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Review

Systems and subversion: A review of structural violence and im/migrant health

S. Guillot-Wright[1], E. Cherryhomes[1], L. Wang[2] and M. Overcash[2]

Abstract

Im/migrants in the United States are at heightened risk for a host of adverse behavioral, mental, and physical health disparities, which increase their vulnerability to disease and death. Our review of the literature shows how their health disparities are linked to structural factors that can limit their access to political, legal, and economic resources and manifest at different levels of social influence. However, scholars studying structural violence also show how im/migrants simultaneously are subject to and subvert structural violence. Efforts to address health inequities and learning how to dismantle structural violence must center im/migrant experiences and voices.

Addresses

[1] Dept of Family Medicine and Center for Violence Prevention, University of Texas Medical Branch, Galveston, TX, USA

[2] School of Medicine, University of Texas Medical Branch, Galveston, TX, USA

Corresponding author: Guillot-Wright, S (spguillo@UTMB.EDU)

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Structural violence, Im/migration, Health equity, Resistance.

Introduction

Im/migrants in the United States (US), including refugees, asylum-seekers, and migrant workers, are at heightened risk for a host of adverse behavioral, mental, and physical health disparities, including diabetes, chronic liver disease, kidney disease, alcohol misuse, suicidal ideation, depression, and increased risk of sexual violence victimization [1–3]. Systemic factors like dangerous working conditions, limited access to safe and secure employment, inequitable access to quality education, and little to no health care access play a role in their heightened vulnerability to disease and death [2,4]. Given the increased attention on im/migrant health, essential migrant workers, and structural-social determinants of health (SDoH) during the COVID-19 pandemic, we review recent literature on structural violence through the lens of im/migrant health to examine: 1) the nature of structural violence, 2) health impacts of structural violence, and 3) subverting structural violence (see Figure 1).

Structural violence refers to the way that systems are designed to disadvantage some for the benefit of others, which privileges one person or group to the detriment of another person or group [4,5]. Subsequently, people are held responsible for their disadvantage instead of the social origins of their disadvantage [5–7]. Structural violence, however, is not one-dimensional, and people can experience its impact while also subverting it. Therefore, we sought to understand a fuller embodiment of structural violence as a continuum that produces disadvantages leading to inequitable access to resources, yet people's ability to resist systems should be more readily discussed and celebrated as a way to show their full humanity.

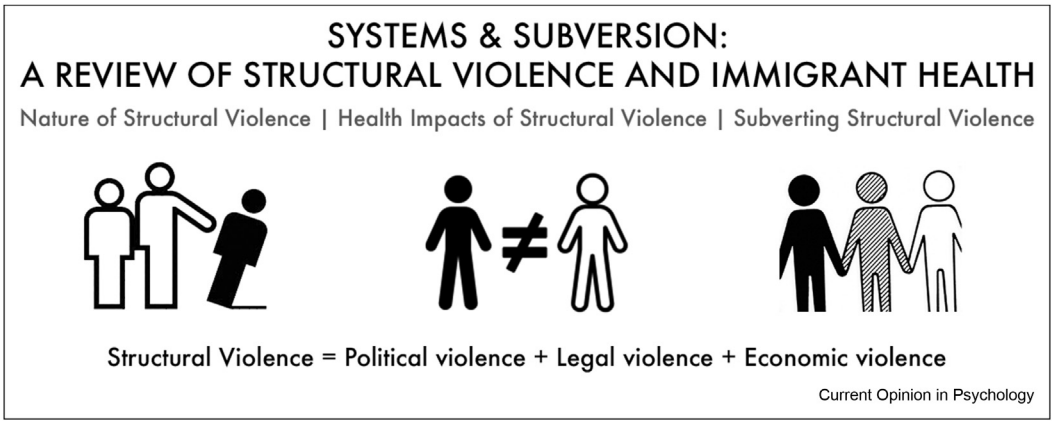
Nature of structural violence

Our review of the literature shows how structural violence is realized through political, legal, and economic frameworks [8,9].

Political

Im/migrants have long been part of political discourse in the US and are often the targets of xenophobic, racist, and classist narratives. The most common and reoccurring narratives are focused on im/migrants as burdens to the US economy, such as former President Trump's America First program that increased immigration restrictions using the discourse of protecting American workers. Historically, the Mexican Repatriation of 1929–1936 or the Chinese Exclusion Act of 1882 banned laborers for fear of job competition [8,10]. Political violence can also take shape in the form of war and conflict (e.g., gang violence) [11].

