

Post-migration trauma and mental health associated with immigrant men

Kimberly Morton Cuthrell *

American University of Anguilla School of Medicine, United States.

World Journal of Biology Pharmacy and Health Sciences, 2024, 20(02), 278–294

Publication history: Received on 08 September 2024; revised on 09 November 2024; accepted on 11 November 2024

Article DOI: <https://doi.org/10.30574/wjbphs.2024.20.2.0799>

Abstract

Many immigrants flee from trauma in their country of origin to seek optimal environmental conditions and a better life in host countries. The journey to several host countries is embedded with future uncertainties and risk factors that subject some immigrants to post-migration trauma and victimization. In the United States, victimized immigrants who meet eligibility criteria can potentially receive a visa through the Violence Against Women Act (VAWA) self-petition or a U Visa. Immigrant men are less likely than women to apply for VAWA and U Visas due to the chance of denial stemming from the underrecognized reality that some men also suffer from domestic and community violence. One of the underlying reasons for the disproportion between immigrant men and women seeking certain visas may be comprised of cultural barriers, stigma, and stereotypes associated with gender-based trauma bias, making visa application submissions for some immigrant men less frequent. While traumatic effects experienced by immigrant women and children continue to be a compelling issue resulting in long-term psychological consequences, trauma associated with victimized immigrant men has been vastly understudied contributing to minimum awareness of female perpetrators' existence. This article aims to increase attention to immigration-related abuse associated with victimized immigrant men by interconnecting psychological, medical, and legal information to assist immigration lawmakers, policymakers, authorities, and officials to recognize the complexities of post-migration traumatic experiences of immigrant men.

Keywords: Post-migration trauma; Immigrant men; Mental health; Immigration-related abuse; Psychological resilience; Primary and secondary trauma

1. Introduction

There is a need for research to analyze cultural, societal, and structural factors that contribute to the silence of victimized immigrant men of domestic violence experiences that occur in relationships between immigrant men and their United States (U.S.) citizen or lawful permanent resident (LPR/green card holder) spouse, including the vulnerability of immigration-related abuse that some immigrant men are subjected to by strangers, spouses/partners, and family members. Research shows that thousands of undocumented men are threatened and controlled by their American spouses every day and their ability to stay in this country depends on their American spouses petitioning for not only to regulate immigration laws and prosecutorial discretion but also to ensure the protection of victimized immigrants. Many immigrant men are bound by their U.S. or lawful permanent resident (LPR) spouse's demands and acts of immigration-related abuse due to the usage of their immigration status as a means of control and entrapment. Research affirms that there is a significant number of male victims of domestic violence by a female partner while critics often suggest that men's victimization is less impactful. Notwithstanding, there have been few studies that them [92]. There is no doubt that the steady influx of immigrants in the U.S. imposes some challenges on the U.S. immigration system, requiring vast evolving legislation and government agency policy creation, revisions, and enforcement have explored men's victimization experiences of both physical aggression and control, resulting in men experiencing significant verbal and physical aggression from a partner as well as control, manipulation, and psychological abuse [10]. The heightened sense of immigration-related abuse and insecurities leaves many immigrant men with limited to no

* Corresponding author: Kimberly Morton Cuthrell

recourse, protection, resources, or support, given the facts that when society discusses domestic violence, the victim is typically believed to be a woman and a perpetrator is a man, though research shows that male victimization by female perpetrators are vastly underreported and leaves men in a state of hopelessness [11, 22, 82, 91, 92]. The lack of public and social recognition that men are victimized by women, perpetuates a continued cycle of abuse and creates a greater risk of diminished help for immigrant men due to their reluctance to seek help because of fear related to U.S. immigration laws and policies, in particular, deportation. The intensity of fear may result in avoidance of psychological and medical help unless there is an extreme emergency in which delayed treatment may result in life-threatening situations.

A large population of immigrants arrives in the United States daily with hopes of a better life. The United States has more immigrants than any other country in the world, accounting for more than 40 million people living in the United States who were born in another country consisting of one-fifth of the world's migrants and 13.7% of the U.S. population [13]. The majority of the undocumented immigrant population in the U.S. is from Mexico and countries in Central America (El Salvador, Guatemala, Nicaragua, and Honduras) [15, 67]; their race and ethnicity reflect their countries of origin: 74% are Hispanic or Latinx, 12% are Asian, 7% are white, and 5% are black [71]. Research shows that the foreign-born population in the U.S. largely comprises two groups: lawful immigrants (77%) and unauthorized immigrants (23%) [13, 24]. Such influx of immigrants, coupled with the myriad of complex post-migration issues and social-political climate factors places great demands on immigration adjudicators and courts to understand the dynamics of domestic violence, community violence, and social and cultural competence when deciding VAWA and U Visa (U nonimmigrant status) cases that occur between U.S. citizens and victimized immigrants not only for women but also for men. Furthermore, many immigrants are targets of community violence that heightens psychological distress, resulting in posttraumatic stress disorder, depression, generalized anxiety, and other psychiatric conditions [18, 20, 21, 32]. More compelling, globally, immigrants of color face significant barriers, hate crimes, racism trauma, immigration-related abuse, anti-immigration rhetoric and threats, social injustice, and unfairness [8, 27, 34, 44, 16, 17], contributing to the necessity to increase understanding of the psychological effects of racism within the context of trauma, both regarding posttraumatic stress disorder (PTSD) and race-based trauma as emotional injury [21, 42, 73], including other anxiety-related disorders such as obsessive-compulsive disorders, generalized anxiety disorder, specific phobia, panic disorder, social anxiety disorder, PTSD associated with racial trauma [54]. Confronting disparities associated with post-migration trauma exposures may increase awareness of the psychological effects and mental distress experienced by some victimized immigrants. Furthermore, research shows that PTSD caused by race-related trauma is likely to be underrecognized due to a lack of awareness among clinicians, discomfort surrounding conversations about race in therapeutic settings, and a lack of validated measures for its assessment [94].

The journey arriving to the U.S. does not end upon arrival on U.S. soil. For many immigrants, the journey marks the beginning of a path toward citizenship through a process called naturalization. Naturalization is a legal process for immigrants to become U.S. citizens and be granted all rights and privileges equivalent to U.S. citizens if the immigrant meets eligibility criteria. The journey to the U.S. and pathway to naturalization are not easy, nor achievable for many, and come with many risks. Some scholars argue that exposure to extreme stressors such as war trauma or torture is the strongest predictor of PTSD, while others have argued that it is the impact of post-migration stressors upon resettlement in a host country [79], and others assert that post-migration context can be equally powerful determinant of mental health associated with PTSD [83]. During post-migration, immigrants are undoubtedly vulnerable because of immigration-based trauma exposures, reduced inequality, declined mental health stability, lack of English proficiency, unemployment, housing insecurity, separation from network and support systems, and lack of understanding of laws, policies, and regulations in the United States. Despite many odds, some immigrants desire to remain in the U.S. regardless of their undocumented status due to inhumane conditions, trauma exposures, and diminished living standards in their country of origin. Most undocumented immigrants are now long-term residents (66%), having lived in the United States for 10 years or more with no plans to return to their countries of origin [71]. By way of comparison to the U.S., other countries also receive immigrants. About one-in-five people in Canada (22%) are foreign-born, and in Australia, nearly three-in-ten people (28%) are immigrants [19]. There is a pertinent need to address mental health, trauma and violence, stereotypes, stigma, and other social determinants of health, including suicide associated with immigrants to ensure fairness of legislation and government agency policies related to sex-gender-specific regulations.

2. Authorized and Unauthorized Arrivals to the United States

A large population of immigrant men, women, and children arrive in the U.S. each day, consisting of authorized and unauthorized arrivals. Similar to refugees and asylum seekers who are subjected to trauma based on religion, social identity, race, political opinion, sexual orientation, or nationality in their country of citizenship, other categorical immigrants come unauthorized to the U.S. to seek better opportunities, living standards, education attainment, and humanitarian benefits. Some immigrants are sponsored by a relative or employer who often permits the issuance of an

immigrant visa to permanently live and work in the United States. Nonimmigrant visa holders, who are authorized to enter the U.S., are permitted to temporarily remain in the United States for business, tourism, medical treatment, education, medical residency, temporary/seasonal work assignments, and other approved purposes. Some foreign nationals experienced significant violence and trauma which are common reasons many immigrants are forced to make dangerous migration journeys, and many experience more violence en route to a host country. The magnitude of violence and trauma experienced in their country of citizenship may desensitize some immigrants to spousal abuse in their marriages in the U.S., whether married to a U.S. citizen, lawful permanent resident, or non-U.S. citizen. Many immigrants may consider their spousal abuse experience to be less severe compared to the traumatic events they had endured in their home country, at a border crossing, or as victims of human trafficking (sex, organ, drugs, and labor). Therefore, when immigrant men develop the courage to seek help, law officials, the U.S. justice system, immigration adjudicators, mental health providers, hospitals, and social service agencies must respond appropriately to assist them without the association of sex-gender-specific influences, stereotypes, bias, or perceived misconceptions. Policy and prevention efforts should be guided by founded research and applicable laws to address immigration reform while simultaneously combating the challenges within the U.S. immigration system to elucidate regulations with consideration of gender-neutral equality.

