

2018-01-01

# Drug-War Violence, Mental Health, And Coping Mechanisms Among Mexican-Origin Women In El Paso, Texas

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DRUG-WAR VIOLENCE, MENTAL HEALTH, AND COPING MECHANISMS AMONG  
MEXICAN-ORIGIN WOMEN IN EL PASO, TEXAS

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DRUG-WAR VIOLENCE, MENTAL HEALTH, AND COPING MECHANISMS AMONG  
MEXICAN-ORIGIN WOMEN IN EL PASO, TEXAS

by

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THESIS

Presented to the Faculty of the Graduate School of

The University of Texas at El Paso

in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF ARTS

Department of Sociology and Anthropology

THE UNIVERSITY OF TEXAS AT EL PASO

December 2018

## **ABSTRACT**

This thesis examines how the drug-war violence in México from 2006 to 2012 shaped the experiences of migrant women who were adapting to life in El Paso, TX (USA) after leaving Ciudad Juarez, Mexico. This study is oriented through a testimonio approach, which involves telling the stories of ten Mexican origin women interviewed between 2012 and 2014. It focuses on their narratives about their traumatic experiences with drug-war related violence in Juarez and forced migration to El Paso, TX and how they coped with the challenges to achieve resilience after arriving in the US. I also report on their mental health status. All ten women went through a traumatic experience due to the drug-war violence in Mexico and fled the country for that reason. The study shows that women who were forced to migrate due to the drug-war violent situation in Ciudad Juarez experienced psychological stress. Eight of the ten were symptomatic for anxiety, depression and/or post-traumatic stress disorder (PTSD) based on a screening tool. In addition to their traumatic experiences in Juarez and the forced migration, for some women, their lack of legal status in the US was another source of stress once they arrived in El Paso. All reported some challenges adapting to their new life and culture in the US, but all showed signs of resilience and adaptation after moving to the U.S. Most of those who can legally do so still cross back to Mexico occasionally for personal reasons or because of work or medical reasons. Some of them felt the need for general therapy and help and a few were part of counseling or therapy groups. The majority considered themselves as religious or as having faith in God, and some found help and counsel through church groups and church services. Some also relied on their families and friends for support. This thesis illustrates the personal and social toll that living through the violence in Mexico took on women migrants to the US and how they are resilient in the face of struggle.

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## **CHAPTER 1: INTRODUCTION & LITERATURE REVIEW**

### **Introduction**

Ciudad Juarez (Chihuahua, Mexico) or “Juarez” as it is commonly called, is located across the international border from El Paso, TX. El Paso and Juarez not only share a border, but there is a shared culture and language among both cities. The focus of this research was to examine, through the participants’ narratives or testimonios, the effect of the drug-war violence in Mexico from 2006 to 2012 on the experiences of migrant women who were adapting to life in El Paso, TX after leaving Ciudad Juarez, Mexico. This research specifically examines responses to the armed conflict/drug-war violence in Ciudad Juarez, not other forms of violence that women from Juarez and El Paso might have experienced, such as intimate partner violence which “remains a major public health concern in the United States” (Moya et. al, 2016, p. e29). Through their testimonios, I tell the story of the traumatic experiences leading to their forced migration, report on their mental health status using questionnaires, identify the factors or coping mechanisms that helped them achieve resilience, which included reliance on religion and faith, social ties back home, and/or psychological counseling once established in El Paso, TX.

The orienting approach for this study is a focus on testimonios, which are oral narratives that share histories of life experiences (Delgado Bernal, Burciaga, & Flores Carmona, 2012). An important aspect of this approach was listening to the women who have survived violence in Ciudad Juarez tell their experiences in their own voices. Their narratives provide insights on the women's motivations to find alternative life experiences by leaving their city, migrating to El Paso, and learning to adapt and build resilience through several coping mechanisms. These testimonios are narratives of survival and resilience. Thus, the testimonio approach challenges notions of "scientific" objectivity by situating the reader in the women's experiences and in learning from

these experiences through their shared practice (Delgado Bernal, Burciaga, & Flores Carmona, 2012).

