



TRAUMA OF A GENERATION

The Urgent Need for Specialized
Mental Health Solutions in
Central America's Northern Triangle

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About HAI

Heartland Alliance International (HAI) is the youngest and fastest growing part of Heartland Alliance for Human Needs & Human Rights, a family of organizations that has been leading anti-poverty and social justice work in Chicago for more than 125 years. HAI is comprised of nearly a dozen country offices implementing programs on a broad range of human rights issues globally, as well as the Chicago-based Marjorie Kovler Center for the Treatment of Survivors of Torture, which serves individuals from more than 50 countries. HAI has significant expertise in the fields of trauma-informed mental health care and access to justice for survivors of rights abuses. It is also an industry leader in access to high-quality and stigma-free health care. Across all of its programs, HAI promotes progressive, innovative approaches to human rights protections and gender equality.

Additional information on HAI's global programming can be accessed at heartlandalliance.org/international.

Executive Summary

In recent years, the world has seen an increase in violence in the Central American region commonly known as the Northern Triangle — comprised of El Salvador, Guatemala and Honduras. Homicides in this region are at startling highs, with El Salvador reaching the top of the list of most violent countries not at war in 2015. The causes and impacts of violence are far reaching, and many can be traced to the prevalence of gang activity. Citizens are forced to face ongoing community violence or flee to a country of refuge. As such, many Central American youth are arriving as unaccompanied minors in the United States.

Research is limited regarding the life experiences of youth in El Salvador, Guatemala and Honduras and the adverse impacts of violence on mental health. In response, Heartland Alliance International (HAI) initiated a project to better understand the experiences of youth in those countries and to begin to document the ways in which youth are adversely impacted by exposure to violence in their communities. The research team conducted interviews with service providers and key community stakeholders working with youth in El Salvador and the United States. Interviewees were asked to discuss the experiences of violence among youth, consequences of exposure to violence, best practices, and gaps in service provision.

An analysis of the interviews with services providers exhibited a complex and multi-faceted problem. Results show that Central American youth from the Northern Triangle:

- Report multiple experiences of trauma and violence occurring across the span of development;

- Come from complex family systems in which an important primary caregiver is likely to be living a far distance away or is absent from their lives;
- Experience profound social isolation and a limited sense of the world as a result of ongoing, pervasive community violence; and
- Are fleeing their countries of origin primarily to escape violence.

The implications of such experiences are far-reaching. Interviewees for the report indicated a range of mental health complications that impact youth in the present moment and carry the potential to derail a child's healthy development across their lifespan. In the Northern Triangle, understanding of a child's mental health should consider traumatic life experiences, ongoing exposure to violence, and ruptured family systems as central issues.

Research in El Salvador additionally identified significant gaps in the provision of supportive mental health interventions. Interviews revealed limited mental health infrastructure, few referrals in remote or rural communities, and a scarcity of trained, skilled mental health providers. They identified further barriers to providing consistent quality care, including a lack of resources to meet individuals' basic needs, lengthy wait times for appointments, and limited time available with trained providers.

Given the complexity of issues facing Central American youth impacted by violence, Heartland Alliance International has presented several recommendations for mental health programming and interventions in El Salvador. Initial recommendations outlined in the report include:

- Incorporate a violence prevention framework into mental health programming
- A conceptualization of mental health programming under a framework of ongoing traumatic threat as opposed to post-traumatic threat;
- Implementation of a trauma-informed mental health component within existing community programming;

- Training up of specialized trauma-informed mental health providers and trauma training for non-mental health providers; and
- The development and implementation of a culturally validated comprehensive assessment tool to conceptualize youth experiences of violence and impact on mental health and wellbeing.

Research presented in this report is intended to bring visibility to the range of complex and traumatic life experiences faced by Central American youth, particularly in El Salvador, and to document the adverse consequences that prolonged exposure to violence, whether direct or indirect, has on the mental health and development of youth. The aim of this report is to serve as a reference to providers working with youth across service systems, and to provide initial steps in the development and augmentation of mental health programming for youth in Central America's Northern Triangle.



Introduction

El Salvador, Guatemala, and Honduras, a region of Central America commonly known as the “Northern Triangle,” are three of the five most violent countries in the world. Of these countries, El Salvador is currently considered the most violent. In 2015, the homicide rate in El Salvador was the highest in the world for a country not at war; approximately 103 per 100,000 citizens were reported as victims of homicide. Causes of violence are complex, but are cited as relating to postwar culture (Salvadoran Civil War 1980-1992), gang-related violence, the country’s geographic position related to shipments of drugs bound for the U.S., persistent poverty, and widespread impunity (Renwick, 2016; Eguizabal et al, 2015; Rojas-Flores, Herrera, Currier, Lin, & Kulzer, 2013). The contemporary violence in El Salvador has its roots in the 1980-1992 civil war that left thousands dead and many displaced internally and externally in countries including the United States. The civil war and post-war policy left El Salvador in a social environment ripe for corruption, drug trafficking, and ongoing acts of violence (United Nations High Commissioner for Refugees, 2016).