Figure 1



An illustration of the embodiment of and resistance to structural violence experienced by immigrants in the US due to political, legal, and economic violence.

Legal

Restrictive laws and policies often stem from xenophobic narratives, including detention and deportation, citizenship documentation requirements (i.e., SB 1070 "show me your papers" legislation), and limited healthcare infrastructures [12,13]. For instance, beginning in 2017, the US government implemented a "zero tolerance" policy targeting migrants and asylum-seekers [14]. The policy allowed children to be separated from their parents without due process or a reunification plan [14]. Detention, or incarceration, is another form of legal violence. There are approximately 137 private-for-profit detention centers nationwide, which subcontract medical care to third-party organizations that are difficult to regulate [15]. Detention can last upwards of four years without due process in conditions worse than those the im/migrants fled [15,49]. In addition, policies that grant im/migrants rights, such as Deferred Action for Childhood Arrivals or DACA, can also be destabilizing because of the potential to have identifying information used against them in deportation procedures if the program is terminated.

Economic

Economic violence against im/migrants results from unfair labor and environmental practices. Unfair labor practices include precarious employment, which refers to jobs that are unstable and unpredictable, leading to economic insecurity, irregular schedules, hazardous working conditions, and a lack of benefits or protections [4]. Im/migrant workers who experienced precarious employment, both documented and undocumented, were more likely to experience wage theft and unsafe labor practices [10] as well as experience food insecurity and an inability to pay for healthcare due to low wages [16]. Unfair labor practices also included a lack of safety accommodations. Im/migrants reported that employment sites lacked COVID-19 accommodations, such as masks, gloves, hand sanitizer, and daily health checks or work-from-home options [16]. Environmental practices included the disproportionate rate that im/migrants were exposed to pollution or chemicals, often due to their housing and work situations. For example, migrant farmworkers were exposed to pesticides through their work as well as the proximity of their homes to agricultural fields [8], and refugees were often resettled into neighborhoods that had higher rates of violence and limited financial resources [17].

Health impacts of structural violence

The implications of structural violence on im/migrants' mental and physical health included symptoms of depression, anxiety, and stress, as well as substance use and worsened acute and chronic conditions [8,9,18,19]. In short, immigration policies are a SDoH [20]. Policies that resulted in limited health care options, deportation, detention, and economic insecurity have increased emotional distress among documented and undocumented im/migrants [13,21].

Political violence that stems from war and conflict resulted in higher rates of interpersonal violence for im/migrant and refugee women. Survivors of interpersonal violence reported a range of acute and chronic mental and physical health impacts, severe physical injury, and mental health risks [11,22]. Im/migrant survivors of interpersonal violence said they did not know where to turn for help, did not know where service providers were, or did not understand pathways to receive help [23]. Political rhetoric, particularly under the Trump administration, was responsible for increased experiences of oppression for transgender im/migrants, such as perceptions of discrimination, violence, and surveillance by society and law enforcement, resulting in mental

health impacts consistent with depression [24]. High rates of trauma, violence, and psychiatric disorders were shown for asylum-seekers after the Trump administration signed an agreement that led to the removal of asylum-seekers to Northern Triangle Countries [25]. This policy forced thousands to abandon their asylum claims and subjected them to life-threatening conditions such as trafficking, torture, rape, and murder [25]. Anti-immigration rhetoric also generated fear, influencing behaviors like delaying medical care, ceasing welfare benefit programs, and decreasing enrollment in health programs [24,26,27].

Researchers found that *legal violence* through certain immigration policies put Latinx farmworkers at higher risk of substance dependence [28] and migration-related trauma led to issues such as poor attachment, decreased capacity to regulate emotions, and increased fear of learning among children [29]. Policies also undermined Latina im/migrants' community roles and created exploitative relationships [13]. Familial separation at the border was linked to suicide [14], and time spent in US detention centers met the criteria of torture, resulting in trauma, anxiety, depression, and suicidal ideation [30,31]. Notably, there is documented medical neglect in detention centers, ranging from not giving people medications to taking medications away as well as not being unable to adequately curb the spread of COVID-19 [15]. Other policies that can be categorized as legal violence indirectly harmed im/migrants' mental and physical health, such as the high cost of healthcare and the complexity of the healthcare system [32,33].