To preview the findings, all participants went through a traumatic experience due to the violence in Mexico and fled the country for that reason. They all reported some challenges and stress adapting to their new life and culture in the US. Most of them still crossed back to Mexico occasionally for personal reasons, because of work or for medical care and maintained contact with their family and friends back home. Two mentioned they had attended general therapy sessions and had sought psychological help, and some of the women mentioned it would be a good thing to create a therapy specifically for people who went through the same experiences as they did. The majority considered themselves to be religious or believing in a God, and some found help and counsel through church groups and prayer. They all had a positive attitude regarding their future and showed signs of resilience and motivation to adapt in their new country of residence and have a better life with their families. These signs included seeking to gain legal status in the US, learning English, having a positive attitude, and working to make a better future for their children.

## **Literature Review**

The literature review will cover the topics of the drug violence in Juarez, the orienting testimonio approach that I use, the psychological distress and trauma that can accompany drug violence and forced migration and finally, resilience and coping in the face of these challenges, which a focus on religion, support from family, and mental health services.

## Ciudad Juarez and Drug Violence

For generations, Juarez has been a major international transit point. With its strategic location next to the U.S., Juarez became a number one center of *maquilas*, which are export-oriented assembly manufacturing plants (Martinez, 2018). Many people from throughout Mexico have migrated to Juarez seeking work in the *maquilas* and “the city represents a vibrant community that offered opportunities not available in rural Mexico” (Martinez, 2018, p. 379). During the early 2000s, Juárez was a city that never slept; famous for its night clubs, party lifestyle and commerce. Juárez is one of the most important borders and crossing points from Mexico into the U.S. and it has “served as a major drug-trade corridor to the United States” (Martinez, 2018, p. 379). It had been well-known as a city with an active drug cartel, but from 2006 until the end of 2012, drug violence predominated all over the city; cartels did not respect public spaces, schools, or homes, as they previously had. The drug-war violence in Juarez was part of a broader trend in México at that time. What was happening in Juarez was not mirrored in its sister city of El Paso, TX. At this time, the most noticeable contrast between Ciudad Juarez and El Paso was how the first was denominated as the most dangerous city in the world, while the latter was the safest city in the US of its size (Staudt, Fuentes, & Monarrez Fragoso, 2010).

The levels of violence were extreme during this time frame. In México, in early 2006, there was a drug-related homicide every four hours; in 2011, there was one every thirty minutes (Molzahn, Rios, & Shirk, 2012). Between 2006 through 2012, there were more than 50,000 murders related to organized crime in Mexico of which more than half were in Chihuahua, Sinaloa and Tamaulipas alone (Molzahn, Rios, & Shirk, 2012). From 2007-2010, in Ciudad Juarez, there were 6726 homicides, 93% of the victims were men and 86.4% of them were between 14-44 years old (Velazquez Vargas, 2012, p. 14).

The wave of violence forced people to migrate because of the dangerous situation, the fear of retaliation, threats, and not being able to maintain a “*cuota*” (i.e., payment for protection from and to the cartels). Between 2008 and 2010, approximately 230,000 people left Ciudad Juarez alone and more than half of them have moved to the U.S. (Meyer, 2010). According to the survey of citizen perception of the insecurity in Ciudad Juarez, 55,775 people moved from Ciudad Juarez to El Paso, TX. This represented one-quarter of all *Juarenses* who left the city. Also, around 90% of residents reported that they have no or little confidence in the authorities and over 50% of crimes in Juárez are not reported (Velazquez Vargas, 2012). Parents in the city struggled with having to keep their children inside their homes at all times because of the occurrence of shootings, murders, and violence in the streets (Hernández, 2011).

There are similarities between what people have experienced in Mexico (2006-2012) and a war or civil conflict. “Brazen assassinations, kidnappings, and intimidation by drug lords conjure up images of Colombia in the early 1990’s. Yet today it is Mexico that is engulfed by escalating violence” (O’Neil, 2009, p. 63). In Mexico, between 2006-2012, people had to live among the danger of shooting and kidnappings, as well as abuse from the police force and military.