3. Primary and Secondary Trauma

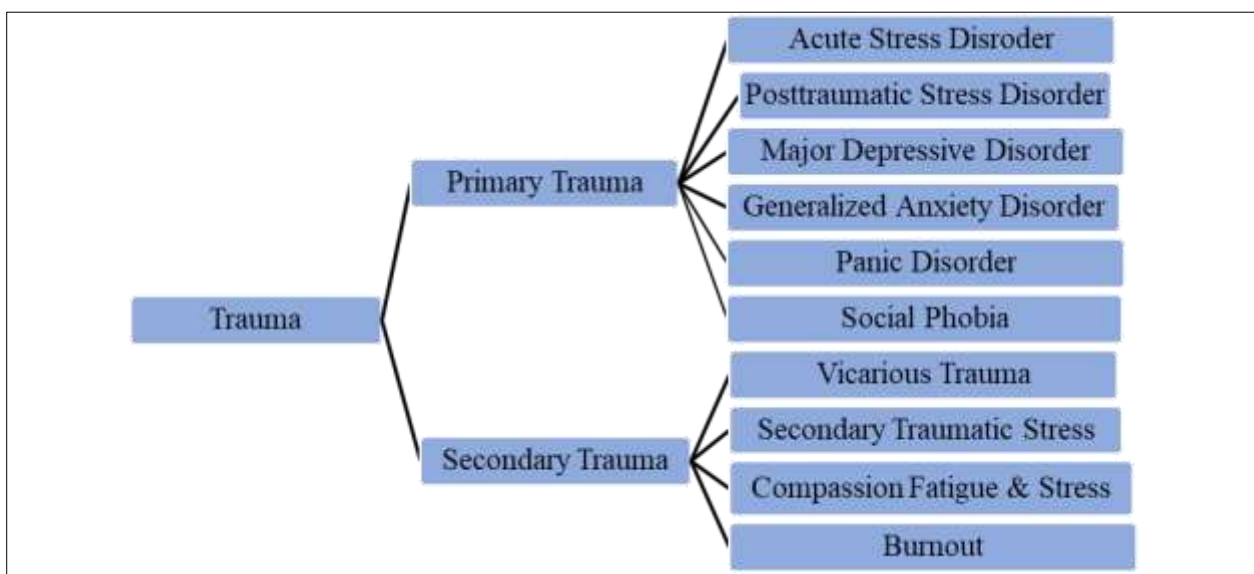


Figure 1 Trauma Associated with Psychiatric Conditions

Primary and secondary trauma experiences of immigrant men have received little research attention in comparison to women and children. Primary (direct) exposure to trauma comprises experiencing trauma firsthand and witnessing trauma as it occurs to other individuals. Primary exposure to trauma may have a relatively high probability of manifesting in the development of PTSD, anxiety, depression with and/or without psychotic features, and other psychiatric conditions in women and children, including men. Proximity to trauma has a direct association with increased risk for PTSD [21, 56]. Secondary (indirect) trauma exposure comprises learning about the violent, accidental, or detrimental experiences of other individuals that cause intense internalized distress. Post-migration trauma compounded by violence in host countries can increase the effects of primary and secondary trauma, including psychological distress that results in psychiatric conditions in immigrants. Though immigrant women, children, and men experience primary and secondary trauma, with significant vulnerability to immigration-related abuse, there is a need for the removal of gender-based trauma bias, stigmatization, and disbelief of unequal power dynamics and control tactics associated with traumatized men in general. About one in 10 men said they have experienced some form of partner abuse, including stalking, physical violence, and sexual assault, though recent studies reveal that male victims of intimate partner violence are underreported [92]. The lack of sufficient research about victimized men of female perpetrators makes it difficult, if not impossible, to adequately address domestic violence, mental health equity, and healthcare disparities, in a meaningful and practical way to narrow gaps. Immigrant men, similar to women, are at risk of primary and secondary trauma exposures due to the psychological effects and distress of racism, discrimination, and gender inequality. Adequate access to mental and physical healthcare services and willingness to seek care may allow immigrant men to cope with the primary and secondary traumatic experiences and minimize the risk for psychosis,

including suicide. Furthermore, primary and secondary trauma broadly affects brain functions, including neuropsychological structures that can consequently result in neuropsychiatric disorders and chronic stress. PTSD can develop after repeated or extreme exposure to a traumatic event that a person directly experiences or witnesses beyond a typical stressor [6, 21]. Data from the National Comorbidity Survey Replication estimated that 3.6% of U.S. adults aged 18 or older had PTSD and PTSD among adults was higher for females (5.2%) than for males (1.8%) with a lifetime prevalence of PTSD at 6.8%, [38, 39, 61], while research shows the prevalence of PTSD among migrants was 47% [14].

4. Traumatic Effects on the Brain

Trauma exposure can reciprocate PTSD and result in wide-range damage in the prefrontal cortex, amygdala, and hippocampus in the human brain. Extensive research shows that PTSD is viewed as a disorder caused by trauma that contributes to a significant imbalance in fear dysregulation and processing in the prefrontal cortex and the amygdala that results in personal changes, attention problems, language difficulty, impulsive behaviors, memory lapse/deficits, and inappropriate social behaviors [29, 50, 51]. Trauma causes complex neurophysiological and neuropathological damage to the brains of women, men, and children. After a traumatic event, people can experience decreased inhibition-related hippocampus activation which is predicted to subdue to future PTSD symptom severity [77]. Significant effects of trauma on the hippocampus contribute to a lapse of and impaired memory which may justify why some women and men are unable to recount details of traumatic experiences. Consequently, impairment in memory to recall credible details of traumatic events may wrongly imply fraudulent, misleading, or inconsistent information for immigration processes, police reports, and court proceedings that may result in an increased risk of denial of legal assistance, immigration benefits, civil penalties, criminal charges, and deportation.

Trauma can cause profound effects on individuals, despite age, education, gender/sex, education, race/ethnicity, and socioeconomic characteristics, resulting in short-term and long-term multifaceted damages. Though trauma is known to cause injury to the prefrontal cortex, amygdala, and hippocampus of both females and males, the magnitude and specific locations of the effect vary according to gender. Neuroimaging studies between sex and type, timing, and a load of trauma exposure suggest that, for males, early trauma exposure may involve a loss of gray matter in the limbic system, including the prefrontal cortex, amygdala, and hippocampus, and an over-activity and increased connectivity of salience hubs, particularly dorsal anterior cingulate cortex (dACC), while for females, early trauma exposure may involve overactive and possibly an enlarged amygdala, as well as decreased connectivity of salience hubs such as the dACC [41].

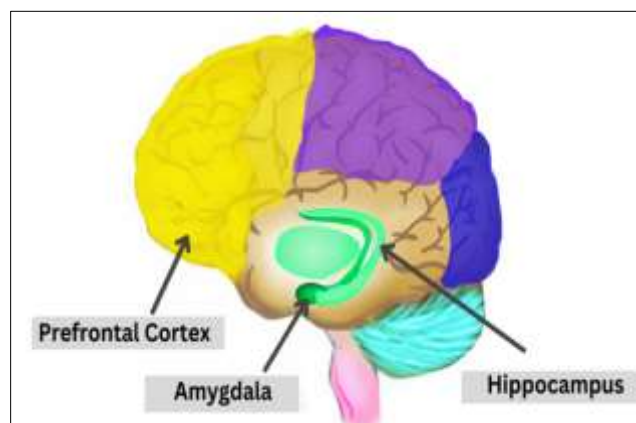


Figure 2 Effects of Trauma on Specific Regions in the Brain

5. Gender Differences, Gender-Based Violence, and Trauma Exposure

There is a widely accepted notion that women, children, and men are at great risk of developing PTSD after exposure to trauma. Gender differences contribute significantly to the wide range of viewpoints and marginalization of men's traumatic experiences. Men and women differ in reactions to traumatic events. Research shows that men experience traumatic events more often than women [64], while children with PTSD symptoms have significantly more internalizing behavioral problems and more externalizing problems than children without trauma symptoms [95]. Despite men's increased risk of trauma exposure, women are more likely than men to develop PTSD after being exposed to a traumatic event [81]. Susceptibility to psychological distress and declined mental health is experienced by women and men with variations of PTSD clinical symptoms before, during, and after migration. Studies show that women are 2

to 3 times more likely to develop PTSD after experiencing a traumatic event than men, and about 10% to 12% in women compared with 5% to 6% in men [49].

Immigrant women and men, both, are vulnerable to being victimized by intimate partners, strangers, and family members who can place their lives in grave danger or subject them to sexual, financial, emotional, or psychological abuse. As men are traditionally associated with masculine norms, they are discouraged from showing weakness [50], though research asserts excessive pressure to conform to traditional modes of masculinity increases the risk of men's suicidal behaviors [51] and susceptibility to suicide is associated with socialization into gender roles [74]. Many immigrants encounter prolonged abuse due to absent external support, diminished confidence to seek help, fear of complicating matters or risk of deportation, interpersonal conflicts, limited English proficiency, limited access to translation services, lack of awareness of and access to resources, and inability to navigate health care systems. Some immigrants, similar to refugees and asylum-seekers, arriving in the U.S. frequently face extreme hardships, war, natural disasters, and persecution in their home country. Even in transit countries, some immigrants are vulnerable to forced displacement and victimization, resulting in vulnerability to complex factors that contribute to an increased likelihood of traumatic experiences consisting of lack of information, inadequate protection, hostility, and unpredictability associated with immigration and citizenship status.

