

Cultural Stress And Mental Health Among Venezuelan Migrants: Cross-National Evidence From 2017 To 2024

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Abstract

BACKGROUND

Since 2015, ~ 8 million Venezuelans have fled what was once Latin America's most prosperous nation, with many relocating to nearby Colombia and others migrating to the United States (U.S.). Emerging research suggests that migration-related cultural stress is a challenge for Venezuelans and is related to an increased risk of mental health problems. However, it remains uncertain how cultural stress and mental health outcomes manifest over time and across countries.

METHODS

We analyze survey data from multiple studies of Venezuelan migrants in Bogotá and Medellín, Colombia, and the U.S. State of Florida. Data collected include self-report measures on discrimination, negative context of reception (NCR), and depression and post-traumatic stress disorder (PTSD) screening diagnoses, collected from distinct cross-national cohorts in 2017 ($N = 638$) and 2023–2024 ($N = 1,241$).

RESULTS

Self-reported NCR and discrimination were consistently higher among Venezuelan migrants in Colombia than among Venezuelans in Florida. Levels of cultural stress within countries were variable, with NCR decreasing across years in Florida and self-reported discrimination increasing in both Florida and Colombia. Many Venezuelan migrants reported symptoms of mental health problems, with half of the sample in Colombia (54–56%) and two-fifths of the sample in Florida (39–41%) screening positive for depression in 2017 and 2023–2024. Individuals exposed to higher levels of cultural stress were substantially more likely to screen positive for depression and PTSD.

CONCLUSIONS

This study is the first to examine cultural stress and mental health among Venezuelan migrants across national contexts and different stages of the still-unfolding international migration crisis.

Introduction

The Venezuelan diaspora represents one of modern history's most significant population movements. With nearly eight million people displaced since 2015, the size of this massive out-migration surpasses even the displacement crises of Syria and Ukraine. Roughly one in four Venezuelans have fled what was once Latin America's most prosperous nation, relocating to other countries in South America and to the United States (U.S.). Myriad factors, including profound economic challenges, limited access to food and other necessities, and complex issues related to violence, crime, and insecurity, are driving this

migration. The migration crisis, which began during the presidency of Nicolás Maduro, seems likely to persist in the aftermath of his contentious reelection in July 2024 to a third six-year term.

A number of countries have made concerted efforts to support Venezuelan migrants as they resettle. For instance, Colombia—which has received nearly 3 million Venezuelans, twice that of any other country—has passed legislation providing many Venezuelan migrants with temporary protected status (TPS) and opening access to essential services such as healthcare, education, and social programs. Similarly, the U.S. federal government has provided TPS and humanitarian parole options for Venezuelan migrants, and these programs have allowed several hundred thousand Venezuelans to enter the country, receive work authorization, and be protected from deportation. Despite these critical government-level actions, emerging research indicates that migration-related cultural stress poses a challenge for Venezuelan migrants (Salas-Wright et al., 2022). Migration-related cultural stress manifests in several ways, including direct experiences of discrimination based on one's identity as an immigrant, as well as general perceptions of a negative context of reception (NCR) where immigrants perceive that members of their group are not welcome and are not treated well in the receiving society (Salas-Wright, Maldonado-Molina, et al., 2021; Salas-Wright & Schwartz, 2019).

Prior research suggests that a proportion of Venezuelan migrants in Colombia and the U.S. experience migration-related cultural stress and that such stress is related to an increased risk of mental health problems. Schwartz and colleagues (2018) found that Venezuelan migrants surveyed in Colombia in 2017 reported greater discrimination, a worse context of reception, and higher depressive symptom scores than Venezuelan migrants surveyed in the U.S. at that same time. Examining the same dataset, Vos and colleagues (2022) found that discrimination was robustly linked with post-traumatic stress disorder (PTSD) symptoms, which were found to be much higher among Venezuelans in Colombia than in the U.S. Discrimination and NCR have also been found to represent challenges related to behavioral health among Venezuelan migrant youth in the U.S. and Colombia (Salas-Wright et al., 2020; Salas-Wright, Mejía-Trujillo et al., 2024). There is also evidence that such stressors are experienced by Venezuelan migrants in various South American countries (Alarcón et al., 2022).

The studies mentioned above provide much-needed insight into the experiences of Venezuelan migrants, but important questions remain as to how migration-related cultural stress and mental health outcomes manifest over time and across countries. This question is crucial to address because the Venezuelan migration crisis—as is often the case in mass migrations and humanitarian situations—is fluid in many ways. For instance, Venezuelan migration to the U.S. during the mid-to-late-2010s largely went unnoticed or was viewed sympathetically by Americans. However, this dynamic changed in the early 2020s as the number of Venezuelan migrants and others seeking asylum increased markedly and captured national attention. In Colombia, we also have seen changes in the nature of the migration and the country's response over time—shifting from a focus on emergency aid and an emphasis on solidarity early on in the crisis (~ mid-2010s; Palma-Gutiérrez, 2021; Rendon, 2020) to concern among many Colombians that the mass influx of Venezuelans is economically and socially unsustainable (~2017-2019) (Bitar, 2022). In recent years, even as the Colombian government has formally regularized the status of many Venezuelan

migrants (Selee & Bolter, 2022), some voices in the media and civil society have expressed concern that the Venezuelan migration has led to greater insecurity, crime, and violence (Aliago Sáez et al., 2022; Bellino & Ortiz-Guerrero, 2023). The central point here is that, for us to understand migration-related cultural stress and mental health among Venezuelan migrants, a single time point and single location are not sufficient. Instead, to achieve a comprehensive understanding, we must examine these constructs across time and in distinct national receiving contexts.