In particular, the strength of gangs in present-day El Salvador is due largely to gang members who had fled to the U.S. during the civil war being deported to El Salvador during the 1990s and 2000s. When deported gang members arrived back to a weak and corrupt state, it was relatively easy for gangs to reestablish themselves and spread throughout the country, rapidly gaining social control. The two main street gangs in El Salvador are the *Barrio-18* (B-18) and the *Mara Salvatrucha* (MS-13). Gangs are active in both rural and urban areas, and estimates show that there are currently between 30,000 and 60,000 current gang members out of a country population of more than six million. Gangs are recognized as the driving force behind the high rates of violence, murder, and population displacement (United Nations High Commissioner for Refugees, 2016).

Communities are deeply impacted by the presence of gangs and the threat of violence. There is an insidious atmosphere of fear throughout the country that Salvadoran nationals must navigate on a daily basis. Outside of homicides, gang territory is consistently shifting and expanding. A gang’s territory can change from block to block in a given area. In order to sustain themselves, gangs extort money from citizens on local transportation and from business owners (an expense known as ‘renta’). Gangs are made up of mostly adolescent and young adult males, and participation in a gang is for life. Gangs also recruit other young children from their neighborhoods as affiliates to function as lookouts, to perform small tasks, and to collect money (Rojas-Flores, Herrera, Currier, Lin, & Kulzer, 2013; United Nations High Commissioner for Refugees, 2016).

Violence disproportionately affects children and adolescents. The majority of victims of violence are males between 15 and 34 years old. Homicide impacts boys at a rate of 42 per 100,000, while the rate for girls is 11 per 100,000. Homicide is the leading cause of death among adolescent boys in El Salvador. Women, however, are not immune to the impact of violence. If a young woman or girl is considered to be affiliated with one gang, she becomes a target to the rival gang. Other women are threatened and abused by gang members; some are even attacked as part of gang initiation rituals. Family members of gang members are also targets for violence. They are threatened by rival gangs, or in some instances, gang members threaten and target families for resisting recruitment. In addition to gang violence, domestic violence and sexual abuse rates are high in El Salvador (United Nations High Commissioner for Refugees, 2016).

As a result of gang violence, criminal activity, and violence against women and children, many children and adolescents from the Northern Triangle have fled to the United States. Between 2013 and 2015 nearly 100,000 unaccompanied immigrant minors arrived in the United States (Renwick, 2016; Eguizabal et al, 2015). Unaccompanied minors are seeking international protection as asylum seekers in increasing numbers. According to UNHCR (2016), “*Interview data from 2013 indicates that 72 percent of the children from El Salvador claim to have left because of*

violence in society, with 63 percent specifying gangs as the source of harm, while 20 percent of the children mentioned domestic violence as a relevant factor.”

Direct and indirect exposure to violence has adverse impacts on children throughout the course of development. The types of violence to which children become vulnerable will change as they progress through different developmental stages, and, in turn, the possible effects of violence are also changing throughout development. Early and prolonged exposure to violence is considered the most adverse risk factor. Violence in one stage of development also carries the potential to impact children across the lifespan. An early developmental derailment resulting from exposure to violence will impact the subsequent stages of development. Younger children have fewer cognitive, relational, and neurological faculties to understand and respond to experiences of violence as they occur (UNICEF, 2014).

Recent research in neuroscience has shown that there exist certain critical periods in human development that require validating environments and consistent caregiving. For example, there are important stages during which an infant develops language, logic, and the ability to form trusting relationships. When children are either under- or over-stimulated during these periods, they are vulnerable to developing mental and physical disorders, or are deprived of the opportunity to achieve certain developmental milestones (Karr-Morse & Wiley, 1997). Given the prolonged and pervasive exposure among many Central American youth in the Northern Triangle to community violence and explicit targeting for abuse and violence, careful attention needs to be given to this vulnerable population to cope with and heal from traumatic experiences. This report will highlight the experiences of violence and trauma of Central American youth in El Salvador, as well as the mental health and developmental implications of such experiences. It will finally make recommendations for interventions to address the mental health needs of youth in El Salvador, Honduras, and Guatemala.