There is widespread knowledge that immigrant women and children often endure a heightened level of abuse with alarming rates of psychological damage, sparking societal attention and support. Immigrant men who are forced to migrate are often subjected to a lack of protective support and are less likely to report victimization in host countries [30, 89, 97]. Widespread stereotypes and stigma improperly downregulate masculinity with weakness when men seek help, resulting in victimized immigrant men feeling disempowered and falling prey to prolonged trauma due to lack of support. The heightened rejection, minimization of abuse exposure, and gender-trauma bias cause some immigrant men to adapt to vulnerable situations, internalized psychological hardships, and substandard circumstances that compromise their mental well-being and self-care. The undermining of human dignity in the case of immigrant men, the creation of increased dependency, and the discouragement of mutual support result in the induction and aggravation of social and mental health problems [84]. Men, in comparison to women, are often more reluctant to disclose spousal abuse or stranger attacks due to fear of stigma, disempowerment, embarrassment, shame, disbelief, and disparaging masculinity, leading to continuous cycles of trauma exposures.

Gender-based violence has been vastly studied among women and children, although many constraints are projected toward men, resulting in men suffering in silence possibly more often than women due to the multiple barriers encountered with disclosure and gender bias. Policy, legislation, and anti-immigration ideology intersect and exacerbate the risk of sexual and gender-based violence [46]. Oftentimes, men subjected to abuse are not considered equally to the magnitude experienced by women due to gender bias, perceived misconceptions that men are less likely to be victimized in a marriage, and societal opinions. When men are victims of domestic violence, they are physically as well as psychologically abused by female perpetrators and often do not report acts of abuse because they do not believe that the police would take any action [21]. Some men fear seeking help even when there is exposure to extreme and persistent vulnerability, financial abuse, social isolation, deportation threats, sexual deprivation, sexual abuse, psychological distress, and emotional maltreatment, and subsequently, the fear of deportation contributes to heightened levels of distress. Unsurprisingly, there are limited to no domestic violence shelters or resources for victimized men unlike the multiple resource centers, safe havens, and shelters for women. Furthermore, victimized immigrant men also witness mental and physical assaults of other immigrant men during transit to a host country by a stranger, a spouse, or a spouse's family member, forcing them to internalize fear of infliction of the same degree of trauma. Such exposures can exacerbate primary and secondary traumatic effects. Repeat or detrimental traumatic exposure further instills helplessness, vulnerability, and the inability to prevent violence inflicted by the spouse owing to the fear of victimization [48]. Extreme vulnerability and psychological hardships can also lead to the mental deterioration of an immigrant when a spouse uses threats of immigration status as a form of control and power. Acknowledging trauma without association to inclusive or exclusive of a specific gender is critical to effectively address migration trauma-related factors that adversely affect the immigration, criminal justice, mental health, and healthcare systems.

6. Pre-Migration and Post-Migration Trauma

The traumatic experiences of immigrant men can be categorized as pre-migration and post-migration experiences. As with immigrant women and children, men are vulnerable to pre-migration and post-migration-related stressors, including psychological distress. Research shows male migrants traveling alone face the cumulative vulnerability of various traumatic events and migration-related contextual circumstances [83]. Immigrants are at great risk of deleterious mental state due to factors of victimization, human and drug trafficking, inhumane treatment, detention conditions, discrimination, unemployment, fleeing poverty, dangerous working conditions, and egregious violence. In

certain circumstances, pre-migration traumatic experiences can compound the psychological distress and extreme hardships of immigrant men which impairs their ability to cope with post-migration traumatic experiences, resulting in a significant mental and emotional deficit that likely triggers the development of PTSD. Furthermore, research shows that heterosexual men and boys are victims of sexual violence during forced migration [46]. Prolonged exposure to different forms of torture contributes to identity loss and impaired social connectivity with other individuals. The migration journey is a traumatic experience itself for many immigrants. The separation of immigrants from their ethnic community and family as well as staying in transit countries during traveling leads to the disruption of cultural systems that would otherwise hold the traumatic experiences [68].

Another significant traumatic event related to immigration is requesting asylum or applying to gain a visa in a host country. The potential stressors include delays in the processing of visa applications, the fear of deportation from the country, poor living conditions due to lack of economic support, lack of control, prolonged uncertainty, forced dependence, discrimination, and marginalization, including decline of mental health and unhealthy coping strategies that lead to substance use (drugs and alcohol) [21, 68, 83]. The court proceedings also can induce primary and secondary trauma among immigrant men, in a similar fashion as women and children. Stress associated with interviews and legal proceedings can also result in a significant elevation of clinical symptomology in PTSD. When immigrants are denied immigration status to legally enter a country, this can further add to the traumatic experiences [83], and language barriers also impede the access and utilization of mental health services by immigrants with trauma experiences [78].

In the context of post-migration traumatic experiences, the related domains include social isolation, persistent exposure to trauma, unemployment, race-related trauma, barriers to judicial and immigration support, and fear of deportation. The reception of immigrants by the host society can be represented by the negative perception of these individuals as intruders. While immigrating to another country, the immigrants have already suffered multiple losses including loss of familiar surroundings, support, and language communication. Sustained exposure to trauma during immigration results in the creation of a reciprocal abusive environment, resulting in increased stress and a surge of traumatic events. The lack of employment opportunities and unstable working conditions for immigrant men in a host country adds to mental health problems and stressors, resulting in challenges in providing for their families and themselves [21, 86]. Unemployment can be explained by laws, policies, and legislation, including the characteristic representation of immigrants in society and institutional practices that can have long-term effects on the mental health of immigrants. Immigrants are also prone to post-migration trauma in some host countries, which further increases psychosocial stressors, psychological distress, acculturative stress, financial strains, immigration stressors, and physical stress not only for immigrant women and children but also for men. The likelihood of men enduring compound internal and external traumatic stressors is plausible due to gender bias associated with traumatized men. Lack of English proficiency can also contribute to heightened stress levels during post-migration. Language barriers further aggravate the amount and degree of traumatic experiences, affecting the power relations and the social identity of the immigrants [83].

7. Immigration-Related Abuse and Trauma during Marriage

Thousands of immigrant men are threatened and controlled by their American spouses and the truth about domestic violence against men is finally being recognized [92]. Research asserts that psychological abuse, which is one of the most common forms of domestic violence experienced by men, usually targets a man's masculinity in which men are usually accused of not being "manly" enough, not making enough money, being weak, or crying when abused [95], and while most men may not fear physical violence, they may fear the degradation and humiliation that comes from psychological abuse, especially in public [79]. The inherent power and control of a spouse may escalate to physical and emotional abuse tactics to minimize the self-confidence of immigrant men as a stronger form of immigration-related abuse, resulting in submission to impossible decisions to avoid jeopardizing their chance to remain in the U.S. Immigration-related abuse of victimized immigrant men during marriage should draw equal attention as widely documented in research studies for women victims of spousal abuse, also termed as domestic violence and intimate partner violence. Immigration-related abuse can heighten the severity level to more than 10 times in relationships where physical and sexual assaults are present than in emotionally abusive relationships [40]. Research further affirms that immigrants encounter vulnerability related to their immigration status [1, 4, 64], though men are less likely perceived as powerless and controlled in a marriage than women. Men can also sustain severe intimate partner violence from female partners, though the patriarchal model assumes that perpetrators are always men and victims are women [43]. Immigrants from several countries are also less likely to report perpetrating and being victimized by intimate partner violence [88, 97]. Although society does not perceive male victimization to be as severe as female victimization [11, 90], research asserts that female perpetrators of intimate partner violence against men are prevalent and are associated with negative physical and mental health outcomes [20, 82, 91]. Research further shows that there is a

limited exploration of societal perception of and police response to same-sex intimate partner violence in the marriage equality era with a correlation to arrest cases for both male and female same-sex couples [2].

There is a significant difference between U.S. citizens and immigrant victims concerning marital status and mental health diagnosis. Research shows about 34% of foreign-born victims were married, compared to only 15% of U.S.-born victims, and U.S.-born victims were more likely to be White (31% versus 13%) or Black (54% versus 14%) and less likely to be Hispanic (11% versus 56%) or Asian (0.6% versus 14%), including U.S.-born victims were significantly more likely to have a mental health diagnosis (5% versus 2%) when compared to foreign-born victims [24]. The differences may be attributed to cultural norms against treatment and fear of disclosing information that may lead to deportation. Also, female perpetrators of spousal abuse against men may occur more frequently than what is reported to law officials due to fear of ostracization from disclosing traumatic events which can result in internalizing psychological distress, compromising mental stability for men victims. Moreover, research has highlighted the lack of disclosure of domestic violence experiences of immigrant men in studies, with a predominant disclosure of women in studies [76]. There are specific types of domestic violence that result in psychological and emotional distress for both non-immigrant and immigrant women and men.

Research asserts that the most prevalent type of domestic violence victimization was physical violence (48%), followed by emotional (38%), economic (35%), verbal (27%), immigration-related (26%), in-laws related (19%), and ultimately sexual abuse (11%), with prevalence rates higher for women than for men in each type of violence, though victimization of men in addition to women paves the way for practitioners and scholars to engage in conversations about providing both male and female victims of domestic violence with the needed resources and support [76]. The lack of disclosure of men and limited research focusing on male victims associated with domestic abuse underscores the existence that men are victimized in some cases. Though a plausible argument can be made that there is a need to decrease the power and control men exert over women, men are also at risk of exposure to power-control factors associated with immigration-related abuse during a marriage that is frequently underrecognized and underreported.

