MEXICO

Gender-based Violence Disclosure in Humanitarian Contexts

Case Study Country Brief: ***MEXICO***

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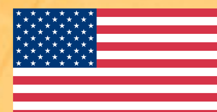

GENDER-BASED VIOLENCE DISCLOSURE IN HUMANITARIAN CONTEXTS

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Introduction

Mexico is a country of origin, transit, and destination for migrants, refugees, asylum-seekers, and other displaced persons. The number of displaced individuals in Mexico has continued to increase through 2021,[1] with the Mexican Commission for Refugee Assistance (*Comisión Mexicana de Ayuda a Refugiados*, COMAR) reporting a record 131,448 asylum applications in 2021.[2] Only five years prior, in 2016, COMAR received around 5,000 asylum applications.[3] The UN High Commissioner for Refugees (UNHCR) reported a total of 562,549 persons of concern in Mexico at the end of 2021.[4] Most refugees and migrants in Mexico are from countries in Central America; since 2019, however, an increasing number are arriving from countries in Africa, the Caribbean, and Asia,[5] particularly Cuba, Haiti, and Venezuela.[6] This diversification in nationalities of origin has posed a challenge to Mexico's asylum and migration institutions, requiring adaptation to new linguistic and cultural groups.[7] Higher numbers of migrants and displaced persons in Mexico have also been met with increased apprehensions and expulsions by the administration of President López Obrador. Moreover, the administration has restricted access to humanitarian visas for migrants, deployed the National Guard for immigration enforcement along both its borders, and aimed to keep asylum-seekers in southern Mexico despite the area's dire conditions.[8]

Gender-based Violence in Mexico's Migration and Displacement Context

Historically, most individuals on the move through Mexico were single men. Since around 2012, however, the number of women and children, both accompanied and unaccompanied, has been on the rise. The number of women apprehended at the Mexico-U.S. border more than tripled between 2018 and 2019 to nearly 300,000, and the ratio of women to men increased from 32% to 54%.[9] The U.S. Border Patrol also reported "encounters" with nearly 145,000 unaccompanied children (UACs) in 2021, up from around 40,000 "apprehensions" of UACs in 2014.[10]

Gender-based violence (GBV) is both a cause of displacement and a common experience for refugees and migrants in transit through Mexico. While few reliable statistics exist on violence experienced during transit through Mexico, middle-of-the-road estimates suggest that rates of sexual violence hover around 24% for women, 5% for men, and 50% for gay and transgender migrants and refugees in Mexico.[11] Diverse forms of GBV are reported by refugees and migrants, including rape, transactional sex, sexual assault, forced prostitution, and sex trafficking,[12] with traffickers commonly exploiting recently arrived migrants at Mexico's southern border.[13] Study participants reported that intimate partner violence (IPV) is one of the most common forms of GBV among the refugees and migrants that they serve: some flee their homes because of IPV, and others may meet a partner while in transit and end up trapped in a violent relationship while on the move.[14] Aware of GBV-related risks, many women take precautions to decrease the likelihood of experiencing rape or other sexual violence in transit. They may travel with a male counterpart for protection, although this also exposes them to risks of IPV or coerced sex as part of the travel agreement.[15] Many women also take an injectable contraceptive prior to beginning their journey that prevents ovulation for three months – it is colloquially referred to as the "anti-Mexico shot."[16] For some refugees and migrants, sexual violence in transit may be seen simply as the "price to pay" for travel through Mexico.[17]

Specific groups of refugees and migrants face additional vulnerabilities in Mexico. Key informants reported that Haitian migrants in particular experience racial discrimination from potential employers, service providers, and governmental organizations in addition to GBV.[18] Rates of sexual assault, violence, and discrimination are particularly high for LGBTIQ+ refugees and migrants,[19] especially for trans women in Mexico.[20]

Relevant Legal and Institutional Framework

Mexico has a robust legal framework for protecting the rights of refugees and migrants, and is party to many key international treaties and conventions. Mexico's Constitution establishes the right to seek and receive asylum[21] as well as the precedence of international treaties and conventions to which Mexico is party over any contrary domestic law.[22] Mexico's 2011 Law on Refugees, Complementary Protection, and Political Asylum[23] and its Migration Law[24] govern international protection and migration. Mexican law includes "gender" as a sixth ground of persecution[25] and has incorporated the Cartagena Declaration's expanded definition of "refugee."[26] It also offers complementary protection[27] as alternate relief and temporary visitor permits for humanitarian reasons[28] to asylum seekers and victims of "grave crimes" on Mexican territory.

In 2018, the U.S. Department of Homeland Security announced the Migrant Protection Protocols (MPP), also known as the "Remain in Mexico" policy, which forced people seeking asylum at the U.S. southern border to wait in Mexico until their immigration court hearing.[29] The policy was still in effect at the time of research and led to a humanitarian crisis at Mexico's northern border, with asylum-seekers living in tent encampments and overcrowded shelters, and exposed to high levels of violence, while waiting for their court hearings.[30] Mexico deployed its National Guard to the northern border to enforce MPP and prevent migrants from crossing to the U.S.[31] In March 2020, with the onset of the global COVID-19 pandemic, the U.S. administration also implemented Title 42, a specific regulation in U.S. health law that allows immigration officials to prevent entry of any person into the U.S. who could introduce a communicable disease. Implementation of Title 42 allowed U.S. Border Patrol to immediately return migrants to Mexico or their home countries without enrolling them in MPP or giving them an opportunity to seek asylum.[32] Mexico has also taken a harder line towards immigration under President López Obrador, restricting access to humanitarian visas and deploying the National Guard for immigration enforcement.[33] The administration has also worked to keep migrants and asylum-seekers in southern Mexico, including busing people from the northern to southern border, despite dangerous conditions at Mexico's southern border.[34]

Overview of Study Sites: Mexico's Northern and Southern Borders

Cities in northern Mexico where data were collected (Monterrey, Tijuana, Matamoros, Ciudad Juárez, Mexicali, Piedras Negras, Saltillo) saw a large increase in migrants and asylum seekers due to MPP and Title 42. Informal encampments cropped up in Matamoros specifically; in other cities, such as Tijuana, government-run shelters could provide additional support to migrants and asylum-seekers returned to Mexico, although access to shelter and services remained limited.[35] Cities along Mexico's southern border, such as Tapachula and Palenque, have also received a large influx of asylum-seekers and migrants since 2018, particularly Haitians and Cubans (in addition to traditional countries of origin in Central America).[36] However, government response in the south is sparse; most shelter and services are run by civil society and religious organizations.[37] Xenophobia and discrimination against migrants has also increased in the south, particularly towards Haitians. Moreover, increasingly strict immigration

enforcement has meant that migrants and refugees are unable to move from the south to other parts of Mexico.[38] One participant explained that even refugees recognized by COMAR were not being allowed to move within Mexico by INM, blocking refugee relocation programs and placing further strains on communities and services in southern Mexico.[39] Cartels and criminal groups often target migrants and asylum-seekers at both of Mexico's borders, making them vulnerable to robbery, sexual violence, kidnapping, and murder.[40]

When Disclosure Happens

Motivation and Opportunities for Disclosure

Participants highlighted two primary types of motivation for GBV disclosure: 1) opportunities for **services, support, and/or international protection** and 2) opportunities for **healing.**

The most common motivating factor shared by study participants was survivors' **need for legal services or international protection**. Presence on the Mexico-U.S. border was noted by three participants as driving a particular sense of urgency for survivors to disclose with as much detail as possible.[41]

> *They can't take it anymore, and they are terrified. They are on the point of being able to enter the U.S. and they cannot. So, they are revealing everything about their case so that we take their case seriously. And it is hard for them to understand that if they tell everything, why can't they enter?*[42]

Survivors' **need for health services**, especially sexual and reproductive health services,[43] their **need for financial assistance**,[44] and an immediate **need for shelter or protection** were also highlighted as key motivators for disclosure: "[W]e have had people that we have known for ten minutes and from the moment they enter the office they do not want to leave the office at any time because they are very afraid."[45]

Participants also noted that GBV disclosure occurred as **part of the healing process** after survivors' basic needs were met and trust established.