The *economic violence* that im/migrants faced stemmed from unfair labor and environmental practices and was embodied through food insecurity, resulting in psychological distress [34] and associated with adverse mental health outcomes [27]. Exploitative and precarious jobs caused bodily injury and mental strain for entire households, including adult children who witnessed parents in abusive labor conditions [35]. Economic violence was also linked to (1) increases in COVID-19 exposure and infection, particularly for farmworkers who were primarily brown and Black im/migrants [36], (2) self-medication among workers who were fearful of seeking healthcare services for fear of job loss [4], and (3) pesticide exposure and housing conditions that were associated with poorer mental health and physical function [8]. In addition, neoliberal economic policies and their subsequent anthropogenic environmental disasters have exploited the precarity of im/migrant workers during disaster recovery processes [6].

Subverting structural violence

Structural violence for im/migrants is manifested through policies that put them at an increased risk of violence exposure [37] (see Table 1). As described, policies that create detention and deportation without due process or that allow for companies to engage in precarious and exploitative employment practices impact im/migrant health, from chronic disease to suicidal ideation, and this happens at different levels of social influence, such as through political, legal, and economic systems. However, im/migration scholars study not only the negative impacts of policy, but also the ways people subvert stereotypes as well as use coping mechanisms to produce more resiliency. Describing im/migrants only as products of structural violence reifies certain public narratives while also discounting their many experiences, backgrounds, and support systems. Historical roots of colonialism are not only realized through exploitative labor practices that exclude certain workers from health and labor protections [36] but also through narratives that omit forms of resistance that look different than those of white cisgender heterosexual people [38].

Studies show that many im/migrants resist structural norms through familial and community support. In this way, the impacts of structural violence are dismantled at various levels of social influence. Of note, the studies our team reviewed described how im/migrants resist or subvert structural violence, although the im/migrants themselves did not always use the language of resistance or subversion. For example, a study among Latinx transgender people found that hoping for a better future, pride in one's identity, and avoiding politics to take care of their own mental health needs countered their experiences of structural violence [24]. For Latinx children during the COVID-19 pandemic, protective factors against structural inequities included religiosity, spirituality, and familismo (i.e., dedication, commitment, and loyalty to family) [27]. Muslim participants who experienced structural violence because of their religion also found the same religion to be a source of strength by connecting them to their family and community [39,40]. Latin American survivors of interpersonal violence, using a mix of secular and evangelical Christian exercises, found meaning in their suffering instead of being "perpetually suspended in their trauma" by one-dimensional narratives of "social suffering" or "structural vulnerability" [41,42].

Recommendations for future work

US im/migrants are at substantial risk for experiencing structural violence. This fact is true across immigration status, such as a migrant worker, refugee, or asylum-seeker; ethnic identity, such as Latinx, Chinese, African, Filipino, or Vietnamese; religious identity, such as Christian or Muslim; and sexual and gender identity, such as male, female, heterosexual, or LGBTQ+ [43,44]. However, levels of risk, specific experiences, and forms of resistance manifest differently.

Table 1

Health outcomes associated with structural violence grouped by demographics.

Demographic group	Type(s) of structural violence experienced	Health outcomes
Seafood workers	Economic violence (e.g., lack of coverage, financial and language barriers)	High fatality rates [3]
Filipino seafarers	Economic violence (e.g., precarious employment)	Decreased healthcare-seeking behaviors, increased health disparities [4]
Latinx farmworkers	Political violence (e.g., environmental microaggressions) and economic violence (e.g., crowded housing and a lack of COVID-19 employment accommodations, exploitative labor practices)	Depression and anxiety symptoms [8]; more severe COVID-19 symptoms [16,36]; substance use [18]
Latinx children	Political violence, legal violence, (e.g., experiences in US detention centers), and economic violence	Anxiety and depression [27]; severe physical and psychological pain or suffering [31]; trauma [50]
Latinx transgender people	Political violence (e.g., sociopolitical climate under the Trump administration) and legal violence (e.g., experiences in US detention centers)	Depression symptoms [24]; trauma, anxiety, depression, and suicidal ideation [30]
Asylum seekers from El Salvador, Guatemala, and Honduras	Legal violence (e.g., Asylum Cooperative Agreements signed by the Trump administration)	High rates of trauma, violence, and psychiatric disorders [25]
First- and second-generation Somali young adults	Economic violence (e.g., resettlement to neighborhoods with higher rates of violence)	Post-traumatic stress disorder symptoms [17]
Undocumented college students	Political violence (e.g., discrimination), legal violence (e.g., threat of deportation), and economic violence (e.g., economic insecurity)	Depression and anxiety symptoms [21]
Mixed-status families	Legal violence (e.g., policing and border surveillance) and economic violence (e.g., exploitive and precarious jobs)	Chronic stress, psychological anguish, stomach issues, and avoidance of medical care in fear of deportation [35]
US Latinx populations, generally	Political violence (e.g., xenophobia), legal violence (e.g., immigration policies and enforcement actions; limited health care infrastructure; medical neglect and linguistic isolation in detention) and economic violence (e.g., food insecurity; increased psychological distress)	Higher rates of Type 2 Diabetes [12]; depression, anxiety, fear, and stress symptoms [9,13,15,26,44]; PTSD [15]; more severe COVID-19 physical and mental health symptoms [9,22]; substance use [18,28]; HIV/AIDS, and violence victimization [18]