The Present Study

The present study was designed to examine cultural stress experiences and mental health outcomes (i.e., depression and PTSD) among Venezuelan migrants using survey data collected (a) in 2017 in Bogotá, Colombia, and the U.S. State of Florida and (b) in 2023-2024 in Bogotá and Medellín, Colombia, and Florida in a refreshed, non-overlapping sample. These are key locations as Bogotá has the largest concentration of Venezuelan migrants of any city worldwide, and Medellín is the Colombian city with the highest *proportion* of Venezuelan migrants (more than 10%) (Guerrero Ble, 2023). Similarly, Florida is a critical receiving context, as best estimates indicate it is home to roughly half of all Venezuelans residing in the U.S. (Hoffman & Batalova, 2023; Moslimani et al., 2023).

To this end, we examine the differences and similarities between contexts (i.e., Colombia v. Florida) and within each context over time (i.e., 2017 v. 2023-2024) and the relationships between cultural stressors and mental health outcomes among Venezuelan migrants. Although a growing body of research has examined these and related constructs among Venezuelan migrants, our study is the very first to carefully examine migration-related cultural stress and mental health among Venezuelan migrants in distinct national receiving contexts and to do so from the early stages of the migration crisis in the mid-2010s to present. Consequently, our study can provide critical insights into how the experience of Venezuelan migrants has evolved or has remained static.

Method

The present study analyzes data from two distinct research projects focused on Venezuelan migrants in Colombia and the U.S. State of Florida: [1] the Colombia and Miami's Newest Arrivals (CAMINAR) study, which collected data from Venezuelan adults in Bogotá, Colombia and Florida in October 2017, and [2] the Venezolanos en Nuevos Entornos (VENE) study, which collected data from Venezuelan adults in Bogotá and Medellín, Colombia, and Florida, in 2023 and 2024. Although the target populations and measures are the same in both studies, it should be noted that these are refreshed, nonoverlapping samples (i.e., we surveyed new participants in 2023–2024) rather than prospective samples that gather data on the same individuals over time.

Sample Characteristics

The CAMINAR Study (2017)

The CAMINAR Study surveyed 638 Venezuelan immigrant adults in Bogotá, Colombia ($n = 305$) and the U.S. State of Florida ($n = 333$) in October 2017. In Colombia, all of the participants resided in the Bogotá metropolitan area. In Florida, most participants resided in Miami-Dade (74.0%) or Broward (7.5%) counties—both located in South Florida—and a minority (17.5%) lived elsewhere in Florida. The mean age for participants in Colombia was 31.0 years (standard deviation [SD] = 7.9) and 36.8 years ($SD = 8.9$) in Florida. Most participants in Colombia (57.7%) and Florida (65.4%) were female. In both contexts, most completed secondary education (Colombia = 83.3%, Florida = 92.0%), and notable proportions also reported completing a college education (Colombia = 25.4%, Florida = 50.0%). The mean year of migration was 2016 in Colombia ($SD = 0.6$, range = 2014–2017) and 2015 in Florida ($SD = 3.3$, range = 1999–2017).

The VENE Study (2023–2024)

The VENE Study surveyed 1,241 Venezuelan adults in Bogotá and Medellín, Colombia ($n = 566$) and the U.S. State of Florida ($n = 675$). Data in Colombia were collected between April and July 2023, and data in Florida between July 2023 and March 2024. In Colombia, 42.7% resided in Bogotá and 57.3% in Medellín. In Florida, a majority resided in Central (35.0%) or South (31.4%) Florida, with 13.2% living in Southwest Florida and the rest scattered throughout the state. The mean age for participants in Colombia was 35.1 years (standard deviation [SD] = 9.7) and 40.1 years ($SD = 12.1$) in Florida. Most participants in Colombia (81.4%) and Florida (68.1%) were female. In both contexts, most completed secondary education (Colombia = 75.2%, Florida = 98.4%), and many also reported completing a college education—especially in Florida (Colombia = 11.6%, Florida = 56.1%). The mean migration year was 2019 in Colombia ($SD = 1.7$, range = 2015–2023) and Florida ($SD = 2.6$, range = 2015–2023).

Procedures for CAMINAR and VENE

Data collection procedures for the CAMINAR and VENE studies were very similar. Both studies collected data in Spanish after survey items were translated, back-translated, and checked for accuracy by experts in Venezuelan Spanish. The surveys took approximately 30 to 45 minutes to complete. The studies were conducted with Institutional Review Board approval from the lead author's home institution in 2017 (Boston University) and from Boston College and the University of Florida in 2023.