> *The first [step] is to generate trust. I think you have to work to a point where people, when they feel trust, feel that they have been listened to. […] It is when the person is in such a degree of confidence that they say okay, I want to talk about it, I want to externalize it. And it is necessary for them to be able to heal themselves.*[46]

Service providers reflected on how participation in workshops prompted some survivors to identify themselves as survivors for the first time; violence had been so normalized in their lives that they might not have considered it to be severe enough to identify as a survivor. A couple key informants highlighted additional facilitators of disclosure, including the trust they had built with survivors and the potential opportunity that survivors saw for changing their situation.[47] For some survivors, study participants perceived that they continued not to self-identify as survivors, but were instead seeking catharsis through sharing their experiences.[48]

Common Scenarios and Recipients of Disclosure

Common scenarios. Most instances of GBV disclosure identified by participants took place during the provision of legal, psychosocial, health, and shelter services. Two participants noted survivors were increasingly disclosing GBV to legal and psychosocial service providers via letter, phone (including text messages and phone calls), and social media.[49] Two other participants highlighted the importance of privacy and safety in order for survivors to disclose.[50] Additional scenarios for disclosure occurred during or after support groups or workshops with other survivors.

Key recipients. Psychosocial service providers were identified as key recipients of GBV disclosure, regardless of their specific roles, often receiving referrals from legal and other service providers. In contrast, participants highlighted different types of legal service recipients that survivors might prefer. One identified lawyers as key recipients, suggesting that survivors' perception that lawyers can help them cross into the United States would be more motivating for disclosure.[51] Another participant instead identified volunteers, rather than lawyers or legal advocates, as key recipients and suggested they are able to establish stronger relationships with survivors and foster greater trust.[52] Participants highlighted that survivors are often reluctant to disclose to law enforcement, given distrust of authorities and skepticism of the support they could offer.

> *[When] my colleagues make mention of filing police reports / complaints [in workshops], we realize that they [workshop participants] say among themselves, "There is no point", or "What for, if they could have done this to me?" We detect that they do not feel safe in front of the authorities.*[53]

More generally, providers who speak the same language, understand a survivor's cultural background, and providers of the same gender were identified as more likely to be key recipients of disclosure. One participant also identified other survivors as key recipients of disclosure, particularly those with similar backgrounds.[54]

Comparative Insight from 2017 Data[55]

Participants identified both physical and contextual spaces where GBV disclosure frequently occurs. Physical spaces included office settings, hospitals and clinic settings, indoor and outdoor common spaces, indoor and outdoor private settings, and churches or spiritual spaces. Within these physical spaces, common contexts or circumstances for disclosure included: with medical personnel, counseling staff, social workers, priests, nuns, and with general personnel working at shelters (e.g., kitchen staff, volunteers, and security guards); on intake questionnaires or during intake procedures; during legal procedures such as applications for refugee status; and during group activities, such as group therapy spaces, group discussion and information sharing activities, and peer group settings without the presence of staff.

GBV Disclosure Barriers for Survivors

Individual-level Barriers to Disclosure for Survivors

Study participants highlighted numerous individual-level barriers to GBV disclosure, including various fears, safety risks, mental health struggles, guilt and shame, language barriers, and timing challenges.

Generalized fear living in an insecure context, distrust of providers and authorities. The most common individual-level disclosure barriers shared by participants were related to survivors' generalized fears – including fear of providers and authorities as well as additional worries related to the context of insecurity they reside in.

> *We run into obstacles of fear, the insecurity here at the border, there is a lot of insecurity. Fear of people. The fear of going out and saying 'I'm not going if I don't know anyone.' [...] But we do have many situations where fear and insecurity are very common.*[56]

Distrust of providers and authorities were also identified as disclosure barriers. One participant identified that some survivors specifically fear reporting to authorities in the same place where the violence occurred.[57]

Fear of impact on legal status and financial security. For some survivors, fear of specific consequences following disclosure were identified as significant barriers by study participants. One participant highlighted that survivors with family-based protection applications (e.g., where the abuser is the primary applicant) fear that they will jeopardize their own ability to obtain refugee protection if they disclose GBV or ask COMAR to separate their asylum claim from their abusive partner's claim.[58] Another study participant highlighted that in cases where the abusive partner is the primarily asylum applicant with COMAR, cash-based support goes to them, leaving survivors feeling financially dependent: "[W]omen feel this dependence, that he has control over me otherwise he won't share with me, or give me money, or will keep all the money for himself."[59]

Safety risks, fear of further violence. Study participants reported fear of abusers, especially the fear of further violence, as barriers to disclosure. One participant noted that many survivors want safe shelter but are terrified their abuser will find them there: "The shelters seem to be safe, but you don't know who you will come in contact with. Many people don't want to be in the shelters because they don't know who they are or if they are safe."[60]

Mental health, trauma, and fear of re-traumatization. Survivors' mental health and trauma were emphasized by three participants as barriers to disclosure. Potential barriers included depression, especially in instances where survivors were not sure how to seek psychological help, ongoing

psychological manipulation by abusers, and avoiding disclosure to avoid triggering pain and discomfort associated with sharing traumatic experiences.

Guilt, shame, self-blame, and cultural beliefs. Study participants also highlighted guilt, shame, and self-blame as barriers to disclosure, especially for survivors of sexual violence.[61] One of these participants noted that trans women have a particularly difficult time disclosing GBV, suggesting internal struggles with gender norms and shame:

> *Culturally, it's hard for trans women to accept because they as biological men they think they have some strength that should have given them the ability to resist GBV. […] so they [survivors] have this feeling of guilt of not having responded biologically as men when experiencing this violence.*[62]

Language barriers. Study participants also noted that language is a significant barrier for some survivors, especially those who are Haitian or Mayan. For Haitian survivors, many do not speak Spanish, and there are no available interpreters in some regions.[63] For Mayan individuals from Guatemala, in addition to language barriers, participants expressed that it can be culturally challenging for them to recognize themselves as survivors.[64]

Prioritization of basic needs, timing of disclosure. Participants noted that for many female survivors, GBV disclosure must wait until their basic needs or the needs of their children are met: "Once a woman has basic needs met, her head is cleared, she has food and shelter, and can report. In some cases, survivors don't allow themselves to report if they do not have a roof over their head and food for their children."[65]

> ### Comparative Insight from 2017 Data
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> Participants based in southern Mexico highlighted time as a barrier both to disclosure and ability for follow up. It can take time for survivors to open up about GBV, and when stays at shelters are short (e.g., three days), it is difficult to disclose. Moreover, participants emphasized that many survivors on the move prioritize continuing onward over receiving assistance for GBV. They suspected that if survivors perceive that disclosing GBV will slow them down (e.g., if they have to wait to receive services), they may be more inclined to stay quiet and keep moving.