Methodology

Heartland Alliance International (HAI) conducted research for this report between March and June 2016 in order to provide an analysis of the mental health of youth from the Northern Triangle. The report is based on primary data collection in the United States and Central America, in addition to a comprehensive review of literature. El Salvador was selected as a case example for primary data collection in Central America given its rising rates of violence in recent years. The literature review included scholarly and academic works in addition to a review of grey literature, including but not limited to reports, policy memos, and relevant statistics.

For this report, HAI sought to interview service providers and key stakeholders who interface directly with Central American youth across systems in the United States and in El Salvador. HAI elected not to interview Central American youth from Northern Triangle countries directly for several reasons. First is the complexity and sensitivity of interviewing minors on their traumatic experiences of violence and abuse. Ethical concerns were taken into consideration, and for the nature of this report, youth were deemed too vulnerable for primary interviews. Second were time restrictions for data collection and analysis that did not allow for necessary accommodations to access and interview children. Finally, the aim of this report is to make recommendations for programming and interventions. Interviewing key stakeholders and service providers allowed for direct access to insights on best practices and gaps in service provision for this population.

Although the research focused on El Salvador, findings and recommendations have applications to all three countries of the Northern Triangle. While each country is distinct in its sociopolitical history, the research and interviews conducted indicated that youth from El Salvador, Guatemala, and Honduras experience violence and trauma in similar ways.

Findings: Mental Health of Central American Youth

Findings from interviews with service providers working with Central American youth in the United States and El Salvador illuminated specific themes in experiences of trauma and mental health. Each will be elaborated on in the body of this report.

Those interviewed for the report described that youth from the Northern Triangle:

- Report multiple experiences of trauma and violence;
- Come from complex familial systems and caregiver relationships;
- Experience profound social isolation as a result of community violence;
- Are fleeing their countries of origin primarily to escape violence.

*“All of these kids have trauma.
Every single one of them.”*

El Salvadoran youth report multiple experiences of trauma and violence

Interviewees in both El Salvador and the United States described children’s stories of multiple traumatic experiences occurring throughout the lifespan. Most providers commented that traumatic events were the central issue impacting the children and adolescents with whom they work, and emphasized that children rarely had experienced only one traumatic event in their lives, but rather had multiple and intersecting traumatic experiences.

Traumatic experiences reported include: direct and indirect exposure to community violence, gang violence, sexual abuse, torture, parental abuse and neglect, abandonment, gender-based violence, threats against themselves and family members, sex trafficking, labor trafficking, rape, abuse occurring during and post-migration, extreme poverty, and bullying.

One interviewee working as a case manager in a shelter for unaccompanied minors in the U.S. emphasized the prevalence of traumatic life events for the youth with whom she works:

“All of these kids have trauma. Every single one of them. And their stories, for the majority of them, are very similar, but it’s a different face with a different name. They have often been abused sexually, both male and female, have been raised in a toxic environment, have witnessed community violence, have been abandoned by their parents, have been responsible for raising children and their siblings. All types of stories that you can imagine that include trauma, all of these kids come with those types of stories.” — Case manager

Similarly, other providers working with unaccompanied minors described

not only the prevalence of traumatic life experiences, but the layers of multiple and often co-occurring traumatic life events that impact these youth. One therapist described:

“The biggest presenting concern is trauma. Many have had multiple traumatic experiences. The older the kids, the more traumatic experiences they have had. It has just become normal for kids to see violence so they might not recognize how many traumatic experiences they have had.” — Therapist, Latino community mental health agency

Another immigration attorney similarly identified:

“The majority of kids are fleeing persecution. They have experienced gang violence, abuse and neglect by their parents, persecution, mistreatment by caregivers, gender-based violence, seemingly “random” violence where maybe they were raped by an unknown assailant, gang members persecuting and raping girls, recruitment into gang activities. Some kids are given ultimatums to join gangs; some kids have siblings who are gang members. There is rarely a pure claim that is just one of these things.” — Staff immigration attorney

Service providers working with children and adolescents in El Salvador paralleled these descriptions. As stated by one provider working with youth in after school programming in rural communities:

“You know, most of these kids have experienced trauma — they have been abandoned by their parents, suffered abuse, sexual assault, violence at home. Ninety percent consume drugs and alcohol.” — After school program director, San Salvador

A 911 first responder exemplified this phenomenon when talking about a girl with whom he worked in the streets:

“She was a girl only 14 years old. She had been in the streets since she was 8 years old. She only had her mother. Her mother was a prostitute. She was sexually abused since she was 10 years old. She was using drugs... All of her siblings were also abused.” — 911 first responder, San Salvador

Further complicating the issue, one social service provider noted the additional challenges and vulnerabilities faced by minors who are returned to El Salvador after attempting or completing their migration journey to the United States. These youth who are deported back to El Salvador or return from the U.S., Mexico or other Central American countries suffer severe threats from gangs, may be abandoned by their parents, and experience community ostracization, shaming, and bullying.

