

Gender-based violence experienced by women seeking asylum in the United State: A lifetime of multiple traumas inflicted by multiple perpetrators

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ABSTRACT

Estimates by the World Health Organization indicate that 1 in 3 women—more than one billion people worldwide—have experienced some form of Gender-Based Violence (GBV). Violence Against Women (VAW) is a prominent subset of GBV, defined by the United Nations as any act “that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” VAW can include verbal harassment, physical abuse, sexual abuse, honor killing, and femicide and can occur at the hands of individuals, institutions, or states. Whereas numerous studies have documented the multiple forms of physical, sexual, and psychological violence experienced by women, a thorough characterization of the abuses experienced by asylum-seeking women in the United States has not yet been undertaken. Our analysis of the affidavits for 85 cisgender, female asylum seekers who applied for forensic medical evaluations through a student-run asylum clinic, reveals a life-long pattern of multiple types of VAW inflicted by multiple perpetrators. These findings have implications for the focus of the medico-legal documentation submitted in support of female asylum seekers as well as for the design of comprehensive healthcare services for women and girls who are granted relief.

1. Introduction

On the International Day for the Elimination of Violence Against Women in 2015, UN Women Executive Director Phumzile Mlambo-Ngcuka stated that “Violence against women and girls (VAW) remains one of the most serious—and the most tolerated—human rights violations. [VAW] is both a cause and a consequence of gender inequality and discrimination.”¹ The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”² Examples include a wide array of acts ranging in severity from verbal harassment, to daily physical or sexual abuse, to Female Genital Mutilation/Cutting (FGM/C), to—at the extreme—honor killing and femicide.³ Women living in poverty, migrant women, and women living in post-conflict or post-disaster zones are most often affected.^{4–6} Global estimates published by the United

Nations indicate that 1 in 3 women and girls, more than one billion women and girls worldwide, “have experienced either physical and/or sexual intimate-partner violence or non-partner sexual violence in their lifetime.”⁷ This figure does not, however, account for psychological abuse or for non-partner physical abuse, and, as such, likely underestimates the prevalence of VAW.

Although certain forms of violence are more prevalent in some societies, human rights violations against women and girls are not confined to a specific region or culture.^{8,9} Whereas much of the existing literature defines and evaluates distinct types of abuse, there is growing recognition that VAW is best understood as a continuum of abuse that women endure from birth to old age.¹⁰ It is also becoming evident that, over her lifetime, a woman can be subjected to varied and overlapping intervals of VAW by multiple perpetrators, including individuals, institutions, and state actors.

Women and girls who have experienced extreme forms of VAW may seek protection in the United States through asylum or a number of other

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legal processes.¹¹ In 2017, 48% of the 26,568 individuals granted asylum in the US, or 12,752 asylees, were women.¹² Although the Department of Homeland Security (DHS) does not maintain official counts of the grounds for asylum, 91.7% (n = 242/264) of the cis-gender women evaluated by the Weill Cornell Center for Human Rights (WCCHR) over nine years claimed asylum—at least in part—as “member [s] of a particular social group” on account of abuse by “individuals that the government is unwilling or unable to control.”¹¹ After reconsidering the Matter of A-B in 2018, former Attorney General Jeff Sessions issued new guidance to immigration judges dismantling legal precedents that previously upheld the right of a woman to claim asylum on the grounds of severe VAW.¹³ Coupled with an increasing number of other restrictions on the immigration process, this new guidance dramatically increased the legal obstacles faced by female asylum applicants who endured VAW.

One study has demonstrated that a forensic medical evaluation greatly strengthens an applicant’s asylum claim.¹⁴ Forensic medical evaluations conducted by health professionals, in collaboration with the representing attorney, document physical and psychological evidence of torture and ill treatment. Clinicians provide expert opinions on the degree to which clinical findings corroborate allegations of abuse and educate adjudicators on the sequelae of trauma. The WCCHR is one of a growing number of student-run clinics housed within medical schools that partner clinicians with medical students to provide *pro bono* forensic medical evaluations for asylum seekers.¹⁵ Many of these clinics are affiliated with Physicians for Human Rights. Psychological, medical, and gynecologic evaluations are performed at the request of an asylum applicant’s legal representative and the forensic evidence of the abuses suffered by the applicant is documented in supporting affidavits.¹⁶