One service provider stressed the importance of allowing survivors to determine the right time to disclose for themselves.[66] Survivors accompanied by their abuser might need additional time to disclose than those traveling alone. Time constraints related to crossing the border were also barriers to disclosure. Participants explained that many survivors were primarily focused on mobility and either felt that they do not have the time to disclose and receive therapy, or feared that it would impact their ability to continue moving.[67]

Lack of information. Survivors' lack of information about available services as well as reporting requirements and potential legal implications can impede disclosure. Service providers noted common misconceptions, including perceptions that survivors are obligated to report GBV if they visit public

health centers, that survivors have no rights as foreigners, or that filing a complaint would affect their immigration process.[68]

Comparative Insight from 2017 Data

Providers discussed fear of stigmatization, particularly for indigenous survivors, and a sense of guilt due to having assumed a risk of harm or having defied gender norms by leaving home and family in the first place as key individual barriers to GBV disclosure. An individual's level of trauma and fears related to consequences of disclosure were also mentioned as barriers. These fears could include risk of retaliation from the perpetrator, fear of being identified or compromised by government authorities, and fear of the implications of disclosure for one's asylum or immigration case. Potential conflation of disclosure for the purposes of receiving humanitarian assistance with disclosure for the purposes of filing a police report were also noted as possible fear-related impediments to GBV disclosure.

Social and Community-level Barriers to Disclosure

Survivors also face numerous barriers related to social or community attitudes and beliefs, including normalization of violence, gender norms, and lack of community social support networks.

Normalization of violence. Participants felt that widespread normalization of GBV was a significant barrier to disclosure for many survivors, who might not realize they are victims of violence, who may see violence as a daily norm, or who may feel that violence is not "serious" or severe enough to warrant disclosure.

> *I believe that the other great challenge we face is that people, in this case women, especially Central Americans and Mexicans from the South, come from a life of daily violence, which is something they know and they know that they will have to live with it throughout their lives. […] They see it as something so typical like my other friends, my other companions, my family experience it, they normalize it and they feel that for the simple fact she is not being severely beaten or left in a hospital, she is not being abused.*[69]

> *So, since I was raped only once, I do not consider it to have been serious. So I don't say anything about it, I have the emotional burden, but I don't say anything because I don't think anyone can do anything about it, so I don't talk about it. When the woman thinks that the violence she suffered was not serious, she does not access any service because she thinks she does not need it.*[70]

Another service provider shared that some survivors understand GBV as part of the risk they took to migrate north.[71] For other survivors, they do not see past violence (e.g., sexual abuse in childhood) as relevant to their current situation or reasons for seeking services and do not disclose.[72]

Comparative Insight from 2017 Data

The concept of "normalization of violence" manifested in at least three ways. First, participants described that survivors may not see themselves as victims or recognize the sexual harm they suffered as violence due to the frequency with which violence occurs in their home communities. Second, survivors may accept violence suffered in transit, including GBV, as a "price" to be paid for passage through Mexico, making them less willing to "complain" about GBV. Third, participants noted that refugees' and migrants' confidence in authorities and the justice system was frequently eroded due to widespread corruption and impunity in their home countries, which can bring them to conclude that there is nothing to be gained from disclosing violence.

Gender norms and stigma. Haitian women were identified as facing specific cultural challenges to receiving services, where it is unusual for them to seek services without their husband or partner, and if they do approach, they often do not speak Spanish.[73] Service providers also identified specific disclosure challenges for cisgender, straight men such as beliefs that sexual violence does not happen to them.[74]

Racism, discrimination, and prejudice were noted as barriers to disclosure. Study participants highlighted that Haitian migrants face pervasive racism in Mexico, while migrants in general are often discriminated against or stigmatized. Homophobia and transphobia were mentioned as additional barriers for LGBTIQ+ survivors to disclosure. Participants specified that trans women sometimes faced discrimination from staff at religious institutions,[75] and that LGBTIQ+ Haitians struggled to disclose their sexual orientation and/or gender identity given strong cultural homophobia and transphobia, which in turn limited disclosure of GBV.[76]

Lack of support system, community support network. Study participants reported that for some survivors, the lack of community support or guidance for how to address their GBV situation was a barrier to disclosure.[77] Without a community support system in Mexico, participants explained that survivors sometimes felt that being with their abuser was preferable if it meant that they were not on their own.

They come to Mexico and it becomes more difficult to take this decision to report / say what is happening because they don't have networks of support here. I am traveling with partner who abuses me but at least I have someone, otherwise I am completely alone here.[78]

Structural, Legal, and Systemic Barriers to Disclosure

In addition to many individual and community-level barriers to GBV disclosure, a number of structural, legal, and systemic barriers exist for survivors including limited infrastructure for accessing services, insufficient GBV and cultural competence on the part of providers, and law and immigration enforcement.

Infrastructure challenges restricting access and ability to disclose. Participants explained that barriers to accessing services or limited privacy in service provision settings further restricted opportunities for disclosure. Service providers highlighted transportation barriers at shelters that restrict access to reporting to authorities (when survivors would like to file a complaint) and also restrict access to in-person psychological services. For Haitian migrants, the lack of interpreters further limited opportunities for disclosure and access to services:

> *Largest barrier is language. Kreyol. Hospitals in the south have no translators. None. Health services are out as an option for disclosure for Haitians. Legal services at fiscalia de migrantes [public prosecutor's office for crimes relating to migrants] have no translation, either. So Haitians can only really disclose GBV at COMAR or at UNHCR, which is where there are translators.*[79]

Participants mentioned challenging requirements for receiving GBV-related services, such as funder requirements for registration or proof of GBV, as presenting additional barriers to disclosure.[80] Furthermore, participants highlighted that under-funded public systems made it more difficult for migrants to receive services or have their cases investigated, given a perception that migrants were competing with locals for limited services and resources:

> *[T]his sense by the local population that there is a competition for public services is not far off. There is because there is not enough money. And this leads to xenophobia by local population and by service providers – they are resentful of having to provide attention to foreigners, immigrants, anyone who is not Mexican.*[81]

Insufficient GBV or cultural competency. Lack of cultural competency and discrimination by service providers were identified as additional disclosure barriers. Participants highlighted systemic discrimination against Haitians by communities as well as hospitals. Religious shelters were identified as places that limit disclosure by not accepting trans individuals or abortions. Authorities were also identified as often not trained to respond to GBV.

Comparative Insight from 2017 Data

Participants gave examples of how limited GBV knowledge among service providers can discourage individuals from disclosing. One provider gave an example of hospital personnel prescribing the morning after pill to male survivors or not knowing the appropriate antibiotics for specific groups of survivors.