“It is more dangerous when they return to El Salvador. Sometimes the family receives a call and they say, ‘if you receive [the child], we will kill you.’ So families tell us they can’t receive [the child]. This leads to family disintegration. After migrating, they cannot return to their hometowns. Everyone knows what happened; they know they were deported, raped, mistreated. Many things happen when they return. They are bullied in the community. And the family is upset because they wasted \$8,000 on a coyote.” — Immigration volunteer, San Salvador

Based on the reports of providers interviewed, Central American youth describe many different traumatic experiences occurring in their lives. Because youth are at crucial developmental stages, these different and layered experiences of trauma and violence leave lasting impacts on their development and wellbeing. Based on interviews, it is clear that trauma is central to these children’s histories as well as their mental health presentation and should, therefore, be central to approaches to intervention and healing.

“One of the biggest problems here is family rupture.”

El Salvadoran youth come from complex family systems and caregiver relationships

Many services providers interviewed for this report commented on cycles of family disintegration impacting Central American youth. Family systems were described by interviewees as broken, ruptured, transnational, and nonexistent. Interviewees regularly reported that children are often left without a consistent and reliable caregiver.

For example, one interviewee working with youth and volunteers in El Salvador described:

“When we asked kids in group if they have had someone important in their lives, only about 3 of 20 said they had someone important who influenced them, like a parent or teacher. Most have never had an important relationship.” — Volunteer services worker, San Salvador

Another interviewee described that many children are raised by single parents, extended family members, or non-familial adults:

“This theme of the family is really important. Many live alone with only one parent, or with an aunt or uncle, or with a grandparent, or they really don’t have any family... Many of our kids are hungry and thirsty... their economic situations are really difficult.” — After school program director, San Salvador

A psychiatrist working with youth in San Salvador went on to emphasize how family separation, often for migration, can leave children without any parental figure:

“One of the biggest problems here is family rupture. Sometimes the mother is the only one that stays. Sometimes the mother leaves. Many family members have crossed the borders. Here adolescents are raising themselves. There are many young girls who come here to us who are already engaged at very young ages.” — Psychiatrist, San Salvador

Familial relationships, particularly those with a caregiver or parental figure, are crucial to the healthy development of a child. Research recognizes that the attachment relationship with a primary caregiver creates the foundation upon which the mind develops. Children with disorganized attachment relationships face higher risk for psychiatric disorders. Additionally, individuals continue to express behaviors learned within the attachment relationship well into adulthood (Siegel, 2012).

The attachment relationship becomes even more important for children who have experienced traumatic events. Children lack the experiences and resources necessary to handle traumatic experiences on their own, and can best come to terms with these events within a supportive relationship with a caregiver, usually a parent (Christianson & Lindholm, 1998). Salvadoran youth impacted by violence are particularly vulnerable to witnessing and experiencing traumatic events due to the disintegrated structure of the family system.

When family systems are not available for support, children will seek out other connections or groups to provide a sense of safety and security. This need for connection and support may cause children to join gangs (Garbarino, Zurenda, & Vorrasi, 2008). Gangs are perceived by youth as providing a false sense of security, often offering protection from harm and access to self-defense mechanisms such as weapons. The breakdown of the family system and rupture of key attachment relationships in Salvadoran communities is significant in that it carries the potential to drive children to participation in gangs and perpetuate cycles of violence.

Healthy and predictable caregiver relationships are central to the healthy development of a child. Those relationships are particularly important for children living in violent or potentially traumatizing environments. According

to interviewee reports, many youth in El Salvador are growing up in complex and confusing family systems, often without a close caregiver. As such, they are particularly vulnerable to developmental derailment and mental health complications in childhood and across development.

“He lives in fear of going out.”

El Salvadoran youth experience profound social isolation as a result of community violence

The majority of interviewees described the pervasiveness of community violence in Northern Triangle countries. In El Salvador, interviewees reported that gangs exert complete control over the particular neighborhood where they operate, often having a presence on the streets and in schools. A rival gang may exert the same force and control only blocks away. Gangs tightly control their territories, often preventing residents of the neighborhood from leaving or outsiders from entering. Residents avoid walking in the streets for fear of gangs; they avoid crossing gang territory for fear of being identified in the territory of a rival gang. Communities become more dangerous places after dark, and gangs or families often implement curfews and stay at home past a certain hour. Interviewees reported that this level of social control is not limited to residents of a particular neighborhood — social service professionals, teachers, and volunteers are often denied access to certain communities most impacted by violence. It is difficult to get in and out of the most impacted communities.