Existing studies delineate the multiple forms of physical, sexual, and psychological violence experienced by individual women in their lives.^{8,10} However, this phenomenon has not been thoroughly studied among women and girls seeking asylum in the United States.^{17,18} In this analysis, we systematically identified and characterized each type and perpetrator of VAW that was reported in the medical and legal affidavits of the female asylum applicants who presented to the WCCHR from 2013 through 2017. By elucidating the depth and breadth of VAW experienced by female asylum applicants to the United States, we aim to expand the focus of the legal arguments and forensic evaluations submitted in support of female asylum seekers.

It has been widely documented that women who experience complex trauma, defined as a “type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts,” often experience significant and long-lasting psychological and physical sequelae.¹⁹ Asylum-seeking women additionally experience ongoing stressors that may include family separation, social stigmatization, and food and housing insecurity.²⁰ The multidimensional, complex trauma endured by this population requires unique healthcare interventions. Through this initial analysis, we hope to help guide the development of specific trauma-informed healthcare services for women and girls who are granted relief.

2. Methods

2.1. Inclusion and exclusion criteria

Under IRB protocol #1803019062, a retrospective review was performed of the legal and medical affidavits for the cisgender, female asylum applicants presenting to the Weill Cornell Center for Human Rights (WCCHR) from 1/1/2013 to 12/31/2017 for forensic medical evaluations. The WCCHR maintains a secure database wherein all documents are stored. A total of 140 cis- and transgender women were seen by the WCCHR during the study period. Affidavits were included in the study for only cis-gender women (hereafter “women”) aged eighteen years or older at the time that the forensic medical evaluation was performed. Affidavits prepared for the five applicants who self-

identified as transgender women were excluded from the study because the patterns of violence and discrimination they faced differed substantially from those experienced by the rest of the cohort. An applicant’s affidavits were included in the study only if both a legal and at least one medical affidavit were available for review. Because the WCCHR provides gynecologic, physical, and psychological forensic evaluations, multiple medical affidavits were prepared for some applicants and all of the available documents for each individual were included. Out of the remaining 135 women, eight were excluded because the applicants were younger than 18 years old at the time of the evaluation, and 42 were excluded due to incomplete documentation. Consequently, a total of 180 affidavits were reviewed for the 85 applicants who met all of the inclusion criteria; 3 affidavits were available for 10 women and 2 affidavits were available for the remaining 75 applicants (Fig. 1).

2.2. Coding affidavits

Through an iterative process of testing and refinement, we developed a unique tool for coding the types of abuse and the classes of perpetrators reported in the affidavits (see co-submission Data in Brief article: A Coding Tool and Abuse Data for Female Asylum Seekers) that maximized ease of use while preserving the capacity for detailed analysis. To account for all of the types of abuses and classes of perpetrators referenced in the affidavits, definitions of abuse types, severities, and perpetrators were drawn from several sources, including the World Health Organization, the U.S. Department of Justice, the United Nations, and the Council of Europe.

Coding an affidavit entailed identifying every instance of abuse and assigning numerical codes that specified the abuse’s type, perpetrator, duration, and frequency. Abuses experienced by the women while fleeing their home countries and after arriving in the US were also coded. Repetition of the same abuse (both in type and severity) by the same perpetrator over any timeframe (days to decades) was counted as a single instance of abuse. When a perpetrator simultaneously inflicted multiple abuses of varying severities within the same abuse type, the entire episode was considered as a single instance of abuse and the highest degree of severity was coded. In contradistinction, an abuse type that escalated in severity or evolved into a secondary category (i.e. physical abuse that evolved to rape) at clearly defined intervals was coded as multiple instances of abuse.