Recruitment was conducted with community leaders and partners in Colombia and Florida and via peer referrals. Research team members and assessors working in the local communities distributed hard-copy flyers and recruited eligible participants to enroll in the study. For CAMINAR, participants had to have migrated after Hugo Chávez's election in 1998 (although virtually all participants migrated after 2015). For VENE, anyone who was a Venezuelan migrant living in Bogotá, Medellín, or the U.S. State of Florida who migrated after 2015 was eligible to participate. We selected 2015 as a cutoff as this was the first year that the number of Venezuelan migrants increased dramatically (Van Praag, 2019).

Incentives were provided for participating in the survey and providing successful referrals. For CAMINAR, participants in the U.S. were given a \$40 gift card for participating in the survey and a \$15 gift card for each successful referral they provided (maximum three). In Colombia, participants were given a gift card

of approximately \$25 and roughly \$5 for each referral. For VENE, participants in the U.S. were given \$45 for participating in the survey and a \$10 gift card for each successful referral provided (maximum five). In Colombia, participants received approximately \$25 for participating in the survey and approximately \$5 for each successful referral. Most participants received only one or two secondary referral incentives.

Measures

Negative Context of Reception

NCR was assessed via the 6-item Perceived Negative Context of Reception Scale (Schwartz et al., 2014). This measure captures the degree to which immigrants report feeling that people from their country are unwanted or marginalized within the receiving context. Sample items include “People in this country often criticize people from Venezuela” and “It is hard for me to do well at work here because of where I am from.” Participants respond to items on a 5-point Likert scale (1–5) ranging from “completely disagree” to “completely agree.” This measure has been validated with Venezuelan migrants (Salas-Wright et al., 2021) and migrants from other national backgrounds, including Puerto Rico and India (John et al., 2024; Schwartz et al., 2024).

Discrimination

Self-reported discrimination was assessed via the Perceived Discrimination Scale developed by Phinney and colleagues (1998). We used this measure to assess the frequency of adverse experiences related to being a Venezuelan migrant. Sample items include: “How often do employers treat you unfairly or negatively because you are Venezuelan?” and “How often do other people (such as police and shopkeepers) treat you unfairly or negatively because you are Venezuelan?” Participants were asked how often each event occurred, using a 5-point Likert scale (1–5) ranging from “not at all” to “almost every day.”

Mental Health

Depression

To assess depressive symptoms, we used the 10-item Boston Form of the Center for Epidemiological Studies Depression Scale (Kohout, 1999). This instrument taps into symptoms such as listlessness, anhedonia, and lack of interest in activities the week before assessment. Participants responded to each item using a 4-point Likert scale (0–3) ranging from “rarely” to “all of the time.” This measure has been used in prior research with Spanish language samples (Gonzalez et al., 2017). It has produced valid and reliable scores with various Latin American migrant samples, including Venezuelans (Sahbaz et al., in press). As with prior research (Andresen et al., 1994), participants with a score of 10 or greater were deemed a positive screen for depression.

Posttraumatic Stress Disorder (PTSD)

PTSD symptoms were measured using an adaptation of the Short Screening Scale for the Diagnostic and Statistical Manual of Mental Disorders (Breslau et al., 1999). This seven-item scale, with responses of “yes or no” (with yes = 1), assesses symptoms of PTSD related to diagnostic criteria domains, including avoidance/numbing and arousal related to traumatic events. This scale has been used in prior research with Venezuelan migrants in Colombia (Vos et al., 2022). Consistent with prior research, participants with a score of 4 or greater were identified as a likely positive screen for PTSD (Kimerling et al., 2006).

Demographic Factors

Demographic factors used in the analysis include self-reported age in years (continuous), gender (male, female, other), educational attainment (primary or less, secondary, post-secondary), and year of migration (continuous).

Statistical Analyses

Statistical analyses were carried out in several steps. First, we display the mean values and *SD* for all four of the key constructs—NCR, discrimination, depression, and PTSD—for all four of the study samples. Consistent with prior research, we test for differences in the mean values between countries and within countries across time, using independent sample *t*-tests (Cobb et al., 2021; Dawson et al., 2015). This analytic strategy is similar to those used in studies comparing mean values from distinct cohorts (e.g., Sanchez et al., 2022). To provide a more in-depth assessment of cultural stress experiences, we also present figures showing the proportion of respondents endorsing levels of NCR and discrimination.

We then conducted multivariable logistic regression analyses to examine the association between cultural stressors and mental health outcomes. Cultural stressors were specified as independent variables, demographic variables as controls, and mental health variables as outcomes. Statistical analyses were conducted using Stata 15.1 MP.