### Testimonio Approach

Given the extreme violence and stress that residents in Juarez experienced during the time frame outlined above, there is an important need to understand the experiences of people in the city at this time. While other studies have focused on the experiences of women living in Juarez during the violence (e.g., Grineski, Hernandez, & Ramos, 2013), this study centers the voices of women who migrated to El Paso. In doing so, the thesis highlights the important stories of a group of people that is generally invisible and whose voices are marginalized in broader discussions about drug war violence and the drug trade in Mexico.

The testimonio approach that I use provides an opportunity for the reader to listen to the voices of those suffering and it situates the reader in their experiences. “Chicanas and Latinas have demonstrated the power of testimonios as a genre that exposes brutality, disrupts silencing, and build solidarity among women of color” (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 363). This methodological strategy is not limited to research by or about Chicanas and/or Latinas, but the way it has been used by these scholars accepts the mind, body and spirit as equally valuable sources of knowledge. The testimonio approach permits the incorporation of histories of life experiences that includes the political, social, historical and cultural to create change and raise consciousness. “As a process, testimonear (to give testimony) is the act of recovering previous experiences otherwise silenced or untold and unfolding them into a narrative that conveys personal, political, and social realities” (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 364). In the book Making a Killing, testimonios from the mothers and families of some of the disappeared women (i.e., victims of feminicidios) in Ciudad Juarez are used as a powerful tool which “makes it difficult to ignore the victims, or the murders, or the political, geographic, and economic context in which the crimes keep happening” (Gaspar de Alba & Guzman, 2010, p. 10). The testimonios included in the book provide an insight and a glimpse into how the feminicidios have been handled and silenced and how families have been torn apart and have been victims of abuse and intimidation (Gaspar de Alba & Guzman, 2010). In the same way that the testimonio approach is well-suited to that topic of study, it is also ideal for my thesis, since I am able to tell commonly untold stories about women’s experiences during this difficult time in order to raise consciousness.

Psychological Distress and Trauma

The testimonios that I present in this thesis include women's stories about the psychological distress and trauma that they experienced in Juarez, before migrating, and in El Paso, after migrating. "Psychological distress could be understood as the result of daily stress endured within the context of ongoing adversity and failing institutions" (Ventevogel, et al., 2012, p. 1). The problem is not only the effect of the drug violence on people, but the lack of resources to help them cope. Studies have shown that with political violence, "risk factors [for mental health problems] include being a woman, being exposed to traumatic events, lacking of social support, migrating away from one's home community, and subsequent stressful life events" (Pichaud, 2008, p. 319). Posttraumatic Stress Disorder (PTSD) is one of the major risks after being exposed to trauma (Chen & Koenig, 2006). PTSD is defined by experiencing a traumatizing event (which often involves a threat of death or severe injury and the intense feeling of horror, fear or helplessness that follows), meeting the diagnoses criteria (which include avoidance, arousal and reexperiencing), and the impact and duration of the symptoms (Gray & Liotta, 2012).

According to the WHO globally, around 65 million people have been forcibly displaced from their homes and are refugees (World Health Organization, 2018). The most common diagnosis after experiencing these situations are PTSD, anxiety, and depression, among others. Trauma should also be considered as something that can be felt physically. "A majority of patients with anxiety disorder or depression both in Western and non-Western cultures emphasize somatic symptoms as their first reported complaints" (Morina, Ford, Risch, Morina, & Stangier, 2010). This makes the experience a real psychic suffering. In many people, trauma can be manifested through lack of sleep, headaches, among many other physical symptoms.