Certain types of abuse—degradation/humiliation, neglect, control/isolation, forced marriage, and trafficking—were experienced continuously. Because they constituted a constant state of existence, these

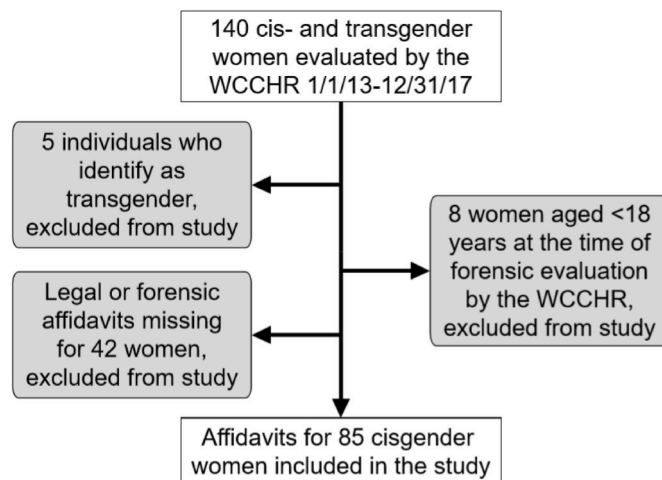


Fig. 1. Flow diagram showing inclusion and exclusion criteria for the study at the Weill Cornell Center for Human Rights (WCCHR).

abuses were coded as “constant” in frequency. Conversely, abuses that occurred as one or more punctuated episodes in time, such as beatings, were coded as “discrete” abuses occurring with a specified frequency; the duration of a discrete type of abuse was coded as the timespan from the first to the last episode of the same abuse. Abuses experienced in childhood (age < 18) were coded separately from those occurring in adulthood; a single abuse that began in childhood and persisted into adulthood was coded as two separate abuses.

Abuses were pooled and reconciled across all of the affidavits available for an individual applicant. When descriptions of the same abuse differed between affidavits, the more detailed and specific description was adopted. There were a total of four affidavit reviewers. Each affidavit was assessed by two members of the research team and the resulting codes were entered into Excel spreadsheets (Version 2013, Microsoft). A third reviewer coded a random subset of affidavits for quality assurance. The entire team reviewed all coder discrepancies and reached a consensus on the final coding for every affidavit.

2.3. Data analysis

Data were imported from Excel into Mathematica (Version 10.1; Wolfram). The latter software was used to generate figures and to calculate descriptive statistics, including: tallies, proportions, means, medians, ranges, Pearson’s correlation coefficients, odds ratios, confidence intervals, and *p* values. Two-tailed Student’s *t*-tests were employed to evaluate the statistical significance of differences between the means of abuse distributions, and Fisher’s exact tests were used to examine associations between categorical variables. The false discovery rate was controlled at a level of 0.05 using a Bonferroni correction to account for testing multiple hypotheses.

Owing to a relatively small sample size, multiple types of abuse were grouped into broader categories for a number of analyses: sexual abuse includes reproductive coercion, FGM/C, forced marriage, and sexual violence; psychological abuse includes neglect, threats of physical violence, degradation, harassment/stalking, and control/isolation; and physical abuse includes labor trafficking, kidnapping, and physical violence. The presented results contain both childhood and adulthood abuses: although childhood abuses were initially coded as distinct from adulthood abuses, they were not analyzed separately.

3. Results

3.1. Applicant demographics

The average age at the time of evaluation at the WCCHR for the 85 individuals who met the inclusion criteria was 31.7 years (range [18,55]) (Table 1). The majority of applicants came from either Central America (*n* = 39/85, 45.9%) or Africa (*n* = 27/85, 31.8%) (Table 1). A total of 853 distinct instances of abuse were identified, yielding an average of 10.0 (range [1,23]) instances of abuse per woman (Fig. 2A).

Table 1
Applicant demographics.

Variable	Category	Number	Percent
Age (yrs)	18–20	3	3.5%
	21–30	44	51.8%
	31–40	21	24.7%
	41–50	12	14.1%
	51–55	5	5.9%
	All	85	100.0%
Region	Africa	27	31.8%
	Asia	6	7.1%
	Caribbean	4	4.7%
	Central America	39	45.9%
	Middle East	1	1.2%
	South America	8	9.4%
	All	85	100.0%

An applicant’s age and the total number of abuses she experienced are uncorrelated (*r* = 0.037). No statistically significant relationships were found between a woman’s region of origin and the number of abuses she experienced. The women frequently experienced multiple instances of abuse contemporaneously and a pattern of escalating violence was common (Fig. 2B).

