I started to cry. I felt the world crumbling down over me. Then we arrived at the station, and they interviewed me. I discussed my case with a migration officer and started talking about the shelter, but he told me that I had to be in a migration station for three to four months and asked if I could manage this. This is nothing compared to everything I have lived through in Honduras. He told me to think about it, and I told him that I had nothing to think about--that I want to ask for refuge even if I am at the station for three months. I spent a month in the migration station.

I arrived here [Albergue la 72] and spent two months. The refugee [application] process lasted three months, and then they gave me the answer denying me refuge. So I was very sad, and I did not know what to do. I said I wanted to appeal, because I do not want to return to Honduras."

Salvadoran—Female—36 years old—

"I requested asylum through the US embassy in San Salvador in 2011. My husband was a police officer, and [also] worked with the Mara [criminal gang]. I was threatened several times by the other gangs, because they wanted to retaliate against my husband for being a spy. I survived this, but then they started to threaten my children. I thought I should leave. My sister lives in the USA. I thought I could go there and join her. But I never received an answer to my request. I had no other choice but to stay and try to survive. My husband was killed in 2015. Then they came, they raped my kid and chased me from my house. They said I should leave, or they would take my kids. I had no other choice. The little money I had, I gave to the pollero [smuggler] to help us. I heard there were stories of rape and kidnapping along the road, but I thought: God will help me through it."

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Central American migrants travel by train in Mexico in 2014. Many fall victim to violence along the journey.

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A Central American migrant in Tenosique shows the identification card issued by Mexico's National Institute of Migration, which enables him to stay in Mexico with legal protections.

8

CONCLUSION: ADDRESSING THE GAPS

As a medical humanitarian organization providing care in Mexico, in particular to migrants and refugees, since 2012, MSF staff has directly witnessed the medical and humanitarian consequences of the government's failure to implement existing policies meant to protect people fleeing violence and persecution in El Salvador, Guatemala and Honduras, as described in the report.

As of 2016, MSF teams have provided 33,593 consultations through direct assistance to patients from NTCA with physical and mental traumas. People tell our staff that they are fleeing violence, conflict and extreme hardship. Instead of finding assistance and protection, they are confronted with death, different forms of violence, arbitrary detention and deportation. The dangers are exacerbated by the denial of or insufficient medical assistance, and the lack of adequate shelter and protection.

Furthermore, the findings of this report – the extreme levels of violence experienced by refugees and migrants in their countries of origin and in transit through Mexico -- comes against a backdrop of increasing efforts in Mexico and the United States to detain and deport refugees and migrants with little regard for their need for protection.

Medical data, patient surveys, and terrifying testimonies illustrate that NTCA countries are still plagued by extreme levels of crime and violence not dissimilar from the conditions found in the war zones. Many parts of the region are extremely dangerous, especially for vulnerable women, children, young adults, and members of the LGBTQ community. As stated by MSF patients in the report, violence was mentioned as a key factor for 50.3 percent of Central Americans leaving their countries. Those being denied refugee or asylum status or regularization under humanitarian circumstances are left in limbo. Furthermore, being deported can be a death sentence as migrants and refugees are sent back to the very same violence they are fleeing from. The principle of non-refoulement must be respected always, and in particular for people fleeing violence in the NTCA.

A stunning 68.3 percent of migrants and refugees surveyed by MSF reported having been victims of violence on the transit route to the United States.

Mexican authorities should respect and guarantee —in practice and not only in rhetoric— the effective protection and assistance to this population according to existing legal standards and policies.

There is a longstanding need to strengthen the Refugee Status Determination System (RSD). It must ensure that individuals in need of international protection and assistance are recognized as such and are given the support —including comprehensive health care, to which they are all entitled. Access to fair and effective RSD procedures must be granted to all asylum-seekers either in Mexico, the US, Canada and the region.

Governments across the region—mainly El Salvador, Guatemala, Honduras, Mexico, Canada and the United States—should cooperate to ensure that there are better alternatives to detention, and should adhere to the principle of non-refoulement. They should increase their formal resettlement and family reunification quotas, so that people from NTCA in need of protection and asylum can stop risking their lives and health.

Attempts to stem migration by fortifying national borders and increasing detention and deportation, as we have seen in Mexico and the United States, do not curb smuggling and trafficking operations. Instead, these efforts increase levels of violence, extortion and price of trafficking. As described in the report, these strategies have devastating consequences on the lives and health of people on the move.

The impact of forced migration on the physical and mental well-being of people on the move—in particular refugees and migrants, and, among them, the most vulnerable categories represented by women, minors, and LGBTQ individuals—requires immediate action. The response should ensure strict respect of the law and the adequate allocation of resources to provide access to health care and humanitarian assistance, regardless of the administrative status of the patient (as enshrined by Mexican law).

Addressing gaps in mental health care, emergency care for wounded, and strengthening medical and psychological care for victims of sexual violence by ensuring the implementation of adequate protocols, including provision of and access to the PEP kit, is fundamental to treating refugee patients with dignity and humanity.

