

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

Alexandra Casison

18 April 2023

LGBTQIA+ Migrant and Refugee Health:
A Structured Systematic Literature Review on
Migrant and Refugee Health Challenges at the US-Mexico Border

By

Alexandra Casison
MPH

Hubert Department of Global Health

Kathryn M. Yount, PhD, MSH
Committee Chair

Solveig A. Cunningham, PhD, MSc, MA
Committee Member

LGBTQIA+ Migrant and Refugee Health:
A Structured Systematic Literature Review on
Migrant and Refugee Health Challenges at the US-Mexico Border

By

Alexandra Casison
B.S. Human Biology and Global Health
University of California, San Diego
2021

Thesis Committee Chair: Kathryn M. Yount, PhD, MSH

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2023

Abstract
LGBTQIA+ Migrant and Refugee Health:
A Structured Systematic Literature Review on
Migrant and Refugee Health Challenges at the US-Mexico Border

By Alexandra Casison

Aims: The aims of this systematic literature review is to synthesize the research on the experiences of LGBTQIA+ migrants as well as the health-related challenges they face, and present recommendations for addressing the adverse experiences and health-related challenges they face.

Methods: A systematic review of peer-reviewed literature assessing LGBTQIA+ and migrant identity was conducted using PubMed, Web of Science, Embase, and JSTOR. Of 407 articles that met the initial screening criteria, 12 met all inclusion and exclusion criteria. This systematic review follows the PRISMA guidelines and adheres to all items listed in the 2020 checklist. Quality assessment was gauged using a quality assessment tool for qualitative studies drawn from Appendix D in Hawker et al. (2002).

Results: Four prominent themes emerged from the twelve included studies: stigma and discrimination, violence and mistrust, health disparities/concerns, and mental distress. Stigma and discrimination as a theme in six included articles, violence and mistrust in seven, health disparities/concerns in seven, and mental distress in eleven. Out of all the themes present, mental distress, as it is presented in the literature, should be prioritized in understanding effects of the intersectionality of gender identity and sexual orientation in migrants.

Conclusions: The following are recommendations that are aimed to benefit LGBTQIA+ migrants: discreet website for LGBTQIA+ migrant resources (to address the health disparities theme), person-centered training for government officials and healthcare professionals (to address violence and mistrust, as well as mental distress), and community-based interventions to spread awareness of the LGBTQIA+ identity in countries of origin (to address stigma and discrimination).

LGBTQIA+ Migrant and Refugee Health:
A Structured Systematic Literature Review on
Migrant and Refugee Health Challenges at the US-Mexico Border

By

Alexandra Casison
B.S. Human Biology and Global Health
University of California, San Diego
2021

Thesis Committee Chair: Kathryn M. Yount, PhD, MSH

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2023

Acknowledgements

I would like to thank Dr. Yount and Dr. Cunningham for their constant guidance and patience. I am grateful to have been mentored by two incredible powerhouses.

I would also like to thank the Office of Student Affairs, especially Dr. Robinson, Jena Black, Joanne Williams, Ruwenne Moodley, Jenna Paritee, Sophia Lamb, Lisa Parker, Natista Gore, and Destanie Williams for cheering me on throughout this process. I was greeted with positive and encouraging vibes every single day I walked through those doors.

I would like to thank my family – my parents Emily and Brian, and my sisters Jasmine and Samantha – for all their unconditional love and support from 2000+ miles away.

I would also like to thank my partner Sam. I genuinely could not have done this without your unwavering love, support, and encouragement. Words cannot express how much I love you.

Lastly, to all those who identify as LGBTQIA+, may we all find the peace, acceptance, and love that we deserve. To those who leave their home countries with heavy hearts, may we all find a new home where we are supported and encouraged to live happy, fulfilling, and authentic lives.

CHAPTER 1: INTRODUCTION	1
BACKGROUND.....	1
STATEMENT OF THE PROBLEM.....	2
CONCEPTUAL FRAMEWORKS.....	3
STATEMENT OF PURPOSE AND SIGNIFICANCE	4
RESEARCH AIMS	5
CHAPTER 2: METHODS.....	5
SEARCH STRATEGY AND SELECTION OF STUDIES	5
CHAPTER 3: RESULTS.....	9
CHARACTERISTICS OF INCLUDED STUDIES	9
STUDY QUALITY.....	9
OVERVIEW OF THEMATIC RESULTS.....	13
SOCIAL DETERMINANTS OF HEALTH.....	14
MIGRATION STATISTICS.....	21
PRE-MIGRATION FOR LGBTQIA+ MIGRANTS	23
MIGRATION FOR LGBTQIA+ MIGRANTS	26
POST-MIGRATION FOR LGBTQIA+ MIGRANTS.....	29
<i>LGBTQIA+ Migrants' Arrival at the US-Mexico Border</i>	30
<i>US Assimilation for LGBTQIA+ Migrants</i>	33
SUMMARY OF RESULTS.....	38
CHAPTER 4: DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS	39
DISCUSSION.....	39
WHAT ARE THE MIGRATION EXPERIENCES OF SEXUAL AND GENDER MINORITY (SGM) PERSONS?.....	39
WHAT ARE THE BARRIERS TO HEALTH CARE AND HEALTHCARE RESOURCES THAT LGBTQIA+ CENTRAL AMERICAN MIGRANTS FACE?	40
RECOMMENDATIONS FOR RESEARCH AND PRACTICE	41
CONCLUSIONS.....	43
BIBLIOGRAPHY.....	44
APPENDIX – LIST OF EXCLUDED FULL TEXTS.....	46

Chapter 1: Introduction

Background

Despite the growing body of research on lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others (LGBTQIA+) health, limited research exists at the intersection of LGBTQIA+ and migrant health. Between 2010 and 2022, the United States of America (US) has seen an increase in Central American migrants who are awaiting to enter the US at the US-Mexico border. In January 2010, there were about 25,000 monthly migrant encounters at the US-Mexico border, which saw a record high of 224,370 in May 2022 (Gramlich, 2023). Using November 2022 data, the Pew Research Center has noted that out of the 206,239 border encounters, 28,705 come from Northern Triangle countries (El Salvador, Guatemala, and Honduras), 48,444 from Mexico, and 129,090 from other countries (Gramlich, 2023). Additionally, using the same November data point, 12,811 were unaccompanied minors, 49,520 are people traveling in families, and 143,908 are single adults (Gramlich, 2023). Among these migrants is the ultra-vulnerable community of LGBTQIA+ individuals, who are displaced from their home countries due to sexual and gender-based violence, resulting in the decline of their mental and physical health (Mora, 2019).

A thematic analysis was utilized for this systematic review. The initial reading for each article was to ensure that the articles selected were still relevant and appropriate for this review. The second reading for each article was to denote preliminary themes present throughout various qualitative studies. A third reading was then conducted to cross-check common themes between included articles.

Statement of the Problem

The Organisation for Refugee, Asylum, & Migration (ORAM) estimates that as many as ten percent of the 500,000+ Central American migrants identify as queer within the past five years (Martin, 2020). This rough estimation leaves 50,000 LGBTQIA+ individuals at the US-Mexico border at staggered timelines, where they continue to face violence from the native Tijuana community and discrimination from other migrants. Additionally, this subcategory of migrants originally did not feel welcomed and accepted by their home countries, and now, that cycle of unwelcomeness continues as they temporarily reside in many US-Mexico border cities such as Tijuana, Mexico (Lopez, 2018). In these cities, they await decisions from the US government whilst being referred to by some Tijuana residents as “homo-deviant invaders” (Lopez, 2018, para. 6).

Discrimination against LGBTQIA+ individuals is multifaceted. The United Nations states that LGBTQIA+ folks are “victims of torture and ill treatment, including in custody, clinics, and hospitals” with “some 77 countries [having] discriminatory laws [that] criminalize private, consensual same-sex relationships - exposing individuals to the risk of arrest, prosecution, imprisonment - even, in at least five countries, the death penalty” (United Nations, n.d.-a, para. 5). This, in conjunction with social and cultural drivers in migration, can offer insight on the increase of LGBTQIA+ Central American migrants, which will be discussed further in the conclusion of this review.

The United Nations has acknowledged that, while no formal legal distinction between a migrant and a refugee exists, an international migrant is “someone who changes their country of usual residence, irrespective of the reason for migration or legal status” while a refugee is “a person who is outside their country of origin for reasons of feared persecution, conflict,

generalized violence, or other circumstances that have seriously disturbed public order and requires international protection” (United Nations, n.d., para. 1). This distinction is an important one to make clearly, as each researcher classifies LGBTQIA+ migrants and refugees differently - the classification mainly depending on the mode of transit (LGBTQIA+ international migrants or individuals seeking refugee or asylum status). For the remainder of this systematic review, this prioritized community will be referred to as “LGBTQIA+ migrants” as the distinction of their status is not always denoted in the published literature reviewed.

Conceptual Frameworks

Three main frameworks currently in the literature that will be analyzed throughout this review are the utility of resilience, gender mobility and social determinants of health. Resilience is referred to as a “dynamic process encompassing positive adaptation within the context of significant adversity” (Luthar, Cicchetti, and Becker, 2000, p. 543). It is important to understand LGBTQIA+ health through the lens of utility resilience since LGBTQIA+ communities historically have had their health outcomes assessed with a deficit-focused approach rather than a strengths-based approach (Colpitts and Gahagan, 2016). By focusing primarily on a deficit-based research approach, it is difficult to ascertain that health outcomes are because of the impacts of an individual's risks and behaviors, and not just the system as a whole that might also affect other marginalized communities. Gender mobility also is important to address as gender, and the fluidity of the social construct, can be utilized as a defense mechanism by redefining masculinity and femininity in a way that benefits LGBTQIA+ migrants as they are traveling through the Central American passage (Brigden, 2018). The differences in gender performance as a means of protection through passage has benefited LGBTQIA+ Central American migrants to find travel companions and ward off corrupt officials and smugglers with ill intentions (Bridgen, 2018, p.

1). Due to the complex nature of the intersection between LGBTQIA+ identity and migrants, one framework alone cannot encompass the full extent of the phenomena of LGBTQIA+ migration. Therefore, these three frameworks are adopted for the purpose of this work by combining three conditions that LGBTQIA+ migrants face (the resilience that they have built to overcome their circumstances, their ability for social mobility using gender and sexual orientation to their advantage, and their environment that influences their health) to understand common migratory issues and suggest solutions specific to the LGBTQIA+ migrant community.

Statement of Purpose and Significance

Despite the increasing number of LGBTQIA+ persons migrating to the US-Mexico border, research studies have been slower to address the effects of migration on LGBTQIA+ migrants' health and wellbeing (Comisión Mexicana de Ayuda a Refugiados, 2019). One of the biggest challenges any population of migrants may face is the decline of their mental health beginning from pre-departure from their home countries to the destination, where they are forced to assimilate into a new culture - leaving behind their roots to their culture of origin. Phases of migration (pre-departure from country of origin, departure and migration journey, and post-migration and assimilation in receiving country) affect LGBTQIA+ individuals differently. From pre-departure, they may face severe and prolonged violence and abuse related to their sexual orientation and/or gender identity. According to Alessi (2021), the trend of victimization and being high-risk for sexual violence continues throughout migration, where they have a heightened risk of being detained or deported with either option subjecting them to more violence and abuse. If they can reach their target destination, new manifestations of violence and abuse as they live with past trauma if they are unable to seek mental health resources and support will arise (Alessi, 2021).

Some publications address identified health needs of LGBTQIA+ individuals but often indicate that more research to provide effective program and/or policy suggestions is needed. Morales and colleagues have noted that LGBTQIA+ migrants needed mental health resources and counseling since “depression, anxiety, and post-traumatic stress disorder are prevalent among these groups, and psychological symptoms were exacerbated by social isolation” (Morales et al., 2022, p. 3). However, they also mentioned the need for further research to provide accurate recommendations.

The lack of research on what this particular community of migrants needs in terms of healthcare throughout their migratory journey is why health research on this community is imperative. The objective of this systematic literature review is to identify and categorize the knowledge gaps authors have noted in their publications using a thematic analysis surrounding health challenges LGBTQIA+ migrants face at the US-Mexico border.

Research Aims

The aims of this systematic literature review are to (1) synthesize the research on the experiences of LGBTQIA+ migrants as well as (2) the health-related challenges they face, and (3) to present recommendations for addressing the adverse experiences and health-related challenges they face.

Chapter 2: Methods

Search Strategy and Selection of Studies

This systematic review follows the PRISMA guidelines and adheres to all items listed in the 2020 checklist (PRISMA, n.d.). In 2022, PubMed, Web of Science, Embase, and JSTOR were all searched with defined search terms (Table 1). The titles and abstracts were then retrieved for

peer-reviewed, qualitative studies published in the English language from January 1, 2000, to January 1, 2023 – inclusive of these dates. 40 articles emerged from the initial search from PubMed, 57 from Web of Science, 125 from Embase, and 656 from JSTOR. 42 duplicate articles were removed, and 429 articles were dropped because they did not meet the initial screening criteria. This particular search yielded 407 unique titles and/or abstracts that met this review’s initial screening criteria (Figure 2). The screening process for the unique titles and/or abstracts led to the identification of forty-six articles for a more comprehensive, full-text review and the application of a priori inclusion and exclusion criteria (Table 2). Due to low volumes of quantitative research regarding LGBTQIA+ migrant healthcare outcomes, a majority of the included studies are qualitative in nature. Eleven published articles met all of the initial inclusion and exclusion criteria. Before data extraction, a key author and reference list search was conducted. This search resulted in one new article being identified. Once again, the a priori inclusion and exclusion criteria were applied, and one article was retained. A grand total of twelve articles were analyzed, with excluded articles provided in the Appendix.

Table 1. Search terms for identifying the associations between LGBTQIA+ identity and migrant health challenges.^a

LGBTQIA+ Identity	Search Terms	Migrant Identity/Health Challenges
PubMed lgbt*	AND	Migrant
Web of Science lgbt	AND	Migrant
Embase 'lgbt*'	AND	Migrant Health
JSTOR lgbt	AND	Central American Migrant Health
	NOT	Migration Challenges OR

		Migration Journey OR Legal Challenges
--	--	--

^aSome searches for databases yielded zero results with “migrant health” therefore only the search term “migrant” was used, and articles were later screened for any mentions of migrant health.

Table 2. Final inclusion/exclusion criteria.^b

Criteria	Included	Excluded	Rationale
Date	January 1, 2011 – January 1, 2023	Anything below or above the range	This date range covers the period in which there was an increase in literature for LGBTQIA+ migrant healthcare.
Geographic Location	Central America	South America, Mexico, and Canada, migrants from other continents	This geographic location focuses on migrants with countries of origins in Central America
Language	English	All other languages unless translation were provided.	Most of the research in this field are published and/or translated into English.
Population of Interest	LGBTQIA+ Central American Migrants	LGBTQIA+ South American Migrants	LGBTQIA+ Central American Migrants serve as the prioritized population for this review

^bThese inclusion and exclusion criteria were used in the search strings themselves as well as in the article screenings to account for articles that mentioned certain terminologies but did not have information on them.

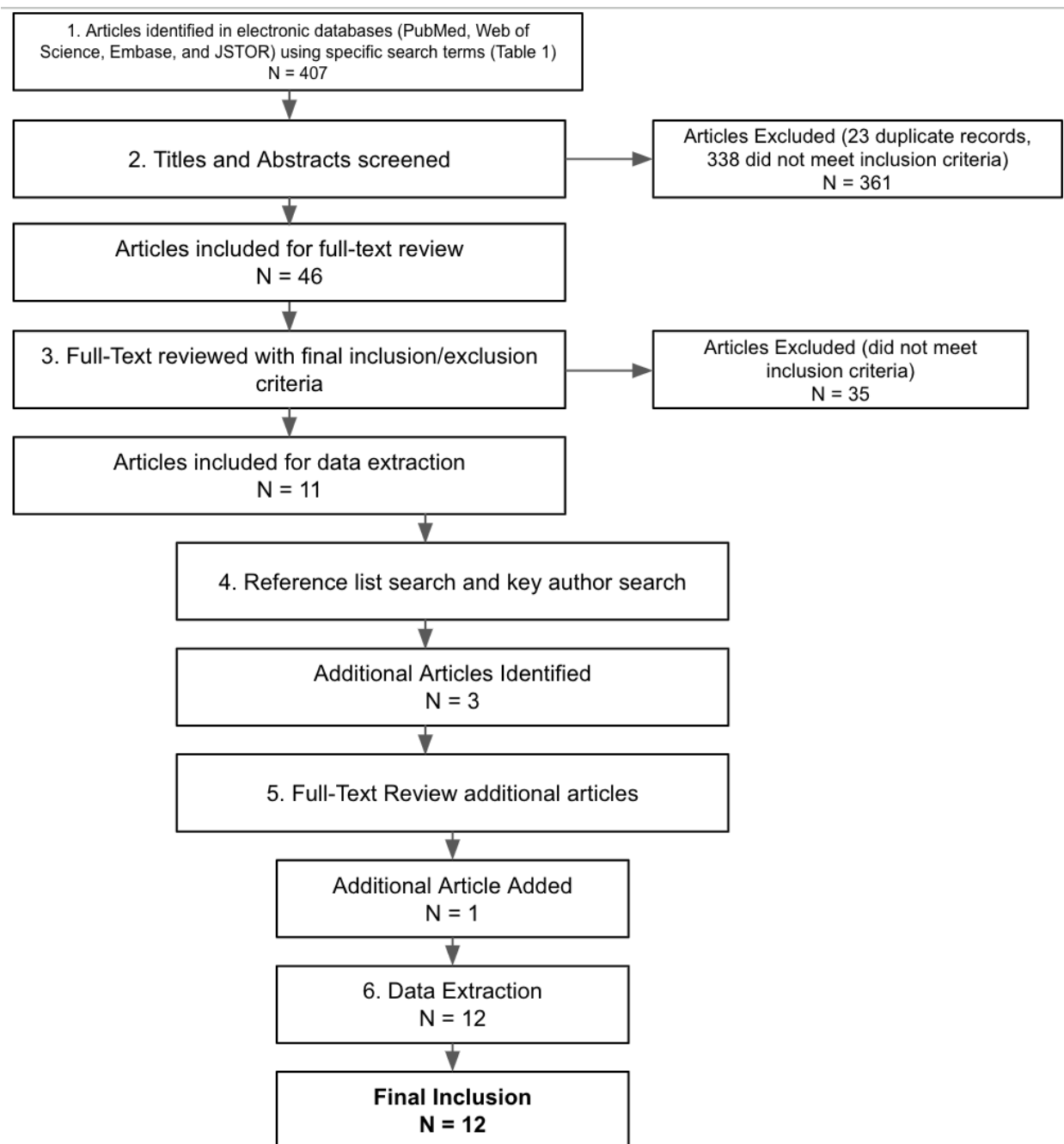


Figure 1. Flow diagram for selection and processing of identified articles for systematic review.