3.2. Abuses experienced by category and by severity

After categorizing each type of abuse as sexual, psychological, or physical, 88.2% (*n* = 75/85) of the women had experienced sexual abuse, 95.3% (*n* = 81/85) experienced psychological abuse, and 94.1% (*n* = 80/85) experienced physical abuse. On average, the women experienced 2.1 instances of sexual abuse (range [0,5]), 5.6 instances of psychological abuse (range [0,12]), and 3.0 instances of physical abuse (range [0,8]). Similar numbers and proportions of abuse in each category were seen across geographic regions of emigration (Fig. 3A); between each pair of regions, the differences in the total number of abuses experienced by an individual woman and in the numbers of abuses experienced in any of the three major categories are not statistically significant (Fig. 3A).

The most frequently reported subtypes of VAW within the larger categories of sexual, psychological, and physical abuse were extracted. Among the reported instances of sexual abuse, 50.3% (*n* = 81/161) were rape (including gang rape and sex trafficking), 10.6% (*n* = 17/161) were FGM/C, and 13.7% (*n* = 22/161) were actual or threatened forced marriages. A total of 452 instances of psychological abuse were reported. Threats of physical violence accounted for 30.5% (*n* = 138/452) of these abuses; degradation for 25.2% (*n* = 114/452); control/isolation for 18.8% (*n* = 85/452); neglect for 12.8% (*n* = 58/452); and harassment/stalking for 12.4% (*n* = 56/452). Threats of serious violence—threats to murder the applicant, coercion of the applicant by threatening to commit suicide, or threats to injure the applicant with a weapon—accounted for 67.4% (93/138) of the threats of violence. Serious physical violence—punching, kicking, stomping, burning, choking, and assault with an object or weapon—accounted for 50.4% (*n* = 121/240) of the reported instances of physical abuse. A majority of the women experienced a severe type of abuse from at least one category: 69.4% (*n* = 59/85) of the women were raped (including assaults by single and multiple perpetrators), 74.1% (*n* = 63/85) reported threats of serious violence, and 76.5% (*n* = 65/85) experienced serious physical violence.

3.3. Abuse perpetrators

Immediate or extended family members abused 75.3% (*n* = 64/85) of the women, intimate partners abused 57.6% (*n* = 49/85) of the women, and 61.2% (*n* = 52/85) of the women were abused by some other class of perpetrator (friend, political group, gang, owner/pimp, or stranger). Of the 853 identified instances of abuse, the majority were committed by intimate partners (*n* = 338/853, 39.6%) and by immediate and extended family members (*n* = 258/853, 30.2%) (Fig. 3B). Between each pair of regions, the differences in the number of women who were abused by intimate partners, by immediate and extended family members, or by other perpetrators are not statistically significant.

Intimate partners and immediate or extended family members also committed the majority of severe abuses. Excluding gang rape and sex trafficking, intimate partners committed 73.9% (*n* = 51/69) of the reported instances of rape. Immediate or extended family members organized FGM/C for 16 out of the 17 women who reported the abuse. Intimate partners made 38.7% (*n* = 36/93) and immediate and extended family members made 19.4% (*n* = 18/93) of the threats of serious violence. Intimate partners perpetrated 46.3% (*n* = 56/121) and immediate and extended family members perpetrated 36.4% (*n* = 44/121) of the incidents of serious physical violence.