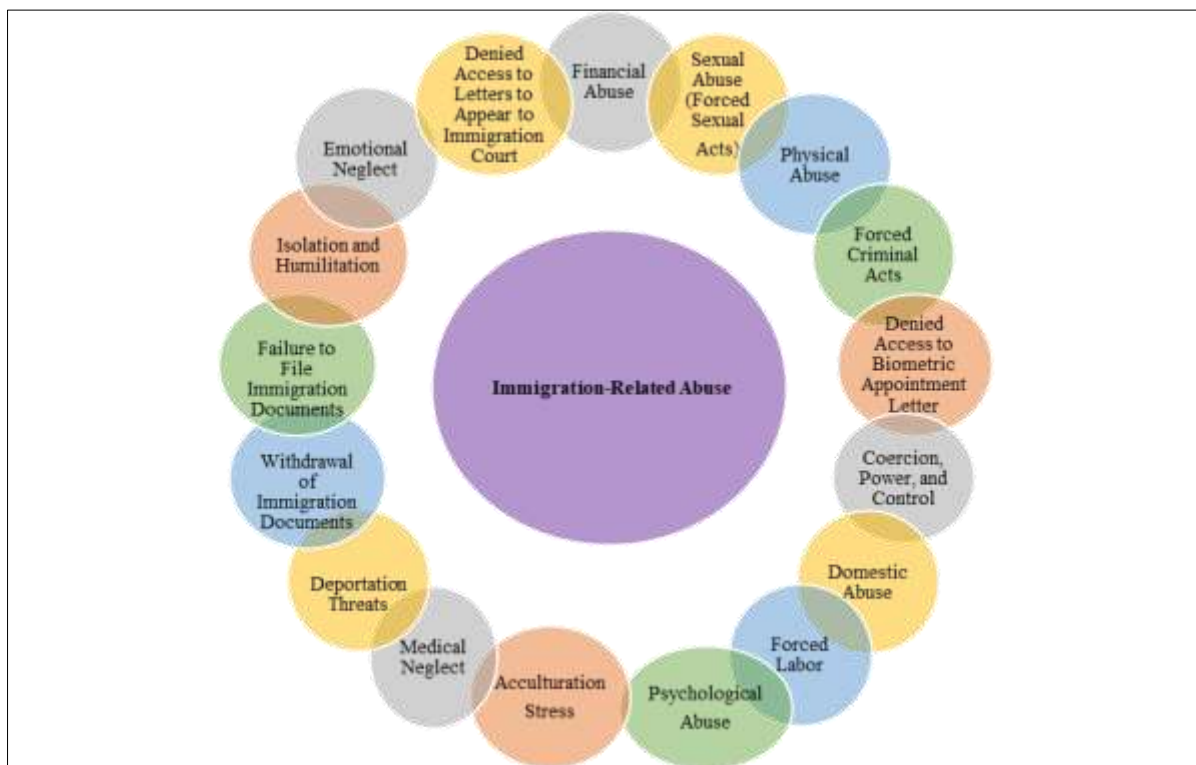


Figure 3 Traumatic Exposures Associated with Immigration-Related Abuse

8. Fraudulent Marriage

U.S.-born citizens and documented immigrants (green card holders or naturalized citizens) who marry immigrant spouses have the right and inherent power to petition for citizenship for their immigrant spouses. Unsurprisingly, men, not only women, are victims of fraudulent marriage. Documented immigrant men may be at a greater risk of marriage fraud victimization in comparison to U.S. citizens due to speaking a similar language as a spouse who migrates to the U.S., including economic stability in which both U.S. men and documented immigrant men, unlike undocumented immigrants, can legally secure employment to financially support an immigrant spouse. Immigrants who commit marriage fraud may be subject to removal proceedings and may be barred from receiving future immigration benefits in the United States [88]. Sham marriage, also called fake marriage, staged marriage, marriage fraud, green card marriage fraud, and marriage of convenience, is often preceded by financial gain or misinformation conducted by some immigrants, both men and women, with the intent to circumvent the U.S. immigration system for a pathway to citizenship [70]. Filing false police reports of domestic violence or deliberately creating marital conflicts as a ground to end a marriage may subjectively conclude that the initial intent of the marriage was fraudulent. Even a bon-a-fide marriage, in good faith, can have implications of marriage fraud when the marriage gradually turns negative and despite repeat episodes of immigration-related abuse, the marriage continues until a green card is issued or a naturalization process is completed and the marriage abruptly ends.

The use of fraudulent marriages to gain immigration benefits in the United States is a crime that may result in criminal prosecution, deportation, and penalties. While the research is limited, in particular, to the lack of statistically significant and readily available data to determine the prevalence of marriage fraud and claims of domestic violence among immigrant women in comparison to men, it is certain to assert that marriage fraud and false allegations of violence to end a marriage may result in prosecutorial action. Prosecutorial discretion, fairness, and trauma-informed legal advocacy initiatives are needed to assess the validity of a marriage and claims of domestic violence while ensuring gender equality with immigration proceedings. Notably, erroneous allegations of marriage fraud significantly contribute to the psychological distress of a marital couple while the omission of immigration officials' detection of fraudulent or illegal acts is a disservice to the public that can significantly and adversely affect the U.S. immigration system, legal system, and societal constructs. Additionally, the fraudulent spouse's marital deception and misrepresentation of love and affection can result in the non-fraudulent spouse's endurance of significant mental and emotional distress, financial abuse, shame by family, and complex trauma.

The U.S. Constitution requires due process for every person without stipulation on immigration or citizenship status, and therefore, courts must render fair discretion to everyone, including documented and undocumented immigrants when there is alleged marriage fraud, domestic violence, or criminal activity that questions the validity of a marriage. In the absence of marriage fraud, the eligibility of some U.S. visas may qualify some immigrants, both women and men, who are victims of domestic violence, under different grounds, while also denying a visa on grounds of fraud. The effectiveness of immigration enforcement measures in protecting U.S. citizens and lawful permanent residents from marriage fraud, including the protection of immigrant men and women from domestic violence, is impeded by conflicts arising within policies, laws, and societal constraints. Skepticism and stigma associated with traumatized men may also arise due to lack of or infrequent disclosure of domestic violence, resulting from their fear attributed to shame, embarrassment, and disbelief [30]. When disclosure does occur, fairness in investigating the validity of the marriage must be grounded by law.

9. Immigrants' Exposure to Traumatic Community Violence

Immigrants experience considerable multifaceted barriers that place them at increased risk of victimization at the hands of strangers in the community. Community violence against immigrants may take several forms, including hate crimes, deportation threats, property damage, physical assault, sexual assault, racial profiling, notario fraud, deception, disadvantages, unsafe working conditions, forced labor, and verbal harassment [18, 20, 32, 53, 57, 63, 75]. Research further shows immigrants, both lawful and unauthorized, who experience violence fear seeking medical attention [26] and are less likely to report victimization to the police because of their immigration status [18]. In a Pew Research Center report, when asked about the impact of the migrant influx on crime in the United States, a majority of Americans (57%) said the large number of migrants seeking to enter the country leads to more crime, while fewer (39%) said this does not have much of an impact on crime in this country [19]. Immigrants and refugees have been framed as the major cause of unemployment, a threat to their cultural and social fabric, and crime [86]. Contrary to public perceptions, many immigrants come to the United States for employment opportunities instead of government welfare, and research shows that immigrants are significantly less likely to commit crimes than U.S.-born citizens [52]. There is no doubt that U.S. citizens are victimized by native-born citizens and immigrants, placing high demands on research to explore the

severity of victimization while considering the short and long-term effects on the U.S. immigration system. Despite the increasing foreign-born population in the U.S., relatively little is known about the prevalence of violent victimization among foreign-born individuals [24], and research findings underscore the importance of exploring how patterns of victimization vary between U.S.-born citizens and different groups of immigrants [96]. Furthermore, research showed that first-generation immigrants are less likely to have violent and nonviolent arrest/incarceration records and data revealing accounts of victimized immigrants is difficult to obtain [36, 69].

There is an increased risk of immigrant victimization due to vulnerability threats of safety and security because of fear of deportation, lack of language accommodations, separation from family, loss of social network, and adverse resulting in many manifestations of mental health declinations. Undocumented immigrants may live in areas with greater rates of community violence and poverty, which may further contribute to traumatic experiences associated with immigration. In addition to this, prolonged separation from their family, heightened opposition toward immigrants, hate crimes, notario fraud, lack of awareness of community resources for victims, and the lack of legal representation required for navigating through complex immigration proceedings contribute to the cycle of trauma and repeat victimization. Opposition efforts, including the past and continuing efforts to control immigration, often are justified by unfounded claims that immigrants are a major part of the U.S. crime problem [58]. Such criminalization stereotypes may instill desensitization among immigrants to the vulnerability of community violence associated with immigration-related abuse and anti-immigrant actions. Not only does an arrest record, more significantly with a charge, damage an immigrant's character, but also creates major barriers to the citizenship pathway and increases the realization of deportation. Exclusion from public services and the development of anti-immigrant policies also contribute to the increase in the community violence experienced among immigrants in the U.S. compared to their home countries [63].

10. Immigrants and Risk Factors Associated with Notarios

Immigrants migrate to the United States with the hopes of many to seek assistance with immigration matters, and unfortunately develop harmful rapport with some individuals due to shared language, ethnicity/race, religion, and more impressive, because of an individual's prior short or long-term presence in a country and assumed trustworthy character. Often, immigrants encounter individuals called notarios or immigration consultants who convince immigrants that they can assist them with immigration-related applications/petitions, cases, and other matters which often result in great risks of immigrant victimization. Despite the strong advocacy and high-quality legal representation that U.S. immigration attorneys offer to help immigrants, many immigrants embed trust in notarios instead of immigration attorneys. Notarios are individuals who engage in the unauthorized practice of law, misrepresent themselves as being qualified to offer legal advice, lack U.S. legal education and qualifications, and use their inequivalent knowledge of immigration laws to improperly assist immigrant communities with immigration-related applications and petitions [5, 20, 32, 53]. Men, both immigrants and non-immigrants, have been traditionally considered the breadwinners of the family/household which may place a heightened level of expectation on immigrant men to obtain employment despite their undocumented status. Research affirms that the gendered division of labor attaches the breadwinner's role to men [45], men are responsible for economic provision [59], undocumented workers earn less pay per hour and the average wage gap between undocumented and legal immigrants is over 35% [12]. Such gender and economic constraint factors place immigrant men at greater risk of victimization by notarios due to being persuaded by notarios and, in many situations, the immigrant having a personal interest to engage in tactics to gain lawful status to legally work in the U.S. to earn compatible wages. Skilled immigrants are valuable to the U.S. economy but gaining lawful status to work in the U.S. can be challenging. Some immigrant men are faced with impossible choices, causing them to balance the risk of falling prey to notario fraud and the chance of obtaining immigration benefits to work legally to secure higher wages in the U.S.