It is important to note that despite most published articles referring to this community as “LGBT” only, this review will use the terminology of “LGBTQIA+” for more inclusion of the vast identities of sexual and gender minorities. The specific application for the thematic analysis

for this review will be to help aid in the understanding of research on the experiences of LGBTQIA+ migrants and the health challenges they face using the identified main themes and sub-themes, this will allow for recommendations for the LGBTQIA+ migrant population to be derived from emerging themes – common experiences that the community faces.

Chapter 3: Results

Characteristics of Included Studies

All the included studies were published between 2011 and 2022, with only three being published more than five years ago. The included studies were all written in English (Spanish studies were excluded) and mention some variation of LGBTQIA+ in their text. Ten of the twelve studies specifically refer to LGBTQIA+ migrants from Central America to the United States in a substantial manner. The remaining two studies were focused primarily on Central American migrants, with brief quantitative and/or qualitative data surrounding LGBTQIA+ migrant identifying individuals. All twelve studies note a specific timeframe (pre-migration, migration, and post-migration) when referring to the data collected/analysis of the data which influenced the structure of this review by breaking it down into the migratory phases rather than clustered topics. Table 3 is comprised of the characteristics of the twelve included studies with authors, year published, theoretical framework, and article type.

Study Quality

Quality assessment was conducted using a quality assessment tool for qualitative studies drawn from Appendix D in Hawker et al. (2002). The tool covered the following components: abstract and title, introduction and aims, method and data, sampling, data analysis, ethics and

bias, results, transferability or generalizability, and implications and usefulness. The following are possible answers for the nine questions asked in the assessment tool: good, fair, poor, or very poor. Quality was assessed based on the provided criteria for each tier (good, fair, poor, or very poor).

Table 3. Characteristics of Included Studies (n = 12)

Study Authors	Year of publication	Theoretical Framework	Article Type ^c
Alessi, Cheung, Kahn, and Yu	(2021)	Migration Framework	Scoping Review
Burgess, Potocky, and Alessi	(2021)	Preliminary Framework - Suicide Risk	Literature Review
Chavéz	(2011)	No Framework	Needs Assessment
Chavez-Baray, Martinez, Chaparro, and Moya	(2022)	No Framework	Needs Assessment – Photo Voice
D'souza, Blatman, Wier, and Patel	(2022)	Clinical Practice Framework	Scoping Review
Duarte-Gómez, Cuadra-Hernández, Ruiz-Rodríguez, Arredondo, and Cortés-Gil	(2018)	No Framework	Narrative Review
Fox, Griffin, and Pachankis	(2020)	Cross-National Frameworks	Cross-Sectional
Leyva-Flores, Infante, Gutierrez, Quintino-Perez, Gómez-Saldivar, and Torres-Robles	(2019)	Restrictive Measure Framework and Migration Policies Framework	Cross-Sectional
Nakamura and Kassin	(2019)	No Framework	Descriptive Phenomenology
Namer and Razum	(2018)	No Framework	Literature Review
Palazzolo, Yamanis, De Jesus, Maguire-Marshall, and Barker	(2016)	No Framework	Systematic Review
Valenzuela Barreras and Anguiano-Téllez	(2022)	No Framework	Qualitative Research Interview

^cStudies were not extracted for inclusion from any reviews identified. Only the findings from the reviews identified were included.

Table 3 is comprised of the common main themes and sub-themes identified in the included studies. Each cluster of themes will be identified throughout the results section, but a brief overview is essential in orienting between common identified themes such as exposure to violence, mental health needs, minority stress, health disparities, and many more. The results section is organized by migration stages, but the themes and sub-themes presented below are

scattered throughout as they tend to be continuous throughout LGBTQIA+ migrants' journeys.

Table 3. Master matrix of included studies categorized by themes.

	Stigma and Discrimination	Violence and Mistrust	Health Disparities/Concerns	Mental Distress
Alessi, E. J., Cheung, S., Kahn, S., & Yu, M. (2021). A scoping review of the experiences of violence and abuse among sexual and gender minority migrants across the migration trajectory. <i>Trauma, Violence, & Abuse</i> , 22(5), 1339-1355.	Stigma and discrimination faced from friends and family in countries of origin; homophobic experiences	Violence experienced during interception at any point during the migratory journey and return (to country of origin); intimate partner violence; high-risk for sexual violence during transit	Lack of adequate healthcare for trans migrants	Negative experiences are related to increase mental distress
Burgess, A., Potocky, M., & Alessi, E. J. (2021). A Preliminary Framework for Understanding Suicide Risk in LGBTQ Refugees and Asylum Seekers. <i>Intervention</i> , 19(2), 187.		Complex trauma experienced throughout migratory journey		Minority stress leading to increased mental distress amongst LGBTQIA+ migrants; suicide
Chávez, K. R. (2011). Identifying the needs of LGBTQ immigrants and refugees in Southern Arizona. <i>Journal of Homosexuality</i> , 58(2), 189-218.			Health concerns of LGBTQIA+ migrants throughout journey from country of origin to receiving country	Increasing mental distress from the stress of assimilation in receiving country
Chavez-Baray, S. M., Martinez, O., Chaparro, P., & Moya, E. M. (2022). The use of photovoice methodology to assess health needs and identify opportunities among migrant transgender women in the US-Mexico border.		Trauma experienced including pre-departure until assimilation		Increased mental distress from mental health issues throughout migratory journey

Frontiers in public health, 10.				
D'souza, F., Blatman, Z., Wier, S., & Patel, M. (2022). The mental health needs of lesbian, gay, bisexual, and transgender (LGBT) refugees: A scoping review. <i>Journal of Gay & Lesbian Mental Health</i> , 26(4), 341-366.	Social interventions to help combat stigma and trauma			Discussion of the mental health needs and intervention strategies to help decrease mental distress
Duarte-Gómez, M. B., Cuadra-Hernández, S. M., Ruiz-Rodríguez, M., Arredondo, A., & Cortés-Gil, J. D. (2018). Challenges of health services related to the population displaced by violence in Mexico. <i>Revista de saude publica</i> , 52.		Challenges receiving help after exposure to violence and trauma	Health needs of the displaced population (particularly due to violence)	Importance of increase in mental health support to combat mental distress from accompanying trauma of displacement
Fox, S. D., Griffin, R. H., & Pachankis, J. E. (2020). Minority stress, social integration, and the mental health needs of LGBTQ asylum seekers in North America. <i>Social Science & Medicine</i> , 246, 112727.	Social interventions to help combat stigma and trauma		Immigrant health concerns continuously brought up, especially during assimilation	Loneliness as a driving factor for increased mental distress
Leyva-Flores, R., Infante, C., Gutierrez, J. P., Quintino-Perez, F., Gómez-Saldivar, M., & Torres-Robles, C. (2019). Migrants in transit through Mexico to the US: Experiences with violence and related factors, 2009-2015. <i>PLoS One</i> , 14(8), e0220775.		Multiple variations of violence throughout migration (physical, psychological, sexual, and the overall burden of experiencing violence); mistrust in migration authorities		
Nakamura, N., & Kassan, A. (2019). <i>Living in exile: The</i>	Lack of social support due to stigma and		Mental distress increased concerns for overall health and	Emotional impact of mental challenges observed navigating

experiences of individuals in same-sex binational relationships in Latin America. <i>Journal of Homosexuality</i> .	discrimination of LGBTQIA+ migrants		healthcare access in foreign countries	binational relationships where a lack of social support for queer couples exists
Namer, Y., & Razum, O. (2018). Access to primary care and preventive health services of LGBTQ+ migrants, refugees, and asylum seekers. <i>Access to Primary Care and Preventative Health Services of Migrants</i> , 43-55.			Health concerns beginning from countries of origin until US-Mexico border; lack of access to primary care and other preventive health services (HIV/AIDS is a big concern)	Mental health is affected by lack of access to gender-confirming processes and is further understood with the minority stress model
Palazzolo, S. L., Yamanis, T. J., De Jesus, M., Maguire-Marshall, M., & Barker, S. L. (2016). Documentation status as a contextual determinant of HIV risk among young transgender Latinas. <i>LGBT health</i> , 3(2), 132-138.	Discrimination in countries of origin based on gender identity and sexual orientation	Violence in countries of origin based on identity, and violence throughout migratory journey based on documentation status; relationship power dynamics influence violence	Access to services is biggest concern for LGBTQIA+ migrants	Lack of support for gender identity expression leads to increased mental distress
Valenzuela Barreras, J. F., & Anguiano-Télez, M. E. (2022). We are united by pain. Vulnerability and resilience of Central American trans and gay migrants in transit through Mexico. <i>Estudios fronterizos</i> , 23.	Family rejection in countries of origin; discrimination by other migrants	Violence due to organized crime; violence committed by Mexican authorities to migrants		Development of resilience to combat increased mental distress

Overview of Thematic Results

Overall, four prominent themes emerged from this review, and they are as follows:

stigma and discrimination, violence and mistrust, health disparities/concerns, and mental distress.

Stigma and discrimination are grouped together because all included articles where this theme

emerged include both at the same time – a distinction between the two definitions is available,

but because of the close relationship between stigma and discrimination, it was left to be combined into one thematic element. The same reasoning is applied for violence and mistrust as well as health disparities/concerns. The only standalone theme that has emerged is mental distress (with some common notes of minority stress theory scattered throughout).

Stigma and discrimination as a theme in six included articles, violence and mistrust in seven, health disparities/concerns in seven, and mental distress in eleven. Out of all the themes present, mental distress, as it is presented in the literature, should be prioritized in understanding effects of the intersectionality of gender identity and sexual orientation in migrants.

Social Determinants of Health

With awareness that to understand the intersectionality of LGBTQIA+ migrants, social determinants of health must be addressed. This specific topic requires a multifaceted approach from different disciplinary perspectives.

One example of the importance of understanding LGBTQIA+ migrant health through a social determinants of health lens is the topic of suicidality among LGBTQIA+ refugees and asylees (Figure 4). Figure 4 comes from an included article and is used to illustrate the difference between protective and risk factors for queer migrants. Queer migration (as a protective factor) and cumulative disadvantage and minority stress (as risk factors) is further discussed in this review below as it pertains to pre-migration, migration, and post-migration experiences of LGBTQIA+ migrants.

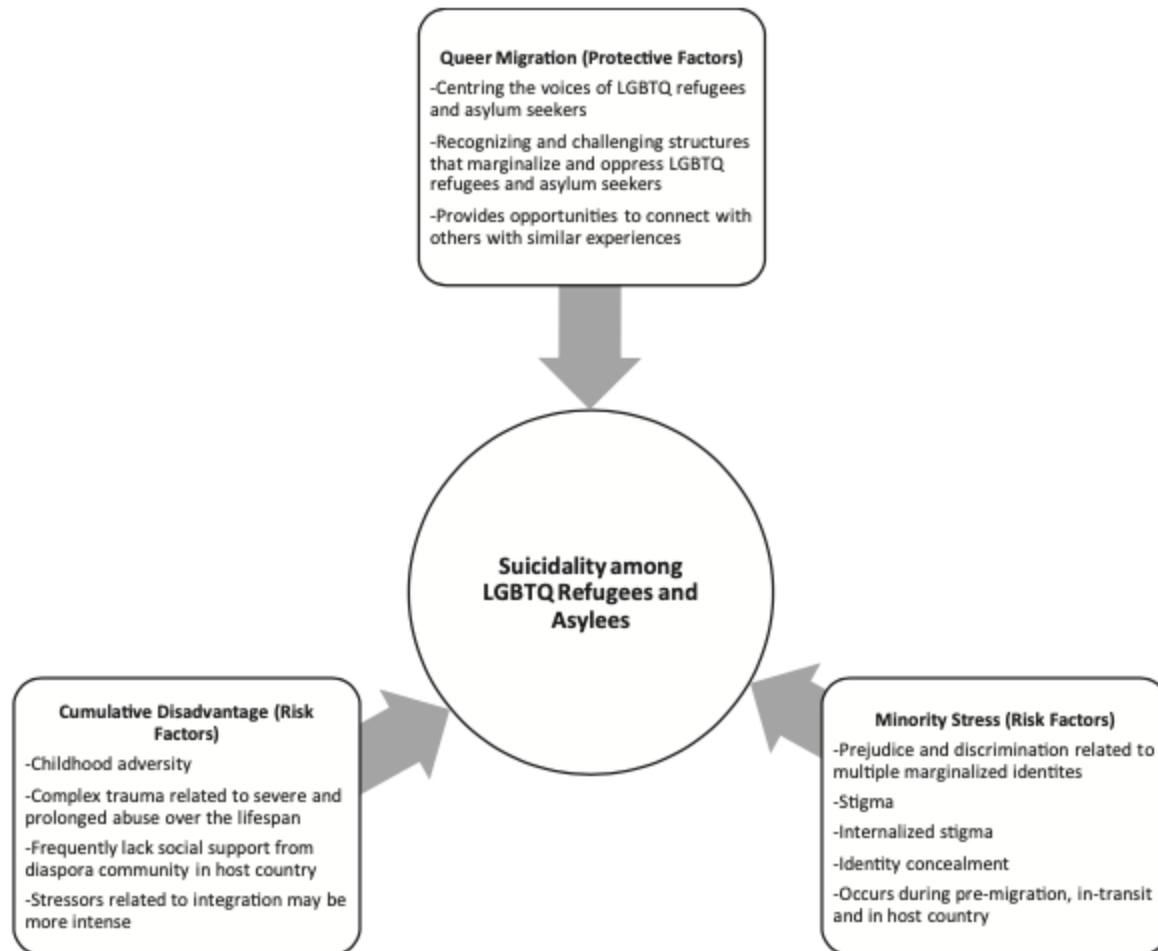


Figure 2. Preliminary Theoretical Framework of Risk and Protective Factors for Suicidality among LGBTQ Refugees and Asylum Seekers (Burgess et al., 2021).

Although this preliminary framework is beneficial for understanding suicide risk, the PHQ-9 and GAD-7 scales should still be utilized in conjunction with this framework. The PHQ-9 (Patient Health Questionnaire) and GAD-7 (General Anxiety Disorder) scales have demonstrated high internal validity when measuring depression and anxiety symptoms (Kroenke et al, 2016). The addition of this framework can further aid those working with LGBTQIA+ migrants in understanding how to better ensure that all their mental, emotional, and physical health needs are met.

A study on minority stress, social integration, and the mental health needs of LGBTQ asylum seekers in North America found that “80.2% of participants screened positive for mental distress on the RHS-15 [and] in a clinical setting, these respondents would have been referred to mental health services given their likelihood of having a diagnosable mental illness” (Fox et al., 2020, p. 1). With respect to social isolation, “the mean Loneliness Score was 63.19 (SD = 10.86) and the mean scaled Emotional Support Score was 46.71 (SD = 9.42), indicating disproportionately low social and emotional support compared to US population norms” (Fox et al., 2020, p. 4). Mental distress and social isolation have been commonly brought up in other studies for LGBTQIA+ migrants but have not always been quantified as most of the studies have been a collection of qualitative interviews. Another measure that was quantified in this study is LGBTQ community and sources of social support. This study noted the following:

“Most participants reported having LGBTQ friends in the US or Canada (91.2%) and specifically LGBTQ friends from their own country or culture (77.3%) but also wanted more LGBTQ friends (83.1%). The most commonly cited sources of social support were a significant other (41.2%) and LGBTQ friends made via the Internet (35.4%). The least commonly cited sources of social support were family (13.3%) and religious community (5.8%). One quarter of participants listed immigrant community as a primary source of social support” (Fox et al., 2020, p. 4).

Familial support being one of the least commonly cited sources of social support was consistent with some of the anecdotes that will be further analyzed and discussed in this review. Another measure this study analyzed was identity disclosure with “the mean outness score [being] 0.73 (SD = 0.30; range = 0-1). On average, participants were out in the majority of their social

domains, although most reported concealing their identity in at least one domain. Participants were most likely to be out to, as well as accepted by, their housemates, co-workers and classmates, and non-LGBTQ friends. Participants were least likely to be out to, and accepted by, their biological family and religious organizations” (Fox et al., 2020, p. 4).

In the case of differential access to immigration, not a lot of modes of obtaining immigrant visas and permanent residencies for those who are trying to move to a country where their partner is currently staying exists. In most cases, this country is the United States, however, because of the complicated nature of immigration in the United States, same-sex couples in binational relationships often find themselves having to leave the United States to immigrate into the country where their partner is currently residing. One interviewee recalled her thought process upon realizing that having her partner come to the United States via means of immigration was more complicated and difficult to figure out. She recalled:

“It was a shock to me ... That’s a great pivotal point in the relationship because of course I was sick to tears, thinking, ‘She’s in Brazil and she has virtually almost no chance of ever coming here except as a tourist,’ and probably even as a tourist would be complicated because we know that sometimes there's trouble at the borders coming across especially if she’s a single girl and doesn’t have any particular ties ... I was sick, I was sad, I was depressed. And then I began to think, ‘What the hell am I going to do to be able to keep us together?’ (Nakamura and Kassan, 2019, p. 11).

Financial and career impact is another predominant structure that arose from the interviews. For most interviewees, they had to ultimately sacrifice their careers in the United States for them to be able to move to the countries where their partners are residing in. This

would later illustrate how difficult it is to obtain the same level of career upon emigrating from the United States and the negative impacts this has on their financial status. One participant described how she felt upon leaving her newfound career right after college, ““I was working in New York City foster care in residential and I really liked what I did, and I didn’t really want to leave my job. I felt guilty about that. I didn’t know if I was making the right decision. I had just graduated. I had a lot of loans to pay so I had a lot of financial uncertainty as well”” (Nakamura and Kassan, 2019, p. 12).

Lack of social support and its impact is another component that needs to be further researched. Although those leaving the United States are gaining physical companionship with their partners, migration requires them to leave behind their previously established and strong social support systems - something that is not always easily welcomed or received by close friends and family members. One interviewee in a reviewed article described that “she used to have a very close relationship with her sister but that her sister barely speaks to her anymore because she does not understand why Donna would give up her career, home, family and friends to move to Brazil” (Nakamura and Kassan, 2019, p. 12). Additionally, another interviewee noted her “fear of losing her job if people found out she was in a same-sex relationship [making] it more difficult for her to get to know people in Ecuador” (Nakamura and Kassan, 2019, p. 12). These anecdotes illustrate that lack of social support is bidirectional and that losing one (perhaps the dwindling communication between sisters in the United States) not does necessarily equate to the gain of another (the location in Ecuador the interviewee and her partner are staying at might not be tolerant and/or accepting of LGBTQIA+ individuals).