Interviewees for this report described the ways in which pervasive community violence has narrowed the lives of youth. Several interviewees described profound social isolation, a climate of fear, and the impact this has on a child’s worldview:

“My mom works in a university, and she works with these communities a lot. These kids can’t leave their communities. My mom told me about one kid who was very timid, very shy, he didn’t have social skills. He lives in fear of going out. This is a youth living in fear. Kids are closed off to opportunities because they are afraid. They are closing up as people. They need to come back home by 7:00pm, or another specific time. They don’t have a vision for the future — that closes. They are really poor, they don’t have a lot of curiosity, they don’t have a lot of interests, they don’t believe they can get ahead.” — Volunteer services worker, San Salvador

“The situation here is getting much worse, and a lot of the time people from outside of the community are not allowed to enter. They are prevented from coming in. And sometimes they don’t want to enter into the dangerous communities. And for many of these kids it is important to meet someone from the outside so that they can have a new vision for the future. Imagine an HR manager for a big business enters the community to do an English club... this leaves a big impression on the kids. They can see what is possible and think about their future.” — Education director, San Salvador

“The parents of these kids are really protective. It is dangerous to go out, so they don’t let them leave the house. They can’t come back after dark. In this way, they are super inactive. They live in the house and they go to school and come back.” — Volunteer services worker, San Salvador

In El Salvador, children may not have an opportunity to leave the several blocks surrounding their homes. Even when they do go out within their communities, it is tightly controlled. Not only are children restricted from safely exploring their communities at a time when they are developmentally meant to be curious and imaginative, but they are also cut off from much exposure to the outside world. Adults who might offer examples of what is possible for the future, such as potential mentors and social service providers, are prevented from entering the communities.

The result is that youth develop narrow world views and cannot see opportunity beyond communities that are often marked by violence and poverty. As a director of youth programming in San Salvador stated, *“Many kids do not have a concept of the future or of the world outside. Their minds are closed to the outside world.”* Another director of after school programming similarly stated, *“Many of our kids cannot think five years into the future.”*

A sense of safety and curiosity for the world are particularly important for the mental health of youth. Children are developmentally unable to assimilate the realities of traumatic experiences, particularly chronic exposure to threat. They are unable to make sense of traumatic events, and therefore must adjust their perceptions of the outside world to accommodate a chronic sense of threat. This often results in children adopting a negative view of the world, or a belief that the world is a *“bad place”* and is not safe for living (Garbarino, Zurenda, & Vorrasi, 2008). In conditions of ongoing and continuous threat it becomes increasingly important for a child to have a significant caregiver who is able to assist the child in processing his/her experiences. As is the case with many youth from disintegrated family systems, this is difficult if not impossible to do, leading to further risk for social isolation, a limited concept of the future, and a sense that the world is a bad place.

“Join the gang or we will kill you.”

Central American youth from the Northern Triangle are fleeing their countries of origin primarily to escape violence

Escaping violence is the primary reason nearly every interviewee cited for children and adolescents fleeing their country of origin. Providers described the ways in which gangs permeate the lives of youth. Gangs control the streets in different communities. As one emergency first responder described, *“from street to street it is dangerous. In one block you have one gang, and in another block it is another gang.”* According to interviews, children face death threats and are recruited to perform acts of violence or join gangs.

Several service providers dismissed common beliefs that children leave for economic opportunity or family reunification. A volunteer for an immigration-focused organization in San Salvador stated, *“Studies say that kids are migrating for economic reasons, but from our interviews, we know it is because of the violence.”* An immigration attorney in the United States stated, *“These kids are coming from extreme poverty in their countries. But they are not fleeing poverty; they are fleeing the gangs.”* A social worker in a shelter in the United States similarly said, *“Even the ones who are coming to reunite with their parents, it is because of the violence in the Northern Triangle. Once a kid reaches adolescence, he gets threatened by the gangs... he either goes to the gang or he is threatened. That’s a reality.”*

The emergency first responder in San Salvador interviewed for this report went on to describe the influence of gangs. He stated, *“Gang members tell the kids that they have to kill someone. They are all trained in using weapons. They say to the kids, ‘join the gang or we will kill you.’”*

The insidiousness of gang violence leads to a societal environment where basic autonomy and ability to make decisions is taken away from children and their families. When communities, families, and individuals are stripped of their agency, they then are forced to choose joining the violence or escaping the country in order to survive.