As witnessed by MSF teams in the field, the plight of an estimated 500,000 people on the move from the NTCA described in this report represents a failure of the governments in charge of providing assitance and protection. Current migration and refugee policies are not meeting the needs and upholding the rights of assistance and international protection of those seeking safety outside their countries of origin in the NTCA. This unrecognized humanitarian crisis at the back door of the United States is a regional issue that needs attention and coordinated action.

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An MSF psychologist meets with a young patient in Mexico in 2016.

ANNEX 1
RISK FACTORS

Precipitating events identified in mental health consultations during 2015 and 2016

Precipitating Events and percentage of MSF patients affected	2015	2016	TOTAL	%
Violence as precipitating event: Other physical violence	517	342	859	47.2%
Violence as precipitating event: Forced to flee/IDP/refugee/migration	552	305	857	47.1%
Violence as precipitating event: Received threats	516	284	800	44.0%
Violence as precipitating event: Witnessed violence/killing/threats	202	97	299	16.4%
Violence as precipitating event: Domestic violence	96	103	199	10.9%
Violence as precipitating event: Hostage/Kidnapping/Forced recruitment	97	81	178	9.7%
Separation/Loss as precipitating event: Loss of family income	108	45	153	8.4%
Violence as precipitating event: Marginalization/target of social stigma/discrimination	93	56	149	8.2%
Violence as precipitating event: Sexual violence outside family	82	64	146	8.0%
Violence as precipitating event: Deportation	94	40	134	7.3%
Separation/Loss as precipitating event: Family member(s) killed / missing	75	40	115	6.3%
Violence as precipitating event: Sexual violence inside family	28	41	69	3.7%
Violence as precipitating event: Incarceration / Detention	35	25	60	3.3%
Separation/Loss as precipitating event: Family member died	28	20	48	2.6%
Separation/Loss as precipitating event: Unaccompanied minor/orphan	28	19	47	2.5%
Medical condition as precipitating event: Severe medical condition	31	14	45	2.5%
Medical condition as precipitating event: Highly stigmatized diseases	32	13	45	2.5%
Disaster/Catastrophes as precipitating event: Accidents	31	14	44	2.4%
Medical condition as precipitating event: History of psychological or psychiatric disorder	19	10	29	1.6%
Violence as precipitating event: Combat experience	17	9	26	1.4%
Violence as precipitating event: Victim of human trafficking/smuggling	8	16	24	1.3%
Violence as precipitating event: Torture	3	14	17	0.9%
Separation/Loss as precipitating event: Property destroyed or lost	11	5	16	0.9%
Medical condition as precipitating event: Unwanted pregnancy	9	6	15	0.8%
Other event/risk	13	0	13	0.7%
Separation/Loss as precipitating event: Family member(s) arrested/detained	0	12	12	0.7%
Separation/Loss as precipitating event: Caretaker neglected	3	6	9	0.5%
Disaster/Catastrophes as precipitating event: Natural disaster	0	2	2	0.1%
Violence as precipitating event: home incursion	0	1	1	0.1%

ANNEX 2
REACTION SYMPTOMS

Reaction symptoms identified in mental health consultations during 2015 and 2016

Reaction symptoms and percentage of MSF patients affected	2015	2016	TOTAL	%
Anxiety-related reaction: Anxiety / stress	732	295	1027	56.50%
Anxiety-related reaction: Constant worry	666	312	978	53.82%
Depression-related reaction: Sad mood	586	294	880	48.43%
Anxiety-related reaction: Excessive fear/Phobia/Feeling threatened	209	118	327	17.99%
Psychosomatic reaction: Sleeping problems	245	78	323	17.77%
Psychosomatic reaction: General body pain and other psychosomatic complaints	206	75	281	15.46%
Depression-related reaction: Irritability/anger	180	74	254	13.97%
Depression-related reaction: Guilt/Self-blame/Feeling worthless/Low Self-esteem	105	60	165	9.08%
Depression-related reaction: Hopeless	89	68	157	8.64%
Post-traumatic reaction: Intrusive feelings, thoughts	99	56	155	8.53%
Post-traumatic reaction: Hyper vigilance/Exaggerated startle response	87	40	127	6.98%
Post-traumatic reaction: Flashbacks	68	43	111	6.10%
Depression-related reaction: Loss of interest/anhedonia	47	41	88	4.84%
Behavioral problems reaction: Alcohol/substance abuse	62	23	85	4.69%
Post-traumatic reaction: Avoidance	39	37	76	4.18%
Behavioral problems reaction: Impulsiveness	28	23	51	2.80%
Psychosomatic reaction: Eating problems	33	10	43	2.36%
Behavioral problems reaction: Aggressiveness	23	19	42	2.31%
Behavioral problems reaction: Social/inter-personal isolation	23	12	35	1.92%
Behavioral problems reaction: Reduction of family attachment / involvement	25	10	35	1.92%
Depression-related reaction: Suicidal thoughts	19	15	34	1.87%
Cognitive problems reaction	21	10	30	1.65%
Anxiety-related reaction: Compulsive or repetitive behavior	20	10	30	1.65%
Psychosis-related reaction: Disorganized thoughts/speech	20	6	26	1.43%
Psychosis-related reaction: Bizarre behavior	16	8	24	1.32%
Depression-related reaction: Suicidal intention/attempts	14	8	22	1.21%
Psychosis-related reaction: Hallucinations	15	4	19	1.04%
Psychosomatic reaction: Hypo/hyper-activity	14	3	17	0.93%
Post-traumatic reaction: Dissociation	10	5	15	0.82%
Psychosis-related reaction: Delusions	9	2	11	0.60%
Depression-related reaction: Self-harm	5	3	8	0.44%
Behavioral problems reaction: Delinquent behavior	3	5	8	0.44%
Other reaction	1	6	7	0.38%
Psychosomatic reaction: Enuresis and/or encopresis	5	2	7	0.38%
Psychosomatic reaction: Sexual problems	3	3	6	0.33%
Psychosomatic reaction: Psycho-motor changes	5	0	5	0.27%
Behavioral problems reaction: Regression in development	2	3	5	0.27%
Psychosomatic reaction: Verbal expression changes	3	0	3	0.16%