Law and immigration enforcement. Participants shared that for many survivors, the government, police, and National Institute for Migration were considered a threat, rather than a source of protection. For example, one participant described recent cases where survivors were unable to report to police or prosecutors who were working with narcotraffickers.

> *Also complicated to refer them to report [the violence to authorities], if they were persecuted by narcotraffickers and sexually enslaved. There are prosecutors [fiscales] and police that work for narcotraffickers. So sometimes [we] cannot do a report, or our clients do not want to, because they know this person is working with a cartel, sometimes from their town.*[82]

COVID-19 Related Barriers to Disclosure

COVID-19 both exacerbated existing individual and structural disclosure barriers for survivors and created new challenges. At the individual level, domestic violence survivors were unable to leave their home during COVID-19, further restricting safe opportunities for disclosure. Remote opportunities for disclosure were not always available to survivors who had limited access to technology such as phones or internet, or where they were unable to find a private location to safely disclose.[83] Structurally, health systems focused on COVID-19 and a subsequent lack of sexual and reproductive health resources occurred, limiting opportunities for disclosure. Additionally, in some places, service providers were not allowed to enter shelters, and migrants were not allowed to leave shelters.[84] When the strictest public health measures began to ease, it was still difficult for survivors to access private and comfortable in-person services. One provider explained that they had to attend to clients in an open room while wearing masks, which made it necessary to speak loudly in order to be heard. Such circumstances were hardly conducive to disclosure of difficult situations such as GBV.[85]

Barriers for Specific Groups of Survivors

Victims of trafficking. Participants described survivors of trafficking as often experiencing strong feelings of shame and embarrassment while disclosing.[86] Shelters were also identified as challenging for trafficking survivors because they place survivors once again in a closed or restricted area, reminding them of past experiences. Participants felt that these factors often meant additional time and support were required for disclosure to occur.

> *Time is the factor for women who are victims of trafficking that is not exactly the same as with other women, that is more of a barrier for disclosure. They bring so many things, so much harm, physical as well as emotional, and trying to break this harm so she can talk about it, requires much more time. In addition to trust and everything else we've discussed, but especially time. And also to disconnect them from the situation / trafficking network they're in.*[87]

Children, including unaccompanied and separated minors. Unaccompanied adolescents and children were identified by participants as generally reluctant to seek services, especially if the services might cause additional discomfort or pain (e.g., disclosure of GBV). Participants also noted that minors with a child as a result of sexual exploitation or rape are more likely to seek financial or food assistance for their child, rather than seeking psychosocial services for themselves.

LGBTIQ+ persons. Trans women and men were identified by participants as facing additional disclosure challenges, including shame and guilt coupled with conflicting internal gender norms and

community stigma. One participant highlighted that, for Haitians, disclosure is impeded by cultural norms:

> *We have nil disclosure of LGBTI identity among Haitian population. Not because there aren't LGBTI Haitians, but because of completely embedded cultural homophobia / transphobia. […] There is no option for disclosure in terms of cultural availability for LGBTI Haitians.*[88]

> ### Comparative Insight from 2017 Data
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> For LGBTIQ+ survivors, participants noted that disclosure of sexual violence can be interconnected with disclosure of their sexual orientation or gender identity. If LGBTIQ+ survivors fear being "outed" or fear identity-based prejudice on the part of service providers, they may be reluctant to disclose GBV.

Men and boys. In Mexico, many service providers focus exclusively on women survivors, leading to difficulties for gay, trans, nonbinary, and cis straight men to disclose sexual violence and GBV. As one participant described:

> *The law itself erases sexual violence against men and boys. Everything is "Centro de Justicia para Mujeres", "INMUJERES" […] it has "women" [mujeres] all over it. So male LGBTI folks, nonbinary folks, and straight cisgender men – they may be reluctant to disclose for gender / cultural reasons, but then if they do want to disclose, who do they disclose to? Even the NGOs – they are for women. There is in general massive invisibilization of violence that happens to men, boys, nonbinary folks.*[89]

> ### Comparative Insight from 2017 Data
>
> Participants commented that it may be more difficult for male survivors to view their experiences of sexual violence as such. One participant commented that male survivors will frequently say, "It wasn't sexual violence – I was just stripped naked and groped as part of the robbery."

Service Provider Challenges and Strategies Related to GBV Disclosure

Informants in Mexico shared strategies for both enabling and eliciting GBV disclosure, as well as disclosure challenges due to contextual factors and other constraints.

Enabling Gender-based Violence Disclosure

The most cited strategies for enabling survivors to disclose GBV revolved around **creating a "safe space"** and **building a sense of trust** with survivors. Key informants also discussed ensuring **service accessibility** and utilizing **group activities** as effective means of enabling GBV disclosure. **Staff training** on GBV and skillful use of **indirect questioning** were also important for safely enabling GBV disclosure.

Physical safe spaces

Informants discussed the importance of having a **physical, private space** where survivors could speak with a provider **one on one**.[90] These can be difficult to come by in shelters and camps; some providers would thus accompany survivors to another organization (eg, a healthcare facility) with a private space where individuals can receive services and disclose if desired.[91]

> *But arriving to the border, the camps, the shelters – there is no space. We have clients who say we want to talk to you but my aggressor is here in the camp so I can't do it here because they are going to see me. So we need to see how to help her leave discretely, take her to our office, and see that she has her space.*[92]

For others, however, leaving the shelter or camp to go to a private space is riskier. In these instances, informants described efforts to **bring the safe space directly to where survivors were located**.

> *Others say I don't want to leave the camp because I feel more at risk [at the organization's office], so I want to do it here in my tent, where I sleep. And when they have this need to disclose or to talk, we go to her space when it is the right moment. So we adapt to be able to provide attention, including therapy with psychologists, in a space [that works for them] – on a bench, in the tent where they sleep […]. But always when she feels she is in the right space to talk about what happened.*[93]

Another aspect of creating physical safe spaces involved making sure private spaces were **comfortable, relaxing, and quiet**. One informant mentioned psychologists' offices as an ideal space for enabling disclosure.[94] Finally, ensuring **discretion and confidentiality** also emerged as important for creating physical safe spaces that also engendered trust.[95]

Creating emotional safety and building trust

Beyond creating physical spaces for disclosure that were private, comfortable, and adaptable, key informants described strategies for creating emotional safety and building trust with survivors. These strategies contributed to creating a safe space that could enable disclosure of both recent GBV experiences and those from long ago.