In addition to the previously mentioned predominant structures, laws and policies are also a major restrictive factor in having United States citizens’ partners come to the United States.

The following are comments from interviewees regarding their viewpoints on US laws and policies:

“Participants’ critiques the US immigration laws that did not recognize their relationships and the experiences that non-citizens experience when trying to visit the US as tourists ... Not only were US participants unable to sponsor their partners for marriage-based green cards, but they were treated as strangers when entering the US which served as a reminder of the US government’s disregard for their relationship” (Nakamura and Kassan, 2019, p. 13).

The health impact on LGBTQIA+ individuals is exponential with the addition of their migrant status. Participants from the study described negative mental and physical health symptoms that were exacerbated by their stress. Below is a following recap of those experiences:

“Donna stated that before moving to Brazil ‘I was sick, I was sad, I was depressed.’ Waiting to see if her investor visa would be renewed in Brazil she described herself as ‘sick to death’ stating ‘these three years have been so stressful and the last two months have been nauseating’ as they have received death threats for being a same-sex couple. [...] Teresa, Donna, and Marta describe difficulty sleeping. Donna and Luis discuss the stress that comes with living in a country where there is a lot of violence, police corruption, and homophobia. ”
(Nakamura and Kassan, 2019, p. 13).

The next predominant structure is the impact on relationships and some of the components addressed in this structure have been briefly discussed in some of the other structures. The main component of the impact on relationship structure is once again stress, not just societal stressors but inter- and intrapersonal stressors as well. The study noted that “there is

also stress associated with immigrating to another country when there are no pulls to that place other than one's partner. Teresa did not speak Spanish when she moved to Ecuador and found herself very dependent on Elena, which 'put a lot of strain on our relationship.' The couple broke up for six months because of the relationship strain" (Nakamura and Kassan, 2019, p. 13).

The last predominant structure is plans and this includes migration plans for both people in the partnership. One sub theme that arose from this that is present in other studies is the importance of HIV treatment. An example of this from the study is as follows: "Luis provided an example of how medical concerns factor into decision making when he explained that Alex is HIV-positive and '...his mom doesn't want him to be very far from Puerto Rico because they have the treatment there ... if he [goes] to Peru (where Luis is from) ... they don't use the same treatment that [the] USA [uses] now ... She is worried about that. If something happen[s] to her son, she cannot help the way that she can - we are apart [by] 45 minutes [to] Puerto Rico from here by plane. So, in case something happens she can fly right away and be with him.' He talked about the possibility of moving to Australia where they can get HIV treatment, which would allow them to be together but would take them very far away from their families" (Nakamura and Kassan, 2019, p. 14).

Migration Statistics

Migrants That Have Experienced Violence	3539 of 12023 Total: 29.4%			
Prevalence of Violence	Males: 30.9%			
	Females: 23.5%			
	*TTTs: 55.2% (TTTs = transexual, transgender, and transvestite)			
Reporting of Violence by Location - Casa de Migrante	Tapachula: 18.3%			
	Saltillo: 38.3%			
Health Reporting	Health Problem or Accident in the Two Weeks Prior to the Interview: 39.2%			
	Sexual Relations During Their Current Transit: 16.7%			
Violence Reporting	Psychological Violence: 19.5%			
		Women: 52.7%	TTTs: 64.8%	
	Humiliation			
		Women: 52.7%	TTTs: 64.8%	
	Threat			
		Males: 55.9%		
	Physical Violence: 23.7%			
		Extortion and Theft of Belongings: 68.7%		
		Beating: 24.1%		
		Kidnapping: 9.6%		
	Sexual Violence: 6.5%			
		Raped: 6 out of 10		
		Females: 21.6%	TTTs: 14.1%	Males: 1.5%
		Performed Sexual Favors in Exchange for Goods: 4 out of 10		
	Females: 4.0%	TTTs: 29.7%	Males: 2.0%	
Rejection Reporting	Being Female:			
		Women: 9.19%		
	Sexual Preference - All Migrants: 1.0%			
		TTTs: 47.7%		
	Being Undocumented - All Migrants: 25.9%			
	Women: 46.7%	TTTs: 32.8%	Males: 20.0%	

Figure 3. Summarized Key Statistics of LGBTQIA+ Migrants’ Exposure to Violence.

Adapted from Leyva-Flores et al. (2019).

Prior to entering the US, a study conducted by the United Nations High Commissioner for Refugees (UNHCR) revealed the following:

“... That 63% of their offices which engage in organizing or funding healthcare were aware of working with LGBTQ+ individuals [and] out of government partners of the UNHCR, 5% provided hormone therapy for transgender service users, 7% provided hormone therapy, 28% HIV/AIDS treatment, 30% mental health support and 40% LGBTQ+ related psychosocial support” (Namer and Razum, 2018, p. 50).

Although the UNHCR understands they are serving an ultra-vulnerable population, barriers to healthcare access to LGBTQIA+ migrants, especially trans individuals who are seeking gender-affirming care still exists. These barriers include but are not limited to the following:

“Transgender individuals who wished to initiate or resume gender-confirming medical processes, that is, procedures to align their bodies with their gender identity, such as affirmative hormone treatment, reported that the primary healthcare physicians were often unknowledgeable about gender-confirmation and that hormones, when prescribed, were often financially out of reach” (Namer and Razum, 2018, p. 51).

This is not restricted to only Central American LGBTQIA+ migrants, but other LGBTQIA+ migrants around the world as well. In addition to the feeling of LGBTQIA+ migrants having medical providers that may not be as aware of how to address LGBTQIA+ migrant health concerns. Once again, the UNHCR reported the following when it comes to other barriers and challenges LGBTQIA+ migrants face:

“Language and cultural barriers are experienced on different layers by LGBTQ+ refugees and asylum seekers: healthcare providers may lack the appropriate sexual orientation/gender identity vocabulary in addition to their unfamiliarity with the individuals’ cultural background and language of origin. [Participants in one study] reported that the mental healthcare they received was complicated by the use of interpreters, and mental health professionals’ lack of expertise in LGBTQ+ issues.” (Namer and Razum, 2018, p. 51).

Pre-Migration for LGBTQIA+ Migrants

One of the first instances of LGBTQIA+ migrants having thoughts about leaving home (their physical home and/or their home countries) stems from familial rejection of their sexual orientations and/or gender identities. Ten out of the twelve included articles mention some form of rejection. This rejection can be observed in multiple forms, the most aggressive being physical and verbal violence from nuclear family members. One qualitative interviewee recalled his experience fleeing his home at the young age of seventeen upon his stepfather (and family) discovering that he was gay: “he hit me in the face, he hit me all over the place [...] he tried to kill me, he wanted to hang me” (Barreras and Téllez, 2022, p. 11). When trust and protection is no longer an aspect of what family can provide LGBTQIA+ individuals, this has the potential to add strain to an already fragile relationship.

Another interviewee, a trans woman, recalled a similar situation she was in where her brother had attempted to murder her on multiple occasions before she was able to leave the city:

“My brother tried to kill me with a knife [...] he could not stand me dressing up as a woman [...] he even told my grandmother to lend him a machete to kill me.

Then, my grandmother did not agree; hence he hit me and told me “I am ashamed that you are my brother” (Barreras and Téllez, 2022, p. 11).

In this case, it appears that her grandmother hesitated when it came to her brother punishing her for being trans - suggesting that perhaps not all members of the family always disagree with their sexual orientation and/or gender identity, but because of a stronger and more dominant presence (in this instance, her brother) it might be difficult to vocalize contradicting opinions about the situation. However, because the grandmother was not interviewed, it is uncertain what her actual thoughts and opinions are regarding the matter.

When LGBTQIA+ individuals no longer feel safe in their own homes, one of the hardest decisions to make is to flee in order to survive - not knowing if acceptance will ever come from their family. Fleeing homes does not always lead to becoming migrants, but the option of leaving their homes leads to seeking shelter in other locations - sometimes within the same neighborhood and other times, another country. Often times the perpetrators of the violence and abuse that LGBTQIA+ individuals face is “revealed [to be] family, community members, and government officials” (Alessi et al., 2021, p. 1342). These perpetrators have been previously, and will continue to be mentioned, as they are some of the most prominent driving factors for migration among LGBTQIA+ individuals as their safety continues to become threatened.

Another instance of LGBTQIA+ migrants having thoughts about fleeing can arise from persecution by gang members and other aspects of organized crime in their home countries. A gay Salvadoran couple, Amador and Alejandra, recalled their encounters with a group called Mara Salvatrucha leading to “constant harassment, extortion, and sexual abuse” upon the group learning about their relationship and that they were living together (Barreras and Téllez, 2022, p. 11). Ten out of twelve of the included studies mention some form of violence against LGBTQIA+ migrants. Amador recollected the following: “they realized that I was homosexual, and the threats began, [...] until they reached a point where I was paying for my life ... Crying, I would tell them that, please, I did not want to have anything to do with them anymore, that I would rather have them kill me than to have them continue abusing me or my partner” (Barreras and Téllez, 2022, p. 12). This sheds light to issues that affect LGBTQIA+ couples who are targeted not only because of their sexual orientation and/or gender identity, but also because they are a couple and therefore and not just targeted individually, but also targeted together. Eight of the twelve included studies specifically noted trauma from violence experienced. Additionally,

Amador's partner, Alejandro, recounts the following: "they sexually abused me among several and left me half dead, with my clothes full of blood" and later discovered that he was infected with HIV from the sexual assault he faced (Barreras and Téllez, 2022, p. 12). Although HIV/AIDS are the common conditions researched for LGBTQIA+ migrants, no publications currently provide infection rates among those in transit and at the US-Mexico border because of the difficult nature in acquiring data for moving populations and the sensitive nature of HIV/AIDS.

Even when LGBTQIA+ folks leave their homes, they are faced with their perpetrators potentially finding them in another location. An example of this is one trans woman crossing the border of her home country because of increasing aggression from gang members, noting: "I tried to change house and neighborhood and always and always, I do not know how they found me. Until I decided to come to Mexico" (Barreras and Téllez, 2022, p. 12). It was not until she was in another country that she was able to escape assault from the gang members that were able to relocate her after her movement between neighborhoods. Gang member movement and migration between borders is another factor that is not always researched in accounting for the number of LGBTQIA+ individuals who are forced to flee their home countries because of continued active threat to their health and wellbeing - sometimes even their lives.

Another study focusing on trans Latinas (*chicas trans*) noted that "five out of eight of the participants reported suffering direct violence in their countries of origin, including kidnapping, rape, and abuse by family members ... Two noncitizen participants felt afraid and unable to express their female gender identities in what they described as transphobic and risky environments, where gangs routinely targeted sexual minorities. [One] of our participants stated she received death threats from local gangs related to her feminine gender expression ... All of

our Central American participants left their families to move to the United States because of the violence and discrimination they experienced related to their gender expression” (Palazzolo et al., 2016, p. 134). Once again, violence is a major contributor to LGBTQIA+ folks becoming migrants in order to find safer locations more accepting of their sexual orientation and/or gender identity.

Furthermore, when it comes to understanding the challenges LGBTQIA+ migrants face that makes them consider leaving their home countries, or the current country they reside in, one component that is often left out are individuals who are in same-sex binational relationships in Latin America. One research noted seven predominant structures that emerged from their qualitative interviews, and they are as follows: “(a) differential access to immigration, (b) financial and career impact, (c) lack of social support, (d) laws and policies, (e) emotional impact, (f) impact on relationship, and (g) plans for the future” (Nakamura and Kassan, 2019, p. 10-11).

Migration for LGBTQIA+ Migrants

The migration journey for LGBTQIA+ individuals begin once they have decided to leave their countries of origin in order to relocate themselves to a country that is more accepting of their gender identity and/or sexual orientation. Seven of the twelve included studies mention the transit for LGBTQIA+ migrants, specifically their recollection of the trauma and violence endured between leaving their countries of origin and arriving at the US-Mexico border.

Although anecdotes of LGBTQIA+ migrants finding social networks that offer support in terms of monetary and transportation support exists, many LGBTQIA+ individuals are still being led to believe and trust people trying to extort and/or exploit them. In Tapachula, Amador and Alejandro “met a woman who offered to shelter them [later discovering] that she was involved in

human trafficking and wanted to force Amador to have sex with other men in exchange for money” (Barreras and Téllez, 2022, p. 12). It is important to understand that social networks can either be positive or negative, and if negative, they can be seen as predatory such as in the case of Amador and Alejandro. Trust is a crucial component of the migration process and should be further studied to understand the connection between trust and “successful” migration experiences for LGBTQIA+ individuals.

When migrating with caravans, LGBTQIA+ individuals, especially trans women, noted that they faced discrimination by other migrants. However, they were able to “identify other people who share both their migrant status and a gender identity and come together to create synergy and mutual protection” (Barreras and Téllez, 2022, p. 13). A trans woman recounts her experience migrating with a caravan as follows:

“[...] the other migrants [...] yelled at us: ‘fucking *jotos*, fags’ and started throwing stones [...] What I did, I separated myself from them, and I adapted with the LGBT group, and now, we already all united more; the group got bigger and bigger, and that was what motivated me the most” (Barreras and Téllez, 2022, p. 13).

From this specific encounter, it appears that gender identity plays a huge role in the power structure between LGBTQIA+ migrants and their heterosexual and cisgender counterparts.

The heteronormative and patriarchal societies that most LGBTQIA+ migrants flee from still follow them during migration and post-migration either at the US-Mexico border or assimilation into the United States. More research needs to be conducted with respect to the role that gender plays for LGBTQIA+ migrants and how it affects their migration process.

However, not all social networks end in more barriers and challenges. In some cases, other LGBTQIA+ individuals who have previously (and successfully) migrated offer advice and guidance to those beginning their migration. Two specific instances illustrate the benefits of having a strong and supportive social network.

Mónica:

“Mónica left El Salvador with the advice of some trans women who had managed to reach the United States months before. These people gave her financial support and guided her on what means of transportation to use and where to stay in Tapachula. ‘They told me, ‘We are going to deposit money for you, we are going to give you the address so that you know here to stay, we were there and nothing will happen to you, you just tell her that we sent you, the lady is very kind and she will support as much as possible, she supports the community (LGBT+).’”

(Barreras and Téllez, 2022, p. 14).

César:

“For his part, César arrived at the shelter for LGBT+ migrants in Tijuana thanks to Katya. They met in Tapachula through a mutual friend from the LGBT+ community and maintained contact through Facebook: ‘I told Katya that I was going to travel to Tijuana, and she told me about here (the shelter) and everything. She gave me the information and told me that she was waiting for me here. I arrived. I went calmly to ask for my number for the United States, and right now, I am waiting for that’ (Barreras and Téllez, 2022, p. 15).

Although most LGBTQIA+ migrants begin their migration alone, the stories of Mónica and César showed instances where help is offered, and knowledge is shared in the LGBTQIA+

community. This potentially has the opportunity to allow for safer travels and can perhaps change the mental outcome of the dangers and challenges of migration itself for LGBTQIA+ individuals. However, more research on that particular factor needs to be conducted but illustrates that the need for research for LGBTQIA+ migrants spreads across a plethora of interdisciplinary topics.

Post-Migration for LGBTQIA+ Migrants

LGBTQIA+ Central Americans make their way to the US-Mexico border and await their entrance into the United States. Three of the twelve included studies focused primarily on post-migration lives of LGBTQIA+ migrants, specifically at the US-Mexico border and their assimilation into the US. However, in Mexico, government officials and immigration authorities are not necessarily seen as positive resources that can aid LGBTQIA+ migrants. These authority figures are often seen as acting with “intolerance, discrimination, and xenophobia” especially towards trans women and gay men (Barreras and Téllez, 2022, p. 12). One trans woman recalls her negative experience with Comar (Comisión Mexicana de Ayuda a los Refugiados) when they provided her with documents that did not align with her gender identity, causing discomfort and embarrassment:

“I asked for complementary protection. However, they did not give me my woman’s name; I appear with a man’s name and a woman’s photo [...] There in migration and in Comar, I was very discriminated against. In Comar, they did not call me by my social name but by my legal name. I felt very strange, seeing my appearance as a woman; I felt like a weirdo with so many people, when they mentioned my name.” (Barreras and Téllez, 2022, p. 13).

It is unclear what the rules and regulations are for Comar and for the Migration Institute in Mexico as no official publications either through published literature or on the official government websites are able to be located. However, transparency is needed for standard operating procedures regardless of the identity of the migrant seeking guidance as they navigate through the immigration process.

LGBTQIA+ Migrants' Arrival at the US-Mexico Border

Although resilience can further be discussed throughout LGBTQIA+ folks' migrations, certain challenges and opportunities available for them to ponder and discuss among their peers exists - which tend to be located around the US-Mexico border.

“Hopelessness and pain [can be combated by identifying] areas in life that foster hope and emphasize that things do improve over time. Family rejection [can be combated by identifying] individuals who can be part of [a] chosen family. Loneliness and isolation [can be combated by identifying] coping methods and brainstorming ways to integrate into [a] host community that feels comfortable. Lastly, limited resources [can be combated by connecting] to LGBTQ-affirming organizations and resources” (Burgess et al., 2021, p. 193).

Some of these such as combating family rejection was seen when folks were helping LGBTQIA+ migrants such as Mónica and César navigate their way to the US-Mexico border. Additionally, Mónica and César were able to access resources that are typically limited because of their connection with their peers and chosen family who were able to provide information to these organizations and resources that were able and willing to help them out.

Photovoice methodology was used in another study looking to assess health needs for trans women at the US-Mexico border. Through the sharing of photos and stories, trans women

at the border discussed topics such as: mental health; migration experiences and challenges; stigma, discrimination, and resiliency among transgender women; and the impact of the COVID-19 pandemic. The use of photovoice as a study method is unique in that it provides opportunities for the participants to guide the discussions and show/tell the researchers what is most meaningful and impactful to them. With regards to mental health, the study noted the following about the transgender women:

“they talked about emotional ambivalence because of the migratory journey, what they leave behind, and the emotions and experiences lived in different shelters [and] participants described challenges and mental health experiences and identified loneliness, sadness, happiness and support they received by shelters in Juarez and El Paso as well as the suffering and loss associated with forced migration” (Chavez-Baray et al., 2022, p. 3).