There is no comparison of a notarios to the magnitude of help that a U.S. immigration attorney can offer to immigrants. Attorneys are highly educated, trained, and equipped with extensive experience in addressing complex U.S. immigration laws, court proceedings, and application/petition preparations to assist immigrants in navigating through the complexities of the U.S. immigration system. Notarios cannot correctly interpret immigration laws and operate without the capability to legally address challenging barriers to streamline cases, unlike attorneys who are trained to anticipate unconventional deviations and shifts in a case to properly prepare to render zealous representation to immigrants. Research shows that notarios defraud and exploit immigrants, provide misguiding information about visa applications, and often improperly/fraudulent file applications that result in various unresolvable immigration issues, including deportation, for victimized and non-victimized immigrants [32, 53, 75], though notarios claim they intend to prevent immigrants from being at risk of falling prey to attorneys [20]. The unfounded claim is without some degree of exploring, yet attorneys are regulated by licensing boards that address complaints and attorneys are required to uphold professional ethical and legal standards wherein regulation is absent governing notarios which places immigrants at greater risk of falling prey and encountering victimization disadvantages. More compelling and without a doubt, U.S.

immigration attorneys can legally do exceedingly far more for an immigrant than what a notario can do with unauthorized practice of law tactics, including more than what paralegals or accredited representatives are approved to do.

11. United States Immigration: VAWA and U Visa

Gendered violence does not exist in silos and a system-wide approach is needed to address societal issues and assist victims of domestic violence, community violence, stalking, sexual violence, physical violence, and other harmful criminal activities. Immigrants interested in a U.S. victim-related visa must produce credible evidence to support claims of victimization (victim of domestic violence, crime, or community violence), extreme hardships, or other immigration-related visa categories to support the requirements of an application/petition. Several immigration-related applications/petitions are reviewed and decided by an immigration adjudicator/official who evaluates whether or not eligibility criteria are met, assesses the credibility of a case, and screens for fraudulent activity, including other relevant factors before approving or denying U.S. immigration benefits. For a victimized immigrant's visa application/petition to be credible to receive a favorable outcome, the application/petition must consist of verifiable and sufficient evidence indicative beyond a minimal standard of proof in which an experienced immigration attorney can provide in-depth legal representation to assist an immigrant with the preparation of a VAWA and/or U Visa application/petition. Given the societal constraints and stereotypes of male victims, immigrant victims of various forms of crimes, particularly immigrant men, maybe can be reluctant to report to the authorities for fear of ineligibility of a U.S. visa and the fear of deportation. Furthermore, an important factor to consider is that men and women employ different coping strategies in response to stress and trauma, which may also contribute to the lack of reporting trauma experiences and applying for VAWA self-petition and U Visa by male immigrants in the U.S. For instance, men are more likely to exercise compared to women who talk about their problems as a coping strategy [9, 33]. Another factor to note is that language barriers may contribute to the lack of reporting trauma experiences among immigrant men and women, which may contribute to hindrances in obtaining a visa for permanent resident in the U.S. [33, 35], and having a language barrier may impede understanding of and the existence of VAWA and U Visas.

12. Violence against Women Act (VAWA)

In 1994, Congress passed the Violence Against Women Act (VAWA) federal law's protection for victimized immigrant women of domestic violence (spousal abuse/intimate partner abuse) and in 2000, the law expanded the protection to include victimized men of domestic violence. Even though the law has the word "women" in its title, VAWA applies equally to both women and men, including children under the age of 21 [21, 86, 57]. The general eligibility requirements for VAWA Self-Petitioner consist of 1) the self-petitioner must have a qualifying relationship to an abusive U.S. citizen or lawful permanent resident (LPR) relative as (a) the spouse, intended spouse, or former spouse of a U.S. citizen or LPR; b) child of a U.S. citizen or LPR; or c) parent of a U.S. citizen son or daughter that is 21 years of age or older; 2) the self-petitioner must have been married in good faith (for self-petitioning spouses only); 3) the self-petitioner meets eligibility criteria for immigration classification as an immediate relative or under a family-based preference category; 4) the self-petitioner was subjected to battery or extreme cruelty perpetrated by a U.S. citizen or law permanent resident during the qualifying relationship; 5) the self-petitioner resides or resided with the abusive U.S. citizen or lawful permanent resident, and 6) the self-petitioner is a person of moral character [86]. A self-petitioner can file a VAWA petition with the U.S. Citizenship and Immigration Services (USCIS). With consideration of marriage between an immigrant and a U.S. citizen or LPR, VAWA provides a protective measure to ensure that an individual's immigration status does not cause immigrant men and women to remain in abusive relationships/marriage, and therefore, several measures were undertaken to gain legal status in the country to help victimized immigrants. The VAWA act emphasizes addressing stalking, domestic violence, sexual assault, and other violent acts indicating the requirement and development of coordinated community care in support of the victims [4, 21, 86]. While VAWA provides some immigration benefits to victimized immigrant spouses, there is a need for broader regulations and policies that remove systemic unfairness and injustice within the U.S. immigration laws and U.S. criminal justice system that result in disadvantages for immigrant men who encounter barriers to being recognized as victims of domestic violence instead of the traditional societal perception of being the aggressor/perpetrator of violence.

VAWA is an important legal strategy for immigration attorneys to consider when an immigrant spouse, whether a woman or man, feels trapped in an abusive relationship/marriage, fearful of deportation from the U.S., and remains dependent on their U.S. citizen or lawful permanent resident (green holder) partner/spouse for gaining legal status in the U.S. VAWA allows immigrant men and women to create a self-petition for acquiring legal status in the U.S. [47], and given that the immigration status of individuals may consist of coercive control in situations involving domestic violence, VAWA self-petition protects the victim survivor by permitting residence in the country after experiencing

domestic violence [4, 84]. Interestingly, VAWA has been expanded to include the gender identity and sexual orientation of victims among the immigrant populations. More compelling, VAWA also incorporates non-discrimination protections to omit any discrimination against individuals based on gender identity and sexual orientation [66]. Though VAWA provides some support, safety, and relief to survivors of abusive U.S. citizen or lawful permanent resident spouses, including cancellation of removal to prevent deportation, victimized immigrant spouses have the burden of proof to prove the credibility of acts of endured victimization, violence, psychological distress, and other pertinent factors to receive a favorable outcome for a VAWA case. When the substantial tier of evidence is not produced or fraudulent activity is detected, the chances of an unfavorable outcome for a VAWA case, and possibly deportation, are highly possible.

13. U Visa

In 2000, Congress created the U Visa to help nonimmigrant victims of crime who have suffered mental and physical abuse. The legislation was created to strengthen law enforcement agencies' abilities to investigate and prosecute cases of domestic violence, sexual assault, trafficking of noncitizens, and other crimes, while also protecting victims of crimes who have suffered substantial mental or physical abuse due to the crime and are willing to help law enforcement authorities in the investigation or prosecution of the criminal activity USCIS [87]. Unlike VAWA self-petition, the U Visa criteria does not require proof of good moral character unless lawful permanent residence is granted. To be eligible for a U Visa, an individual must 1) be a victim of qualifying criminal activity; 2) suffered substantial physical or mental abuse as a result of having been a victim of criminal activity; 3) have information about the criminal activity. If the individual is under the age of 16 or unable to provide information due to a disability, a parent, guardian, or next friend may possess the information about the crime on the victimized individual's behalf; 4) be helpful, are helpful, or are likely to be helpful to law enforcement in the investigation or prosecution of the crime; and 5) the crime occurred in the United States or violated U.S. laws [87]. Though the U Visa provides some immigrants with some relief and benefits to victimized immigrants, widespread efforts are needed to dismantle the notion of systemic racial injustice in the U.S. immigration laws to increase awareness of adverse effects imposed upon immigrant men.

An important factor to consider is that the U Visa requires the victim to cooperate in the investigation of the criminal act. For some immigrant men, overcoming hurdles of muscularity stereotypes may hinder some men from disclosing victimization due to fear of disbelief or being perceived as the aggressor/perpetrator of the crime. Furthermore, a victim's participation in the investigation of a crime has the propensity of re-traumatization, merely by being around the perpetrator, testifying, recounting details of the trauma, and other psychological distressful factors [21]. U Visa considers certain qualifying criminal activities that can result in trauma-related factors, whether primary or secondary trauma. The quality criminal activities include abduction, abusive sexual contact, blackmail, domestic violence, extortion, false imprisonment, female genital mutilation, felonious assault, fraud in foreign labor contracting, hostage, incest, involuntary servitude, kidnapping, manslaughter, murder, obstruction of justice, peonage, perjury, prostitution, rape, sexual assault, and sexual exploitation [87]. Immigrant victims of notario fraud may qualify for a U Visa if immigrants meet the U Visa criteria and aid law enforcement in apprehending those who prey on the vulnerable immigration population and cause them to suffer mental and physical abuse. Since the U Visa requires victims to assist the government and law enforcement bodies in prosecuting and investigating the criminal activity [7, 23, 57, 60], failure of a victim to cooperate can result in a victim being denied legal status in the U.S. and eligibility to work and live in the U.S. When trauma or violence is associated with a crime or abuse factors, an immigration attorney should request that their clients undergo an immigration psychological evaluation to help strengthen a case and rule out malingering, especially when a client encounters difficulty adequately participating in the investigation of a victimized crime that caused suffering from mental and physical abuse.