Informants mentioned the importance of **attending to basic needs first**, before asking questions that might prompt a survivor to disclose.[96] Providers also commented that many times, survivors come to an organization seeking other types of services first, including legal support for their immigration status or psychological support for dealing with stress and anxiety. Ensuring that these services were available, and then creating opportunities for continued interactions with providers in a confidential space, were cited as ways to build trust and safety with survivors.[97]

Many informants emphasized that **time was needed to build trust** with survivors, especially when survivors had past negative experiences with service providers. One explained that when their organization first arrived at the camps, the residents "didn't want another institution to come and offer [them] something, when [they] know that [the institution] only wants numbers and statistics. They [institutions] come for a bit and then they leave."[98] Past experiences such as these could make it challenging for organizations to build trust with survivors. To allow for eventual disclosure, several informants emphasized the importance of **accompaniment over time** to build survivors' trust and confidence in an organization, and to help them feel they are not alone.[99]

Relatedly, informants mentioned that **respecting someone's decision not to disclose** was important for building trust. In these cases, participants let survivors know they could come back at any time to talk about the situation, if they desired.[100] Informants felt that **refraining from pressuring** survivors while **engaging in active listening, being non-judgmental, and maintaining confidentiality** contributed to creating a sense of safety and trust that could eventually lead survivors to opening up about violence.[101]

Some informants felt that **explaining confidentiality measures explicitly** was an important piece of building trust with survivors. This could include reassurances that anything a survivor shared about GBV would have no bearing on their asylum application process, that the information would not be shared with anyone else without the person's consent, and that sharing such information with a provider was completely voluntary.[102]

Finally, informants mentioned **peer-to-peer support mechanisms** as effective for building trust and enabling survivors to disclose. This could mean fostering interactions with migrants who had already disclosed GBV and were open to discussing their experience with other migrants who may not yet feel able to disclose.[103] One informant also mentioned that migrants and refugees often felt more comfortable speaking with volunteers working at shelters, who are able to develop friendships with refugees and migrants more easily than specialized staff.[104] Ensuring that peer interactions are possible while also taking care to train survivor advocates and volunteers on receiving GBV disclosures and referring to appropriate services emerged as a helpful aspect to creating safe space.

Comparative Insight from 2017 Data

Common interpersonal strategies for building trust and creating a safe space included: demonstrating empathy and compassion; refraining from judgment and accusation, including through body language; practicing active listening; emphasizing and demonstrating confidentiality; building self-esteem by affirming a person's feelings, desires, and expression; being honest and transparent; and paying attention to small details to demonstrate care.

Common organizational mechanisms for building trust and creating safe space included: ensuring there were private spaces to talk one on one; ensuring that peers are available to talk with refugees and migrants of diverse profiles; establishing peer support groups; creating a family environment; having a predictable daily schedule so that shelter residents know what to expect; sharing examples of sexual violence and emphasizing that this is not normal and there are people who can help; assigning a single staff person to someone's case; ensuring access to spiritual counsel if desired; and asking permission to share any information a survivor reveals while also explaining the purpose of sharing (e.g., for a referral).

Additional Insight from 2017 Data

Some participants shared their own personalized approach to questioning refugees and migrants on the move in a compassionate way that could enable disclosure. One participant observed that people on the move often say that everything is alright in response to questions such as "how are you doing?" or "how is the trip going?" To connect empathically with the individual, this provider asks a follow up question, "and how is your heart?" (*Y cómo está tu corazón?).* This unanticipated question opens an avenue for speaking about one's emotions, and many migrants and refugees respond by saying they have been sad, worried, or hurting. A deeper conversation about the needs of the individual ensues, and they can be referred to proper follow-up care.

Creating safe spaces during remote or virtual service provision

Several informants also discussed how they tried to create safe spaces for survivors during remote or virtual service provision, particularly crucial during lockdowns related to the COVID-19 pandemic.

One organization described developing an intake form to **identify GBV cases via WhatsApp**. They posed questions to individuals via messages such as "how do you feel?" or "how have you been doing since you arrived?" They would follow up with reminder messages about the phone number where the organization's psychologist could be reached and encouraged calling if they felt sad, unable to sleep, or afraid of leaving their homes. This assisted in several domestic violence cases: survivors called and received remote accompaniment, including emotional support and information about the local domestic violence shelter and taxi service, enabling them to reach safety.[105]

Other key informants described the importance of **following up with phone or video calls** when providing services remotely, particularly for reminding people that the organization is available for anything that might come up. Over time, consistent follow up helped providers build trust, even at a distance.[106]

For a few informants, the nature of remote or phone-based service provision was more conducive to GBV disclosure than in-person services, perhaps due to the convenience and greater sense of anonymity.

> *It's something about confessing everything to someone you can't see. Sometimes they feel more trust, they feel freer to talk. If they don't want to talk to us, they don't have to answer the phone. Or in other spaces when waiting to talk to their lawyer or talk about their case in person, there wasn't a lot of privacy. Even for those who are in shelters that are full, they can always step out of the shelter to call. So we receive more confessions. We are receiving responses in lots of detail.*[107]

Overall, however, participants felt that phone-based and remote service provision were less conducive to creating a safe space for GBV disclosure compared to in-person services. With remote services, providers cannot control the environment: survivors may be in an uncomfortable space; their children or harm-doer may be in the same room; they may be within earshot of others living with them. These circumstances all impeded safe disclosure.[108]

Accessibility of GBV services

Many key informants discussed accessibility of GBV services as a key element of enabling GBV disclosure. If services are not readily accessible, it is even more difficult for survivors to disclose. Ensuring **availability of interpreters**, of **in-person and remote services**, and **adapting service models to accommodate the short time frames** that refugees and migrants may have to receive services were all mentioned as important aspects of increasing service availability.[109] One informant mentioned that adapting service models to short time frames was particularly key in northern border areas of Mexico, as many people might leave after a few days to cross into the United States. To work with this dynamic, the informant's organization adopted a model of brief systemic therapy with clear plans for sessions, since there wasn't the opportunity for in-depth psychotherapy. If there is insufficient time for a psychologist to ask someone about GBV and ensure emotional safety, the provider will instead help the survivor develop a plan and make sure they know where to find resources in their next planned destination.[110]

> #### Additional Insight from 2017 Data
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> Particularly in southern Mexico, participants frequently encountered **highly mobile populations** during service provision. High mobility made it even more difficult to establish rapport and raised significant ethical concerns for encouraging disclosure. Generally, strong coordination and effective referral pathways between different service providers along transit routes remained the most feasible way to create mechanisms that could facilitate eventual GBV disclosure.

Informants also described incorporating greater flexibility regarding service eligibility and documentation requirements as a way to make migrants and refugees more comfortable and thus services more accessible. This could include waiving requirements that migrants provide their telephone numbers or a photograph, to reduce anxiety about approaching providers.[111]

Group activities that enable GBV disclosure

Many participants mentioned that **workshops and group discussions** were helpful for creating an enabling environment for GBV disclosure and for building trust.[112] Common topics for workshops included: the risks and forms of violence that can occur during migration, including GBV; rights and services available to survivors and migrants; self-care, emotions, and strategies to reduce anxiety and stress, often delivered by psychologists; and informational workshops on sex, gender, and developing "positive masculinities." They also allowed for initial, superficial disclosure, with statements such as "Mainly what is making me feel bad is that I suffered violence" – these small disclosures would then lead providers to follow up separately with migrants and refugees after workshop sessions.[113] In many cases, participants observed that refugees and migrants would also approach workshop facilitators or presenters independently after a workshop to disclose GBV or request a meeting with staff.[114]

Participants had different strategies for building trust through group activities. One informant discussed delivering multiple workshops that allowed for easing into the topic of violence and GBV.[115] Others mentioned that **closed support groups for specific populations**, especially women and LGBTIQ+ individuals, were often effective for creating a safe space for GBV disclosure.[116] As one participant explained, "[these] serve as a distraction and help [survivors] have companionship with other women so that [they] can see that [they] are not the only ones who have been victims, but that many people are suffering from [GBV]. And that this isn't something that should be normal, but instead [they] can come to a point of knowing that it should not have happened to [them] and that [they] are not alone."[117] Some explained that when providers participate in these groups and share their own experiences of GBV, it can also help survivors register their own experiences as violence in addition to building trust and solidarity.[118]