In terms of previous studies on mental health and the violence in Mexico (2008-2012), there have been increased negative mental health outcomes among young adults in the border

region (O'Connor, Vizcaino, & Benavides, 2015). Students in El Paso, Texas were interviewed using the questionnaires I also use in this study to test for PTSD, depression and anxiety symptoms, as well as documenting the events that affected them. The students were divided in four groups (Hispanic students with relatives in Mexico, Hispanic students who commute from Juarez to El Paso for school, Hispanic students with little or no connection to Mexico, and Non-Hispanic students, who are presumed to have little or no connection to Mexico). The most frequently reported traumatic events among the first two groups of students (Hispanic students with relatives in Mexico and Hispanic students who commute from Juarez), included extortion or robbery (48.5%), confinement to home (51.5%), injury to loved one (47.8%) and witnessing a killing or dead body (47.8%). Those traumatic events were positively associated with depression, anxiety, and PTSD symptoms (O'Connor, Vizcaino, & Benavides, 2015, pp. 93-94).

In terms of comparing the groups in terms of mental health status, results indicated that Hispanics with little or no connection to Mexico had significantly lower mean ranks in anxiety compared with Hispanic students who commuted from Juarez every day to school in El Paso and Hispanic students with relatives in Mexico. No differences were found in anxiety between commuters and Hispanic students with relatives in Mexico. Hispanic commuters had significantly higher mean ranks in PTSD compared to Hispanics with little or no connection to Mexico and non-Hispanics. Students with relatives in Mexico also showed significantly higher mean ranks in PTSD compared with Hispanics with little or no connection to Mexico and non-Hispanics. However, no differences were found between commuters and students with relatives in Mexico, or between those with little connection to Mexico and non-Hispanics (O'Connor, Vizcaino, & Benavides, 2015).

Apart from the distress immigrants might have experienced in their home country, the migration experience can also cause psychological distress. The experiences of newly arrived Latino immigrants are different from US-born Latinos and Latinos who have been in the US for many years and are already part of a community. Immigrants not only have to cope with being the “newcomers” but many also struggle with the language, the change in routine, and a new place of residence, and other emergent life crises (Aguilar-Gaxiola & Gullotta, 2008). “Personal crisis is associated with increased depression” (Reynolds & Turner, 2008, p. 232). New immigrants sometimes must deal with the challenges of their “administrative status” (e.g., lacking legal status) as well as the new role they must have in society (Lurbe i Puerto, 2010). Some people are motivated to migrate for better educational and economic opportunity, others are forced to move due to political reasons related to the drug-war violence.

Migrants face a series of stressors when having to forcibly migrate to a new country. They may be threatened with mental health problems not only from their experiences back home but because of the migratory process. Katia Lurbe i Puerto (2010) conducted interviews with migrants at a mental health center in Spain. She found that mistreatment, feeling lonely and desperate while waiting for the resolution of their legal status, and the situation of being in stand-by mode caused many health issues. Most of the people fleeing from the violence in Mexico were not able to keep the same job and status they had back home, they have to adapt to their new lifestyle. “When confronted with extreme level of stress in the receiving country, the migrants present chronic and multiple symptoms” (Diaz-Cuellar, Ringe, & Schoeller-Diaz, 2012, p. 1).

The constellation of symptoms experienced by migrants under extreme stress was first named the “Ulysses Syndrome” by Dr. Joseba Achogueta in 2002. This syndrome is characterized by the suffering of extreme levels of stress, in this case after being forced to migrate, and it may

be caused by losing the social status or job they had back home, danger of the migration process, and/or discrimination, among others (Diaz-Cuellar, Ringe, & Schoeller-Diaz, 2012). In a study done with a sample of 100 participants from Mexico, Central and South America, who migrated from their city of origin for political and/or economic reasons to Ciudad Juarez, Mexico City and/or El Paso, Texas, the majority reported stress caused by the forced separation from their families, the risk they took by migrating and the change in social status (Moya E. , et al., 2016). These high levels of stress may cause suffering in the individuals going through the adaptation to their receiving country, some symptoms of suffering may include: headaches, insomnia, and nervousness, among others (Diaz-Cuellar, Ringe, & Schoeller-Diaz, 2012).