Results

Table 1 displays the mean values and results of the independent-sample *t*-tests for key study constructs regarding differences between and within countries. Multiple between-country differences were observed in 2017, with higher mean levels of NCR, discrimination, and depression symptoms observed in Colombia and higher mean PTSD symptom levels observed in Florida. In 2023-2024, between-country differences were also observed for NCR, discrimination, and depression, with higher levels observed in Colombia in all three instances. However, no differences were observed in terms of PTSD symptom levels. Within-country changes from 2017 to 2023-2024 were also observed, including declines in NCR and PTSD levels in Florida—although no changes were observed in Colombia—and increases in perceived discrimination in both Colombia and Florida.

*** INSERT TABLE 1 HERE ***

Figures 1 and 2 provide item-level information on the six items used in the NCR scale and the three items used to measure discrimination. For NCR, a consistent pattern is observed in which the proportion of participants endorsing “agree” is substantially higher in Colombia than in Florida, and, generally, the proportion of individuals reporting NCR decreased slightly between 2017 and 2023-2024. Particularly noteworthy differences were observed in item six: “People in this country often criticize people from Venezuela.” In 2017, nearly 7 in 10 (69%) Venezuelans in Colombia agreed with the statement, compared to only one in five (20%) in Florida. Although these differences attenuated somewhat in 2023-2024 (with 56% agreeing in Colombia and 17% agreeing in Florida), more than three times as many Venezuelans agreed with the statement in Colombia than in Florida. It is also worth noting that item four, which reads, “It is hard for me to do well at work here because of where I am from,” changed dramatically in Colombia from 47% endorsing “agree” in 2017 to 27% in 2023. Although all items decreased at least slightly between 2017 and 2023 in Colombia, this nearly 75% proportional decrease was by far the most prominent change.

*** INSERT FIGURE 1 HERE ***

A somewhat distinct pattern was observed for self-reported discrimination (see **Figure 2**). Namely, in Colombia and Florida, noteworthy increases were observed between 2017 and 2023-2024 in the proportion of participants endorsing recurrent discrimination experiences from employers (Colombia: from 16% to 20%; Florida: from 2% to 6%) and strangers (Colombia: from 15% to 20%; Florida: from 3% to 6%). Self-reported discrimination concerning “police or shopkeepers” remained stable between 2017 and 2023-2024. A clear pattern was observed in which the proportion of the sample in Colombia reporting recurrent discrimination was greater than among Venezuelan migrants in Florida.

*** INSERT FIGURE 2 HERE ***

Table 2 displays the adjusted odds ratios (aOR) for the association between migration-related cultural stressors and mental health outcomes. **Figure 3** displays the proportions that screened positive for depression and PTSD. NCR and discrimination were significantly associated with positive depression screens across all four of the samples examined. NCR was significantly associated with increased odds of PTSD in Colombia in 2017 and 2023-24 and in Florida in 2023/2024, but not in Florida in 2017. Discrimination was significantly associated with increased odds of a PTSD-positive screen in all four samples.

*** INSERT TABLE 2 HERE ***

*** INSERT FIGURE 3 HERE ***

Discussion

The present findings provide unique and timely evidence regarding migration-related cultural stress and mental health needs among Venezuelan immigrants in two primary receiving contexts: Colombia

(namely, Bogotá and Medellín) and the U.S. State of Florida. Below, we highlight key study findings and consider their contribution to the broader empirical and conceptual literature on crisis migration.

Finding #1: Cultural Stress is Consistently Higher Among Venezuelan Migrants in Colombia than among Venezuelans in the U.S. State of Florida

The first key finding is that in 2017 and 2023-2024, Venezuelan migrants in Colombia reported substantially greater levels of cultural stress compared to Venezuelans relocated to the U.S. State of Florida. This was the case for two distinct cultural stressors: *NCR*, which reflects a general feeling of rejection or coldness towards immigrants from one's country of origin, and exposure to *discrimination* that immigrants report as something that is experienced directly and personally. These mean differences are substantial and stable, providing strong evidence that Venezuelan migrants perceive these two receiving contexts to be markedly different regarding migration-related cultural stress.

This finding runs contrary to the hypothesis that closer linguistic and cultural proximity should facilitate lower levels of cultural stress. One might assume that Venezuelans would integrate more easily in Colombia (a Spanish-speaking country that shares many general cultural values and practices with Venezuela) than Florida, as the latter—despite a strong Latin American influence—is a U.S. state where English is the official and most commonly spoken language, and where mainstream U.S. culture predominates. However, this does not seem to be the case, and evidence certainly exists that a shared language and similar culture do not guarantee that international migrants will be welcomed in a new context. For instance, there is evidence that the experience of Nicaraguans relocated to neighboring Costa Rica is often complex and that xenophobia and discrimination towards Nicaraguan migrants represent long-standing issues (Benavides & Amador, 2022).