Staff training and competence

Participants emphasized that **staff training on GBV and effective response**, especially sensitive referral to specialized services, was vital for ensuring that GBV disclosure did not harm or retraumatize survivors. Participants felt that levels and types of training could vary depending on an actor's role and responsibilities, but ensuring the basics were covered was key. These included training all staff on issues of gender, violence, how to appropriately respond to a spontaneous GBV disclosure (e.g., active listening, being non-judgmental, affirming the survivor's experience), how to obtain consent for referral, and where to refer survivors for additional support.[119]

Comparative Insight from 2017 Data

Participants mentioned the importance of training all staff and volunteers on GBV detection, response, and psychological first aid. Additional strategies included holding staff workshops to discuss common types of cases, to learn about different profiles and risk factors for GBV, and to question one's own assumptions about GBV in relation to refugees and migrants. Having a diversity of people on staff, including women, men,

> and LGBTIQ+ individuals, was also important for facilitating natural connections between staff and survivors.

Considerations for enabling GBV disclosure with specific groups

Several participants commented on **disclosure strategies with children and adolescents**. One mentioned the importance of having a one-on-one interaction with a child, without their parent or accompanying adult present, to facilitate disclosure of violence – particularly if the adult is the perpetrator.[120] Others described how psychosocial support teams will employ games (e.g., with toys or dolls for young children) to help them talk about what is going on for them, which can lead to indirect disclosure of GBV.[121] One participant raised the point that in cases of GBV with children and adolescents, it can be more common to have an adult disclose on behalf of the child. This raised concerns of revictimization and confidentiality.[122]

One participant emphasized the importance of having visual cues that communicated safety for members of the **LGBTIQ+ community**, such as posters or pins that personnel can wear depicting a rainbow flag. Additional strategies and considerations shared by the participant included:

> *[Service providers] cannot ask if someone is LGBTI the same way they cannot ask if they are survivors of GBV. There are three things we cannot ask, they must be disclosed only once comfortable: LGBTI identity, GBV survivorship, HIV+ status. So we need to tell people that this is a safe space, that the organization values diversity and non-discrimination. […] We also always ask people what they want to be called. Always leave an open question: Is there anything else you want us to know about you?*[123]

> **Comparative Insight from 2017 Data**
>
> For LGBTIQ+ survivors, participants noted that there is a heightened importance of having peers engaged for facilitating disclosure. Direct community outreach by peers, such as trans NGO workers going to communities of trans sex workers, was seen as a key strategy for building the trust necessary for eventual disclosure. Online fora for building trust with members of the LGBTIQ+ community were also seen as particularly effective.

Another participant explained that there are more legal protections for **survivors of trafficking**, particularly for obtaining asylum or protection in the U.S., and that this could prompt trafficking survivors to come forward once they learn about available protections. The participant also cautioned that trafficking survivors may experience elevated levels of shame and post-traumatic stress, so access to trained psychologists is crucial.[124] Furthermore, situations of trafficking can pose heightened security risks for the survivor and for the service provider. As one participant explained, "any person talking to this [survivor] has a target on their back. We have to assure ourselves that there is no link that can be found externally that would tie the [survivor] back to our team and through which she can be found. [We] need to assure they are in a secret location, we change the chips on their phones, they can't go out to the street very frequently to buy food or do other things, until they can cross to [the U.S.]."[125]

Eliciting Gender-based Violence Disclosure

Some providers must ask about GBV to provide survivors with a needed service or benefit. Fewer informants discussed strategies for eliciting disclosure in this way, and most examples emerged from legal aid and psychological treatment settings. This may be because, as one participant explained, lawyers will directly ask about someone's reasons for leaving home, which can elicit GBV disclosures.[126] All techniques for eliciting disclosure were applied in **interview or one-on-one settings** with a service provider. Interview strategies also included previously discussed mechanisms for creating a safe, enabling space for disclosure.

Informants mentioned the importance of **conducting separate interviews** with men and women, especially if they arrive at a service provider's office together and regardless of which services they are seeking. [127] Ensuring there are **mechanisms for follow-up** after an intake interview was also an important feature of conducting interviews.

Interviews could also be a forum for **building survivors' confidence and sense of self-worth**. One informant described how interviews communicate to survivors that "they are important […] [and] what they are saying to us is important."[128] Other methods for building trust through interviews included **picking up on nonverbal cues** or other behaviors, such as whether someone is having trouble eating or sleeping, and using this entry point to ask about how someone is feeling.[129] Disclosure may follow from this line of questioning. Another informant mentioned that having **bilingual staff** fluent in Haitian Creole was particularly important for building an environment of trust with Haitian migrants and refugees. This organization trains Creole-speaking staff members, themselves migrants or children of Haitian migrants, to conduct interviews directly: "The shared culture and shared understanding of what is happening on the island [Haiti] creates this environment [that] build trust."[130]

Interviews could also help people realize that what they experienced was violence, which some informants felt helped to **overcome the normalization of violence** so survivors could disclose and seek support: "When we do an interview, we ask if they have lived physical violence, they often don't know or realize what they've experienced is considered violence. We tell them this isn't normal, this has a name and it is violence. Others have learned since childhood that relationships are like this. But arriving here we say this isn't […] something that should happen."[131]

Participants shared strategies for beginning an interview in a legal aid context where difficult questions need to be asked: they explain what legal protections are available, including on the basis of gender and GBV, and what questions they need to ask and why. One male-identified provider shared his approach:

> *If there is information that needs to be brought out that is very sensitive and may be uncomfortable, […] I tell [the person] 'look, I'm going to start asking you some very personal questions. I don't want you to take it as if I'm being nosy or as a form of harassment. […] This information is necessary for building a strong case.' But also, […] if they are very, very strong or very intimate questions, […] I usually ask a [woman] lawyer to ask [the person] those questions. But we have had cases in which there is no choice, that is, [the person] can talk to me or else to no one.*[132]

Participants mentioned the importance of ensuring that referrals to a psychologist on staff are possible during asylum-related legal aid consultations, especially when GBV needs to be discussed.[133]

Psychological consultations or therapy settings were another one-on-one or "interview" setting when elicited disclosure of GBV commonly occurred. Some informants felt GBV disclosure happened very easily during therapy sessions. As one participant described it, "The psychological interview is designed for this information to come out in one way or another […] For example, the simple fact of asking about someone's first sexual relation and their age, already with that they tell you everything. You can also ask, using simpler words, if the person consented to the sexual relation and most of the time, the answer is no. So right there you are already detecting violence."[134]

> ### Comparative Insight from 2017 Data
>
> Participants identified interviews as a common way to enable or elicit GBV disclosure. Interview strategies included having small exchanges with the person before the actual interview to establish rapport; beginning interviews with non-sensitive subject matter and easing into asking about violent experiences; holding the interview like a conversation, not an interrogation; letting the individual take the lead in telling their story; and letting people know that there is no obligation for them to talk in that moment, reassuring them that they can come back later.