### Resilience and Coping

While the psychological distress associated with migration can be quite challenging, migrants are often resilient in the face of their struggles. Resilience has been described as “a person’s ability to confront and overcome challenges and adversity” (Sajquim de Tores & Lusk, 2018, p. 3), “the ability to “bounce back” after experiencing stress,” (Meadows, Miller, & Robson, 2015, p. 9), or the capacity of the individual and their environment to interact and be able to optimize the process of resilience (Ungar, 2013). People use differing coping skills and attitudes in order to be resilient, depending on the individual, after going through a traumatic experience. It is important to note that there is no universal way to achieve resilience, every individual is different, although there might be similarities in certain cultures or groups of people, their environment, and its capacity to facilitate this (Ungar, 2013). In terms of the environment related specifically to my study, the relative similarity between the culture and environment of Juarez and El Paso, Texas in terms of the use of the Spanish language and the predominately Mexican-origin population could foster resiliency.

“Resiliency focuses attention on positive contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviors, mental distress, and poor health outcomes” (Zimmerman, 2013, p. 381). Resilience might be observed even when it is obscured by other symptoms associated with trauma, by the actions taken by people to flourish after a traumatic event. “Specifically, research shows that in situations of adversity, resilience is observed when individuals engage in behaviors that help them navigate their way to the resources they need to flourish” (Ungar, 2013, p. 256).

Immigrants seek diverse types of help depending on the nature of their stressors and problems, their resources, and legal status. Some may rely on religious groups, while others rely on their friends and family and others on mental health services. Positive aspects of adaptation that are promoted to achieve resilience include “social bonding, capacity for empathy, and a sense of coherence” (Ungar, 2013, p. 255). Participation in religious activities can provide people with some of those benefits. Therefore, it is not surprising that religion and participation in religious activities has been shown to help people cope with mental health problems (Mirola, 1999). Durkheim defined religion as “a unified system of beliefs and practices relative to sacred things-- which unite into one single moral community called a Church” (Durkheim, 1912, p. 35). The beliefs include those images held as divine, for example Jesus Christ being the son of God in Catholicism. Practices include those rituals like baptisms, burning candles and/or attending mass or services. The moral community is the people who come together to engage in rituals affirming their beliefs together. For Durkheim, the community is an important part of religion.

Being active in a religious community can provide both non-material (psychological) and material (aid and resources) benefits to migrants. In other words, religion can help migrants cope with the psychological effects of the hardships they must endure and can provide resources for

them (Hagan & Ebaugh, 2013). “Religious faith and religious organizations remain vital to many- it is only through religion, or other spiritual beliefs, that many people are able to find solace for the inevitable human experiences of death, suffering, and loss” (Hirschman, 2014, p. 1207). Religion has been thought to help immigrants find a way out of their unpleasant experiences before, during, and after immigrating. It also helps them find meaning to their lives and assistance (Norman, 2011). Religious leaders may help migrants who cross illegally and protect them during and after they arrive (Hagan & Ebaugh, 2013). Many immigrants feel the need to express their identity and their commitment to their local community in their new country, so they join or create religious organizations. These organizations are also a major social and economic assistance for immigrants who do not have their extended families in their new country (Hirschman, 2014).

While not focused on Latino immigrants, a research study done using survey data from a Midwestern US city found that the use of prayer and religious involvement buffered the effects of depression, but only for women. The different effect religion has on women compared to men comes from the premises that women tend to report higher level of stress, more depression, more anxiety, than men, and they tend to look for social support and means to cope with these problems (Mirola, 1999). In a study working with 841 ministers in the Presbyterian Church, Meisenhelder and Marcum (2004) reported on the religious and nonreligious coping strategies of people suffering from posttraumatic stress, after the tragedies of 9/11. The most frequently used strategy was looking to God for guidance and support and the second most used was increased prayer. Also, religious coping was related to fewer stress symptoms and positive religious outcomes (Meisenhelder & Marcum, 2004).