Additionally, when describing their migration experiences and the challenges they faced throughout, the participants reflected on:

“the challenges of leaving family behind in their country of origin and the impact of family separation. The border is seen as a “wall” separating families and friends. Others reflected on the liberation resulting from the migration experience, as one participant articulated, ‘*you can be whoever you want to be.*’ Many recounted the traumatic experience of discrimination in their home country, for many resulting in death” (Chavez-Baray et al., 2022, p. 4).

Stigma, discrimination, and resiliency were topics mentioned throughout the migratory experiences of LGBTQIA+ individuals, however, in this particular study, “participants described how stigma associated with gender identity resulted in discrimination, lack of opportunities to

study and find the job they desire; dress as they chose resulting in violence and life threats against them” (Chavez-Baray et al., 2022, p. 5). It is unclear from the study of the participants felt the same after they entered the United States, or if this feeling was strongest at the US-Mexico border. Further research on this particular sub-topic is needed.

COVID-19 has certainly impacted the lives of every individual across the world, and for LGBTQIA+ migrants, the effects were heightened. The following were recounts of being an LGBTQIA+ migrant during COVID-19 times:

“Another component impacting their mental health was the impact that COVID-19 had in their plans to migrate, find employment, housing, life without violence, and in some cases move forward with their gender reaffirming health care. As one of the participants pointed out, ‘we felt trapped, without being able to send money to our families, without being able to move forward, nor backward (due to the pandemic).’ In addition, they expressed hope in improving their quality of life for being in the US for the first time” (Chavez-Baray et al., 2022, p. 6).

Overall, the study participants shared common calls to action. Though these calls to action are specific to the challenges they endured as LGBTQIA+ migrants, they have the potential to also be applicable for migrants of different identities and intersectionality. The following were noted as part of the participants’ call for a better system of aid:

“Some of the participants indicated that the American dream was shattered because the freedoms and rights aspired were not found. They commented that they had faced discrimination in the workforce, racism, lack of identification or recognition, inability to access basic health care services and fear of becoming ill and not being able to receive care due to lack of medical insurance and financial

resources. Regardless of the challenges and inequalities encountered, they expressed feeling safe in the US” (Chavez-Baray et al., 2022, p. 7).

US Assimilation for LGBTQIA+ Migrants

Three of the most common themes relating to HIV-related risk factors that the *chicas trans* study has identified are the following: “gender identity, access to services, and relationship power dynamics” (Palazzolo et al., 2016, p. 135). The theme of gender identity covered various components including the interviewee’s open identity as well as the importance of their fellow peers and partners to acknowledge them as women and/or their relationship with someone who identifies as a transgender woman. The *chicas trans* noted two scenarios where being acknowledge by the correct identity made a difference and that “when they were called by their male names, they felt shame, humiliation, and a loss of dignity [as well as reporting that] they felt vulnerable and discriminated against in public spaces where identification is required for entry, such as government agencies, service providers, health clinics, and social venues” (Palazzolo et al., 2016, p. 135). These recounts illustrate the importance of ensuring that trans migrants have legal documentation that matches their gender identity rather than their biological sex. By ensuring that they have updated legal documentation, it might prove to be beneficial for trans migrants to have access to more resources, including but not limited to being able to receive gender affirming care from medical providers.

Furthermore, half of the participants in the *chicas trans* study identified the two most common modes of access to medical services (emergency care and community clinics), with one caveat of these health services being that they are “primarily focused on HIV tests and/or hormone treatment” (Palazzolo et al., 2016, p. 135). The other half of the participants disclosed that they “did not have a regular doctor” (Palazzolo et al., 2016, p. 135). Due to their HIV status

and limited access to finances, trans migrants are more likely to rely on other sources to obtain their required hormones. A few accounts of this include the following:

“...lack of financial means compelled undocumented *chicas trans* to rely on dangerous and illegally imported intravenous hormone injections that may place them at greater risk for HIV. As one participant put it: ‘there are a lot of people that I know who sometimes look for pirated hormones ... they use them because they can’t go to the doctor and pay \$100 for just one injection.’ Lack of access to comprehensive gender-inclusive healthcare, therefore, contributes to contextual HIV risk” (Palazzolo et al., 2016, p. 135).

The topic of lack of comprehensive gender-inclusive healthcare will be further discussed in review, but once again, indicates the grave importance of ensuring that medical providers are equipped to be able to handle LGBTQIA+ migrant care holistically. LGBTQIA+ migrant healthcare needs vary from their heterosexual citizen counterparts and therefore requires more effort on the part of the provider to ensure that their LGBTQIA+ migrant patients feel respected and treated no differently from their sexual orientation and/or gender identity and legal status.

Continuing the discourse in relation to *chicas trans*, relationship power was the last common theme that arose during qualitative interviews and highlights the importance of quickly granting legal status to those most at risk for relationship power abuse. The *chicas trans* study noted that “lack of legal documentation to live in the United States created a barrier for *chicas trans* to leave relationships with controlling or abusive partners, as one formerly undocumented participant described:

‘I don’t really know him. I went to live with him to try to have a roof to stay

under, and he was *really* possessive ... if I wanted to leave, I couldn't leave. He almost just wanted to have me there for him, and I had to serve him as a sexual object. But I didn't have another alternative at that time. I didn't feel good, to be honest; I was with him to stay off the street.'

This same participant reported that being granted legal asylum changed her situation. After asylum, she applied for food stamps and cash benefits. She moved out of the home she shared with the controlling partner and found her own apartment. Thus, attaining legal permission to live in the United States resulted in access to social services, which facilitated her leaving her unequal relationship" (Palazzolo et al., 2016, p. 136).

Upon entering the US, LGBTQIA+ migrants continue to face challenges similar to the ones they experienced during migration such as healthcare, housing, and legal affairs. In the case of healthcare, LGBTQIA+ migrants face "persistent discrimination [leading to] some LGBTQ people to avoid seeking treatment, while others decide against full disclosure of sexual orientation or sexual practice in order to avoid practitioners' homophobia, transphobia, and heterosexism" (Chávez, 2011, p. 192). When facing situations such as these, LGBTQIA+ migrants not feeling comfortable disclosing their identity and/or sexual behaviors might have a negative impact on their health in the long run if they are not able to be treated based on their actual needs. Chávez also noted that "even as LGBTQ people do seek treatment and offer full disclosure, research indicates that this population often receives a lower quality of care than heterosexual or gender normative counterparts as many medical practitioners still generally display a lack of sensitivity to LGBTQ needs" (Chávez, 2011, p. 192).

To combat this, "some medical researchers and providers have increasingly tried to meet the unique needs of LGBTQ patients" (Chávez, 2011, p. 192). A combination of lack of training

and implicit bias on the behalf of physicians and other medical personnel might be contributing to the widening health gap for the LGBTQIA+ community in general, and LGBTQIA+ migrants specifically.

Additionally, other challenges that LGBTQIA+ migrants face upon entering a host country is that “the refugee claims process [have been] noted to cause re-traumatization due to forced recollection of persecution experiences and pressure to share personal aspects of their identity ... [as well as being] required to demonstrate Westernized concepts of LGBT behavior to gain refugee status, which was often suppressed or hidden for protection in their COO (country of origin); this process resulted in further re-traumatization” (D’souza et al., 2022, p. 351). Constant waves of re-traumatization couples with lack of access to medical services, especially mental health services, poses a unique set of challenges in being able to adequately treat LGBTQIA+ migrants who have no other choice but to be subdued to re-traumatization in order for them to secure an opportunity at a less traumatizing life.

The United States does not have universal healthcare coverage for residents regardless of citizenship. Federally funded insurance programs such as Medicare and Medicaid (jointly funded with the state) have eligibility criteria that prevent undocumented immigrants from qualifying for federally funded insurance programs (KFF, 2020). As a result of these barriers to accessing healthcare insurance coverage in the United States, “many migrants do not possess health insurance, particularly when they first come to the United States, and also if they only find low-wage work” (Chávez, 2011, p. 192). This not only presents an accessibility challenge for newly immigrated LGBTQIA+ individuals, but also creates a financial barrier to receiving health care - an affordability concern for those who might be required to purchase private health insurance on the marketplace. Navigating the insurance environment in the United States is no easy feat, and

with language, cultural, and legal barriers between newly immigrated LGBTQIA+ individuals and the insurance industry - more guidance and support is required. A summary of the healthcare challenges LGBTQIA+ migrants receive are as follows:

“When challenges of accessing healthcare as an LGBTQ+ individual such as the lack of LGBTQ+ ally practices or othering prevention management stances are coupled with the restricted entitlements and structural access barriers for refugees and asylum seekers, acute and chronic health problems will be left untreated, and the individual will be open to certain health risks. The restoration and promotion of health equity in the case of LGBTQ+ refugees and asylum seekers fall[s] on policymakers, service providers, as well as the community at large” (Namer and Razum, 2018).

Unmet healthcare and health insurance needs are just the tip of the iceberg for LGBTQIA+ migrant research findings and more research conducted on addressing other aspects of health for this particular community is needed. “Little research on LGBTQ migrants has investigated other areas relevant to their health needs, evidencing the very limited range of knowledge professionals have about this group. Research about illnesses other than HIV such as diabetes, autoimmune disorders, and cancer or health care concerns within LGBTQ migrant communities is nonexistent” (Chávez, 2011, p. 193). Another study noted that “the LGBTI population was considered important because of the discrimination they may be subject to, even in the [health system], and those with STI/HIV treatments to ensure continuity” (Duarte-Gómez et al., 2018, p. 6). Research on this particular intersection of identity is arguably difficult as LGBTQIA+ migrants are ultra-vulnerable and constantly moving, it is challenging to be able to collect data on more chronic conditions as follow-up is difficult. Additionally, they might be

hesitant to disclose more information than is necessary in order for them to receive healthcare because of all of the stigma and discrimination they have faced throughout their migration.

Summary of Results

The main components of LGBTQIA+ migrant health examined in the studies published to date mainly include mental health, gender-affirming healthcare, and healthcare post violence exposure. Mental health/distress is the primary theme that was present in most of the included articles (eleven out of twelve) which noted the importance of understanding the causes of LGBTQIA+ migrants' mental health throughout their migratory journey. Following mental health/distress, the lack of gender-affirming healthcare in LGBTQIA+ migrants' countries of origins are important to address as this lack of access is increasing mental distress.

Chapter 4: Discussion, Recommendations, and Conclusions

Discussion

The synthesis of research on the experiences of LGBTQIA+ migrants, the health-related challenges they face, and potential recommendations for addressing the adverse experiences and health-related challenges they face were observed through the following two questions. The absence of explicit theoretical frameworks in the twelve studies considered in this review is noteworthy and should be stressed because of the importance of connecting data collected with common literature themes to explain complex LGBTQIA+ migrant issues.

What are the migration experiences of Sexual and Gender Minority (SGM) persons?

The migration experiences of sexual and gender minorities are sorrowful. LGBTQIA+ migrants have shared that they have been subject to violence and discrimination throughout their migration process, beginning with the rejection of their identity at home and within their own communities, forcing them to flee in order to seek out protection. Oftentimes, moving to an adjacent neighborhood is not enough and violence follows. Some LGBTQIA+ migrants have mentioned that they did not wish to leave behind their friends and family, but for their safety and protection, they had no choice but to flee.

Once in the migration phase, some LGBTQIA+ migrants still face violence and discrimination from other migrants that either reject their sexual orientation and/or gender identity or their nationality. This creates a division among migrants and requires LGBTQIA+ migrants to seek protection amongst themselves and seek guidance from other LGBTQIA+ migrants who were able to successfully complete their migration journey to the United States.

What drives the homophobia and transphobia among other migrants is cultural and political rhetoric aimed at presenting LGBTQIA+ individuals as the “other” that were potentially instilled in their countries of origin based on Western ideals and occupation.

At the US-Mexico border, LGBTQIA+ migrants are faced with long wait times for refugee, asylee, or immigrant status. Due to the long wait times, they are forced to stay around the border where they are subject to violence and discrimination once again. Unless they are able to find a spot at an LGBTQIA+ friendly home, they are grouped with other migrants awaiting their turn for their hearing. Additionally, they face violence and discrimination from residents making it more difficult for them to seek employment. Once their case is opened, they are forced to relive traumatic moments to ensure that their case meets the requirements for requiring safety and protection of a visa to the United States. However, once in the United States, they are often faced with more challenges, especially as it pertains to healthcare and healthcare access. A compilation of their traumatic journey and the lack of adequate support and resources at their country of destination have effects on their overall health.

What are the barriers to health care and healthcare resources that LGBTQIA+ Central American migrants face?

In their countries of origin, LGBTQIA+ migrants are not always able to access gender-affirming care, which is the primary reason for migration for some folks. Additionally, during the migration process, medication such as PrEP for those who are HIV+ and hormones for those who are transitioning are difficult to procure while they are constantly moving to different locations as they make their way closer to the border. Additionally, once in the United States, the healthcare services received are subpar, mainly because medical professionals are ill equipped to handle LGBTQIA+ cases, let alone LGBTQIA+ migrant cases. As previous note by Namer and

Razum (2018) regarding lack of LGBTQ+ ally healthcare practices is important to recall as this helps to interpret the healthcare challenges both during transit and during assimilation into the US.

Recommendations for Research and Practice

The following are recommendations that are aimed to benefit LGBTQIA+ migrants: discreet website for LGBTQIA+ migrant resources (to address the health disparities theme), person-centered training for government officials and healthcare professionals (to address violence and mistrust, as well as mental distress), and community-based interventions to spread awareness of the LGBTQIA+ identity in countries of origin (to address stigma and discrimination). To start, a discrete website for information on LGBTQIA+ resources for migrants could prove to be useful. An emphasis on the need for discretion is present because of family members, close friends, and even partners harming LGBTQIA+ individuals prior to their migration. This idea stems from the multiple anecdotes where current LGBTQIA+ migrants relied on previous LGBTQIA+ migrants' advice and guidance as they were successful with their journey to the United States. This website, or mobile application, can offer maps to LGBTQIA+ friendly accommodations throughout most commonly utilized routes from Central America to Mexico, and even at towns at the US-Mexico border. This website can also offer other resources such as phone numbers to pro-bono lawyers, United States based LGBTQIA+ organizations, and other resources that can help LGBTQIA+ migrants during migration, at the US-Mexico border, and upon entering the United States. This website can be disseminated amongst LGBTQIA+ migrants which is already the most of data, resource, and financial sharing.

The next recommendation is to train government officials and healthcare professionals to be more person-centered, which in turn and over time, would enhance the trust in them among

LGBTQIA+ migrants. This requires heavy training for both professions where the onus is on them to perform at their best regardless of the situations they encounter. In addition to training, there must be an implementation of better and stronger rules and regulations for both government officials and healthcare professionals on both sides of the border. An example of this would be the ability for LGBTQIA+ migrants to report government officials and healthcare professionals to a centralized reporting system that will then investigate the individual cases and, if criminalizing evidence is found, the government official and/or the healthcare professional should be fined and face unpaid suspension for a certain period of time contingent on the nature of the abuse and/or violations committed.

Lastly, a community-based intervention to help spread awareness of LGBTQIA+ identity in various countries of origin to combat stigma and discrimination. The hope is to help communities become more familiar and aware of what being LGBTQIA+ means and how important it is to support those in the community to live the same lives that they do. Creating a more inclusive and diverse environment might aid in understanding the various healthcare and social support needs that LGBTQIA+ folks require in order to feel comfortable and safe in their countries of origin.

In short, based on the common themes and sub-themes analyzed throughout this systematic review, the priority of recommendations should be focused on increasing healthcare access for LGBTQIA+ Central American migrants. These recommendations include interventions to increase community awareness of LGBTQIA+ identity to help decrease mental distress, as well as offer more gender-affirming healthcare opportunities.

Conclusions

Data on LGBTQIA+ migrant experiences and healthcare challenges are scarce. However, the compilation of data collected, published, and analyzed in this review indicate many common recurring themes such as violence and discrimination. Violence and discrimination against LGBTQIA+ migrants are not cemented in one geographic location, but rather follows throughout all phases of their migratory journeys. Healthcare, specifically access to it, is also commonly brought up among migrants and is primarily noted during pre-migration (lack of gender-affirming care in country of origin) and upon entry to the United States (unable to afford hormone therapy). One limitation from this review is that the minority stress model was considered under mental distress as the literature considered it to fall under the broader theme of mental distress amongst LGBTQIA+ migrants. However, future exploration as more literature is published will be considered. To strengthen this systematic review, a data extraction form can be used to further analyze commonalities between published studies. Overall, it is imperative that more research is conducted to understand how identifying as an LGBTQIA+ migrant and the challenges faced at all phases of migration, influence health outcomes and what are tangible solutions that can improve the livelihoods of people in this community.