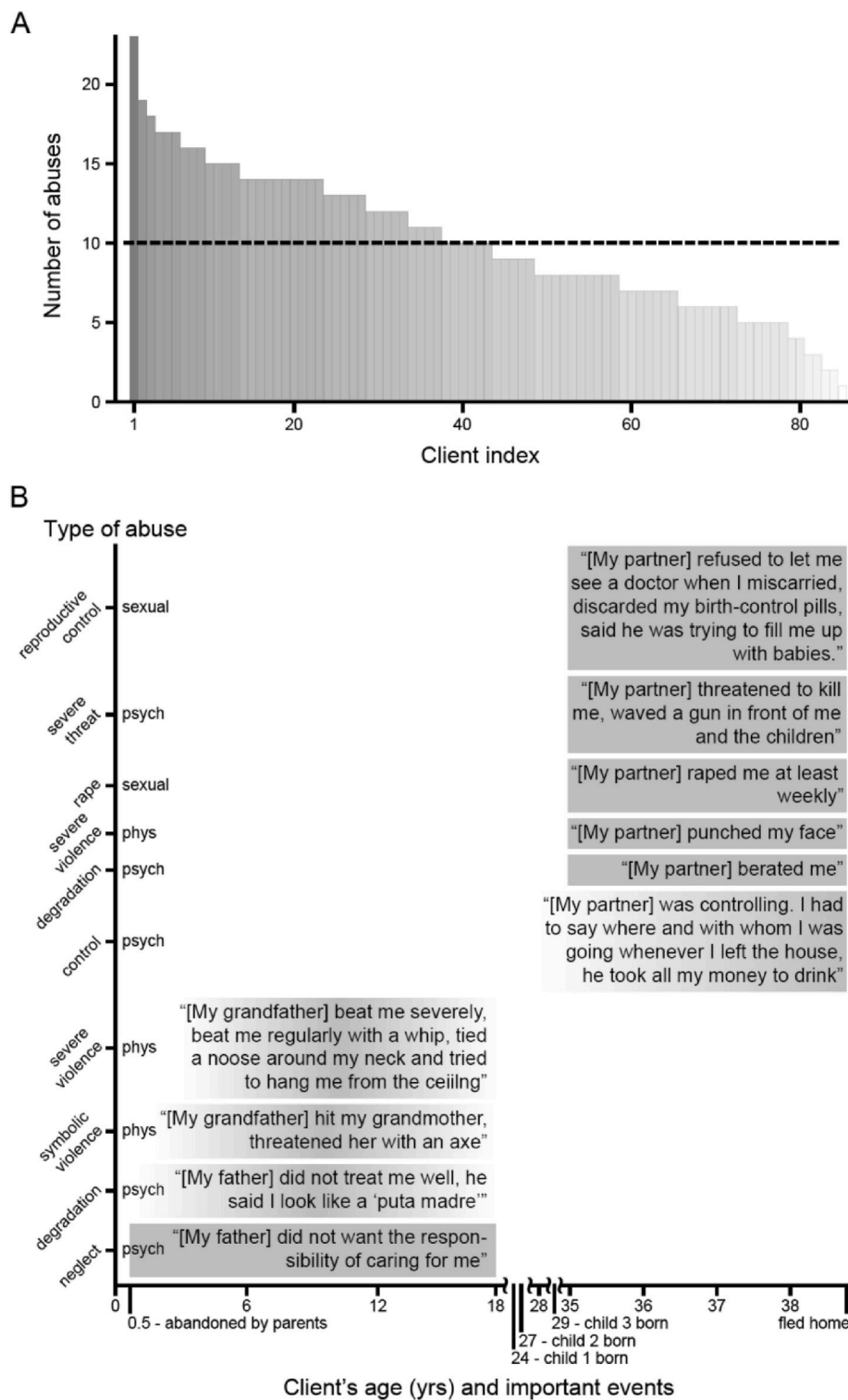


Fig. 2. Applicants experienced multiple abuses, often contemporaneously and in patterns of escalating violence. (A) A waterfall diagram portrays the total number of abuses for the 85 women included in the study. The total number of abuses ranged from one to twenty-three and the median number, indicated by the dashed line, was ten. (B) A sample timeline shows the abuses experienced by one applicant who suffered the median (10) number of abuses. The labels to the left of the ordinate axis indicate the specific type of abuse and the abuse category is reported on the right side of the ordinate axis. Abuses with clearly stated durations are represented by solid rectangles, whereas rectangles with graded shading correspond to abuses that began and/or ended at unclear times. This applicant was subjected to several instances of abuses contemporaneously at multiple points in her life. In both childhood and adulthood, the pattern of abuse starts with neglect or control and escalates to severe forms of abuse. Physical is abbreviated by phys and psychological by psych.