This finding also suggests that other factors likely figure into cultural stress dynamics experienced by migrants. One such factor is the relative size of the migration, as there is evidence that larger migrations—particularly those that could lead to financial strain in the destination context—tend to provoke more rejection than smaller migrations (Cowling et al., 2019; Landmann et al., 2018). Without question, the number of Venezuelan migrants resettling in Colombia in recent years is substantially more significant than the number that have migrated to the U.S. This is the case in terms of raw numbers and relative proportions, as best estimates indicate that, since 2015, nearly 3 million Venezuelans have migrated to Colombia (with a population of roughly 50 million). In contrast, fewer than 1 million have migrated to the U.S. (with a population of roughly 350 million) (Hoffman & Batalova, 2023). Further, although immigration is a perennial topic of American political debate, the U.S. is better positioned to absorb a large influx of immigrants, given the relative size of the American economy, low unemployment, and decades of experience with large-scale migration from Latin America and from countries across the globe (Roy et al., 2024).

Finding #2: Changes in Cultural Stress Were Observed Over Time

The second key finding is that cultural stress levels within countries did not remain fully stable over time. In Florida, we observed a 6.4% decrease in the mean value for NCR between 2017 ($M = 14.1$) and 2023-2024 ($M = 13.2$), which, although relatively modest, was significant and seems to suggest an overall improvement in how Venezuelan migrants perceive their resettlement context. Notably, no such change was observed in Colombia regarding NCR—in fact, we observed a 13.6% increase in self-reported discrimination from a mean score of 5.9 in 2017 to a mean score of 6.7 in 2023. During the same timeframe, we also observed a 14.6% increase in perceived discrimination among Venezuelan migrants in Florida.

These findings suggest that the challenges related to migration-related cultural stress are not dissipating but rather remain quite steady—especially in Colombia. In 2017, shortly after the first significant wave of migration from Venezuela to Colombia, 42% and 43% of Venezuelan migrants in our sample reported experiencing some discrimination from employers and strangers, respectively. Six years later, in 2023, this percentage increased to half of Venezuelans surveyed reporting discrimination experiences from employers (50%) and strangers (53%). While rates of recurrent discrimination are substantially lower, it is nevertheless disconcerting that, in 2023, one in five (20%) Venezuelans in Colombia reported recurrent discrimination from employers and strangers. To put this into context, even despite a significant increase in self-reported discrimination in Florida between 2017 and 2023-2024, only 6% of Venezuelans in Florida reported recurrent discrimination from employers and strangers.

Findings #3 and #4: Many Venezuelan Migrants Report Psychological Distress, and Cultural Stressors are Important Risk Correlates

The third key finding is that a substantial proportion of Venezuelan migrants reported experiencing elevated psychological distress. Indeed, more than half of Venezuelan migrants surveyed in Colombia in 2017 (54%) and 2023 (56%), and two in every five surveyed in Florida in 2017 (41%) and 2023-2024 (39%) screened positive for depression. In Colombia, the proportion screening positive for PTSD (24% in 2017 and 35% in 2023) was substantially lower than those screening positive for depression, but this nevertheless points to widespread clinical need. Interestingly, the percentage of Venezuelans screening positive for PTSD in Florida decreased significantly from 36% in 2017 to 30% in 2023-2024, which may correspond with research suggesting that many Venezuelans who relocated in the early-to-mid 2010s did so amid widespread government persecution and credible threats from powerful paramilitary groups (“colectivos” in Venezuelan Spanish) known for the use of force against antigovernment protesters and political opponents (Mejía-Trujillo et al., 2023).

A fourth key finding is that exposure to cultural stress is closely related to the risk for elevated depressive and PTSD symptoms in all four of the samples examined. To be sure, myriad factors influence the mental health of crisis migrants in general and Venezuelan migrants in particular, but there is little doubt that NCR and discrimination serve as influential risk factors in both Colombia and Florida. This finding is consistent with prior research on this population, including with Venezuelan migrant youth (Salas-Wright, Mejía-Trujillo, et al., 2024), and a rapidly growing body of research in the area of crisis

migration and mental health (see Salas-Wright et al., 2022, for a review). Nevertheless, the findings here provide a fresh and valuable contribution, as we see a very similar pattern of results in four distinct samples of Venezuelan migrants collected independently in two very distinct countries over 6-7 years. In the face of such evidence, it is critical that researchers, community leaders, public health professionals, and mental health clinicians work with communities to limit cultural stress exposure and to develop therapeutic protocols to support migrants who are exposed to such stressors (Scaramutti et al., 2024; Vos et al., 2021).

Limitations

Findings from the present study should be interpreted in light of several limitations. First, although we collected data in 2017 and 2023-2024, all data here are cross-sectional. As such, we cannot make definitive causal statements—for instance, individuals who score high on depressive symptoms may be more likely to endorse NCR rather than the cultural stressor leading to the mental health symptoms. Longitudinal research would allow us to examine within-person changes, which are a top research priority moving forward. Second, all data here are limited to respondent self-reports, which introduces potential bias regarding the perception of cultural stressors. Ideally, we could triangulate the self-report cultural stress data with data from an additional source, whether clinical interviews, reports from close friends or family members, or community-level data. Similarly, a third limitation is that our screening diagnoses are based not on a gold-standard diagnostic interview but on validated survey measures. In future research, it would be beneficial to conduct a diagnostic interview, although such a research design is challenging in cross-national research conducted with recent crisis migrant populations. A fourth limitation is that, although we examine the experiences of Venezuelan migrants in important receiving contexts, other towns, cities, states, and countries have received Venezuelan migrants, but they are not represented here.