Bibliography

- Alessi, E. J., Cheung, S., Kahn, S., & Yu, M. (2021). A scoping review of the experiences of violence and abuse among sexual and gender minority migrants across the migration trajectory. *Trauma, Violence, & Abuse*, 22(5), 1339-1355.
- Barreras, JFV, & Tellez, MEA (2022). Pain unites us. Vulnerability and resilience of Central American trans and gay migrants in transit through Mexico. *Border Studies*, (23), 1.
- Brigden, N. K. (2018). Gender mobility: survival plays and performing Central American migration in passage. *Mobilities*, 13(1), 111-125.
- Burgess, A., Potocky, M., & Alessi, E. J. (2021). A Preliminary Framework for Understanding Suicide Risk in LGBTQ Refugees and Asylum Seekers. *Intervention*, 19(2), 187.
- Colpitts, E., & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International journal for equity in health*, 15(1), 1-8.
- Comisión Mexicana De Ayuda a Refugiados. (2019, January 14). Boletín Estadístico de Solicitantes de Refugio en México. gov.mx. Retrieved April 5, 2023, from <https://www.gob.mx/comar/articulos/boletin-estadistico-de-solicitantes-de-refugio-en-mexico-182244?idiom=es>
- Chávez, K. R. (2011). Identifying the needs of LGBTQ immigrants and refugees in Southern Arizona. *Journal of Homosexuality*, 58(2), 189-218.
- Chavez-Baray, S. M., Martinez, O., Chaparro, P., & Moya, E. M. (2022). The use of photovoice methodology to assess health needs and identify opportunities among migrant transgender women in the US-Mexico border. *Frontiers in public health*, 10.
- D'souza, F., Blatman, Z., Wier, S., & Patel, M. (2022). The mental health needs of lesbian, gay, bisexual, and transgender (LGBT) refugees: A scoping review. *Journal of Gay & Lesbian Mental Health*, 26(4), 341-366.
- Duarte-Gómez MB, Cuadra-Hernández SM, Ruiz-Rodríguez M, Arredondo A, Cortés-Gil JD. Challenges of health services related to the population displaced by violence in Mexico. *Rev Saude Publica*. 2018;52:77.
- Fox, S. D., Griffin, R. H., & Pachankis, J. E. (2020). Minority stress, social integration, and the mental health needs of LGBTQ asylum seekers in North America. *Social Science & Medicine*, 246, 112727.
- Gramlich, J. (2023, January 13). Monthly encounters with migrants at U.S.-Mexico border remain near record highs. Pew Research Center. <https://www.pewresearch.org/fact-tank/2023/01/13/monthly-encounters-with-migrants-at-u-s-mexico-border-remain-near-record-highs/>
- Hawker, S., Payne, S., Kerr, C., Hardey, M., & Powell, J. (2002). Appraising the evidence: reviewing disparate data systematically. *Qualitative health research*, 12(9), 1284-1299.
- KFF. (2020, July 15). Can immigrants enroll in Medicare? <https://www.kff.org/faqs/medicare-open-enrollment-faqs/can-immigrants-enroll-in-medicare/>
- Kroenke, K., Wu, J., Yu, Z., Bair, M. J., Kean, J., Stump, T., & Monahan, P. O. (2016). The patient health questionnaire anxiety and depression scale (PHQ-ADS): Initial validation in three clinical trials. *Psychosomatic medicine*, 78(6), 716.
- Leyva-Flores, R., Infante, C., Gutierrez, J. P., Quintino-Perez, F., Gómez-Saldivar, M., & Torres-Robles, C. (2019). Migrants in transit through Mexico to the US: Experiences

- with violence and related factors, 2009-2015. *PLoS One*, 14(8), e0220775.
- Lopez, O. (2018, November 14). LGBTQ+ migrants face abuse in Mexican border city: activists. *Reuters*. <https://www.reuters.com/article/us-mexico-lgbt-migrants-idUSKCN1NJ1MV>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, 71(3), 543-562.
- Martin, W. (2020, August 13). *When gender identity and US policy leave you in danger*. *The New Humanitarian*. <https://www.thenewhumanitarian.org/news-feature/2020/08/13/film-Mexico-US-asylum-shutdown-LGBTQ-danger>
- Mora, C. (2019). *The Trump Administration's Immigration Policy and Its Effect on LGBTI Migrants and Asylum Seekers*. <https://www.law.georgetown.edu/immigration-law-journal/wp-content/uploads/sites/19/2020/01/GT-GILJ190046.pdf>
- Morales, F. R., Nguyen-Finn, K. L., Haidar, M., & Mercado, A. (2022). Humanitarian Crisis on the US-Mexico Border: Mental Health Needs of Refugees and Asylum Seekers. *Current Opinion in Psychology*, 101452.
- Nakamura, N., & Kassan, A. (2019). Living in exile: The experiences of individuals in same-sex binational relationships in Latin America. *Journal of Homosexuality*.
- Namer, Y., & Razum, O. (2018). Access to primary care and preventive health services of LGBTQ+ migrants, refugees, and asylum seekers. *Access to Primary Care and Preventative Health Services of Migrants*, 43-55.
- Palazzolo, S. L., Yamanis, T. J., De Jesus, M., Maguire-Marshall, M., & Barker, S. L. (2016). Documentation status as a contextual determinant of HIV risk among young transgender Latinas. *LGBT health*, 3(2), 132-138.
- PRISMA*. (n.d.). PRISMA - Transparent Reporting of Systematic Reviews and Meta-Analyses. <http://www.prisma-statement.org/?AspxAutoDetectCookieSupport=1>
- United Nations. (n.d.). *What is the difference between a migrant and a refugee?* Refugees and Migrants. <https://refugeesmigrants.un.org/>
- United Nations. (n.d.-a). *LGBTQI+*. Fight Racism - Vulnerable Groups. <https://www.un.org/en/fight-racism/vulnerable-groups/lgbtqi-plus>
- Valenzuela Barreras, J. F., & Anguiano-Téllez, M. E. (2022). We are united by pain. Vulnerability and resilience of Central American trans and gay migrants in transit through Mexico. *Estudios fronterizos*, 23.

Appendix – List of Excluded Full Texts

- Abraham, R. (2016). *Migrant Surveillance: How the Federal Government Monitors Asylum Seekers*.
- Abrego, L. J., & Cárcamo, J. A. (2021). Misrepresented insecurities: an annotated interview about displacement and resistance of Central America's "eternos indocumentados". *Latin American Law Review*, (7), 123-142.
- Abreu, R. L., Riggle, E. D., & Rostosky, S. S. (2020). Expressive writing intervention with Cuban-American and Puerto Rican parents of LGBTQ individuals. *The Counseling Psychologist*, 48(1), 106-134.
- Acuna, S. R. (2022). *Critical Race Theory and Its Application to Methodology in Studying Law and Political Science*. University of California, Los Angeles.
- Acuña González, G. (2020). Dissident Subjectivities and Immigration Controls in Contemporary Central American Exoduses. *Dialogos* (14159945), 24(1).
- Adamczyk, A., & Liao, Y. C. (2019). Examining public opinion about LGBTQ-related issues in the United States and across multiple nations. *Annual Review of Sociology*, 45, 401-423.
- Adam, E. M. (2017). Intersectional coalitions: The paradoxes of rights-based movement building in LGBTQ and immigrant communities. *Law & Society Review*, 51(1), 132-167.
- Adam, B. D., & Rangel, J. C. (2015). The post-migration sexual citizenship of Latino gay men in Canada. *Citizenship Studies*, 19(6-7), 682-695.
- Agosto, E., & Hidalgo, J. M. (2018). Introduction: Reading the Bible and latinx migrations/the Bible as text (s) of migration. *Latinxs, the Bible, and Migration*, 1-19.
- Ahmady, K. (2018). Migration and gender for Iranian LGBT. *The Journal of International Relations, Peace Studies, and Development*, 4(1), 2.
- Akin, D. (2019). *Discursive construction of genuine LGBT refugees*.
- Al-Kurdi, A., & Rajaram, P. K. (2021). *CONTESTED COLONIALITIES? DISPUTES AND TRANSNATIONAL LINKAGES IN LEBANESE LGBT MOVEMENT-BUILDING* (Doctoral dissertation, Central European University).
- Alessi, E. J., Kahn, S., Woolner, L., & Van Der Horn, R. (2018). Traumatic stress among sexual and gender minority refugees from the Middle East, North Africa, and Asia who fled to the European Union. *Journal of Traumatic Stress*, 31(6), 805-815.
- Alessi, E. J., Greenfield, B., Kahn, S., & Woolner, L. (2021). (Ir) reconcilable identities: Stories of religion and faith for sexual and gender minority refugees who fled from the Middle East, North Africa, and Asia to the European Union. *Psychology of religion and spirituality*, 13(2), 175.
- Alessi, E. J., Greenfield, B., Yu, M., Cheung, S., Giwa, S., & Kahn, S. (2021). Family, friendship, and strength among LGBTQ+ migrants in Cape Town, South Africa: A qualitative understanding. *Journal of social and personal relationships*, 38(7), 1941-1960.
- Allard, S. W. (2018). Global and local challenges to refugee protection. *International Journal of Legal Information*, 46(1), 45-52.
- Allen, T. G. (2020). Effects of anti-immigration and anti-LGBT policies on K-12 students. *Handbook on Promoting Social Justice in Education*, 2313-2342.
- Almendra, A., & Quiñones, ML (2021). *Central American LGBTI Migrants in Mexico: Notes*

- for a Contextualized Feminist Foreign Policy. *Mexican Journal of Foreign Policy*, (120), 117-133.
- Alonso, A. D. (2017). Sanctuary Campus: Resistance and Protection within and beyond the University. *The Avery Review*, 21, 53-63.
- Alvarez, E. F. (2021). Finding sequins in the rubble: The journeys of two Latina migrant lesbians in Los Angeles. In *Lives That Resist Telling* (pp. 21-37). Routledge.
- Alvarez-Hernandez, L. R. (2019). Whose land of the free? Latina transgender immigrants in the United States. https://scholarworks.utrgv.edu/sw_fac/14/
- Americas, A., & United, A. (2020). AFL-CIO.
- Anaya, I. (2021). *The Stressors, Mental Health, and Well-Being of LGBTQ Latinx Adults* (Doctoral dissertation, Palo Alto University).
- Andersen, R. (2019). The Photograph Seen “Around the World”: The Media, the Migrant Mother from Honduras, and the US-Backed Military Coup of 2009. In *Media, Central American Refugees, and the US Border Crisis* (pp. 59-78). Routledge.
- Arredondo, P. (Ed.). (2018). *Latinx immigrants: transcending acculturation and xenophobia*. Springer.
- Arriola, E. R. (2015). Queer, undocumented, and sitting in an immigration detention center: A post-Obergefell reflection. *UMKC L. Rev.*, 84, 617.
- Arriola, E. R., & Raymond, V. M. (2017). Migrants resist systemic discrimination and dehumanization in private, for-profit detention centers. *Santa Clara J. Int'l L.*, 15, 1.
- Austin, J., & Brier, J. (2011). *LGBT HISTORY AT THE CROSSROADS*.
- Ayoub, P. M. (2015). Contested norms in new-adopter states: International determinants of LGBT rights legislation. *European Journal of International Relations*, 21(2), 293-322.
- Ayoub, P. M., & Bauman, L. (2019). Migration and queer mobilisations: how migration facilitates cross-border LGBTQ activism. *Journal of Ethnic and Migration Studies*, 45(15), 2758-2778.
- Badali, J. J. (2019). Migrants in the closet: LGBT migrants, homonationalism, and the right to refuge in Serbia. *Journal of Gay & Lesbian Social Services*, 31(1), 89-119.
- Badgett, M. L., Waaldijk, K., & van der Meulen Rodgers, Y. (2019). The relationship between LGBT inclusion and economic development: Macro-level evidence. *World Development*, 120, 1-14.
- Baizan, P. G. (2014). The humanitarian effects of violence in the Northern Triangle of Central America and Mexico.
- Baker, B., & Marchevsky, A. (2019). Gendering deportation, policy violence, and Latino/a family precarity. *Latino Studies*, 17(2), 207-224.
- Benner, K., & Dickerson, C. (2018). Sessions says domestic and gang violence are not grounds for asylum. *New York Times*, 11.
- Bennet, I. (2020). *Queer Central American Migrants Imagining Livable Lives: a study on how vulnerability of LGBTQ migrants is (re) produced during migration in Mexico and the role of religious shelters*.
- Bentley, A. (2021). The Fiction of Javier Payeras and the Neoliberal State: Framing Queerness in Postwar Guatemala. *Journal of Gender and Sexuality Studies/Revista de Estudios de Género y Sexualidades*, 47(2), 149-168.
- Berianidze, L. (2020). *In Law and Practice: Understanding Exclusions in Citizenship and Migration through the Georgian LGBTQ Experience* (Doctoral dissertation, Arizona

- State University).
- Bhagat, A. (2016). *LGBT asylum claims: Examining the limits of citizenship in Post-1994 Cape Town, South Africa*. McGill University (Canada).
- Binnie, J. (2016). Critical queer regionality and LGBTQ politics in Europe. *Gender, Place & Culture*, 23(11), 1631-1642.
- Binnie, J., & Klesse, C. (2013). 'Like a bomb in the gasoline station': East–West migration and transnational activism around lesbian, gay, bisexual, transgender and queer politics in Poland. *Journal of Ethnic and Migration Studies*, 39(7), 1107-1124.
- Binnie, J., & Klesse, C. (2016). Researching transnational activism around LGBTQ politics in Central and Eastern Europe: Activist solidarities and spatial imaginings. In *De-Centring Western Sexualities* (pp. 107-130). Routledge.
- Blackwell, M., Boj Lopez, F., & Urrieta, L. (2017). Critical latinx indigeneities. *Latino Studies*, 15, 126-137.
- Brewster, N., & Holman, J. (2022). *Lgbqt Immigrants Coming to the United States: The Problems They Face*.
- Bochenek, M. G. (2017). No way to treat children fleeing danger. *Harvard International Review*, 38(3), 18-23.
- Boden-Stuart, Z., McGlynn, N., Smith, M. C., Jones, H., & Hirani, R. (2022). Pathways between LGBTQ migration, social isolation and distress: liberation, care and loneliness.
- Bohmer, C., Shuman, A., Bohmer, C., & Shuman, A. (2018). New Forms of Evidence: Membership in a Particular Social Group. *Political Asylum Deceptions: The Culture of Suspicion*, 81-96.
- Bolanos Lopez, J. F., & Kenix, L. J. (2022). The coverage of clashes between migrants and authorities at the US–Mexico border: a comparative discourse analysis. *The Journal of International Communication*, 28(1), 29-46.
- Borland, K. (2013). *A Brief Social History of Humanitarian Engagement*. International Volunteer
Tourism: Critical Reflections on Good Works in Central America, 7-21.
- Borges, S. (2017). *Queer Migrations: LGBTQ Migrant Latinx Women Re-Creating Home (s)* (Doctoral dissertation, UC Santa Barbara).
- Borges, S. (2018). Home and homing as resistance: Survival of LGBTQ latinx migrants. *Women's Studies Quarterly*, 46(3 & 4), 69-84.
- Borges, S. (2021). "We have to do a lot of healing": LGBTQ migrant Latinas resisting and healing from systemic violence. In *Lives That Resist Telling* (pp. 38-53). Routledge.
- Bosia, M. J. (2014). Strange fruit: Homophobia, the state, and the politics of LGBT rights and capabilities. *Journal of Human Rights*, 13(3), 256-273.
- Boston, N., & Duyvendak, J. W. (2016). People of color mobilization in LGBT movements in the Netherlands and the United States. In *The Ashgate research companion to lesbian and gay activism* (pp. 135-148). Routledge.
- Brainer, A., Moore, M. R., & Banerjee, P. (2020). Race and ethnicity in the lives of LGBTQ parents and their children: Perspectives from and beyond North America. *LGBTQ-parent families: Innovations in research and implications for practice*, 85-103.
- Brané, M. (2019). The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

- Brenden, S., Campbell, J., Dotson, H., Gunderson, M., Murphy, M. A., Raffa, N., ... & Schramm, N. (2017). The cycle of violence: migration from the northern triangle.
- Brigden, N. K. (2018). Gender mobility: survival plays and performing Central American migration in passage. *Mobilities*, 13(1), 111-125.
- Brodeur, A., & Haddad, J. (2021). Institutions, attitudes and LGBT: Evidence from the Gold Rush. *Journal of Economic Behavior & Organization*, 187, 92-110.
- Brooks, A., Simpson, R., Brooks, A., & Simpson, R. (2013). 'California Dreamin': Transformation and Identity in the Experiences of Migrants into the San Francisco Bay Area. *Emotions in Transmigration: Transformation, Movement and Identity*, 129-157.
- Brown, A. B., Capo, J., Carastathis, A., Caraves, J., Conrad, R., Fobear, K., ... & Zecena, R. (2020). *Queer and trans migrations: Dynamics of illegalization, detention, and deportation*. University of Illinois Press.
- Brunell, C. LGBTQ Migrant Health Needs: a Case Study With Special Focus on Mental Health Services Provided at a Sexual Health Clinic in Stockholm7. Vaccine Knowledge, Awareness, and Utilization Among Arab-American Adults Prior to Hajj..... 12
Abdulbaset M. Salim, Carolyn Archer, Madiha Tariq 2, Linda Jaber, Adnan Hammad 2 and Paul E., 91.
- Bucuvalas, A. (2013). An exploratory study of the health care experiences of Central and South American asylum seekers (Doctoral dissertation, Teachers College, Columbia University).
- Bullock, R. (2021). From Central America to The United States: Northward Through Mexico—The Dangers and Help Along the Way.
- Burgess, A. (2021). An Exploration of Factors Related to Suicidality and Trauma in LGBTQ Refugees and Asylees. <https://digitalcommons.fiu.edu/etd/4657/>
- Butler, J., & Gordon, A. (2018). Migration and the Politics of Mourning. *Constituting Central American—Americans: Transnational Identities and the Politics of Dislocation*, 139.
- Cadena, KO, Castañeda-Camey, N., & Sánchez, RG (2020). LGBT+ migrants in the Central American caravans to the United States: dilemmas and possibilities for building hospitality networks. *REMHU: Interdisciplinary Journal of Human Mobility* , 28 , 71-94.
- Camicia, S. (2020). Increasing Inclusion and Recognition in Education for Democracy. *Annals of Social Studies Education Research for Teachers*, 1(1), 16-21.
- Cannon, B., & Hume, M. (2012). Central America, civil society and the 'pink tide': democratization or de-democratization?. *Democratization*, 19(6), 1039-1064.
- Carrillo, H. (2010). Immigration and LGBT rights in the USA: Ironies and constraints in US asylum cases. In *Routledge Handbook of Sexuality, Health and Rights* (pp. 444-452). Routledge.
- Cavalcante, A. (2020). Tumbling into queer utopias and vortexes: Experiences of LGBTQ social media users on Tumblr. In *LGBTQ Culture* (pp. 77-97). Routledge.
- Cerezo, A. (2016). The impact of discrimination on mental health symptomatology in sexual minority immigrant Latinas. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 283.
- CEPAL, N. (2018). Final Report of the Latin American and Caribbean Regional Preparatory Meeting of International Migration Experts on the Global Compact for Safe, Orderly and Regular Migration.
- Chavez, K. R. (2007). Coalitional politics and confronting the constructions of queers and