ANNEX 3
SURVEY METHODOLOGY

The victimization survey technique measures violence actually "experienced" by people and not only the violence known through police and other official reports. The survey consists of asking questions directly to people about the acts of violence they have suffered and how they felt about them. The protocol has been adapted for MSF's specific purpose, with a focus on medical/physical health and mental health consequences of violence. It includes three parts:

1) What is the violence actually experienced by people?
2) What did people do about what they experienced (focus on health)?
3) What direct or indirect impacts did violent experiences have on medical/physical health and mental health?

The cluster sampling method was used. Four clusters corresponding to the MSF attention points in the migrants' hostels were selected. Representativeness of the survey population is therefore significantly above the normal statistical level, guaranteeing a margin of error less than the 3 percent generally tolerated in this kind of study. The survey provides an accurate picture, but it is nevertheless a snapshot of the situation for these migrants and refugees at a specific moment in time. By no means are the results representative over the long term, especially given the nomadic nature of the population, the rapid changes in immigration policy, and the volatility of organized crime.

The acceptance rate was a main initial concern, given the subject of the survey (explicit violence) and the population it was applied to (migrants in irregular situations). People were actually quite eager to talk about their situation. The final acceptance rate was a satisfying 74.3 percent. 120 migrants rejected participation, 73 of whom (61 percent) were in Tenosique alone. The rejection rate in Tenosique was 49.6 percent, and fell down to 15 percent in Ixtepec, 9.8 percent in San Luis Potosí, and 22.2 percent in Huehuetoca/Bojay.

The investigators and data manager were trained and controlled during the entire process by a BRAMU survey coordinator. Each questionnaire has been checked and eventually returned to the investigator in the event of incoherence.

The study design and adapted questionnaire was submitted to OCBA medical department for feedback and approval. Approval was solicited by a Mexican ethical review board. The questionnaire was fine-tuned in collaboration with the surveyor's team and members of the project to avoid or rephrase potentially risky questions. Albergues staff and coordination members were previously informed. No smart-phones, cameras, or recording devices were allowed.

Terms of consent were presented to all participants orally (in this context of migration, anonymity was crucial for participation and accuracy, so no signatures were collected). Participants were informed that they were entitled to psychological support during and after the survey. At all survey points and during all working hours, a clinical psychologist was present with the survey teams, along with MSF social workers in two albergues. 12.6 percent of the survey participants were referred to mental health services provided by MSF staff.

A dedicated email was established for participants wanting more information on the survey and results restitution.

No security incident was reported during the survey.

ANNEX 4
LIST OF ACRONYMS

CAM: Central American Minors

COMAR: Comisión Mexicana de Ayuda a Refugiados

CPSB: Comprehensive Plan for the Southern Border (most known in Spanish as "Plan Frontera Sur")

FY 2015: Fiscal Year 2015

INGO: International Non-Governmental Organization

INM: Instituto Nacional de Migración

LGBTQ: Lesbian-Gay-Bisexual-Transgender-Queer

MSF: Médecins Sans Frontières /Doctors Without Borders

NTCA: Northern Triangle of Central America

OC: Organized Crime

PEP: Post-Exposure Prophylaxis

PTSD: Post-Traumatic Stress Disorder

RSD: Refugee Status Determination

SEGOB: Secretaría de Gobernación de México

SSV: Survivors of Sexual Violence

SV: Sexual Violence

TCO: Transnational Criminal Organizations

TPS: Temporary Protected Status

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

UNODC: United Nations Office on Drugs and Crime

USA: United States of America

VAT: Victimization Assessment Tool

WHO: World Health Organization

MEDECINS SANS FRONTIERES