Immigrants adapting to life in a new country often seek support from friends and family. Latino migrants face many challenges associated with this new life, which include financial

difficulties, health and mental health needs that are sometimes not met because of fear of their legal status or other reasons, and discrimination (Parra-Cardona, et. al, 2006). They often rely on their families (both in the US and back in Mexico) for support. This reflects “familismo, [which] is a Latino value that emphasizes the importance of being rooted in the family and ensures that one’s actions contribute to the welfare of all family members” (Parra-Cardona, et. al, 2006, p. 363). Related specifically to the violence in Mexico, researchers found that migrants’ reliance on their family ties helped them to feel safe after fleeing the country due to the violence (Lusk & Chavez-Baray, 2017). It is believed that culturally-relevant support from family and friends can mediate trauma and help people by providing ways to protect themselves. This may include participation “in ritual, ceremonies, rites of passage, and engagement with extended families and cultural groups” (Lusk & Chavez-Baray, 2017, p. 28).

Mental health services are another source of potential support for migrants. There have been several studies regarding stigma and the underutilization of mental health services by racial/ethnic minorities and this literature has shown that Latinos are less likely to obtain mental health services as compared to whites (Wong et al., 2016). Locally, El Paso (TX) saw an increase in people seeking mental health services between 2008 to 2013, which relates to people’s experiences in Mexico with violence. Professionals in El Paso, Texas reported an increase of Mexican refugees seeking mental health services after being subjected to “death threats, extortion, kidnapping threats, and carjackings, and/or they have witnessed murders and abductions” (Lusk, McCallister, & Villalobos, 2013, p. 5).

## **CHAPTER 2: DATA AND METHODS**

### **Study Area**

El Paso County, Texas shares a border with Ciudad Juarez, Mexico and in 2016 had an approximate population of 837,918 (U.S. Census Bureau, 2016). The culture is similar between Juarez and El Paso, since El Paso is a city in which Mexican-origin people make up most of the population. According to the 2016 census, 82.2% of the county population is Hispanic or Latino and more than half of the population speak a language other than English at home (U.S. Census Bureau, 2016) The El Paso-Juarez region consists mainly of people from the south of Mexico who have migrated to the region looking for job opportunities, which includes long-term as well as recently-arrived immigrants who have already crossed to the United States. It is an interdependent border with a strong commercial and cultural relationship and a “juxtaposition between one of the safest and deadliest cities in their respective countries” (Staudt, Fuentes, & Monarrez Fragoso, 2010, p. preface xiii) with El Paso consistently rating second or third on the safest cities in the U.S. lists while the murder rates in Ciudad Juarez are consistently high.

### **Participants**

Ten women living in El Paso, Texas were interviewed for this project between 2012 and 2014. The method of recruitment was through snowball sampling for seven women. The first participant was a neighbor of a former colleague. From there, I asked participants to recommend friends who had gone through a traumatic experience themselves. They would provide their phone numbers and names and then I would contact them. The other three participants were recruited through a non-profit organization focused in helping families, empowering women, and

community development called “*Familias Triunfadoras*.” The director of this organization was introduced to me by a member of my committee. Once a potential interviewee was identified, the first step was a screening phone call (Appendix A). During the call, the potential participant was asked if she had moved to El Paso between 2008-2012, if she was living in Ciudad Juarez for more than 5 years before that, if she was the head of the household, and if she or a family member was a victim of the violence in Mexico. If she had moved to El Paso between 2008 and 2012 and had answered affirmatively to the question about violence, she was invited to a personal interview at a place and time which was convenient to her. Seven interviews were held at their houses and three at the “*Familias Triunfadoras*” head office in El Paso, TX. All interviews were conducted in Spanish and lasted between one and two hours depending on their narrative. All of participants were born in Mexico and identified themselves as Mexican or Latina. They did not receive any payment for their participation and the protocol was IRB approved. Information about each woman (including pseudonym) is included in Table 1.