- migrants in the state of Arizona. Arizona State University.
- Chávez, K. R. (2010). Border (in) securities: Normative and differential belonging in LGBTQ and immigrant rights discourse. *Communication and Critical/Cultural Studies*, 7(2), 136-155.
- Chávez, K. R. (2013). *Queer migration politics: Activist rhetoric and coalitional possibilities*. University of Illinois Press.
- Chavez-Baray, S. M., Martinez, O., Chaparro, P., & Moya, E. M. (2022). The use of photovoice methodology to assess health needs and identify opportunities among migrant transgender women in the US-Mexico border. *Frontiers in public health*, 10.
- Cialdella, A. (2020). Seeking a Better Life: Asylum Law, the Migration Crisis and Available Legal Remedies. *Inquiries Journal*, 12(02).
- Ciobanu, C. (2019). Transitions Online_Society: Foreign Ideology: Poland Populists Target LGBT Rights—26 June. *Transitions Online*, (07/02), 7-11.
- Ciszek, E. (2020). “We are people, not transactions”: Trust as a precursor to dialogue with LGBTQ publics. *Public Relations Review*, 46(1), 101759.
- Coll-Planas, G., García-Romeral, G., & Masi, B. (2022). The Incorporation of Cultural and Religious Diversity in LGBT Policies: Experiences of Queer Migrants from Muslim Backgrounds in Catalonia, Spain. *Religions*, 13(1), 36.
- Collavini, A. Human rights violations across international borders: life stories of Central American women on the move.
- Colpitts, E., & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International journal for equity in health*, 15(1), 1-8.
- Conron, K. J., & Wilson, B. D. (2019). LGBTQ youth of color impacted by the child welfare and juvenile justice systems: A research agenda.
- Contreras, R. (2017). The X factor: The struggle to get Latinos in US news stories amid a Latinx push and a changing journalism landscape. *Cultural dynamics*, 29(3), 177-185.
- Corena, J. (2020). *The Impact of Trauma on Central American Children and Youth: Considerations for Improving Development and Attachment* (Doctoral dissertation, Alliant International University).
- Corrales, J. (2017). Understanding the uneven spread of LGBT rights in Latin America and the Caribbean, 1999–2013. *Journal of Research in Gender Studies*, 7(1), 52-82.
- Corrales, J., & Pecheny, M. (2010). *The politics of sexuality in latin America*. University of Pittsburgh Pre.
- Correa-Cabrera, G., & Clark, J. B. (2016). Re-victimizing Trafficked Migrant Women: The Southern Border Plan and Mexico’s Anti-trafficking Legislation. *eurasia border review*, 7(1), 55-70.
- Correa-Cabrera, G., Koizumi, N., Gomez-Schempp, C., & Kulkarni, R. (2020). *Border Support Networks: Migrant Caravans, US Activism and Social Network Analysis*.
- Coutin, S. (2021). Borders and Crossings Lessons of the 1980s Central American Solidarity Movement. *Critical Dialogues in Latinx Studies: A Reader*, 27.
- Cragolini, G. (2013). Lesbian, gay, bisexual and transgender refugees: Challenges in refugee status determination and living conditions in Turkey. In *Fleeing Homophobia* (pp. 98-120). Routledge.
- Crane, R. *The American Refugee Camp: Detention Centers in the Current Refugee Regime*.
- Cruz, C. (2013). LGBTQ youth of color video making as radical curriculum: A brother mourning

- his brother and a theory in the flesh. *Curriculum Inquiry*, 43(4), 441-460.
- Cuneo, C. N., Huselton, K. E., Praschan, N. C., Saadi, A., & Gartland, M. G. (2021). What Counts As 'Safe?': Exposure To Trauma And Violence Among Asylum Seekers From The Northern Triangle: Study examines the exposure to trauma and violence among asylum seekers from the Northern Triangle. *Health Affairs*, 40(7), 1135-1144.
- Dada, C. (2020). Central America Dismantles Democracy. *Dissent*, 67(4), 95-106.
- de Nicolás Izquierdo, C. (2022). Survival Migration: A Study of Central American Transwomen's Decision to Flee. <https://sas-space.sas.ac.uk/9657/>
- Del Sarto, A. (2021). Resilience beyond cruelty: Central American migrants pursuing the American dream. In *Liquid Borders* (pp. 107-119). Routledge.
- De Genova, N. (2021). Anonymous Brown Bodies: The Productive Power of the Deadly US–Mexico Border. *European South*, 9, 69-85.
- De Genova, N. (2022). Viral Borders: Migration, Deceleration, and the Re-Bordering of Mobility during the COVID-19 Pandemic. *Communication, Culture and Critique*, 15(2), 139-156.
- Dhoest, A. (2019). Intersections and (Dis) connections: LGBTQ uses of digital media in the diaspora. *The handbook of diasporas, media, and culture*, 385-400.
- Doan, P. L., & Atalay, O. (2021). After the life of LGBTQ spaces: learning from Atlanta and Istanbul. *The life and afterlife of gay neighborhoods: renaissance and resurgence*, 261-285.
- Donoso, C. (2020). Securitisation of female asylum seekers and healthcare in detention centres in Texas. *International Journal of Migration and Border Studies*, 6(3), 186-205.
- Duarte, C. C. (2016). Exploring the intersectionality of undocumented LGBTQ Latino persons aka undocuqueer Latinos: A qualitative study. California State University, Long Beach.
- Dutka, Z. C. (2012). Celebrating the election in an indigenous village. *NACLA Report on the Americas*, 45(4), 41-50.
- Dzananovic, D. (2021). The American Case. In *Migration, the State and Faith-Based Organizations* (pp. 28-54). Brill Nijhoff.
- Edberg, M., Benavides-Rawson, J., Rivera, I., Shaikh, H., Monge, R., & Grinker, R. (2021). Transnational determinants of health for Central American migrants to the US: Results of a qualitative study. *Global Public Health*, 16(3), 415-430.
- Edyburn, K. L., & Meek, S. (2021). Seeking safety and humanity in the harshest immigration climate in a generation: A review of the literature on the effects of separation and detention on migrant and asylum-seeking children and families in the United States during the Trump administration. *Social Policy Report*, 34(1), 1-46.
- Elford, J., Doerner, R., McKeown, E., Nelson, S., Anderson, J., & Low, N. (2012). HIV infection among ethnic minority and migrant men who have sex with men in Britain. *Sexually transmitted diseases*, 678-686.
- Escamilla García, A. A. (2021). When Internal Migration Fails: A Case Study of Central American Youth Who Relocate Internally Before Leaving Their Countries. *Journal on Migration and Human Security*, 9(4), 297-310.
- Espitia, M. (2016). LGBT in Colombia: A war within.
- Fantone, L., & Fukushima, A. I. (n.d.). Desires of Belonging and Betrayals: Narratives of "coming out" and the Terms of Recognition in (Un)documented migrants.
- Fehrenbacher, A. E., Musto, J., Hoefinger, H., Mai, N., Maciotti, P. G., Giametta, C., & Bennachie, C. (2020). Transgender people and human trafficking: Intersectional

- exclusion of transgender migrants and people of color from anti-trafficking protection in the United States. *Journal of Human Trafficking*, 6(2), 182-194.
- Finstein, B. (2019). *Drowning On Dry Land: Rethinking Mexican Migration Policy From A Human Rights Perspective*. Plan II Honors Theses-Openly Available.
- Fobear, K. (2013). *Queer settlers: Questioning settler colonialism in LGBT asylum processes in Canada*. *Refuge*, 30, 47.
- Fobear, K. (2016). *Nesting bodies: Exploration of the body and embodiment in LGBT refugee oral history and participatory photography*. *Social Alternatives*, 35(3), 33-43.
- Fobear, K. M. (2016). *Accordion homes: lesbian, gay, bisexual and trans (LGBT) refugees' experiences of home and belonging in Canada* (Doctoral dissertation, University of British Columbia).
- Fobear, K. (2020). "In Order for You to Love Something, You Need to Have Memories": Exploring Feelings of Being In and Out of Place in Vancouver, BC. *BC Studies: The British Columbian Quarterly*, (206), 59-87.
- Fobear, K. (2022). *The Precariousness of Home and Belonging Among Queer Refugees: Using Participatory Photography in Oral Histories in Vancouver, British Columbia*. *The Oral History Review*, 49(2), 199-226.
- Fontaniello, I. F. M. (2022). *Federalismo, gênero e migração nos Estados Unidos: uma análise das políticas voltadas às mulheres e população LGBT durante os governos de Barack Obama e Donald Trump*.
- Φόρογλου, X. (2022). *Criminalization of same-sex relations and forced migration in the 21st century. Contemporary legal and socio-political perspectives*.
- Forstie, C. (2020). *Theory making from the middle: Researching LGBTQ communities in small cities*. *City & Community*, 19(1), 153-168.
- Fox, K. (2019). *Implementing Hostility and Acceptance: LGBTQ Persecution, Rights, and Mobility in the Context of Western Moral Entrepreneurship*. *LGBTI Asylum Seekers and Refugees from a Legal and Political Perspective: Persecution, Asylum and Integration*, 11-29.
- Fox, S. D. (2019). *Social Integration And The Mental Health Needs Of Lgbtq Asylum Seekers In North America*. <https://elischolar.library.yale.edu/ymtdl/3493/>
- Franco, D. (2018). *Trauma without borders: The necessity for school-based interventions in treating unaccompanied refugee minors*. *Child and adolescent social work journal*, 35(6), 551-565.
- Franco, D. (2021). *Creating Safe Schools for LGBTQIA+ Displaced Migrant Youth: A Journey towards Anti-Oppressive Pedagogy*. *International Journal of Progressive Education*, 17(2), 228-239.
- Gabor, E. (2020). *The Sage Handbook of Media and Migration*, Kevin Smets, Koen Leurs, Myria Georgiou, Saskia Witteborn and Radhika Gajjala (eds)(2019). *Journal of global diaspora & media*, 1(1), 127-130.
- García, M. M. (2019). *Género, migraciones y derechos humanos* ed. by Cortés Almudena, Manjarrez Josefina. *Population*, English edition, 74(3), 352-354.
- García, R. R. (2018). *The politics of erased migrations: Expanding a relational, intersectional sociology of Latinx gender and migration*. *Sociology Compass*, 12(4), e12571.
- Gehi, P. (2012). *Gendered (in) security: Migration and criminalization in the security state*. *Dukeminier Awards: Best Sexual Orientation and Gender Identity Law Review*, 12, 357.
- Gender, I. *Japanese LGBT Diasporas*.

- Ghaziani, A., Taylor, V., & Stone, A. (2016). Cycles of sameness and difference in LGBT social movements. *Annual Review of Sociology*, 42, 165-183.
- Gillig, T. K., Valente, T. W., & Baezconde-Garbanati, L. (2022). Depressive symptoms and parental support-seeking in Latinx adolescents: Analyzing variation based on LGBT identity. *Journal of LGBT Youth*, 19(4), 413-428.
- Gleeson, S. (2019). From co-optation to radical resistance: An examination of organized labor's response (s) to immigrant rights in the Era of Trump (pp. 149-168). Ithaca, NY: Cornell University Press.
- Gleeson, S. (2020). RIGHTS IN THE ERA OF TRUMP. *Labor in the Time of Trump*, 149.
- Gonzales, A. (2009). The 2006 mega marchas in Greater Los Angeles: Counter-hegemonic moment and the future of el migrante struggle. *Latino Studies*, 7, 30-59.
- Gonzales, A. (2016). Neoliberalism, the homeland security state, and the authoritarian turn. *Latino Studies*, 14, 80-98.
- Gonzales, A. (2018). Nuestro Gramsci: Notes on Antonio Gramsci's Theoretical Relevance for the Study of Subaltern Latino Politics Research. *Rethinking Marxism*, 30(4), 546-567.
- Gonzales, A. (2020). Derechos en crisis: Central American asylum claims in the age of authoritarian neoliberalism. *Politics, Groups, and Identities*, 8(2), 334-352.
- Gorman-Murray, A., & Nash, C. J. (2014). Mobile places, relational spaces: Conceptualizing change in Sydney's LGBTQ neighborhoods. *Environment and Planning D: Society and Space*, 32(4), 622-641.
- Gostin, L. (2019, July). On the Other Side of the "Wall". In *JAMA Forum Archive* (Vol. 8, No. 1). American Medical Association.
- Gray, J. (2013). LGBT invisibility and heteronormativity in ELT materials. *Critical perspectives on language teaching materials*, 40-63.
- Gruberg, S., Rooney, C., McGovern, A., Mirza, S. A., & Durso, L. (2018). Serving LGBTQ immigrants and building welcoming communities. Center for American Progress. <https://www.americanprogress.org/article/serving-lgbtq-immigrants-building-welcoming-communities>.
- Guarnizo, L. E., Portes, A., & Haller, W. (2003). Assimilation and transnationalism: Determinants of transnational political action among contemporary migrants. *American journal of sociology*, 108(6), 1211-1248.
- Güler, A., Shevtsova, M., & Venturi, D. (Eds.). (2018). *LGBTI Asylum Seekers and Refugees from a legal and political perspective*. Springer.
- Guzmán, D. M. (2014). CALIFORNIA STATE UNIVERSITY, NORTHRIDGE.
- Halkitis, P. N., Valera, P., & Kantzanou, M. (2018). Deterioration in social and economic conditions in Greece impact the health of LGBT populations: A call to action in the era of Troika. *Psychology of Sexual Orientation and Gender Diversity*, 5(4), 503.
- Hanhardt, C. B. (2013). *Safe space: Gay neighborhood history and the politics of violence*. Duke University Press.
- Harris, L. M. (2020). Asylum Under Attack: Restoring Asylum Protection in the United States. *Loy. L. Rev.*, 67, 121.
- Hartelius, E. J. (Ed.). (2015). *The rhetorics of US immigration: Identity, community, otherness*. Penn State Press.
- Hass, G. A. (2021). Considerations when Working with Central American Immigrant Children in the Legal System. In *Handbook of Children in the Legal System* (pp. 164-181). Routledge.

- Hatoum, D. (2019). Not Necessarily Unlawful: Asylum Seekers' Ability to Raise the Necessity Defense to Charges of Unlawful Entry. *Pace L. Rev.*, 40, 55.
- Havlin, N., & Báez, J. M. (2018). Introduction: revisiting beauty. *WSQ: Women's Studies Quarterly*, 46(1), 13-24.
- Hayden, K. (2018). Separated from parents: the trauma and lasting effects on the child's development. *Student Works*.
- Hazeldean, S. (2011). Confounding identities: The paradox of LGBT children under asylum law. *UCDL Rev.*, 45, 373.
- Heffron, L. C. (2015). "Salía de uno y me metí en otro": a grounded theory approach to understanding the violence-migration nexus among Central American women in the United States (Doctoral dissertation).
- Heller, P. (2009). Challenges facing LGBT asylum-seekers: The role of social work in correcting oppressive immigration processes. *Journal of Gay & Lesbian Social Services*, 21(2-3), 294-308.
- Hernandez, E. D., Alvarez, E. F., & García, M. (Eds.). (2021). *Transmovimientos: Latinx Queer Migrations, Bodies, and Spaces*. U of Nebraska Press.
- Hernández, L. H., & Upton, S. D. L. S. (2021). Migrant Gender Violence, Reproductive Health, and the Intersections of Reproductive Justice and Health Communication. *Communicating Intimate Health*, 201.
- Hernandez-Truyol, B. E. (2017). *Glocalizing Women's Health and Safety: Migration, Work and Labor*. *Santa Clara J. Int'l L.*, 15, 48.
- Hill, A., & Chávez, K. R. (2018). Introduction: Inciting communication across queer migration studies and critical trafficking studies. *Women's Studies in Communication*, 41(4), 300-304.
- Hobson, E. K. (2017). *LGBTQ Politics in America since 1945*. In *Oxford Research Encyclopedia of American History*.
- Hobson, E. K. (2019). *Lavender and red: Liberation and solidarity in the gay and lesbian left*. University of California Press.
- Hofmann, S., & Senoguz, H. P. (2018). *Gender and Violence in Contexts of Migration and Displacement*.
- Hoffmann, N. I., & Velasco, K. (2021). *Making Migration Sexy: Immigrants in Same-Sex Couples in the United States.*
- Hollander, N. C. (2013, May). *Forced to Flee: the Mark of Trauma among Female Refugees*. In *Presented at the Freud Conference (Vol. 18)*.
- Horne, S. G. (2020). The challenges and promises of transnational LGBTQ psychology: Somewhere over and under the rainbow. *American Psychologist*, 75(9), 1358.
- Hopkinson, R., Keatley, E. S., & Ahola, J. (2021). Mental health needs of lesbian, gay, bisexual, and transgender migrants. *Oxford Textbook of Migrant Psychiatry*, 81.
- Hopkinson, R. A., Keatley, E., Glaeser, E., Erickson-Schroth, L., Fattal, O., & Nicholson Sullivan, M. (2017). Persecution experiences and mental health of LGBT asylum seekers. *Journal of Homosexuality*, 64(12), 1650-1666.
- Howe, C. (2014). Sexual adjudications and queer transpositions. *Journal of Language and Sexuality*, 3(1), 136-155.
- Issue, L. (2017). *Faith-Based Organizations and Migrant Reintegration in Central America's Northern Triangle*. report for the US Department of State Office of Religion and Global Affairs. Washington, DC: US Department of State. <https://www.academiamia.org/>

- edu/32245139/Faith-Based_Organizations_and_Migrant_Reintegration_in_Central_America_s_North_ern_Triangle.
- Infante, C., Leyva-Flores, R., Gutierrez, J. P., Quintino-Perez, F., Torres-Robles, C. A., & Gomez-Zaldívar, M. (2020). Rape, transactional sex and related factors among migrants in transit through Mexico to the USA. *Culture, Health & Sexuality*, 22(10), 1145-1160.
- Isaak, D. J. (2016). Towards citizenship: experiences of seeking asylum on the grounds of sexual orientation or gender identity in the United States (Doctoral dissertation, Massachusetts Institute of Technology).
- Jafari, F. (2013). Silencing sexuality: LGBT refugees and the public-private divide in Iran and Turkey. The University of Arizona.
- Jordan, S. R. (2009). Un/convention (al) refugees: Contextualizing the accounts of refugees facing homophobic or transphobic persecution. *Refuge*, 26, 165.
- Kampwirth, K. (2022). LGBTQ politics in Nicaragua: revolution, dictatorship, and social movements. University of Arizona Press.
- Kaplan, R. L., & El Khoury, C. (2017). The Elephants in the Room: Sex, HIV, and LGBT Populations in MENA. Intersectionality in Lebanon: Comment on "Improving the Quality and Quantity of HIV Data in the Middle East and North Africa: Key Challenges and Ways Forward". *International Journal of Health Policy and Management*, 6(8), 477.
- Karski, J. a Haunted Past 54 rights of LGBTQ persons 67 rights of persons with a different national/ethnic background: the case of Jews 79 Irena Sendler 93.
- Keeley, L. (2018). Religious liberty, immigration sanctuary, and unintended consequences for reproductive and LGBTQ rights. *Colum. J. Gender & L.*, 37, 169.
- Kenix, L. J., & Lopez, J. B. (2021). Representations of refugees in their home countries and abroad: A content analysis of la caravana migrante/the migrant caravan in Central America and the United States. *Newspaper Research Journal*, 42(1), 48-73.
- Kerwin, H. (2018). The Mexican asylum system in regional context. *Md. J. Int'l L.*, 33, 290.
- Knee, E. (2019). Gay, but not inclusive: Boundary maintenance in an LGBTQ space. *Leisure Sciences*, 41(6), 499-515.
- Knight, C., Wilson, K., Knight, C., & Wilson, K. (2016). International Perspectives on the Rights and Criminalisation of LGBT People. *Lesbian, Gay, Bisexual and Trans People (LGBT) and the Criminal Justice System*, 207-231.
- Kofoed, E. (2021). Crafting rhetorical precedent: the paradox of the LGBT asylum seeker in the Matter of Toboso-Alfonso. *Argumentation and Advocacy*, 57(1), 1-17.
- Koko, G., Monro, S., & Smith, K. (2018). Lesbian, gay, bisexual, transgender, queer (LGBTQ) forced migrants and asylum seekers: Multiple discriminations. In *Queer in Africa* (pp. 158-177). Routledge.
- Kolinsky, H. (2016). The shibboleth of discretion: The discretion, identity, and persecution paradigm in American and Australian LGBT asylum claims. *Berkeley J. Gender L. & Just.*, 31, 206.
- Korten, Z. (2019). Queer Migration Perspectives: Identity construction and experiences of social inclusion and exclusion of LGBTQ refugees in Sweden.
- Korthuis, A. (2014). The Central America Regional Security Initiative in Honduras. Wodrow Wilson Center. Recuperado de: [https://www.Wilsoncenter.org/sites/default/files/CARSI% 20in% 20Honduras. pdf](https://www.Wilsoncenter.org/sites/default/files/CARSI%20in%20Honduras.pdf).
- Kostenius, C., Hertting, K., Pelters, P., & Lindgren, E. C. (2022). From Hell to Heaven? Lived experiences of LGBTQ migrants in relation to health and their reflections on the future.