Another case worker further described this phenomenon:

“When you’re in a society where if you are a young man and you have the choice of being killed or kill as a survival, what are you going to do? You don’t want to do any of this; they are going to kill you. If you don’t do what they ask you, they are going to kill you...What choices were they offered? What were they given? It becomes a very complicated issue.” — Case worker, shelter program

Girls are uniquely at risk for violence by virtue of their gender, although it can look different than it does for young boys. An afterschool program specialist reported that many girls are targets to become girlfriends of the gang members. As a result, many become pregnant as early as twelve or thirteen years old. The gangs threaten them and their family members if they are unwilling to be girlfriends of gang members or engage in sexual activity. As such, the autonomy of many girls and young women is stripped as a result of community violence. It follows that for many, the only viable alternative is to flee.



Discussion

As indicated by interviews with service providers, violence in the Northern Triangle permeates most every aspect of the lives of youth. Violence penetrates communities, families, schools, neighborhoods, and interpersonal relationships.

The implications of such experiences are far-reaching. In the immediate, mental health providers in El Salvador cited multiple emerging mental health presentations with the youth with whom they work. The roots of these mental health presentations exist not only in a child's biology and genetics; they should be understood in light of multiple traumatic experiences, diverse family systems, and ongoing exposure to violence that narrow a child's view of his or herself and the world.

Mental health providers in El Salvador and the United States interviewed for this report indicated that youth are struggling with issues related but not limited to:

- Post-traumatic stress disorder
- Anxiety
- Depression
- Panic attacks
- Substance use and abuse
- Behavioral problems
- Low self-esteem
- Feelings of hopelessness and helplessness

- Grief and loss
- Difficulties with attention and concentration
- Risk of violent behaviors
- Interpersonal difficulties
- Speech and language difficulties

Early intervention is central to the mental health of youth in the present and to healthy development into adulthood. Research and interviews conducted for this report indicate that if the experiences of Central American youth are unattended, they are left at risk for developmental, behavioral, relational, and emotional difficulties well into adulthood. Providers reported the following concerns for outcomes in adulthood:

“I worry about the kids as they become adults. I see a lot of parents with trauma in my job. That affects the kids. It affects their parenting. When parents have their own trauma they have a low tolerance for stress.” — Therapist, Latino community mental health agency

“I used to see a lot of women, they were like forty or fifty, and they’d say, ‘I was sexually abused when I was a child and I have never told this to anyone else.’ And then they have several domestic violence relationships and they were caught in cycles of domestic violence, one partner after another.” — Social worker, shelter program

In El Salvador, there is a disproportionate paucity of services to respond to the needs of children throughout the country. Providers in El Salvador named a range of gaps in mental health services. The most salient of those gaps are described in the following section; this should not, however, be considered an exhaustive list.

Limited existing mental health infrastructure:

Many interviewees reported a lack of mental health infrastructure. They stated there are few places that Salvadorans can go for mental health services, and those places that are available are mostly centrally located in the city of San Salvador and lack sufficient resources to meet the needs of patients. Psychologists and psychiatrists working in a local hospital cited a lack of resources and funding for mental health as central to the problem. One psychologist described:

“We are really lacking resources. It’s all donations that are allowing us to do what we do. There is a church that we work with that built almost everything that we have. They give us donations for our work. We are very poorly paid; it’s almost like volunteer work. There is very little funding in the Ministry of Health for mental health services. We are lacking trauma training.” — Psychologist, San Salvador

According to providers, not only are there too few programs providing services, but those places able to provide services are limited on resources, funds, and necessary training. The needs of the community are mismatched compared with available services.

Limited mental health referrals in rural communities:

Providers across professions working with youth in El Salvador mentioned limited community mental health referrals, particularly in rural areas. For example, if a child is seen for mental health at an urban hospital, it is likely that providers will not be able to make a referral for treatment services within the child’s own community. Families then must find ways to access treatment in central areas, which are overcrowded and with long wait lists. A psychiatrist at an urban hospital described:

“There are no resources for mental health in the community. All of our patients come here to the hospital. In the community there are bachelors-level health professionals. There are no psychologists.”

— Psychiatrist, San Salvador

This is particularly problematic due to high levels of indirect and direct exposure to violence in communities, and the difficulties many Salvadoran youth face crossing from community to community. Having few referrals overburdens centralized treatment locations, such as hospitals, and prevents many from accessing needed care.