3.4. Abuse duration and frequency

Recalling that a single instance of abuse is defined as the same type of action inflicted by the same perpetrator one or more times, 90.0% (n = 768/853) of abuse instances had a clearly stated duration. After excluding the abuse instances with unclear durations, 90.6% (n = 77/85) of the women were subjected to at least one instance of abuse whose duration exceeded two years, and 48.2% (n = 41/85) of the women endured abuse instances lasting 10 years or longer. A single applicant

experienced only discrete, one-time instances of abuse. The combined duration of abuse instances experienced by an individual woman was calculated by summing the most conservative estimates (the lower bound for the coded duration category) of the abuse instances' durations that were clearly documented. This value ranged from <1 to 114 years (median 16.8 years) and exceeded 1 year for 91.8% (n = 78/85) of applicants. Because it employs lower bounds and excludes abuse instances with unclear durations, this calculation underestimates the combined duration of abuse.

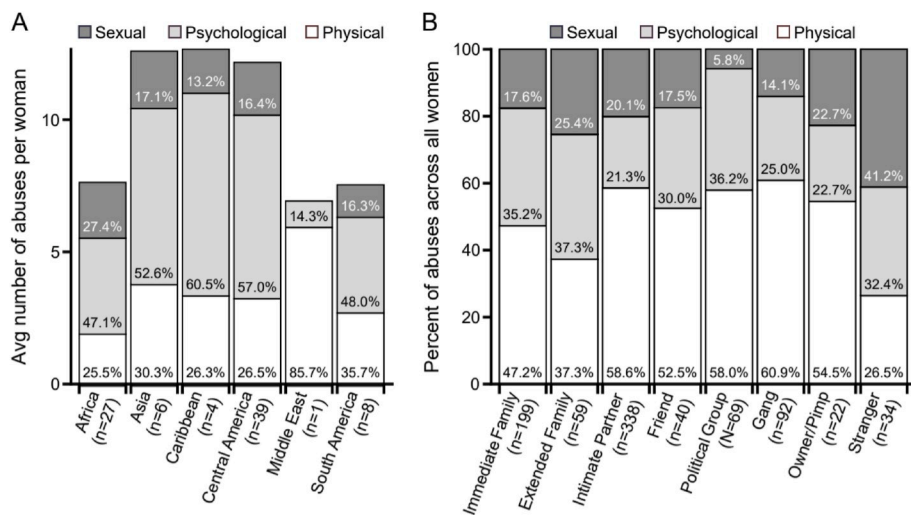


Fig. 3. No category of abuse was unique to a particular region, and every perpetrator class inflicted every category of abuse. (A) A bar graph depicts the average number of of abuse instances experienced by the women from each geographical region. The key indicates the category of abuse that corresponds to each shade of the bars and the listed percentages delineate the proportion that each category contributed to the total number of reported instances of abuse in a region. The number of women hailing from each region is listed in parentheses. No statistically significant differences were found between each pair of regions in either the total number of abuses experienced by individual women or in the numbers of abuse instances experienced in each category. (B) A bar graph shows the proportions of sexual, psychological, and physical abuses committed by each class of perpetrator. The key indicates the category of abuse that corresponds to each shade of the bars and the listed percentages delineate the proportion that each category contributed to the total number of abuse instances committed by a perpetrator class. The total number of abuse instances committed by each class of perpetrator is listed in parentheses. Intimate partners inflicted the greatest number of abuse instances, followed by immediate and extended family members. Between each pair of regions, the differences in the number of women who were abused by intimate partners, by immediate and extended family members, or by other perpetrators (friends, political groups, gangs, owners/pimps, and strangers) are not statistically significant.

Many of the severe instances of abuse comprised multiple episodes of the same abuse at the hands of the same perpetrator. Whereas only 23.3% (n = 17/73) of the reported rapes (excluding sex trafficking) with clearly stated durations were one-time events, the remaining 76.7% (n = 56/73) of instances involved repeated episodes of rape by the same perpetrator. One-time events accounted for only 22.6% (n = 21/93) of the threats of serious violence, and the remaining 77.4% (n = 72/93)

comprised multiple episodes inflicted by the same perpetrator. Out of the 121 reports of severe physical violence, 77.7% (n = 95/121) involved repeated episodes at the hands of the same perpetrator. After excluding abuse instances without clear durations, a greater proportion of the instances of abuse perpetrated by intimate partners comprised multiple episodes compared to the proportion of multi-episode abuses committed by immediate family members (Odds ratio, [95% confidence