- Culture, Health & Sexuality, 24(11), 1590-1602.
- Kroll, J. (2003). Posttraumatic symptoms and the complexity of responses to trauma. *JAMA*, 290(5), 667-670.
- Kryg, I. C. (2021). From Victimization to Political Action? Understanding the (Un) Existing Political Participation of Central American Immigrants in Mexico. In *Social and Political Transitions During the Left Turn in Latin America* (pp. 252-276). Routledge.
- La Fountain-Stokes, L. (2007). *Queer Migrations: Sexuality, US Citizenship, and Border Crossings*. Edited by Eithne Luibhéid and Lionel Cantú, Jr. Minneapolis: University of Minnesota Press, 2005. Pp. xlvi, 199. Illustrations. Notes. Index. 19.95 paper. *The Americas*, 63(4), 671-672.
- Lai, F. Y. (2018). Migrant and lesbian activism in Hong Kong: a critical review of grassroots politics. *Asian Anthropology*, 17(2), 135-150.
- Lai, F. Y. (2021). Migrant workers and LGBT activism: A comparative study of Filipino and Indonesian domestic workers in Hong Kong. *Sexualities*, 13634607211025903.
- Lamont, M., Park, B. Y., & Ayala-Hurtado, E. (2017). Trump's electoral speeches and his appeal to the American white working class. *The British journal of sociology*, 68, S153-S180.
- Lee, E. O. J. (2017). Real queer? Sexual orientation and gender identity refugees in the Canadian refugee apparatus, by David AB Murray.
- Lee, E. O. J. (2018). Tracing the coloniality of queer and trans migrations: Resituating heterocisnormative violence in the Global South and encounters with migrant visa ineligibility to Canada. *Refuge*, 34(1).
- Lee, E. O. J., & Brotman, S. (2013). Speak out! Structural intersectionality and anti-oppressive practice with LGBTQ refugees in Canada. *Canadian Social Work Review/Revue canadienne de service social*, 157-183.
- Lee, W. J. E. (2015). *The social organisation of queer/trans migrations: The everyday experiences of queer and trans migrants with precarious status* (Doctoral dissertation, McGill University (Canada)).
- Lewis, R. A. (2019). Queer migration in homonationalist times. *GLQ: A Journal of Lesbian and Gay Studies*, 25(4), 649-656.
- Leeworthy, D. (2020). Rainbow Crossings: Gay Irish Migrants and LGBT Politics in 1980s London. *Studi irlandesi. A Journal of Irish Studies*, 10(10), 79-99.
- LENTI, G. (2015). Domination, Resistance and Border Crossing within the Trans-Mexican migratory context: The dialogical relationship between.
- Leutert, S. (2018). *Organized Crime and Central American Migration in Mexico*, PRP 198. LBJ School of Public Affairs.
- Leutert, S. (2020). *Migrant Protection Protocols: Implementation and Consequences for Asylum Seekers in Mexico*, PRP 218. LBJ School of Public Affairs.
- Leyva-Flores, R., Infante, C., Servan-Mori, E., Quintino-Pérez, F., & Silverman-Retana, O. (2016). HIV prevalence among Central American migrants in transit through Mexico to the USA, 2009–2013. *Journal of immigrant and minority health*, 18, 1482-1488.
- Llewellyn, C. (2021). Captive while waiting to be free: Legal violence and LGBTQ asylum applicant experiences in the USA. *Sexuality Research and Social Policy*, 18, 202-212.
- Linton, M. F. (2020). *Las Mujeres Qué Nos Sostienen: Reproductive Justice in the United States and El Salvador*. University of California, San Diego.
- Locke, C. J., Southwick, K., McCloskey, L. A., & Fernández-Esquer, M. E. (1996). The psychological and medical sequelae of war in Central American refugee mothers and

- children. *Archives of pediatrics & adolescent medicine*, 150(8), 822-828.
- Luibhéid, E. (2022). Sexual citizenship, pride parades, and queer migrant Im/Mobilities. *Ethnic and Racial Studies*, 1-21.
- Mackenzie, S. (2022). Bio-Genetics and/at the Border: The Structural Intimacies of LGBTQ Transnational Kinship. In *Technologies of Reproduction Across the Lifecourse* (pp. 163-183). Emerald Publishing Limited.
- Mainwaring, C., & Walton-Roberts, M. (2018). Borders,(dis) order, and exclusion: migration governance at the margins. *International Journal of Migration and Border Studies*, 4(1/2), 1-11.
- Maioli, S. C., Bhabha, J., Wickramage, K., Wood, L. C., Erragne, L., García, O. O., ... & Devakumar, D. (2021). International migration of unaccompanied minors: trends, health risks, and legal protection. *The Lancet Child & Adolescent Health*, 5(12), 882-895.
- Maira, S. (2019). Freedom to move, freedom to stay, freedom to return: A transnational roundtable on sanctuary activism. *Radical History Review*, 2019(135), 138-159.
- Mandujano, V. (2021). The privatized deportation center complex y la trans mujer. *Transmovimientos: Latinx queer migrations, bodies, and spaces*, 177-204.
- Manek, J., Galán-Santamarina, A., & Pérez-Sales, P. (2022). Torturing environments and multiple injuries in Mexican migration detention. *Humanities and social sciences communications*, 9(1), 1-16.
- Margalit, A. (2018). Still a blind spot: The protection of LGBT persons during armed conflict and other situations of violence. *International Review of the Red Cross*, 100(907-909), 237-265.
- Marnell, J. (2021). *Seeking Sanctuary: Stories of Sexuality, Faith and Migration*. NYU Press.
- Masullo, G., & Ferrara, C. (2021). Intersectionality and the Subjective Processes of LBQ Migrant Women: Between Discrimination and Self-determination. *Italian Sociological Review*, 11(1).
- Matthews, A. K., Breen, E., & Kittiteerasack, P. (2018, February). Social determinants of LGBT cancer health inequities. In *Seminars in oncology nursing* (Vol. 34, No. 1, pp. 12-20). WB Saunders.
- Mayers, L. (2018). Globalised imaginaries of love and hate: Immutability, violence, and LGBT human rights. *Feminist Legal Studies*, 26(2), 141-161.
- Mayo-Adam, E. (2020). LGBTQ Migration Politics. In *Oxford Research Encyclopedia of Politics*.
- Mayo Jr, J. B. (2013). Hmong history and LGBTQ lives: Immigrant youth perspectives on being queer and Hmong. *Journal of International Social Studies*, 3(1), 79-91.
- McDowell, K. (2022). At Home Here?: LGBTQ refugees' housing experiences in Alberta, Canada.
- McGee, M. J., & Kampwirth, K. (2015). The Co-optation of LGBT Movements in Mexico and Nicaragua: Modernizing Clientelism?. *Latin American Politics and Society*, 57(4), 51-73.
- McGuirk, S. (2016). LGBTQ asylum seekers and ngo advocacy in the United States. American University.
<https://www.proquest.com/openview/531eacafa055afca0751f36afee34f90/1?pq-origsite=gscholar&cbl=18750>
- McGuirk, S. (2018). (In) credible subjects: NGOs, attorneys, and permissible LGBT asylum seeker identities. *PoLAR: Political and Legal Anthropology Review*, 41(S1), 4-18.

- McGuirk, S., Carrington, J. M., Cojocar, C., Hammami, J., & Zukowska, M. (2018). Centering intersectional politics: Queer migration activisms "after marriage". In *Queer activism after marriage equality* (pp. 130-150). Routledge.
- MECO, G. The European Court of Human Rights jurisprudence toward LGBT refugees.
- Mellquist, J. (2016). Officially Categorized Queers: Strategies, Risks and Unintentional Effects When Navigating the Swedish Asylum Apparatus.
- Mendes, W. G., Duarte, M. J. D. O., Andrade, C. A. F. D., & Silva, C. M. F. P. D. (2021). Systematic review of the characteristics of LGBT homicides. *Ciencia & saude coletiva*, 26, 5615-5628.
- Menjívar, C., & Abrego, L. (2012). Legal violence: Immigration law and the lives of Central American immigrants. *American journal of sociology*, 117(5), 000-000.
- Menjívar, C., Ruiz, M., & Ness, I. (Eds.). (2019). *The Oxford handbook of migration crises*. Oxford University Press.
- Menjívar, C., & Walsh, S. D. (2019). Gender, violence and migration. In *Handbook on critical geographies of migration* (pp. 45-57). Edward Elgar Publishing.
- Mertus, J. (2007). The rejection of human rights framings: The case of LGBT advocacy in the US. *Hum. Rts. Q.*, 29, 1036.
- Meyer, M. (2019). SGS S.
- Meyer, P. (2020, April). Honduras: Background and US relations. LIBRARY OF CONGRESS WASHINGTON DC.
- Millán, I. (2015). Contested children's literature: Que (e) ries into Chicana and Central American autofantasías. *Signs: Journal of Women in Culture and Society*, 41(1), 199-224.
- Miller, M. E. (2019). Immigrant kids fill this town's schools. Their bus driver is leading the backlash. *Washingtonpost.com*.
- Mizielińska, J., & Kulpa, R. (2016). 'Contemporary peripheries': Queer studies, circulation of knowledge and East/West divide. In *De-centring Western sexualities* (pp. 11-26). Routledge.
- Mohanty, S., & Geeta, M. (2021). IMPACT OF COVID-19 AND LOCKDOWN ON LGBTQ (IM) MIGRANTS (WITH SPECIAL FOCUS ON INDO-AMERICAN LGBTQ COMMUNITY). *Towards Excellence*, 13(2).
- Mogul, J. L., Ritchie, A. J., & Whitlock, K. (2011). *Queer (in) justice: The criminalization of LGBT people in the United States* (Vol. 5). Beacon Press.
- Mole, R. C., Parutis, V., Gerry, C. J., & Burns, F. M. (2014). The impact of migration on the sexual health, behaviours and attitudes of Central and East European gay/bisexual men in London. *Ethnicity & health*, 19(1), 86-99.
- Mole, R. (2018). Sexualities and queer migration research. *Sexualities*, 21(8), 1268-1270.
- Mole, R. (2021). *Queer migration and asylum in Europe*. UCL Press.
- Moleiro, C., Solntseva, S., & Aybar, G. (2020). 17 Culture and Violence Against LGBTQ Contexts and Issues in Contemporary Societies. *Violence Against LGBTQ+ Persons: Research, Practice, and Advocacy*, 219.
- Moleiro, C., Solntseva, S., & Aybar, G. (2021). Culture and violence against LGBTQ+ persons: International contexts and issues in contemporary societies. *Violence Against LGBTQ+ Persons: Research, Practice, and Advocacy*, 219-230.
- Moore, J., Musalo, K., & Boswell, R. A. (2011). *Refugee law and policy: a comparative and international approach*. Carolina Academic Press.
- Mora, C. (2019). "Shoot Them!" The Trump Administration's Immigration Policy and Its Effect

- on LGBTI Migrants and Asylum Seekers. *Geo. Immigr. LJ*, 34, 121.
- Morales, F. R., Nguyen-Finn, K. L., Haidar, M., & Mercado, A. (2022). Humanitarian crisis on the US-Mexico border: Mental health needs of refugees and asylum seekers. *Current Opinion in Psychology*, 101452.
- Moussawi, G. (2015). (Un) critically queer organizing: Towards a more complex analysis of LGBTQ organizing in Lebanon. *Sexualities*, 18(5-6), 593-617.
- Moussawi, G., & Vidal-Ortiz, S. (2020, December). A queer sociology: On power, race, and decentering whiteness. In *Sociological Forum* (Vol. 35, No. 4, pp. 1272-1289).
- Muñoz-Pogossian, B., & Vidal, M. Youth, Peace and Security in the Americas: Risks and Opportunities for Central American and Caribbean Youth.
- Munro, L., Travers, R., St. John, A., Klein, K., Hunter, H., Brennan, D., & Brett, C. (2013). A bed of roses?: Exploring the experiences of LGBT newcomer youth who migrate to Toronto. *Ethnicity and Inequalities in Health and Social Care*, 6(4), 137-150.
- Murray, D. (2011). Becoming queer here: Integration and adaptation experiences of sexual minority refugees in Toronto. *Refuge*, 28, 127.
- Murray, D. A. (2014). Real queer: "Authentic" LGBT refugee claimants and homonationalism in the Canadian refugee system. *Anthropologica*, 21-32.
- Murray, D. A. (2014). The (not so) straight story: Queering migration narratives of sexual orientation and gendered identity refugee claimants. *Sexualities*, 17(4), 451-471.
- Nadadur, S. (2019). Constructing a Transnational Understanding of the New Sanctuary Movement (Doctoral dissertation, Columbia University).
- Nakamura, N., & Morales, A. (2016). 4. Criminalization of Transgender Immigrants: The Case of Scarlett. In *The Immigrant Other* (pp. 48-61). Columbia University Press.
- Nakamura, N. (2020). LGBTQ-parent immigrant families: We're here, we're queer, we're invisible. *LGBTQ-Parent Families: Innovations in Research and Implications for Practice*, 229-240.
- Nakamura, N., & Logie, C. H. (Eds.). (2020). *LGBTQ mental health: International perspectives and experiences* (pp. xii-182). Washington, DC: American Psychological Association.
- Nash, C. J., & Gorman-Murray, A. (2014). LGBT neighbourhoods and 'new mobilities': Towards understanding transformations in sexual and gendered urban landscapes. *International Journal of Urban and Regional Research*, 38(3), 756-772.
- Nelson, C. D. (2015). LGBT content: Why teachers fear it, why learners like it. *Language Issues: The ESOL Journal*, 26(1), 6-12.
- Nelson, P. J., & Nelson, P. J. (2021). Religious Movements and FBOs: The Climate Threat and COVID-19. *Religious Voices in the Politics of International Development: Faith-Based NGOs as Non-state Political and Moral Actors*, 177-203.
- Nguyen, J. (2020). Oral History with David Vu. Digital USD. <https://digital.sandiego.edu/vietnamese-american-oral-histories/1/>
- Nieves-Lugo, K., Barnett, A., Pinho, V., Reisen, C., Poppen, P., & Zea, M. C. (2019). Sexual migration and HIV risk in a sample of Brazilian, Colombian and Dominican immigrant MSM living in New York City. *Journal of immigrant and minority health*, 21, 115-122.
- Nilsson, J. E., & Jorgenson, K. C. (2021). Refugees in resettlement: Processes, policies, and mental health in the United States. *The Counseling Psychologist*, 49(2), 178-195.
- Noone, C., Keogh, B., & Buggy, C. J. (2018). Far from home: Life as an LGBT migrant in Ireland. National LGBT Federation.
- Novitskaya, A. (2021). Russian-speaking LGBTQ communities in the West. The Routledge

- Handbook of Gender in Central-Eastern Europe and Eurasia, 397-405.
- Nullens, C. (2020). Are We Home Yet?: An Exploration of Queer Narratives of Forced Salvadoran Migrants.
- Obinna, D. N. (2021). Seeking Sanctuary: violence against women in el salvador, honduras, and guatemala. *Violence against women*, 27(6-7), 806-827.
- Obrador, A. M. L. (2020). *MIGRATORY POLICY IN MEXICO*. Austin: The LBJ School of Public Affairs.
- Ocaña Ruiz, S. I., & Capdepon-Ballina, J. L. (2019). Transitory daily life: young Central American migrants in Tabasco and Chiapas, a history in images. *Cultura y representaciones sociales*, 13(26), 269-299.
- Olcott, J. (2020). The Gender of Modernization and the Modernization of Gender: Latin America and the Caribbean since 1914. *A Companion to Global Gender History*, 561-576.
- Organista, K. C. (Ed.). (2012). *HIV prevention with Latinos: Theory, research, and practice*. Oxford University Press.
- Ortega, M. M. (2015). Sacrificing Families: Navigating Laws, Labor, and Love Across Borders by Leisy Abrego. *InterActions: UCLA Journal of Education and Information Studies*, 11(1).
- Ortega Velázquez, E. (2020). Mexico as Third Safe Country: Instrumentalization of Right to Asylum. *Frontera norte*, 32.
- Ortiz, A. N. G. (2021). Understanding LGBTQ+ migrants' resistance of precarity through the work of NGOs in Mexico: a historical analysis from 2018 to 2021.
- Oshino, S. Representation of Violence as Motivation and as Experience During the Migrants' Journeys from Central America to the United States in Three Selected Sources.
- Östlund, R. (2016). I had some problems back home with a big group of people and it was not safe for me there anymore so I had to run away: How LGBT asylum seekers move.
- O'Toole, T. (2013). Ce leis tu? Queering Irish migrant literature. *Irish University Review*, 43(1), 131-145.
- Oxford, C. (2014). 5 Queer asylum. *Gender, Migration and Categorisation*, 127.
- Oxford Analytica. (2020). Latin America-US relations will see reset under Biden. *Emerald Expert Briefings*, (oxan-db).
- Pachankis, J. E., Williams, S. L., Behari, K., Job, S., McConocha, E. M., & Chaudoir, S. R. (2020). Brief online interventions for LGBTQ young adult mental and behavioral health: A randomized controlled trial in a high-stigma, low-resource context. *Journal of Consulting and Clinical Psychology*, 88(5), 429.
- Padilla, M. T. (2021). Unaccompanied Children on the Move: From Central America to the United States via Mexico. *Dignity in Movement*, 116.
- Padilla, Y. M. (2018). Central American-American Feminisms. In *Oxford Research Encyclopedia of Literature*.
- Palazzolo, S. L., Yamanis, T. J., De Jesus, M., Maguire-Marshall, M., & Barker, S. L. (2016). Documentation status as a contextual determinant of HIV risk among young transgender Latinas. *LGBT health*, 3(2), 132-138.
- Palencia, R. (2014). From Middle Class Guatemalan to US Gay Latino Activist (Doctoral dissertation, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE).
- Panotto, N. (2018). Love is strong: The Honduran LGBT caravan, sexile and faith – Otros Cruces. <https://otrosruces.org/love-is-strong-the-honduran-lgbt-caravan-sexile-and-faith/>