Few trained and skilled mental health providers:

In addition to limited infrastructure and referrals in at-risk rural communities, interviewees reported a lack of trained, skilled mental health providers. Providers interviewed for this report cited a number of skilled professionals interfacing with youth, but few provide specific mental health treatment. As addressing the impacts of trauma is outside of the professional scope of many education or after school youth programming providers, many discussed a need for support from mental health providers. For example, a coordinator of after school programs described this gap in services and justified the need for attention to traumatic experiences:

“The case of [one violent community] is a good example of how we can give more attention to trauma. There were 11 people murdered in this community, and the residents were very affected. They really needed attention to their trauma. It could have been part of the work to help those most affected. I see it as indifference when we don’t address it. It’s professional negligence. It’s like we’re saying your pain doesn’t matter to us... We don’t have a specialist here in trauma, but it would be useful, like in the case of [community] to have someone who can come into a community and do a series of sessions with those who are most affected. That would show a genuine concern for what is happening in their lives.” — After-school program coordinator, San Salvador

Examples such as the one described by this provider are not uncommon in El Salvador. There is little support for the ways in which trauma enters the daily lives of communities, individuals, and programs. Without a trained mental health workforce, the ongoing need for attention to violence and trauma are not met.

A lack of basic resources, including access to food, safe transportation, and other essential basic needs:

Providers working with Salvadoran youth discussed insufficient resources to meet basic needs as a major barrier to providing mental health treatment. For example, a psychologist working in a local hospital in San Salvador reported:

“I would like to be able to give at least small resources. I wish we could give a few dollars to pay for their transportation here. Many people have problems in their lives. For example, when I work with a woman who does have food to eat or any basic supplies, I want to be able to give her these things.”— Psychologist, San Salvador

Those lacking in basic needs face particular barriers to accessing and fully participating in mental health treatment. Without transportation to reach appointments, patients have no access to care. Further, public transportation routes are becoming increasingly dangerous due to gang activity, leaving those needing to travel to appointments in particular risk. Additionally, when an individual arrives for treatment hungry because they are without access to adequate food or water, they are unlikely to be able to fully participate in a therapy, psychiatry, or case management. It is unlikely that this individual will have the energy levels or ability to concentrate in what are often intensive and emotional appointments. Meeting basic needs is crucial to effective interventions.

Lengthy waitlists, long wait times for appointments, and limited time with providers:

Mental health providers discussed the limits in treatment that they face due to a lack of infrastructure, resources, and providers. These limits have led to lengthy waitlists to begin services, and later lengthy amounts of time spent in waiting rooms for brief face-to-face appointments with providers. Given multiple experiences of trauma and ongoing exposure to violence that Salvadoran youth face, constricted time with providers is likely not enough to provide quality consistent care. Mental health providers described the problem as follows:

“I see 20 patients in four hours here. I have 15-20 minutes with each patient. Sometimes I can only see a patient once every 5-6 months when I would like to be seeing them every month.” — Psychiatrist, San Salvador

“We have a long waitlist. We have a lot of cases each... we are totally overpopulated. It really impacts how long we can see people. For crisis cases, like patients who are highly suicidal, sexual abuse cases, or high-risk patients, we see them every week or every 15 days. For lower risk cases we meet every month or every two months per individual.” — Psychologist, San Salvador

“We have 15 minutes with each person; 30 minutes for the first appointment. This is very complicated as there are a lot of things that emerge. There isn’t a lot of coordination between the different tiers of hospitals and the different levels of treatment. There isn’t a lot of coordination between the hospitals and the communities. There isn’t a lot of time for consultation here at the hospital.” — Psychiatrist, San Salvador

Salvadoran children and adolescents are in need of regular, quality care that cannot be provided by an overburdened system. This points to a need for more trained mental health providers, more community referrals, and increased attention to quality of care.

Recommendations

This section of the report outlines initial recommendations for mental health programs and interventions for Central American youth from El Salvador, Honduras and Guatemala.

Mental health interventions in El Salvador

Violence in the Northern Triangle is a far-reaching problem that calls for a multi-tiered approach to intervention. Recommendations call for structural, community-based models of intervention; strengthening and augmenting existing community programs with a mental health framework; and implementation of trauma-informed mental health interventions. While the recommendations laid out in this report are specific to the Salvadoran context, they may be adapted and tailored to respond to the unique circumstances faced by youth in Guatemala and Honduras.

Recommendations are as follows:

Incorporate violence prevention framework into mental health programming: Given the ongoing, pervasive nature of violence in the region, interventions should be based in an understanding of literature and best practices in violence prevention that are outside of the scope of this report. It is important to incorporate the review of violence prevention literature conducted by USAID (2016) and build on this to ensure programming is designed in conjunction with violence prevention best practices. Employing a violence prevention framework is essential to understanding victim-perpetrator cycles of violence and preventing Salvadoran youth from participation in gangs and engagement in violent behaviors.