14. Prosecutorial Discretion, Adjudication, and Appropriate Decisions

Prosecutorial discretion embedded with fairness, equality, and appropriate standards for immigration proceedings should be key factors to consider when determining whether to continue or discontinue/pause (deferred action) of accrual of unlawful presence. Though deferred action does not grant lawful presence, impartial decisions must be maintained with prosecutorial discretion to ensure the safety and protection of immigrant women facing deportation, including men who break silence to disclose immigration-related abuse, including incidents of domestic violence. Impartial adjudication is of utmost importance when deciding VAWA and U Visa cases associated with immigration-related abuse due to the magnitude of power an adjudicator's decision can have on an immigrant's life, especially when factors of domestic violence involve male victims. Domestic violence is characterized by a pattern of willful acts of abusive behaviors, forced sexual relations, medical neglect and supervision, isolation, humiliation, withholding love, exploitation, deportation threats, and/or emotional, sexual, economic/financial, physical, and psychological/mental

harm by a partner/spouse or family member for control or power over another person that often results in a multitude of fear, injury, humiliation, and other distressful circumstances [21, 30, 60,76, 86, 87]. An important fact to consider is that incidents of domestic violence do not apply to only men abusing women or children and that men can also be victims of domestic violence. Disclosure of domestic abuse to law officials, cooperation with investigations of domestic violence, and other stipulations are required for some U.S. visas. If an immigrant fails to comply with all eligibility requirements, receiving a visa to permanently live and work in the U.S. may be denied [98].

The U.S. Citizenship and Immigration Services, at its discretion, may deny victimized immigrants of various visa eligibility who fail to offer continued assistance upon request and respond to requests for evidence with the U Visa case, after initial cooperation with the authorities [60]. When immigration officials adjudicate a case, officials need to consider that immigrant men endure intense embarrassment, resulting in discouragement to fully report details of domestic violence and victimization given the existence of structural inequities, insecurities, and pessimistic outcomes whereby failure to show credible and adequate evidence can adversely affect a case. Before a final decision on a case, an immigration attorney should recommend that victimized immigrant men, as well as women, undergo an immigration psychological evaluation which is beneficial not only to evaluate a traumatized immigrant's psychological distress, extreme hardships, trauma-related physical symptomatology, and emotional deficits/impairments, but also rule in or rule of malingering in an attempt to receive U.S. immigration benefits [21]. Appropriate immigration measures are needed to eliminate lengthy wait times for VAWA and U Visa cases which may help reduce the psychological and emotional distress experienced by victimized immigrants while waiting for an immigration official's decision. Furthermore, prosecutorial discretion and adjudication must consider the psychological distress and traumatic events of immigrants, without gender-specific categories, to ensure social justice and humanitarian practices for the betterment of not only societal issues associated with women but also immigrant men when making critical and life-changing decisions about immigration cases. Decisions must be impartial and independent of external pressures to ensure equality, fairness, and justice as well as to widen the public's confidence and trust in the U.S. immigration system.

15. Conclusion

The U.S. immigration system has faced tremendous challenges over the last several years and traditional views have shaped perspectives that have created hurdles for some traumatized immigrant men. The level of underrecognized and underreported, yet, unsurprising incidences of shame, abuse, trauma, and embarrassment endured by victimized men of domestic and community violence underscore the necessity of the U.S. immigration and legal systems to have a holistic and gender-neutral perspective when weighing evidence for cases. Though it is widely perceived that the U.S. immigration system criminalizes undocumented immigrants by imposing harsh and punitive penalties, there are U.S. immigration laws that provide some protections to documented and undocumented immigrants, women and men, such as VAWA and U Visa but further advancements are needed to address barriers experienced by abused immigrant men. The VAWA self-petition protection laws broadened to include male victims of immigration-related abuse, in particular, domestic violence which was a major landmark in history. The current measures of VAWA self-petition and U Visa are embedded into law and provide protection, support, safety, and relief for some victimized immigrant men and women. While the VAWA self-petition and U Visas are initial steps to address victimization and pave the way to legal status in the U.S. for immigration benefits, some barriers still exist. Legislators, government agency policymakers, law enforcement authorities, and immigration officials are granted the power to make life-changing decisions and must consider prevailing factors that shape the U.S. immigration system. To enhance prosecutorial and adjudication fairness while promoting streamlined immigration measures, consideration also must focus on post-migration trauma disclosure barriers that differ between men and women. Recognition of systemic factors can contribute to effective resolutions to detect immigration fraudulent/non-fraudulent activities and humanely manage post-migration issues while exploring provisions associated with the enforcement of laws and gender-neutral equality within the U.S. immigration system.

Compliance with ethical standards

Disclosure of conflict of interest

Author(s) have declared that no competing interests exist.

Disclaimer

Author(s) hereby declares that no generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

References

- [1] Abraham, M. (2000). *Speaking the unspeakable: Marital violence among south Asian immigrants in the United States*. New Brunswick, New Jersey: Rutgers University Press.
- [2] Addington, L. (2021). Police response to same-sex intimate partner violence in the marriage equality era, *Criminal Justice Studies*, 33:3, 213-230, DOI: 10.1080/1478601X.2020.1786277
- [3] Alexandra Kredlow, M., Fenster, R.J., Laurent, E.S. et al. Prefrontal cortex, amygdala, and threat processing: implications for PTSD. *Neuropsychopharmacology*, 47, 247–259 (2022). <https://doi.org/10.1038/s41386-021-01155-7>
- [4] Alsinai, A., Reygers, M., DiMascolo, L., Kafka, J., Rowhani-Rahbar, A., Adhia, A., Bowen, D., Shanahan, S., Dalve, K., & Ellyson, A. M. (2023). Use of immigration status for coercive control in domestic violence protection orders. *Frontiers in Sociology*, 8, 1146102. <https://doi.org/10.3389/fsoc.2023.1146102>
- [5] American Bar Association. (2024). Fight Notario Fraud https://www.americanbar.org/groups/public_interest/immigration/projects_initiatives/fightnotariofraud/
- [6] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. 5th ed. Arlington, VA: American Psychiatric Association.
- [7] Aranda, R. (2016). Living in the Shadows: Plight of the Undocumented. *Journal of Clinical Psychology*, 72(8), 795–806. <https://doi.org/10.1002/jclp.22361>
- [8] Awad, G. H., Castellanos, F., Dillard, J. B., & Payne, T. (2021). Coping with trauma: Resilience among immigrants of color in the United States. In P. Tummala-Narra (Ed.), *Trauma and racial minority immigrants: Turmoil, uncertainty, and resistance* (pp. 229–243). American Psychological Association. <https://doi.org/10.1037/0000214-013>
- [9] Ayubi, M., & Satyen, L. (2023). Factors Associated with Intimate Partner Violence Perpetration Among Migrant Men: A Systematic Review. *Trauma, Violence, & Abuse*, 1524d80231178758. <https://doi.org/10.1177/15248380231178758>
- [10] Bates, E. (2017) *Hidden victims: men and their experience of domestic violence*. In: 5th National Conference on Male Victims of Domestic Abuse: Surviving Domestic Abuse: Experiences, Services and Solutions, 21 November 2017, London, United Kingdom.
- [11] Bates, E (2020) “Walking on egg shells”: a qualitative examination of men’s experiences of intimate partner violence. *Psychology of Men and Masculinities* 21, 13–24. doi: 10.1037/men0000203
- [12] Borjas, G., & Cassidy, H. (2019). The wage penalty to undocumented immigrants. *Labour Economics*, 61, <https://doi.org/10.1016/j.labeco.2019.101757>
- [13] Budiman, A. (2020). Key findings about U.S. immigrants. Pew Research Center. <https://www.pewresearch.org/short-reads/2020/08/20/key-findings-about-u-s-immigrants/>
- [14] Bustamante, L. H., Cerqueira, R. O., Leclerc, E., & Brietzke, E. (2017). Stress, trauma, and posttraumatic stress disorder in migrants: a comprehensive review. *Brazilian Journal of Psychiatry*, 40, 220-225.
- [15] Capps, R., Bachmeier, J., & Van Hook J. (2018). Estimating the characteristics of unauthorized immigrants using U.S. census data: combined sample multiple imputation. *Annual American Academy of Political Science*, 677, 165–79.
- [16] Carter, R. T., Kirkinis, K., & Johnson, V. E. (2020). Relationships between trauma symptoms and race-based traumatic stress. *Traumatology*, 26(1), 11–18. <https://doi.org/10.1037/trm0000217>
- [17] Carter, R. T., & Kirkinis, K. (2021). Differences in Emotional Responses to Race-Based Trauma among Black and White Americans. *Journal of Aggression, Maltreatment & Trauma*, 30(7), 889–906. <https://doi.org/10.1080/10926771.2020.1759745>
- [18] Cepeda A., Negi N., Nowotny K., Arango J., Kaplan C., Valdez A. In: *Punishing Immigrants: Policy, Politics, and Injustice*. Kubrin C.E., Zatz M.S., Martinez R., editors. New York University Press; New York: 2012. Social stressors, special vulnerabilities, and violence victimization among Latino immigrant day laborers in post-Katrina New Orleans; pp. 207–231.
- [19] Conner, P., & Lopez, G. (2016). 5 facts about the U.S. rank in worldwide migration. <https://www.pewresearch.org/short-reads/2016/05/18/5-facts-about-the-u-s-rank-in-worldwide-migration/>