Future work should take a more intersectional approach to understand im/migrant experiences and how people resist violence, which can help change public narratives [10,12] as well as the development of interventions at a local level [11]. Tellingly, research has been limited on understanding how im/migrants subvert and resist structural violence. An intersectional approach can show how different identities combine to create discrimination as well as privilege and provide a more complete picture of im/migrants as whole persons with similar and divergent experiences. Scholars should also ensure that their research is accessible to policymakers by improving the flow of knowledge between researchers and decision-makers [45]. Policies that need to be better understood and changed include how im/migrant care is funded for hospitals, such as including them in publicly funded indigent care programs or offering self-pay discounts [12]; the H-2A and H-2B visa program, which currently undermines the rights and full humanity of im/migrant workers [36]; and detention and deportation.

Im/migration services that protect against structural violence and enhance resiliency can also be improved by providing culturally relevant trainings and trauma informed service providers [11,46,47], strengthening legal protections [11], enhancing technology services, such as internet access and technology proficiency [48], and offering resettlement counseling and advocacy to identify safe and stable housing [17]. However, we also acknowledge that these enhancements require funding [10] and an influx of resources [18,34]. Importantly, im/migrants will need to be deeply involved in this work and shape the interventions [3,10,39]. Clinicians or other service providers working with im/migrants to address health disparities and inequities must center their experiences [25,50].

Conflict of interest statement

Nothing declared.

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Papers of particular interest, published within the period of review, have been highlighted as:

* of special interest
** of outstanding interest

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2. Hansen E, Donohoe M: **Health issues of migrant and seasonal farmworkers**. *J Health Care Poor Underserved* 2003, **14**: 153–164, https://doi.org/10.1177/1049208903014002001.

3. Guillot-Wright S, Farr NM, Cherryhomes E: **A community-led mobile health clinic to improve structural and social determinants of health among (im) migrant workers**. *Int J Equity Health* 2022, **21**:1–7.

4. * Guillot-Wright S: **'The company will fire you because you are too expensive': a photo-ethnography of health care rights among Filipino migrant seafarers**. *Humanit Soc Sci Commun* 2021, **8**:1–10.

Using photo-ethnography, it was revealed that Filipino seafarers routinely underreport adverse work and health conditions for fear of losing future work contracts. Neoliberal policies like short-term contracts helped create a system where migrant workers self-medicated, leading to decreased healthcare-seeking behaviors and increased health disparities.

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Drawing from a critical race perspective, the authors used an interdisciplinary approach to create an Environmental Microaggression Scale focused on Latinx farmworkers' experiences. Data from 90 rural Latinx farmworkers partly supported their hypotheses that Latinx farmworkers experience prejudice and discrimination through environmental microaggressions (EMs) and such farmworker-specific EMs are associated with health. Their findings revealed patterns of association with depression and anxiety symptoms and physical function, supporting the need to examine the intersection of systemic forces like classism and racism in the lives of Latinx farmworkers.

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This literature review explored how structural disadvantages for immigrants are systematically codified through law. The authors reported that governmental and institutional policies affect immigrant health through three key pathways: formal racialization, informal racialization, and economic exploitation and disinvestment. Their proposed pathways showing the effect of structural racism on immigrant health offer a powerful intersectional lens for future research and policy.