- Pappas, S. (2019). CONTINUING EDUCATION APA ISSUES FIRST-EVER GUIDELINES FOR PRACTICE WITH MEN AND BOYS. *Monitor on Psychology*, 35.
- Parra, L. A., & Hastings, P. D. (2018). Integrating the neurobiology of minority stress with an intersectionality framework for LGBTQ-Latinx populations. *New directions for child and adolescent development*, 2018(161), 91-108.
- Passante, L. (2012). Aboriginal two-spirit and LGBTQ mobility: Meanings of home, community and belonging in a secondary analysis of qualitative interviews. University of Manitoba (Canada).
- Patel, S., Cuneo, C. N., Power, J. R., & Beyrer, C. (2020). Topics in global LGBTQ health. *The equal curriculum: The student and educator guide to LGBTQ health*, 261-288.
- Piñeiro, R. C., & López, R. A. H. (2021). DISPLACEMENT AND ECONOMIC INSERTION OF REFUGEES FROM CENTRAL AMERICA IN MEXICO. *Young Migrants Crossing Multiple Borders to the North*, 36, 131.
- Pitts, A. (2019). "The Atlas of Our Skin and Bone and Blood": Disability, Ablenationalism, and the War on Drugs. *Genealogy*, 3(4), 62.
- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Jama*, 294(5), 602-612.
- Praschak, D. R. (2020). "The Unarmed Road of Flight": The Rights of LGBT Asylum-Seekers Under American Refugee Law.
- Prieto-Carrón, M., Thomson, M., & Macdonald, M. (2007). No more killings! Women respond to femicides in Central America. *Gender & Development*, 15(1), 25-40.
- Quesada, U., Gomez, L., & Vidal-Ortiz, S. (Eds.). (2015). *Queer brown voices: personal narratives of Latina/o LGBT activism*. University of Texas Press.
- Quintero, D., Cerezo, A., Morales, A., & Rothman, S. (2015). Supporting transgender immigrant Latinas: The case of Erika. *Gendered journeys: Women, migration and feminist psychology*, 190-205.
- Reading, R., & Rubin, L. R. (2011). Advocacy and empowerment: Group therapy for LGBT asylum seekers. *Traumatology*, 17(2), 86-98.
- Reda, A., & Proudfoot, P. (2021). Against abandonment activist-humanitarian responses to LGBT refugees in Athens and Beirut. *Journal of Refugee Studies*, 34(2), 1494-1515.
- Redcay, A., Luquet, W., & Huggin, M. E. (2019). Immigration and asylum for lesbian, gay, bisexual, and transgender individuals. *Journal of Human Rights and Social Work*, 4, 248-256.
- Refugees, C. R. S., Well, H., & More, U. S. T. UNITED STATES, REFUGEES, ASYLUM SEEKERS NEWSLETTER# 3, December 17, 2015.
- Resources for Further Engagement to Advance Just Migration for All. (n.d.). UUA.org. <https://www.uua.org/international-justice/un/spring-seminar/past/advancing-just-migration-all/resources-further>
- Reid, L. T. (2021). *The Portrayal of Central American Migrants in North American Media: A Critical Discourse Analysis*. The University of Regina (Canada).
- Reid, G., & Ritholtz, S. (2020). A queer approach to understanding LGBT vulnerability during the COVID-19 pandemic. *Politics & Gender*, 16(4), 1101-1109.
- Retzloff, T. (2007). Eliding trans Latino/a queer experience in US LGBT history: José Sarria and Sylvia Rivera reexamined. *Centro Journal*, 19(1), 140-161.

- Resendiz, C. D. (2018). Effects of privatization of immigration detention in the lives of detained transgender Latina immigrants. *Harvard Journal of Hispanic Policy*, 30, 39-50.
- Ritholtz, S., & Buxton, R. (2021). Queer kinship and the rights of refugee families. *Migration Studies*, 9(3), 1075-1095.
- Roark, K. L. (2012). Authenticity, citizenship and accommodation: LGBT rights in a red state (Doctoral dissertation, Temple University Libraries).
- Robert, A. (2019). Desperately seeking sanctuary. *ABAJ*, 105, 52.
- Rodriguez, N. S. (2022). Intersectional Latinx/a/o: Journalism Coverage and the LGBTQ Community. In *Reporting on Latino/a/x Communities* (pp. 75-91). Routledge.
- Rodriguez, S. V. (2011). Latino/a LGBTQ migrations. <https://repository.usfca.edu/thes/19/>
- Roque Ramírez, H. N. (2006). Borderlands, diasporas, and transnational crossings: Teaching LGBT Latina and Latino histories. *OAH Magazine of History*, 20(2), 39-42.
- Rosa, J. (2018). Contesting representations of migrant “illegality” through the drop the I-word campaign: Rethinking language change and social change. In *Language and social justice in practice* (pp. 35-43). Routledge.
- Rosas, K. D. (2019). Freedom in Shackles: Gender, Embodied Illegality, and Alternatives to Detention Programs (Doctoral dissertation, Tulane University, Graduate Program in Biomedical Sciences).
- Rosado, B. (2018). Trauma-Informed Considerations for Direct-Service Practitioners and Organizations Supporting Central American Unaccompanied Minors: Perspectives from Key Informants in the Field.
- Rosenberg, J. (2019). Why are you seeking refuge? Conducting evaluations of Central American asylum seekers. *Journal of Human Rights and Social Work*, 4(4), 229-237.
- Sabin, M., Cardozo, B. L., Nackerud, L., Kaiser, R., & Varese, L. (2003). Factors associated with poor mental health among Guatemalan refugees living in Mexico 20 years after civil conflict. *Jama*, 290(5), 635-642.
- Sanchez, Y. S. (2018). Luchadoras: Central American Women Navigating Border Externalization in Mexico. University of California, San Diego.
- Sánchez Nájera, F., & Freier, L. F. (2022). The Cartagena refugee definition and nationality-based discrimination in Mexican refugee status determination. *International Migration*, 60(1), 37-56.
- Schreiber, R. M. (2018). *The undocumented everyday: migrant lives and the politics of visibility*. U of Minnesota Press.
- Schreiber, R. M. (2022). Visions of Refuge: The Central American Exodus and the Floating Ladder. *American Literary History*, 34(3), 1015-1040.
- Schlinkert, D. (2020). Central America Asylum Seekers’ Health, Self-Sufficiency, and Integration Outcomes During the Asylum Claim Process Phase in Phoenix, Arizona (Doctoral dissertation, Arizona State University).
- Scott, J., & Caceres, A. (2018). Sanctuary and social work: navigating moral and legal contradictions. *Social Work and Christianity*, 45(4), 61-82.
- Serrano-Amaya, J. F., Rondón, M. A. R., & Daza-Niño, N. (2020). Public Policies Toward LGBT People and Rights in Latin America. In *Oxford Research Encyclopedia of Politics*.
- Shah, B. (2013). LGBT identity in immigration. *Colum. Hum. Rts. L. Rev.*, 45, 100.
- Shaw, A., & Verghese, N. (2022). *LGBTQI+ Refugees and Asylum Seekers*.

- Shaw, A., Luhur, W., Eagly, I., & Conron, K. J. (2021). LGBT asylum claims in the United States.
- Shield, A. D. (2021). Queer migration and digital media. *Oxford Research Encyclopedia of Communication*.
- Shull, K. (2021). Somos los Abandonados: Mariel Cuban Stories from Detention and Resisting the Carceral State. *Anthurium*, 17(2).
- Silverman, S. J. (2017). Families in US Immigration Detention: What Does It Mean to do “The Right Thing”? *Contemporary Readings in Law and Social Justice*, 9(2), 95-115.
- Simunaniemi, M. I. (2014). Exit to Exist? The Situation of LGBT Asylum Seekers in Turkey.
- Skinta, M. D., & Nakamura, N. (2021). Resilience and identity: Intersectional migration experiences of LGBTQ people of color. <https://psycnet.apa.org/record/2021-05763-014>
- Slattery, S. (2020). "Other Situations of Violence" in Central America's Northern Triangle: The Normalization of Urban Violence in the Face of a Mounting Humanitarian Crisis (Doctoral dissertation, Fordham University).
- Smith, M. (2016). Political institutions and LGBTQ activism in comparative perspective. In *The Ashgate Research Companion to Lesbian and Gay Activism* (pp. 181-194). Routledge.
- Smith, N. J., & Laing, M. (2012). Introduction: Working outside the (hetero) norm? Lesbian, gay, bisexual, transgender and queer (LGBTQ) sex work. *Sexualities*, 15(5-6), 517-520.
- Smolkin, L. B., & Young, C. A. (2011). Missing mirrors, missing windows: Children's literature textbooks and LGBT topics. *Language Arts*, 88(3), 217.
- Snyder, N. (2019). Matter of AB-, LGBTQ Asylum Claims, and the Rule of Law in the US Asylum System. *Nw. UL Rev.*, 114, 809.
- South, K. T. (2017). The impact of public policy on LGBT aging. *Annual Review of Gerontology and Geriatrics*, 37(1), 161-174.
- Stanley, P. (2021). Problematizing “activism”: Medical volunteer tourism in Central America, local resistance, and academic activism. *International Review of Qualitative Research*, 14(3), 412-427.
- Stella, F., Campbell, M., Williams, B., MacDougall, J., Liinpää, M., & Speirs, J. (2018). Engaging with LGBT and Migrant Equalities: A Youth and Community Practitioner Toolkit.
- Stinchcomb, D., & Berger Cardoso, J. (2018). Newcomer Central American Immigrants' Access to Legal Services.
- Suchland, J. (2018). The LGBT specter in Russia: Refusing queerness, claiming ‘whiteness’. *Gender, Place & Culture*, 25(7), 1073-1088.
- Suleman, S., & Warf, C. (2020). Refugee and Migrant Youth in Canada and the United States: Special Challenges and Healthcare Issues. *Clinical Care for Homeless, Runaway and Refugee Youth: Intervention Approaches, Education and Research Directions*, 81-116.
- Tamagawa, M. (2019). Japanese LGBT Diasporas: Gender, Immigration Policy and Diverse Experiences. Springer Nature.
- Taracena, M. I. (2018). La Caravana de la Resistencia: Narratives of Survival and Displacement from LGBTQI Central American Asylum Seekers (Doctoral dissertation, The University of Arizona).
- Tazzioli, M., & De Genova, N. (2020). Kidnapping migrants as a tactic of border enforcement. *Environment and Planning D: Society and Space*, 38(5), 867-886.
- Terriquez, V. (2015). Intersectional mobilization, social movement spillover, and queer youth

- leadership in the immigrant rights movement. *Social Problems*, 62(3), 343-362.
- Testimonios, T. M. (2022). *ALIGHTING ON THE DIGITAL. LGBTQ Digital Cultures: A Global Perspective*.
- Thomas, F., Haour-Knipe, M., & Aggleton, P. (Eds.). (2009). *Mobility, sexuality and AIDS*. Routledge.
- Thoreson, R. R. (2014). *Transnational LGBT activism: Working for sexual rights worldwide*. U of Minnesota Press.
- Thoreson, R. (2021). *Trump Administration Again Weakens LGBT Protections*. Human Rights Watch. Available online at [https://www. Hrw.org/news/2021/01/08/trump-administration-again-weakens-lgbt-protections](https://www.Hrw.org/news/2021/01/08/trump-administration-again-weakens-lgbt-protections), checked on, 5(5), 2021.
- Tiemeyer, P. (2016). *LGBTQ Issues and US Foreign Relations*. In *Oxford Research Encyclopedia of American History*.
- Torres, R. M. (2018). A crisis of rights and responsibility: Feminist geopolitical perspectives on Latin American refugees and migrants. *Gender, Place & Culture*, 25(1), 13-36.
- Valiquette, T., Cowper-Smith, Y., & Su, Y. (2021). *Casa Miga: A case of LGBT-led, transnational activism in Latin America*. In *Sexualities, Transnationalism, and Globalisation* (pp. 137-151). Routledge.
- van der Wal, E. (2020). *LGBT Refugees and the Visual Representation of Transnational Mobility*. *Transfers*, 1(aop), 1-18.
- Vanhaelemeesch, J. (2018). *Tracing borderscapes in three recent documentaries on Central American migration*. *Studies in Spanish & Latin American Cinemas*, 15(1), 65-82.
- Vargas, M. E. (2020). *Ghostly Others: Limiting Constructions of Deserving Subjects in Asylum Claims and Sanctuary Protection*. *Journal of International Women's Studies*, 21(7), 77-90.
- Vázquez, E. (2022). "Your Life Is One-Hundred-Percent at Risk" The Caravan of the Mutilated and the Internationalism of the Vulnerable. *Public culture*, 34(1), 47-70.
- Vega, D. (2021). *Recent Immigration Policies in Mexico: The Failures of a Hardening Approach toward Irregular Migrant Flows*. *Nationalism and Ethnic Politics*, 27(3), 405-418.
- Vega, L. A. A. (2019). *López Obrador's initial policies toward Central American migrants: Implications for the US*. Rice University's Baker Institute for Public Policy. <https://doi.org/10.25613/T9S0-HK44>.
- Vidal-Ortiz, S. (2015). *Introduction. Brown Writing Queer: A Composite of Latina/o LGBT Activism*. In *Queer Brown voices: Personal narratives of Latina/o LGBT activism* (pp. 1-27). University of Texas Press.
- Villalba, B. N. A. (2015). *Sexual violence against illegal migrants in Mexico in transit to the United States*.
- Villeda, S. G. P., Ma, E. J., Macías, S. I., & Varela, C. (2015). *The " Good," the " Bad," and the Queer Invisible: The Los Angeles May Day Queer Contingent*. *Diálogo*, 18(2), 21-35.
- Villeda, S. P., & Miklos, A. (2017). *Central Americans under Trump: uncertainty on both sides of the Border*. In *LASA forum* (Vol. 48, No. 2, pp. 53-59).
- Viteri, M. A. (2008). *Latino'and 'queer'as sites of translation: Intersections of 'race', ethnicity and sexuality*. *Graduate Journal of Social Science*, 5(2), 63-87.
- Viteri, M. A. (2008). *Seeking a relevant queerness: Sexual, racial and nationalist negotiations of identity amongst the Latino immigrant community in Washington, DC*. American University.

- Viteri, M. A. (2014). *Desbordes: translating racial, ethnic, sexual, and gender identities across the Americas*. SUNY Press.
- Vogt, W. A. (2018). *Lives in transit: Violence and intimacy on the migrant journey* (Vol. 42). University of California Press.
- Wallace, M. *Category Archives: USA*.
- Walton-Roberts, M. (2018). Cetta Mainwaring. *Int. J. Migration and Border Studies*, 4(1/2), 1.
- Weiss, A. (2007). Federalism and the gay family: free movement of same-sex couples in the United States and the European Union. *Colum. JL & Soc. Probs.*, 41, 81.
- Wever, C. Prizewinning Dissertation 2021.
- White, M. A. (2014). Archives of intimacy and trauma: queer migration documents as technologies of affect. *Radical History Review*, 2014(120), 75-93.
- White, M. A. (2014). Documenting the undocumented: Toward a queer politics of no borders. *Sexualities*, 17(8), 976-997.
- Wilson, B. D., Gomez, A. G., Sadat, M., Choi, S. K., & Badgett, M. V. (2020). Pathways into poverty: Lived experiences among LGBTQ people.
- Winton, A. (2019). 'I've got to go somewhere': Queer Displacement in Northern Central America and Southern Mexico. *lgbti asylum seekers and refugees from a legal and political perspective: persecution, asylum and integration*, 95-113.
- Winton, A. (2022). Queer mobilities and the work of messy survival. *Ethnic and Racial Studies*, 1-21.
- Wolf, S. (2016). Migration Detention in Mexico. *Detaining the Immigrant Other: Global and Transnational Issues*, 67.
- Wurtz, H., & Wilkinson, O. (2020). Local faith actors and the global compact on refugees. *Migration and Society*, 3(1), 145-161.
- Xiong, R. Z. (2019). Exploring the intersectionality of Latinx immigrants/refugees and lesbian, gay, bisexual, and the transgender identity community (Doctoral dissertation, California State University, Sacramento).
- Yarwood, V., Checchi, F., Lau, K., & Zimmerman, C. (2022). LGBTQI+ migrants: a systematic review and conceptual framework of health, safety and wellbeing during migration. *International journal of environmental research and public health*, 19(2), 869.
- Zaidan, M. (2018). *We Live in Shadows: Identity, Precarity, and Activism among LGBT Refugees and Activists in Beirut And Athens*. Georgetown University.
- Zardiashvili, T., & Kasianczuk, M. (2019). Desk review on LGBT migrants and refugees in CEECA in the context of HIV. Eurasian Coalition on Male Health. <https://ecom.ngo/wpcontent/uploads/2020/01/Migraciya-t4.pdf>.
- Zayas, M. (2020). *LGBTQ Latinx Student Activist and Leaders in the State of Oregon: A Preliminary Study*.
- Zecena, R. (2019). Migrating Like a Queen. *Women's Studies Quarterly*, 47(3/4), 99-118.
- Zecena, R. (2021). *Unruly Imaginaries: The Relational Lives of Queer and Trans Migrants* (Doctoral dissertation, The University of Arizona).