Aside from interview scenarios or situations where a provider is specifically eliciting GBV disclosure, one informant discussed how at times, providers may need to "elicit" certain types of information related to GBV in order to provide a referral. For instance, a certain amount of information about someone's health condition may be necessary in order to provide a referral to relevant health services. In these situations, the informant felt it was very important to be clear about what type of information was needed and why before diving into questions, keeping in mind the importance of asking questions in a way that would not cause harm and always asking for someone's consent prior to sharing this information for the purposes of referral.[135]

Additional Disclosure Considerations in Service Provision Contexts

In general, key informants shared that detection and disclosure of GBV can occur in many ways and at many stages of the service provision process. Some GBV disclosures are "self-motivated," when survivors seek out a provider in order to disclose GBV and, often, obtain a needed service. "Self-motivated" disclosure also occurs frequently in situations of imminent danger for the survivor.[136] Other times, providers may detect certain red flags that prompt them to ask an individual indirect questions about GBV. If a possible case of GBV presents itself, the provider may then refer the survivor to more specialized services, where fuller disclosure of harm occurs.

In addition to discussing the many pathways of GBV disclosure, key informants emphasized that **outreach and awareness raising about GBV rights and services** was crucial for generally increasing refugees' and migrants' comfort, willingness, and confidence to approach service providers in situations of GBV. This section briefly discusses some of the main outreach and awareness raising strategies shared by informants.

This section closes by discussing additional considerations and challenges related to GBV disclosure, including **ethical and safety concerns** and supporting survivors in the **"post-disclosure"** stage of GBV service provision.

Outreach and awareness raising about GBV rights and services

Many key informants discussed the importance of conducting outreach and awareness-raising with refugees and migrants to provide information about available services and rights, including related to GBV.[137] While not always directly linked to disclosure, informants discussed how "leaving the door open" to GBV services could encourage help-seeking and information-sharing among GBV survivors and the refugee and migrant populations more broadly.

Informants described Facebook, WhatsApp, and other online platforms as effective tools for raising awareness about GBV services. Raising awareness about phone numbers and public hotlines that refugees and migrants could call or text was also important, particularly given the increase of phone-based or remote service provision during the COVID-19 pandemic.[138] Online chat groups, support groups, and other virtual community groups were also mentioned as helpful for sharing resources (particularly video material) that can both educate refugees and migrants on violence and its manifestations as well as available support services.[139] In addition to online campaigns, participants described physically going to spaces where migrants lived as an effective means of building recognition and spreading information about GBV services.[140] Workshops, too, could serve a dual purpose of creating an enabling environment for disclosure and raising awareness about GBV and services, generally.

> ### Comparative Insight from 2017 Data
>
> Participants indicated that GBV-specific awareness raising strategies should include information about refugees' and migrants' rights, the services available to them, and where they can access such services. Public campaigns can be effective and should emphasize emergency hotline numbers and the right to seek support. Helpful formats for sharing information included pamphlets and flyers; murals, billboards, and posters; maps and comic book formats; videos and interactive games; presentations and discussion groups. Visual materials were seen as preferable to text-heavy materials to increase accessibility of information. Materials were often distributed in shelters, at civil society organizations, in hospitals, and public institutions. Posting them visibly along key points of migration routes was also useful, including train stations, bus stops, and public parks. Direct outreach and awareness-raising activities were still seen as most effective, such as through in-person workshops and at service providing organizations.

Risks and ethical considerations related to GBV disclosure

Some participants cautioned that disclosing GBV can pose risks to the survivor, such as psychological crisis or re-traumatization resulting from re-living or describing abuse, or risks of retaliation from an abuser if the survivor discloses to a provider or tries to leave a violent situation.[141] If survivors leave abusers, there is also a risk that perpetrators will try to find the survivor if, for example, they are staying at a shelter.[142] Taking these risks into account is imperative when developing safety and response plans for GBV survivors. Additionally, the ethics of eliciting disclosure should be carefully weighed against these risks.

Comparative Insight from 2017 Data

Providers expressed concern about potential downsides to the survivor of disclosing GBV. These included the risk of physical and psychological harm to survivors, a lack of capacity on the part of organizations to provide survivor-centered response, and the risk of limited uptake of services by survivors. In southern Mexico, participants felt that survivor safety could be compromised if there were limited options for relocating survivors to other states, if organizations used unsecured data collection systems, and if survivors could be located by perpetrators on social media or via other means. Psychological safety could be compromised if survivors experience emotional re-traumatization from disclosing and must re-tell their stories due to referral processes. Participants also commented that it may not be ethical to encourage disclosure if there is a lack of nearby available services, insufficient human resources, or shortages of medicine and long wait times.

Post-disclosure considerations

Being prepared to receive and respond to a GBV disclosure was imperative for service providers who may work to enable or elicit disclosure. Several participants described working in **multi-disciplinary teams** to detect and respond to GBV (e.g., social worker, psychologist, lawyer) so that they can attend to all of the person's needs and reduce the necessity of asking survivors to repeat their story. Being prepared to provide **emergency response** (including psychological first aid) and **transportation** for survivors in immediate danger was also mentioned as important for supporting survivors in escaping violence and navigating emotional duress. Additionally, having **active referral networks** with **partners in many sectors** – health, shelter, legal aid, police, economic assistance – was crucial for proper case management. Many participants described **accompanying survivors in person to receive additional services with other actors**, especially government authorities. Clarity regarding **the order of priority for services** was also mentioned: medical and psychological care are often the most immediately important response, and filing legal complaints should only occur when a survivor expresses willingness and readiness to do so. As one participant explained, "GBV is a theft of consent. The perpetrator steals someone's body, right to choose over their bodies, their sexuality, the fruit of their labor. So as a provider, the last thing you can do is to steal that consent again [by filing a criminal complaint on behalf of the survivor if they have not consented]. You need to return the survivor their voice, their rights to themselves, and that includes the right to make a bad choice [such as returning to their abuser]."[143]

Finally, participants emphasized that survivors' priorities and actions should always be respected and supported, even when doing so is difficult.

You may create an entire referral / case management plan, and survivor may abandon it at any given moment. And your job as provider is to always to be available. Continue leaving the door open. That can tie into the particular nature of trauma of GBV plus vicarious trauma – providers feel guilt when plan doesn't work or anger when survivor goes back to partner. They feel frustrated and angry, and I say you can't take it personally. You have to take a deep breath and let it go. If survivor comes back, great – you do it all over again.[144]

Appendices

Key Informant Interview Summary

A summary of key informant interviews, including the Participant ID used for the study, the date of the interview, and the number of key informants per interview, is provided below.

Participant ID	Location of services	Month and Year	No. of interviewees
MX 01	Monterrey, Piedras Negras, Matamoros	Dec. 2021	1
MX 02	Tijuana, Mexicali	Nov. 2021	1
MX 03	Tijuana	Nov. 2021	1
MX 04	Ciudad Juárez	Dec. 2021	1
MX 05	Saltillo	Nov. 2021	1
MX 06	Matamoros	Nov. 2021	1
MX 07	Monterrey	Dec. 2021	1
MX 08	Monterrey	Dec. 2021	1
MX 09	Monterrey	Dec. 2021	1
MX 10	Tijuana	Dec. 2021	2
MX 11	Mexico City	Dec. 2021	1
Total no. of interviewees:			12

Key informants all worked for service providing organizations, including shelters, non-governmental organizations, federally supported institutions, and inter-governmental agencies. A summary of service locations and service type is provided below. Note that some organizations operate in multiple locations; thus, the number of interviews per service location adds up to a larger number than the total number of interviews conducted.