Table 1. Demographic Information and Pseudonyms for Study Participants

<b>Pseudonym</b>	<b>Age</b>	<b>Country of Citizenship</b>	<b>Marital Status</b>	<b>Children</b>	<b>Personal Income (Yearly)</b>
Lucia	46	Mexico	Divorced	2	\$47,000
Jessica	40	Mexico	Married	2	N/a
Alicia	41	Mexico	Married	1	\$13,000
Lisa	31	Mexico	Married	1	\$28,000
Maria	53	Mexico	Married	2	N/a
Monica	46	Mexico	Married	2	\$7,000
Marta	30	Mexico	Married	3	N/a
Michelle	26	Mexico	Married	3	\$9,600
Lupita	56	Mexico	Single	3	\$15,000
Vicky	52	Mexico	Single	1	\$20,000

## **Materials**

Before the interview, the participants signed a consent form and then proceeded to answer a demographic questionnaire (Appendix B). Then, two other questionnaires were used. The first was the Harvard Trauma Questionnaire (HTQ) (Appendix C) that includes questions related to armed combat specific trauma events and PTSD. The second questionnaire was the Hopkins Symptom Checklist (HSCL) (Appendix D) which consists of twenty-five questions related to depression and anxiety, including if they felt scared or sad in the week before the interview. I used the same version of the questionnaires from two previous projects I worked with Dr. Kathleen O'Connor in 2011.

For the 2011 project, I helped translate them and adapt them for the border area. We interviewed more than two hundred students in Ciudad Juarez and in El Paso, Texas. The participants were advised to feel free to add any comments to their answers instead of just answering the provided answers of the questionnaires (yes, no, sometimes, etc.) Earlier versions of these questionnaires were also used in 2005 to interview 24 women and four children survivors of trauma in their home country to assess the needs amongst residents at a U.S. Department of Homeland Security family detention center in San Antonio, TX. The purpose of these questionnaires at that time was to detect PTSD, depression and anxiety symptoms in participants, and their narratives were used to detect any added trauma onto those women and children due to their detention and unfair treatment by the authorities during their asylum-seeking experience (Moulton, et al., 2015).

The second part of the HTQ asks to provide a personal narrative regarding the violent events they had gone through while living in Mexico. It is from this section of the HTQ that I was

able to draw out the women's testimonios. By using a testimonio approach (introduced earlier), I was able to incorporate the women's histories of life experiences (Gaspar de Alba & Guzman, 2010). In line with a testimonio method, the women had no time constraint for this last part and they could tell as many stories as they felt comfortable. I asked questions during the narrative to probe for additional details regarding their traumatic experience, their coping mechanisms, their new life, and the challenges they were facing in El Paso. Then, I asked a series of open ended questions which I designed (Appendix E) to ensure that I learned more about the women's coping mechanisms through the reliance on religion or psychological therapy and their reliance on ties back home (Appendix F).

I graded all questionnaires using the HTQ and the HSCL last page instructions (Appendix C and D). Each participant got a score that indicated if she was symptomatic for depression, anxiety and/or PTSD. This was used as a measure for the effect of the violence in these women and the need for help. The questionnaires also helped understand the different situations they went through, the way they feel about their experiences, how it affected them and how they were adapting to the changes. The narratives were later transcribed in Spanish and translated into English.

## **Analysis Methods**

To analyze the data, each interview transcript was analyzed and the main reason they fled Mexico and how they were able to do it was noted. Instead of grouping the interview material from several women together thematically, as is commonly done in qualitative research, I chose to tell each woman's story in a coherent fashion as a testimonio. Testimonios were introduced in Chapter 1. This approach was used because the richness of the women's experiences might have been lost

if their stories were not told in their entirety and the small sample size made this a practical choice. They each provided some detail about their migration experience and how they felt about it. They talked about their challenges in El Paso and their feelings living in a new country. They also answered questions their different coping mechanisms, the family ties they still have in Mexico, and their experience in therapy or with church groups.