Conclusion

The present study is the first to examine migration-related cultural stress and mental health among Venezuelan migrants across national contexts and different stages of the still-unfolding international migration crisis. Our study yields four overarching findings of primary importance. First, we see clear and compelling evidence that self-reported NCR and discrimination are consistently higher among Venezuelan migrants in Colombia than among Venezuelans in the U.S. State of Florida. Second, we found that levels of cultural stress within countries were variable, with NCR decreasing in Florida and self-reported discrimination increasing in both Florida and Colombia. Third, we see disconcerting evidence that many Venezuelan migrants report symptoms of mental health problems, with more than half of our sample in Colombia (54–56%) and two-fifths of our sample in Florida (39–41%) screening positive for depression. In 2023–2024, roughly one in three Venezuelan migrants surveyed in Colombia (35%) and Florida (30%) screened positive for PTSD. Finally, we also saw consistent evidence that individuals exposed to higher levels of cultural stress are substantially more likely to present with mental health needs. These data constitute a unique cross-national contribution to our understanding of the

Venezuelan diaspora and its unfolding—future research should build upon these data by examining longitudinal, within-person changes to understand the complex interplay of cultural stress and mental health over time.

Declarations

Author Contribution

CPSW, SJS, and MMM were the principal investigators. CPSW led the writing with contributions from SJS, MG, and MFG. APG, JMJ, PA, MFG, MB, IC, and VGDS were involved in data collection and reviewed the manuscript. ECB was involved in the 2017 data collection process, and MS guided the analytic process. All reviewed the manuscript before submission.

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Tables

Table 1 Mean Values and *t*-Test Results for Key Study Constructs by Sample

	2017 Data					2023/2024 Data				
	Colombia (<i>n</i> = 305)		Florida (<i>n</i> = 333)		<i>t</i> -test	Colombia (<i>n</i> = 566)		Florida (<i>n</i> = 675)		<i>t</i> -test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Key Constructs										
Negative Context	17.3	4.9	14.1	4.9	8.29***	16.9	5.6	13.2 ^ü	4.9	12.41***
Discrimination	5.9	2.8	4.8	2.1	5.69***	6.7 ^ü	3.1	5.5 ^ü	2.5	7.55***
Depression	10.4	5.8	8.6	6.0	3.71***	11.2	6.5	8.3	5.5	8.51***
PTSD	2.3	1.7	2.8 ^a	2.0	3.40***	2.5	2.3	2.3 ^ü	2.2	ns

Note: M = Mean. SD = Standard Deviation. A superscript check mark (ü) after the 2023/2024 mean value signifies a significant

(*p* < .01) within-country difference between 2017 and 2023/2024.

Table 2

Associations between Negative Context of Reception and Discrimination with Depression and PTSD Screens

	Depression				PTSD			
	Raw		Standardized IV		Raw		Standardized IV	
	<i>aOR</i>	<i>95% CI</i>	<i>aOR</i>	<i>95% CI</i>	<i>aOR</i>	<i>95% CI</i>	<i>aOR</i>	<i>95% CI</i>
2017 Colombia								
NCR	1.12	1.07-1.19	1.84***	1.39-2.43	1.08	1.02-1.15	1.49*	1.09-2.04
Discrimination	1.39	1.24-1.55	2.29***	1.72-3.04	1.28	1.15-1.41	1.85***	1.43-2.40
2017 Florida								
NCR	1.12	1.06-1.18	1.77***	1.34-2.32	1.03	0.98-1.09	1.19	0.92-1.54
Discrimination	1.45	1.27-1.65	2.55***	1.84-3.53	1.18	1.05-1.32	1.51**	1.14-2.01
2023 Colombia								
NCR	1.19	1.15-1.24	2.71***	2.15-3.42	1.12	1.08-1.17	1.93***	1.58-2.37
Discrimination	1.28	1.20-1.38	2.19***	1.76-2.72	1.20	1.13-1.28	1.76***	1.45-2.15
2023/2024 Florida								
NCR	1.19	1.14-1.24	2.31***	1.91-2.82	1.09	1.05-1.13	1.50***	1.26-1.80
Discrimination	1.30	1.21-1.40	1.94***	1.61-2.34	1.12	1.05-1.20	1.34**	1.13-1.58

Note: ORs and CIs in bold are significant at $p < .001$. *aOR* = Adjusted Odds Ratio; NCR = negative context of reception. All models were conducted while controlling for age, gender, education level, and year of migration. * $p < .05$, ** $p < .01$, *** $p < .001$.