- [20] Cossman, S. (2022). Nefarious Notarios: Responding to Immigration Scams as White Collar Crime as a Matter of Public Policy. *Refugee Law & Migration Studies Brief*, 1(2), 1.
- [21] Cuthrell, K.M. (2023). Trauma-Informed Legal Advocacy: Medicolegal Approaches & Best Practices for Immigration Attorneys. *International Neuropsychiatric Disease Journal*, 20(2), 62-74.
- [22] Drijber, B, Reijnders, U., & Ceelen, M. (2013). Male Victims of Domestic Violence. *Journal of Family Violence*, 28, 173–178. <https://doi.org/10.1007/s10896-012-9482-9>
- [23] Farb, J. (2007). The U Visa unveiled: Immigrant crime victims freed from limbo. *Human Rights Brief*, 15(1), 6.
- [24] Freemon, K. R., Gutierrez, M. A., Huff, J., Cheon, H., Choate, D., Cox, T., & Katz, C. M. (2022). Violent victimization among immigrants: Using the National Violent Death Reporting System to examine foreign-born homicide victimization in the United States. *Preventive medicine reports*, 26, 101714. <https://doi.org/10.1016/j.pmedr.2022.101714>
- [25] Gehring, K., & Vaske, J. (2017). Out in the open: The consequences of intimate partner violence for victims in same-sex and opposite-sex relationships. *Journal of interpersonal violence*, 32(23), 3669-3692.
- [26] Grace B., Bais R., Roth B. (2018). The violence of uncertainty — Undermining immigrant and refugee health. *New England Journal of Medicine*, 379(10):904–905. doi: 10.1056/nejmp1807424.
- [27] Graham, P., Yaros, A., Lowe, A., & McDaniel, A. (2017) Nurturing Environment for Boys and Men of Color with Trauma Exposures. *Clinical Child and Family Psychology, Review*, 20, 105-116.
- [28] Graham-Bermann, S., & Levendsodky, A. (1998). Traumatic Stress Symptoms in Children of Battered Women. *Journal of Interpersonal Violence*, 13(1), 111-128. <https://doi.org/10.1177/088626098013001007>
- [29] Greensberg, M. (2018). How PTSD and Trauma Your Brain Functioning. *Psychology Today*. <https://www.psychologytoday.com/us/blog/the-mindful-self-express/201809/how-ptsd-and-trauma-affect-your-brain-functioning>
- [30] Grosh, O. (2011). Foreign Wives, Domestic Violence: U.S. Law Stigmatizes and Fails to Protect Mail-Order Bridges. *Hastings Women’s LJ*, 22, 81.
- [31] Gubernskaya, Z., & Dreby, J. (2017). U.S. immigration policy and the case for family unity. *Journal on Migration and Human Security*, 5(2), 417–430.
- [32] Guerra, M. D. (2011). Lost in Translation: Notario Fraud-Immigration Fraud. *JCR & Economic Development*, 26, 23.
- [33] Halcón, L. L., Robertson, C. L., Savik, K., Johnson, D. R., Spring, M. A., Butcher, J. N., Westermeyer, J. J., & Jaranson, J. M. (2004). Trauma and coping in Somali and Oromo refugee youth. *Journal of Adolescent Health*, 35(1), 17–25. <https://doi.org/https://doi.org/10.1016/j.jadohealth.2003.08.005>
- [34] Han, J. (2020). Does skin tone matter? Immigrant mobility in the US labor market. *Demography*, 57(2), 705-726.
- [35] Hanson, A. (2010). The U Visa: Immigration law's best kept secret. *Arkansas Law Review*, 63, 177.
- [36] Harris, C. and Feldmeyer, B. (2013). “Latino Immigration and White, Black, and Latino Violent Crime: A Comparison of Traditional and Non-Traditional Immigrant Destinations.” *Social Science Research*, 42, 202–216.
- [37] Harris K. M., Florey F., Tabor J., Bearman P. S., Jones J., Udry J. R. (2003). *The National Longitudinal Study of Adolescent Health: Research design*. Retrieved from <http://www.Cpc.Unc.edu/projects/addhealth/design>
- [38] Harvard Medical School, 2007. National Comorbidity Survey (NCS). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 2: 12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort.
- [39] Harvard Medical School, 2007. National Comorbidity Survey (NCS). (2017, August 21). Retrieved from <https://www.hcp.med.harvard.edu/ncs/index.php>. Data Table 1: Lifetime prevalence DSM-IV/WMH-CIDI disorders by sex and cohort
- [40] Hass, G. A., Ammar, N., & Orloff, L. (2006). Battered immigrants and U.S. citizen spouses. *Legal Momentum*, 24, 1-10.
- [41] Helpman, L., Zhu, X., Suarez-Jimenez, B., Lazarov, A., Monk, C., & Neria, Y. (2017). Sex Differences in Trauma-Related Psychopathology: a Critical Review of Neuroimaging Literature (2014-2017). *Current psychiatry reports*, 19(12), 104. <https://doi.org/10.1007/s11920-017-0854-y>

- [42] Hersch, J. (2011). The persistence of skin color discrimination for immigrants, *Social Science Research*, 40 (5), 1337-1349. <https://doi.org/10.1016/j.ssresearch.2010.12.006>.
- [43] Hines, D. (2015). Overlooked Victims of Domestic Violence: Men. *International Journal for Family Research and Policy*, 1(1). Retrieved from <https://ijfrp3.journals.yorku.ca/index.php/ijfrp/article/view/39581>
- [44] Hing, B. O. (2009). Institutional racism, ICE raids, and immigration reform. *USFL Rev.*, 44, 307.
- [45] Hoang, L. A., & Yeoh, B. S. (2011). Breadwinning wives and “left-behind” husbands: Men and masculinities in the Vietnamese transnational family. *Gender & Society*, 25(6), 717-739.
- [46] Hourani, J., Block, K., Phillimore, J., Bradby, H., Ozcurumez, S., Goodson, L., & Vaughan, C. (2021). Structural and symbolic violence exacerbates the risks and consequences of sexual and gender-based violence for forced migrant women. *Frontiers in Human Dynamics*, 3, 769611.
- [47] Ingram, M., McClelland, D. J., Martin, J., Caballero, M. F., Mayorga, M. T., & Gillespie, K. (2010). Experiences of immigrant women who self-petition under the Violence Against Women Act. *Violence against Women*, 16(8), 858–880. <https://doi.org/10.1177/1077801210376887>
- [48] Kaltman, S., Hurtado de Mendoza, A., Gonzales, F. A., Serrano, A., & Guarnaccia, P. J. (2011). Contextualizing the trauma experience of women immigrants from Central America, South America, and Mexico. *Journal of Traumatic Stress*, 24(6), 635–642. <https://doi.org/10.1002/jts.20698>
- [49] Kessler, R., Aguilar-Gaxiola, S., Alonso, J. et al (2017). Trauma and PTSD in the WHO World Mental Health surveys, *Europe Journal of Psychotraumatol*, 8 (sup5): 1353383.
- [50] Khan, S., & Haque, S. (2021). Autobiographical memory impairment among Rohingya refugee people: roles of direct and indirect trauma exposures and PTSD symptom severity. *Cognition & Emotion*, 35(8), 1573–1587. <https://doi.org/10.1080/02699931.2021.1990018>
- [51] Khan, A.R., Ratele, K. & Arendse, N. (2020). Men, Suicide, and Covid-19: Critical Masculinity Analyses and Interventions. *Postdigit Science Education* 2, 651–656. <https://doi.org/10.1007/s42438-020-00152-1>
- [52] Kulke, S. (2024). Immigrants are significantly less likely to commit crimes than the U.S.-born. *Northwestern Education*. <https://news.northwestern.edu/stories/2024/03/immigrants-are-significantly-less-likely-to-commit-crimes-than-the-us-born/>
- [53] Longazel, J. G., & Fleury-Steiner, B. (2013). Beware of notarios: Neoliberal governance of immigrants as crime victims. *Theoretical Criminology*, 17(3), 359-376.
- [54] MacIntyre, M. M., Zare, M., & Williams, M. T. (2023). Anxiety-Related Disorders in the Context of Racism. *Current Psychiatry Reports*, 25(2), 31–43. <https://doi.org/10.1007/s11920-022-01408-2>
- [55] Martin, P., & Midgley, E. (1999). *Immigration to the United States (Vol. 54, Issue 2)*. Population Reference Bureau Washington, DC.
- [56] May, C. L., & Wisco, B. E. (2016). Defining trauma: How level of exposure and proximity affect risk for posttraumatic stress disorder. *Psychological Trauma : Theory, Research, Practice and Policy*, 8(2), 233–240. <https://doi.org/10.1037/tra0000077>
- [57] McCabe, E., & Orloff, L. E. (2014). Comparison Chart of VAWA and U Visa Immigration Relief. American University, Washington College of Law. [https://pennstatelaw.psu.edu/sites/default/files/documents/pdfs/McCabe et al - Comparison Chart of VAWA and U Visa Immigrant Relief %28NIWAP June 2014%29.pdf](https://pennstatelaw.psu.edu/sites/default/files/documents/pdfs/McCabe%20et%20al%20-%20Comparison%20Chart%20of%20VAWA%20and%20U%20Visa%20Immigrant%20Relief%20NIWAP%20June%202014.pdf)
- [58] Miroff N, Sacchetti M, Hauslohner A, & Hernández AR (2020, December 2). Biden’s policies on immigration. *The Washington Post*. <https://www.washingtonpost.com/graphics/2020/politics/biden-immigration>
- [59] Nadim, M. (2016). Undermining the male breadwinner ideal? Understandings of women’s paid work among second-generation immigrants in Norway. *Sociology*, 50(1), 109-124.
- [60] Nanasi, N. (2017). The U Visa’s Failed Promise for Survivors of Domestic Violence. *Yale JL & Feminism*, 29, 273.
- [61] National Institute of Mental Health. (n.d.). Post-traumatic Stress Disorder. <https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd>
- [62] Nawsy, S. & Park, J. (2016). Gendered segmented assimilation: earnings trajectories of African immigrant women and me. *Ethnic and Racial Studies*, 42, 216-234. <https://doi.org/10.1080/01419870.2017.1400085>