Conceptualize mental health programming within a framework of ongoing traumatic threat: As outlined in earlier sections of this report, many youth in the Northern Triangle face ongoing threats of violence that interrupt their daily lives and impact their engagement with their social surroundings. As such, they cannot be considered to be recovering from a “post-traumatic” disorder. Many models of trauma recovery conceptualize the individual as one who has had traumatic experiences in the past and is now recovering in a context of relative safety. In the field of trauma rehabilitation it is a recognized first step to establish a basic sense of safety (Herman, 1997). For these youth, however, violence and traumatic experience color the past, present, and future. Therefore, mental health recovery should be addressed through the theoretical lens of ongoing traumatic threat.

Ongoing traumatic threat has been described in mental health literature as a response to ongoing, life-threatening circumstances. Individuals presenting with an ongoing traumatic stress response often face fears of future inescapable danger based in real-life threat. With individuals presenting with stress-response symptoms (often affiliated with Post-traumatic Stress Disorder), reactions may be functional in protecting the individual from harm. Treatment should, therefore, focus on the physical and emotional safety of the individual. Providers engage in practical safety planning for daily life and coping skills for managing threat responses such as panic, rapid heartbeat, and dissociative responses (Diamond, Lipsitz, Fajerman, & Rozenblat, 2010; Higson-Smith, Craig, 2013). This provides a workable lens through which to view the mental health and healing of youth in the Northern Triangle impacted by ongoing exposure to violence.

Implementation of a trauma-informed mental health component to existing community programming: Interviewees for this report described the ways in which it is more difficult for providers to reach the most affected communities and individuals. Gang violence contributes to community isolation. Service providers are barred from entering communities, and the geography of gang territory changes rapidly. It is therefore recommended that mental health programming be attached to existing, trusted social service providers working with

affected communities. An evaluation should be done to determine local organizations that have the relative trust of the communities in which they work and that are staffed by local employees who intimately know gang territories and can appropriately interpret ongoing threats of violence.

As repeated by interviewees, violence in the region is a taboo and silenced subject. Mental health is further stigmatized. Attaching a mental health component to existing programming would allow for more access to affected youth. For example, a mental health psychoeducation component can be added to after school programming to provide exposure to treatment. The program could then also identify youth in need of a higher level of mental health care. Many communities additionally have health centers within them. It is recommended that a mental health provider (whether a health professional with mental health training or a mental health staff person) be included in routine health checks and able to provide trauma-focused services within individual communities.

Training of specialized trauma-informed mental health providers and trauma training for non-mental health providers: Interviewees for this report identified few trained mental health providers and few masters or advanced-degree programs in psychology or a related counseling field. It is recommended that bachelors-level psychologists and other paraprofessional health providers (such as nurses and community health workers) be offered comprehensive training in trauma-informed mental health counseling. This would increase the number of mental health professionals able to work in violence-affected communities. Individuals can be identified from within communities impacted by violence or from colleges and universities. Paraprofessional training should be based in trauma-informed intervention methods and should be tailored specifically to local culture. Training participants should agree to work within impacted communities and should be provided ongoing supervision as they carry out their work.

Providers working with youth across a variety of contexts are likely to encounter trauma and will need to know how to competently respond to it. Many educators and youth services providers are not trained

mental health professionals. However, when children are impacted by a traumatic life experience, they are likely to have difficulties engaging in activities, focusing, and may be impacted by ongoing fear and other emotional difficulties. Providers working with youth should be trained to recognize and react to traumatic stress responses. Programming should be developed to train community youth workers on trauma and its impact on emotional and physical wellbeing, strategies for addressing and containing conversations about traumatic experiences, sensitive ways to ask and introduce topics around traumatic experiences and violence, and on secondary trauma and burnout for staff.

Development and implementation of a culturally validated comprehensive assessment tool to conceptualize youth experiences of violence and impact on mental health and wellbeing: Finally, while providers working with Salvadoran youth acknowledged multiple intersecting traumatic experiences and ongoing exposure to direct and indirect violence, none mentioned a comprehensive evaluation tool for documenting traumatic and/or violent experiences and impacts on mental health and wellbeing. It is recommended that a basic assessment tool be developed that screens for exposure to violence and other traumatic life events and evaluates the impact of those events on the mental health and general wellbeing of youth impacted by violence in the Northern Triangle. Such a tool would allow for both the systematic documentation of common experiences of violence among youth as well as foster greater understanding of the direct impact that ongoing exposure to threat or threat of violence has on mental health. The tool should be culturally and linguistically validated and developmentally appropriate. It should be basic enough in nature that it could be administered by a mental health professional or a supportive staff person in a variety of settings (such as schools, hospitals, non-profit organizations, and community health clinics).

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