Figures

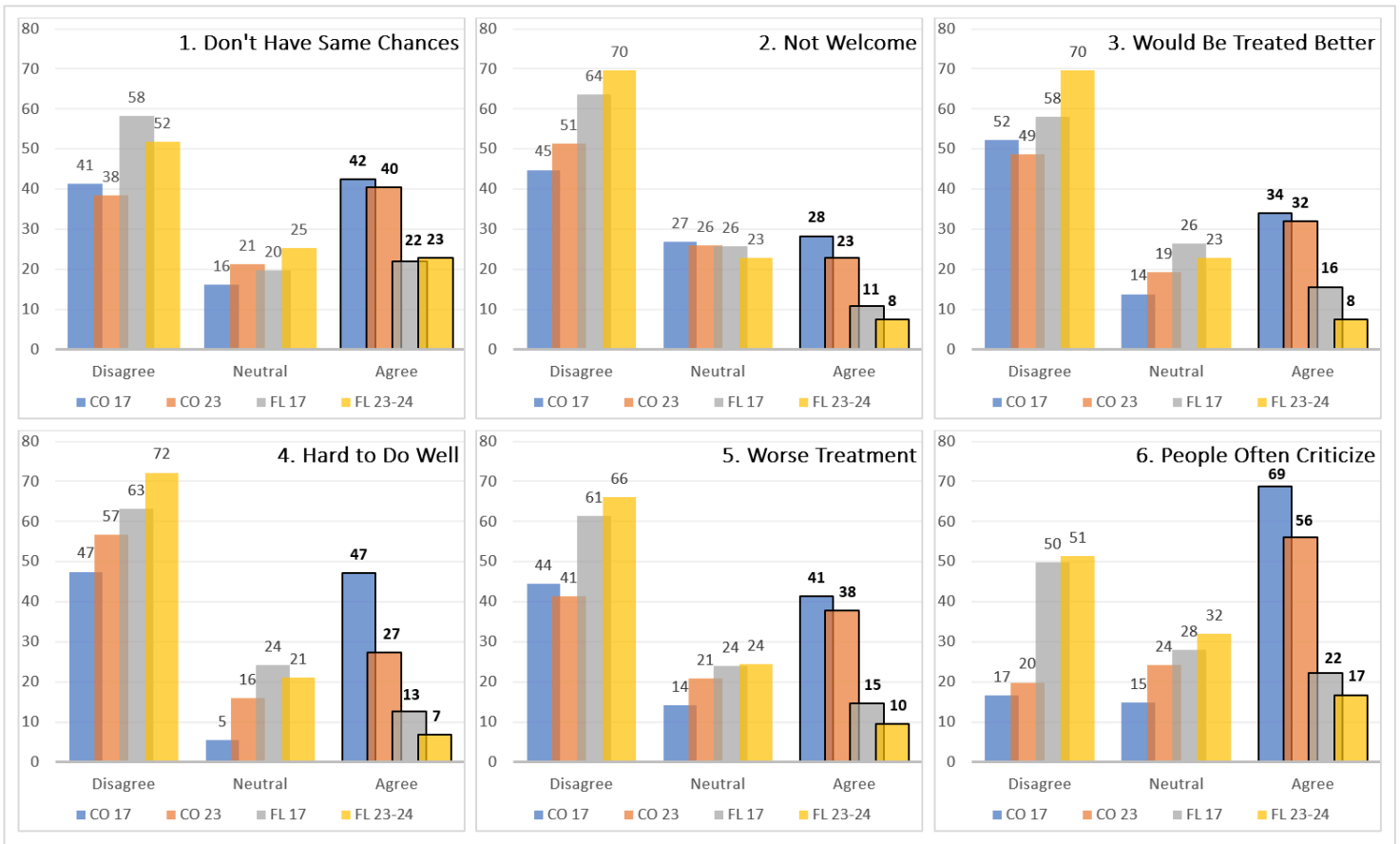


Figure 1

Proportion of Respondents Endorsing Negative Context of Reception, by Country and Survey Year