- [63] NeMoyer, A., Rodriguez, T., & Alvarez, K. (2019). Psychological practice with unaccompanied immigrant minors: Clinical and legal considerations. *Translational Issues in Psychological Science*, 5(1), 4.
- [64] Olf, M., & Langeland, W. (2022). Why Men and Women May Respond Differently to Psychological Trauma. *Psychiatric Times*, 11-13.
- [65] Orloff L., & Sullivan K., (2004). *Breaking barriers: A Complete guide to legal rights and resources for battered immigrants*. Washington, D.C.: Legal Momentum.
- [66] Orloff, L. (2014). *VAWA Confidentiality: History, Purpose, DHS Implementation and Violations of VAWA Confidentiality Protections*. Washington, DC: National Immigrant Women’s Advocacy Project, American/
- [67] Ornelas, I., Yamanis, T., & Ruiz, R. (2020). The health of undocumented Latinx immigrants, What we know and future directions. *Annual Review of Public Health*, 2 (41), 287–308. doi: 10.1146/annurev-publhealth-040119-094211
- [68] Ortiz Maddali, A. (2016). Left behind: The dying principle of family reunification under immigration law. *U. Mich. JL Reform*, 50, 107.
- [69] Ousey, G., & Kubrin, C. (2009). “Exploring the Connection Between Immigration and Violent Crime Rates in U.S. Cities 1980–2000.” *Social Problem*, 56:447–473
- [70] Psychological Trauma. *Psychiatric Times*, 39, 11-13. Parker, M. J. (2022). *Understanding Green Card Marriage Fraud by Malgorzata Zuber*: Maryland: Rowman & Littlefield Publishing Group, Inc.
- [71] Passel, J. & Cohn, D. (2018). U.S. unauthorized immigrant total dips to lowest level in a decade. Pew Research Center, *Hispanic Trends*. <https://www.pewresearch.org/hispanic/2018/11/27/u-s-unauthorized-immigrant-total-dips-to-lowest-level-in-a-decade/>
- [72] Pew Research Center, (2024). *How Americans View the Situation at the U.S.-Mexico Border, Its Causes and Consequences*. <https://www.pewresearch.org/politics/2024/02/15/how-americans-view-the-situation-at-the-u-s-mexico-border-its-causes-and-consequences/>
- [73] Pieterse, A. L., Johnson, V., & Carter, R. T. (2024). The relationship between posttraumatic stress disorder and race-based traumatic stress. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(2), 208–216. <https://doi.org/10.1037/tra0001528>
- [74] Pirkis, J., Spittal, M. J., Keogh, L., Mousaferiadis, T., & Currier, D. (2017). Masculinity and suicidal thinking. *Social Psychiatry and Psychiatric Epidemiology*, 52, 319–327. <https://doi.org/10.1007/s00127-016-1324-2>.
- [75] Quinto, O. (2013). In a desert selling water: Expanding the U Visa to victims of notario fraud and other unauthorized practices of law. *Rutgers Race & L. Rev*, 14, 203.
- [76] Rai, A., & Choi, Y. J. (2021). Domestic Violence Victimization among South Asian Immigrant Men and Women in the United States. *Journal of Interpersonal Violence*, 37(17–18), NP15532–NP15567. <https://doi.org/10.1177/08862605211015262>
- [77] Rooji, S., Stevens, J., Ely, T., Hinrichs, R., Michopoulos, V., Winters, S., Ogbonmwan, Y., Nugent, M, Hudak, L, ROthbaum, B, Ressler, K, & Jovanoic, T. (2018). The Role of the Hippocampus in Predicting Future Posttraumatic Stress Disorder Symptoms in Recently Traumatized Civilians, *Biological Psychiatry*, 84, (2) 06-115. ISSN 0006-3223, <https://doi.org/10.1016/j.biopsych.2017.09.005>.
- [78] Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing*, 28(1), 152–161.
- [79] Scott-Storey, K., et al., (2022). What About Men? A Critical Review of Men’s Experiences of Intimate Partner Violence- Trauma, *Violence & Abuse*. 24(2), 858-872.
- [80] Song, S. J., Kaplan, C., Tol, W. A., Subica, A., & de Jong, J. (2015). Psychological distress in torture survivors: Pre- and post-migration risk factors in a US sample. *Social Psychiatry and Psychiatric Epidemiology*, 50(4), 549–560. Shumam, A., & Bohmer, C. (2004). Representing trauma: Political asylum narrative. *Journal of American Folklore*, 117(466), 394–414.
- [81] Street, A. & Dardis, C. (2018). Using a social construction of gender lens to understand gender differences in posttraumatic stress disorder. *Clinical Psychology Review*, 66, 97-105.

- [82] Tjaden T, & Thoennes N (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence against Women*, 6, 142–161. doi: 10.1177/10778010022181769
- [83] Theisen-Womersley, G., & Theisen-Womersley, G. (2021). Trauma and Migration. *Trauma and Resilience Among Displaced Populations: A Sociocultural Exploration*, 1, 29–65. https://doi.org/10.1007/978-3-030-67712-1_2
- [84] Tsankov, M. E., & McShiras, P. (2013). Domestic violence protections for unauthorized migrant victims in Colorado: A federal-state partnership. *Denv. UL Rev.*, 91, 617.
- [85] Tummala-Narra, P. (2020). The fear of immigrants. *Psychoanalytic Psychology*, 37(1), 50-61.
- [86] USCIS. (2022). Questions and Answers: Abused Spouses, Children, and Parents Under the Violence Against Women Act (VAWA). <https://www.uscis.gov/humanitarian/abused-spouses-children-and-parents/questions-and-answers-abused-spouses-children-and-parents-under-the-violence-against-women-act-vawa>
- [87] USCIS. (2024). Victims of Criminal Activity: U Nonimmigrant Status. <https://www.uscis.gov/humanitarian/victims-of-criminal-activity-u-nonimmigrant-status>
- [88] Vaughn MG, Salas-Wright CP, Quian Z, and Wanga J. 2015. "Evidence of a Refugee Paradox' for Antisocial Behavior and Violence in the United States." *J Forensic Psychiatry Psychology*, 26: 624–631
- [89] Vaughn, M., Salas-Wright, C., Cooper-Sadlo, S., & Larson M. (2015). "Are Immigrants More Likely than Native-Born Americans to Perpetrate Intimate Partner Violence?" *Journal of Interpersonal Violence*, 30, 1888–1904.
- [90] Walker A, Lyall K, Silva D, Craigie G, Mayshak R, Costa B, Hyder S, & Bentley A (2020). Male Victims of Female-Perpetrated Intimate Partner Violence, Help- Seeking, and Reporting Behaviors: A Qualitative Study. *Psychology of Men & Masculinities*, 21, 213–223. doi: 10.1037/men0000222
- [91] Wallace S, Wallace C, Kenkre J, Brayford J, & Borja S (2019). An Exploration of the Needs of Men Experiencing Domestic Abuse: An Interpretive Phenomenological Analysis. *Partner Abuse*, 10, 243–261. doi: 10.1871/1946-6560.10.2.243
- [92] Walsh, H. (2022). It's time to Protect Undocumented Men Abuse from Abuse by Their Spouses. *Newsweek*. <https://www.newsweek.com/its-time-protect-undocumented-men-abuse-their-spouses-opinion-1726879>
- [93] Wamser-Nanney, R., & Cherry, K. E. (2018). Children's trauma-related symptoms following complex trauma exposure: Evidence of gender differences, *Child Abuse & Neglect*, 77, 188-197.
- [94] Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a *DSM-5* framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242–260. <https://doi.org/10.1037/pri0000076>
- [95] WomenLaw. (2024). Male Victims. <https://www.womenslaw.org/about-abuse/abuse-specific-communities/male-victims/abuse-against-men/what-types-abuse-do-men-suffer>
- [96] Xie, M., & Baumer, E. P. (2021). Immigrant Status, Citizenship, and Victimization Risk in the United States: New Findings from the National Crime Victimization Survey (NCVS). *Criminology: an interdisciplinary journal*, 59(4), 610–644. <https://doi.org/10.1111/1745-9125.12278>
- [97] Yoshihama, M. (2009). "Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices, and Recommendations." Robert Wood Johnson Foundation Report. (<https://folio.iupui.edu/handle/10244/788>).
- [98] Makutam, V., S. Achanti, and M. Doostan, Integration Of Artificial Intelligence In Adaptive Trial Designs: Enhancing Efficiency And Patient-Centric Outcomes. *International Journal of Advanced Research*, 2024. 12: p. 205-215.