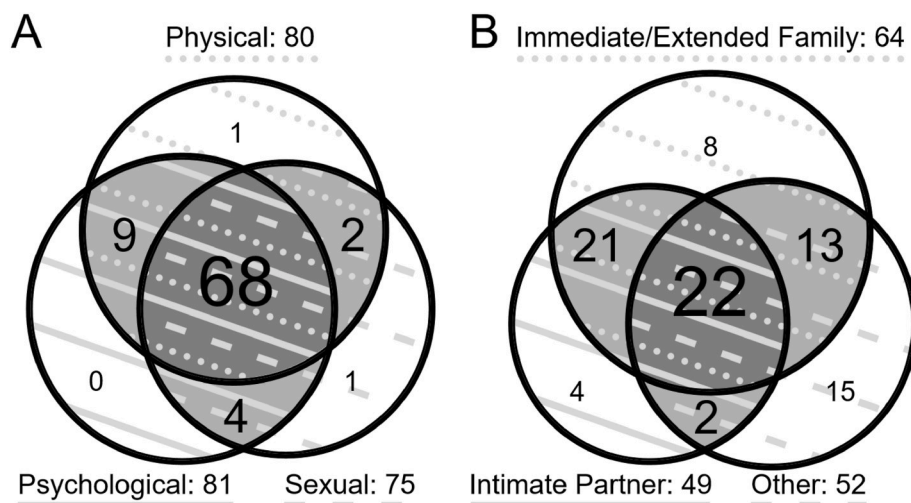


Fig. 4. Most applicants endured multiple categories of abuse at the hands of multiple perpetrators. (A) A Venn diagram shows the number of women who experienced each category of abuse as well as the number of women who were subjected to multiple categories of abuse. The circle enclosing the solid lines contains the 81 women who were subjected to psychological abuse; the circle enclosing the dotted lines contains the 80 women who were subjected to physical abuse; and the circle enclosing the dashed lines contains the 75 women who were subjected to sexual abuse. 68 of the 85 women experienced all three categories of abuse. (B) A Venn diagram portrays the number of women who were abused by each class of perpetrator as well as the number of women who were abused by multiple classes of perpetrators. The circle enclosing the solid lines contains the 49 women who were abused by an intimate partner; the circle enclosing the dotted lines contains the 64 women who were abused by immediate and/or extended family members; and the circle enclosing the dashed lines contains the 52 women who were abused by other classes of perpetrators (friend, political group, gang, owner/pimp, or stranger). 58 of the 85 women were abused by two or more classes of perpetrator. In both panels, light-gray regions indicate an overlap of two abuse categories or perpetrator classes, and dark-gray regions indicate an overlap of all three abuse categories or perpetrator classes.

interval]: 2.7, [1.6,4.6]), extended family members (5.0, [2.3,10.7]), friends (9.1, [3.9,21.3]), political groups (4.6, [2.3,9.1]), gangs (4.6, [2.5,8.5]), and strangers (23.3, [9.1,65.8]) ($p < 0.0002$ for all comparisons).

Constant forms of abuse—those that constituted a continuous state of existence, like degradation—were endured by 75.3% ($n = 64/85$) of the women. Discrete abuses—those entailing one or more punctuated episodes of abuse in time, like beatings—were reported by 95.3% ($n = 81/85$) of the women: 48.2% ($n = 41/85$) of the women were abused at least monthly, and 29.4% ($n = 25/85$) experienced daily abuses.

3.5. Co-occurring abuse categories and perpetrator classes

The vast majority of the women in the study were subjected to multiple categories of abuse: 80.0% of the women ($n = 68/85$) experienced all three categories of abuse—sexual, psychological, and physical—throughout their lives. Only 2 out of the 85 women (2.4%) experienced abuses from just one category (Fig. 4A). Most of the women also experienced multiple instances of abuse within each category: 58.8% of applicants ($n = 50/85$) experienced two or more instances of sexual abuse, 88.2% ($n = 75/85$) experienced two or more instances of psychological abuse, and 82.4% ($n = 70/85$) experienced two or more instances of physical abuse. Furthermore, 68.2% ($n = 58/85$) of the women were abused by multiple classes of perpetrators (Fig. 4B).