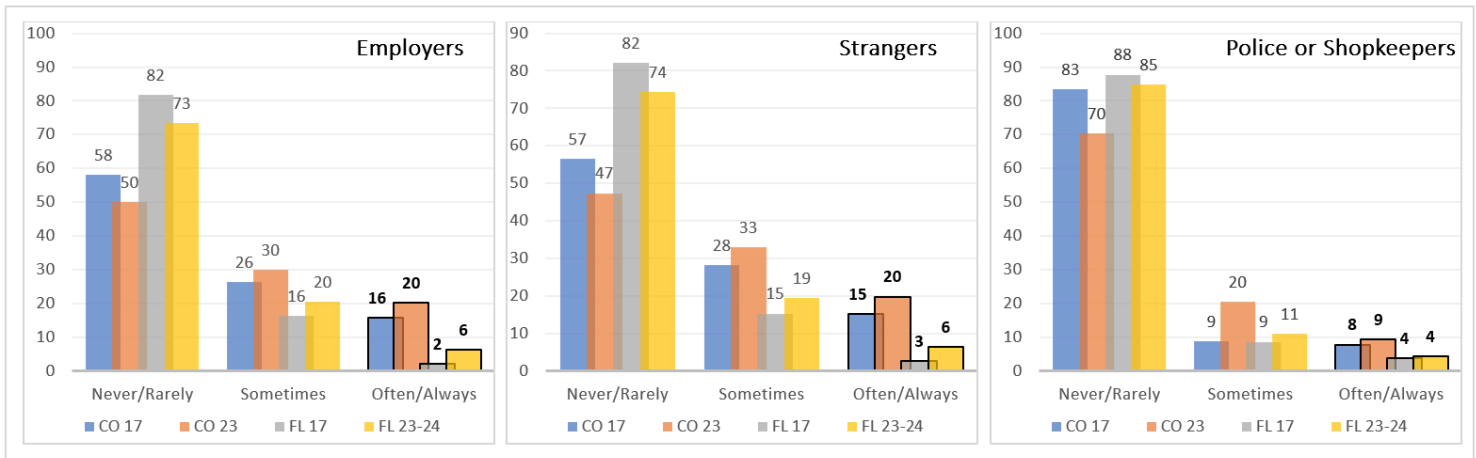


Figure 2

Proportion of Respondents Endorsing Discrimination Experiences, by Country and Survey Year

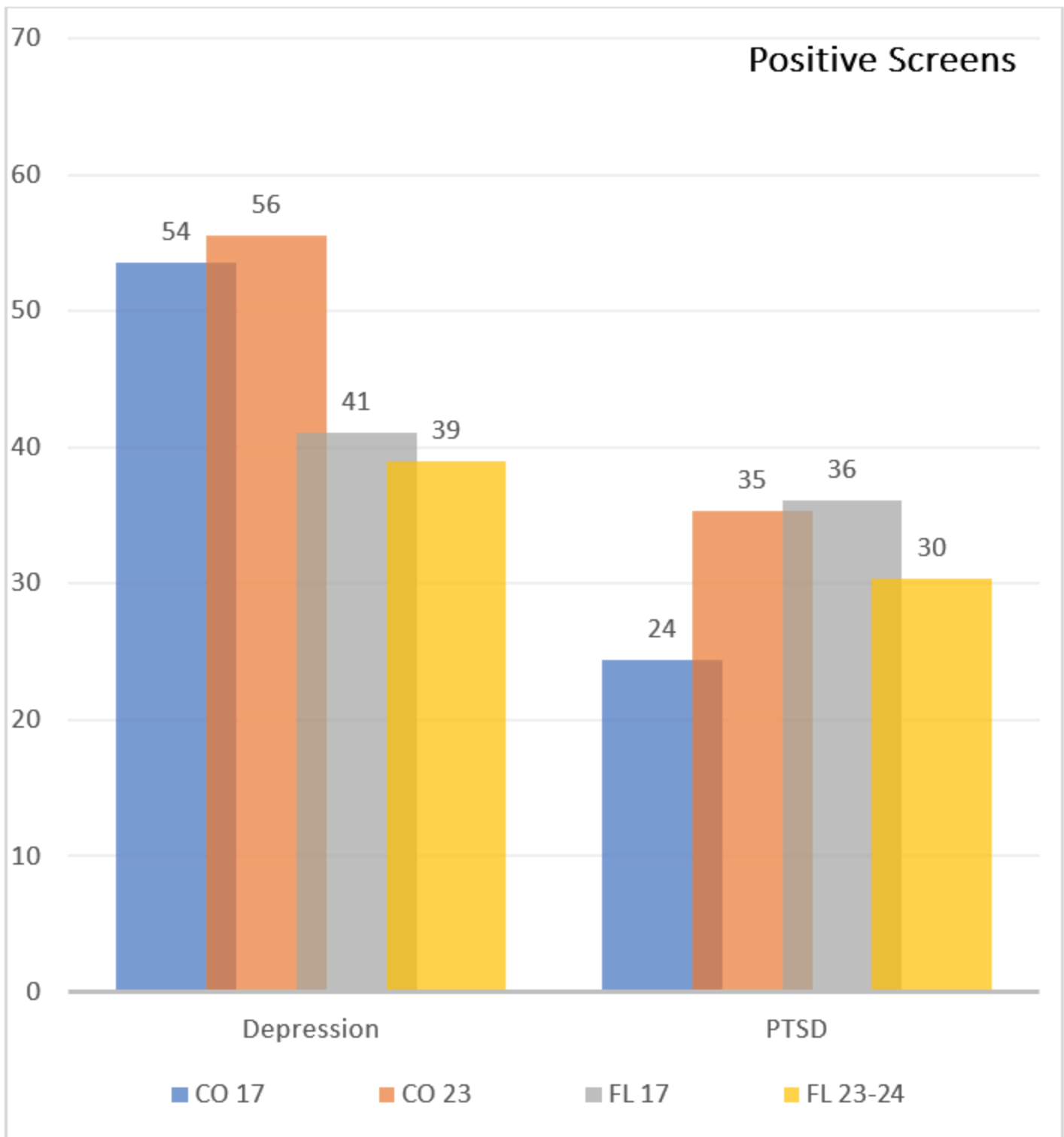


Figure 3

Proportion of respondents screening positive for depression and PTSD, by country and survey year