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Researchers use Type 2 Diabetes (T2D) data alongside theoretical conceptions of health disparities to understand how structural violence and syndemic conceptions create toxic, chronic stress that leads to higher rates of T2D among US Latinx immigration populations. They discuss policy solutions for the health inequities created by structural violence, such as including immigrants in hospitals publicly funded indigent care programs, implementing self-pay discounts, and changing anti-immigrant public narratives.

13. * Cervantes AG, Menjívar C: **Legal violence, health, and access to care: Latina immigrants in rural and urban Kansas**. *J Health Soc Behav* 2020, **61**:307–323, https://doi.org/10.1177/0022146520945048.

Researchers conducted an ethnography with rural and urban Latina immigrants to understand how immigration enforcement and limited health care infrastructures (i.e., legal violence) manifested in health, access, and community participation. They found that fear and anxiety not only have physical and mental health consequences, but also

undermine the women's community role and create exploitative relationships.

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The authors used an online cross-sectional survey of staff working at Latino-serving organizations to assess the resources available to Latino immigrants in Philadelphia in the face of the syndemic formed by substance abuse, violence victimization, HIV/AIDS, and mental health (SAVAME). Their results highlight the lack of support and resources for mental health and substance use for Latino immigrants, offering a framework to improve resource access and reduce the disproportionate impact of SAVAME.

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Using a survey of 1277 undocumented college students in California, the authors evaluated whether elements of legal vulnerability are associated with increased emotional distress and if social support moderates this relationship. Hierarchical regression analysis determined that social support and multidimensional legal vulnerabilities such as discrimination, social exclusion, the threat of deportation, and economic insecurity directly affect depression and anxiety symptoms. However, the moderating effects of social support were only partially supported.

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This study aimed to understand how immigrant Latinx transgender people in the US were impacted by the sociopolitical climate under the Trump administration. The authors found that Latinx transgender people experienced oppression during his presidency, such as a perceived discrimination, increased surveillance, and violence by law enforcement. This led to mental health impacts consistent with depression as well as decreased access to resources and opportunities. Furthermore, those interviewed were found to have countering sources of coping and strength such as hoping for a better future, pride in one's identity, and avoiding politics to take care of their mental health.

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The authors found that post-2016 socio-political climates have led undocumented Latinx immigrants to be hyperaware of their identity and increased adverse mental health outcomes as well as chronic stress. The more stressful interactions were those with law enforcement or ICE and represented a risk of deportation, detention, and family separation. Internalized prejudice events occurred at tertiary levels, like immigration media coverage and anti-immigration rhetoric by political leaders which also generated fear and influenced behavior, such as delaying medical care, ceasing welfare benefit programs, and fearing enrollment in health programs and breaches of confidentiality. As a result, concealment of activities has been a noticeable effect that prevents health care access, social support, and positive mental health adjustments.

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Anthropol Cross Cult Stud Heal Illn 2021, **40**:639–652, https://doi.org/10.1080/01459740.2021.1879061.
The authors expand on structural vulnerability and define familial vulnerability as the mental process by which racialization, legal status, poverty, and discrimination affect the family unit. They found that in a family unit, legal status or precarious legal status (i.e., DACA) does not serve as a protective factor if one is living in a mixed-status household. Families experienced increased policing and border surveillance, which contributed to chronic stress and the avoidance of medical care in fear of deportation. Exploitive and precarious jobs caused bodily injury and mental strain on entire households, including adult children who witnessed their parents in abusive labor conditions. Psychological anguish was often combined with physiological effects, such as physical illness and stomach issues.

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The authors examined how historical perspective can provide context to the dramatic inequities of COVID-19. The spread of COVID-19 in US farms and other occupations illuminates the historical roots of the colonial labor relations that systematically exploit and exclude agricultural workers from health and labor protections, such as the conditions that allowed COVID-19 to flourish within farm working communities. Further, the authors provide context to how crises often undermine worker rights gained, especially around the H-2A program, which ultimately disregards the full humanity of immigrant workers.

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The article describes the impact of violence exposure across different stages as well as stress stemming from structural violence, particularly as it relates to the migration journey and postmigration settlement. Although there is an accumulation of mental health impacts, the authors also point towards the coping mechanisms immigrants use to heal. They conclude with interventions that target universal, individual, and community healing as well as positive impacts of policy for immigrant's health.

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