4. Discussion

Violence against Women (VAW) is widely recognized as a global phenomenon. Nonetheless, only limited data exist regarding the types, duration, and perpetrators of VAW experienced by women seeking asylum in the United States. Our analysis of the legal and medical affidavits prepared by a student-run asylum clinic for 85 women seeking asylum in the US reveals a remarkable duration, severity, and breadth of abuse over their lifetimes. The vast majority of the women in our sample endured multiple forms of abuse at the hands of multiple perpetrators over the course of many years. No statistically significant differences were found in the number of abuses experienced by women who fled from distinct geographical regions. Intimate partners and immediate and extended family members together perpetrated the majority of abuses. These findings are consistent with other reports on global trends in violence against women.^{4,10,17}

Although we found that women from all geographic regions suffered similar proportions of physical, sexual and psychological abuse, it is critical to recognize that the prevalence of specific types of abuse vary around the world.^{8,9} Female Genital Mutilation/Cutting (FGM/C) occurs primarily in African nations and in Indonesia²³ where it is a deeply rooted tradition. Dowry killing, a practice wherein a woman is murdered by members of her husband's family when their demands for a dowry cannot be met by her own family, is most common in South Asia. Rape and sexual slavery as weapons of war prevail in conflicts around the world, including those in the Democratic Republic of the Congo, Yemen, and Myanmar.^{4,21} Femicide, the murder of women in an escalating cycle of intimate-partner violence, is seen most often in South and Central American countries including Peru, Guatemala, El Salvador, and Honduras.^{17,22} Identifying and acknowledging local cultural antecedents is critical for the successful eradication of VAW: strategies for eliminating VAW must be designed to specifically address regional variations in how women are abused.

There are several limitations to our study. Because the sample size is small ($n = 85$), we were unable to apply rigorous statistical analyses to the data set at a granular level for specific types and severities of abuse within the larger categories of physical, sexual, and psychological abuse. The sample size also limited our ability to independently analyze abuses in childhood versus adulthood. Because the data were collected only from affidavits of applicants seen at a single student-run asylum clinic in New York City, the sample may not be representative of asylum-seeking

women in the US as a whole. Specifically, the WCCHR evaluates only those individuals whose attorneys have determined that a forensic evaluation could bolster the applicant's asylum claim.

Limitations in how the abuses were described in the affidavits as well as limitations in the coding tool and data-extraction process could result in underestimations of the full scope of abuse experienced by individual women. Underestimations could also arise from either an attorney's focus on those abuses that are most pertinent to a woman's case, or from the forensic medical affidavits' focus on the abuses supported by the documentable physical and psychological sequelae, rather than on the totality of an applicant's experience. Because an abuse perpetrated over several years is counted as a single instance of abuse, the number of abuses per woman cannot alone capture the true burden of abuse endured by applicants. This measure is, however, readily and reliably retrieved from the affidavits and easily analyzed and discussed. By comparison, it was difficult to accurately assess the duration of each abuse in some affidavits: neither attorneys nor forensic evaluators specifically collect this information.

These limitations notwithstanding, the substantial burden and duration of abuse experienced by this group of asylum-seeking women is undeniable. Our analysis illuminates the need for immigration attorneys and forensic medical evaluators to fully describe the incidents of VAW experienced by their female asylum applicants, and highlights the importance of including a dedicated VAW session in any training that prepares clinicians to perform forensic evaluations of asylum applicants. In light of the recent interest in re-examining the criteria that qualify women to apply for asylum as members of a particular social group, it is vital that the legal and medical documentation capture the full extent of the abuse suffered by applicants in terms of the type of abuse, the duration of abuse, and the perpetrators of the abuse. Finally, an understanding of the complexity and duration of the trauma experienced by asylum-seeking women is essential in the design and provision of appropriate on-going medical and psychological care for this population.

Data statement

Due to the sensitive nature of the affidavits reviewed in this study, asylum applicants were assured raw data would remain confidential and would not be shared. (*Data not available/The data that has been used is confidential*).

The fully de-identified numerical coding data used for statistical analysis can be made available upon request.

The research protocols used in this research were approved by the Institutional Review Board of Weill Cornell Medicine, New York, New York, United States [IRB protocol #1803019062].

Declaration of competing interest

None.

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