Location of services	No. of organizations interviewed with services offered in location
Monterrey	4
Tijuana	3
Matamoros	2
Ciudad Juárez	1
Mexicali	1
Mexico City	1
Piedras Negras	1
Saltillo	1

Type of service	No. of key informants interviewed
Psychosocial support	5
Legal aid	4
Shelter	2
Healthcare	1

Summary of Existing Data

This brief periodically integrates findings from existing data originally collected by the research team when they were based at the Human Rights Center, at the University of California, Berkeley School of Law. These existing data were collected as part of an exploratory pilot study commissioned by UNHCR that examined barriers to gender-based violence disclosure among refugees and migrants in Guatemala and Mexico, as well as strategies for service providers to strengthen their approaches to GBV disclosure and GBV-related outreach and awareness raising.

Existing data were collected in November of 2017 through interviews with 41 key informants and service providers in Guatemala (Guatemala City) and Mexico (Mexico City, Palenque, Tenosique, Villahermosa). Analysis, recommendations, and draft tools were subsequently published in 2018 by the Human Rights Center, in a report entitled *The Silence I Carry: Disclosing gender-based violence in forced displacement – Guatemala & Mexico*.[145]

In August 2019, the research team moved to Washington University in St. Louis to launch a new Center for Human Rights, Gender and Migration (CHRGM). Through generous funding from the U.S. Department of State, Bureau of Population, Refugees, and Migration, the team was able to expand upon its original exploratory research to launch a multi-country, in-depth study on the issue of gender-based violence disclosure in humanitarian contexts. Since the team had already collected data in southern Mexico during the exploratory phase of the research, new interviews in 2021 focused on key informants working for service providers operating in northern Mexico.

For added context, a summary of key informant interviews conducted as part of the exploratory research phase in Mexico in 2017 is provided below. All interviews were conducted in November 2017.

Location of interview	No. interviews conducted	No. of interviewees	Sectors / services represented
Mexico City	2	3	Government institutions, Psychosocial support
Tenosique	4	12	Medical, psychological, social work, shelter, legal aid
Palenque	2	6	Government institutions, legal aid, shelter
Villahermosa	1	1	Government institutions, shelter
TOTALS	9 interviews	22 interviewees	

Endnotes

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[39] Interview with MX 11.
[40] Eller et. al, *Migrant Protection Protocols,* 32-35; Interview with MX 11.
[41] Interviews with MX 02, MX 04, and MX 10.
[42] Interview with MX 10. All quotations are taken from interview notes, which were translated into English by the authors.
[43] Interviews with MX 04 and MX 11.
[44] Interview with MX 11.
[45] Interview with MX 05.
[46] Interview with MX 02.
[47] Interviews with MX 01 and MX 03.
[48] Interviews with MX 05, MX 06, and MX 10.
[49] Interviews with MX 02 and MX 10.
[50] Interviews with MX 01 and MX 06.
[51] Interview with MX 02.
[52] Interview with MX 05.
[53] Interview with MX 09.
[54] Interview with MX 05.
[55] This data was originally collected by the research team in Mexico in 2017, and is cited to throughout this brief for added contextual insight on GBV disclosure (*see* Kim Thuy Seelinger and Julia Uyttewaal, *The Silence I Carry: Disclosing gender-based violence in forced displacement* (San Jose, Costa Rica: UNHCR and Berkeley, United States: Human Rights Center, University of California, Berkeley, School of Law, 2018), https://humanrights.berkeley.edu/sites/default/files/publications/5c081eae4.pdf).
[56] Interview with MX 06.
[57] Interview with MX 04.
[58] Interview with MX 08 (Dec 2021). Notes in possession of authors.
[59] Interview with MX 08.
[60] Interview with MX 10.
[61] Interviews with MX 03 and MX 04.
[62] Interview with MX 04.
[63] Interviews with MX 01 and MX 11.
[64] Interview with MX 04.
[65] Interview with MX 04.
[66] Interview with MX 09.
[67] Interviews with MX 01, MX 02, MX 05, MX 07 (Dec 2021), and MX 09. Notes in possession of authors.

[68] Interviews with MX 04 and MX 09.
[69] Interview with MX 09.
[70] Interview with MX 03.
[71] Interview with MX 09.
[72] Interview with MX 02.
[73] Interview with MX 11.
[74] Interviews with MX 03 and MX 11.
[75] Interview with MX 04.
[76] Interview with MX 11.
[77] Interview with MX 06.
[78] Interview with MX 08.
[79] Interview with MX 11.
[80] Interviews with MX 04 and MX 07.
[81] Interview with MX 11.
[82] Interview with MX 10.
[83] Interviews with MX 01, MX 02, MX 03, and MX 05.
[84] Interview with MX 01, MX 02, MX 03, and MX 04.
[85] Interview with MX 05.
[86] Interview with MX 03.
[87] Interview with MX 01.
[88] Interview with MX 11.
[89] Interview with MX 11.
[90] Interviews with MX 05 and MX 06.
[91] Interviews with MX 01, MX 04, and MX 07.
[92] Interview with MX 01.
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[98] Interview with MX 01.
[99] Interviews with MX 01 and MX 06.
[100] Interview with MX 02.
[101] Interviews with MX 01 and MX 09.
[102] Interview with MX 02.
[103] Interview with MX 05.
[104] Interview with MX 05.
[105] Interview with MX 08.
[106] Interview with MX 01.
[107] Interview with MX 10.
[108] Interviews with MX 01, MX 02, and MX 03.
[109] Interviews with MX 01 and MX 07.
[110] Interview with MX 01.
[111] Interview with MX 07.
[112] Interviews with MX 03, MX 06, and MX 09.
[113] Interview with MX 03.
[114] Interviews with MX 02, MX 03, and MX 05.
[115] Interview with MX 01.
[116] Interviews with MX 02, MX 03, and MX 09.
[117] Interview with MX 09.
[118] Interviews with MX 03 and MX 09.
[119] Interviews with MX 02, MX 03, MX 04, and MX 05.
[120] Interview with MX 08.
[121] Interviews with MX 02 and MX 04.
[122] Interview with MX 11.
[123] Interview with MX 11.
[124] Interview with MX 03.
[125] Interview with MX 10.
[126] Interview with MX 03.
[127] Interview with MX 04.

[128] Interview with MX 06.
[129] Interview with MX 02 and MX 08.
[130] Interview with MX 10.
[131] Interview with MX 01.
[132] Interview with MX 05.
[133] Interview with MX 05.
[134] Interview with MX 03.
[135] Interview with MX 11.
[136] Interview with MX 05.
[137] Interviews with MX 04 and MX 07.
[138] Interview with MX 08.
[139] Interviews with MX 02 and MX 10.
[140] Interview with MX 07.
[141] Interviews with MX 02 and MX 06.
[142] Interviews with MX 03 and MX 06.
[143] Interview with MX 11.
[144] Interview with MX 11.
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