## CHAPTER 3: RESULTS

### Questionnaire Results

The most recurrent event reported by the women on the Harvard Trauma Questionnaire was “other forced separation from family members” (n=8), and “confined to home because of danger outside” (n=8). Through their testimonios, the women explained why these events were one of the things that affected them the most, which will be discussed next. The other most common events were “disappearance or kidnapping of other family member or friend” (n=7), “forced to hide” (n=6), and “murder or death of other family member or friend” (n=6). Some also reported being a victim of “extortion or robbery” (n=4), “forced evacuation” (n=5), “enforced isolation from others” (n=5), “witness of killing or murder” (n=4) and having a “family member or friend suffered serious physical injury” (n=4).

Information about the scores of the questionnaires is included in Table 2. Each of their answers were scored and I used in a formula at the end of the questionnaires to get a total number. To be considered symptomatic for PTSD, they must have a score higher or equal to 2.5. For depression and anxiety their score must be higher or equal to 1.75. This means that 7 were symptomatic for PTSD and 6 for anxiety and depression, although only 3 were symptomatic for all three conditions.

Table 2. Scores of HTQ and HSCL questionnaires.

<b>Pseudonym</b>	<b>PTSD Score</b>	<b>Depression Score</b>	<b>Anxiety Score</b>
Lucia	2.225	1.1	1.133
Jessica	2.1	1.9*	1.8*
Alicia	3.34*	1.3	1.06
Lisa	2.75*	2.2*	2.13*
Maria	4.70*	2.9*	2.6*
Monica	4.30*	1.75*	2.73*
Marta	3.23*	2*	2*
Michelle	2.92*	1.3	1.2
Lupita	2.8*	2.1*	2.0*
Vicky	2.2	1.3	1.1

Note: PTSD score came from the HTW and the Depression and Anxiety scores came from the HSCL. Participants meeting the cut-off for each condition are marked with \*

## **Testimonios**

Lucia

Lucia moved to El Paso because she did not feel safe in Juarez anymore. She felt it was not fair to not let her children go out because of the danger outside. Her oldest son wanted to go out on the weekends, but she felt very nervous and scared of letting him. She wanted them to live their teen years safe and happy. She made the decision to move to El Paso after witnessing different dangerous events around her house. She knew of several robberies around the block and she had witnessed thieves running from roof to roof, including hers, to escape from the police. A lot of her neighbors had moved for the same reasons.

She tried to convince her mom to move with her because there had been many shootings close to where she was living. Her mom used to say that things like that only happened to people who were involved in something bad and she was not. Lucia said that her mom used to say, “*Pues*

*ya le tocaba. ¿Y qué tiene? pues nomas con que tu no andes metido en cosas malas no te va a tocar.’ Pero cuando realmente vives la experiencia y dices no, pero tampoco nosotros andábamos en eso.” / “It was his/her turn, so what? If you are not involved in anything bad nothing will happen to you.’ But when you really go through the experience, you say no, we were not involved in it.”*

A year after she moved to El Paso, Lucia received a call at 6 am from her mom telling her that someone had kidnapped her brother. They took him from his house, which was next door to her mom. She told Lucia that the kidnappers broke the front door and entered. Her brother tried to resist and took his gun out, but they started shooting. He feared for his child’s and wife’s life, so he surrendered. They told him they only wanted money and they were not freeing him until they got it. They knew his mom had money, their original plan was to kidnap her, but she was out of town that week.

She hung up and called her sister-in-law and family in Juarez and told them to go to her house in El Paso immediately. They left everything behind and arrived at her house. There were fourteen people living at her house for two months. No one except close friends knew what had happened to them. They were afraid someone close to them was involved in what happened to her brother. Lucia said, *“Vives una situación muy difícil. No quieres contestar el teléfono. No sabes quién te está viendo. No sabes si entre la misma gente que se está acercando esta alguien relacionado con las personas que, que, pues, que tienen secuestrado a tu familiar.” / “You live in a very hard situation. You do not want to answer the phone. You do not know who is watching you. You do not know if any of the people who are close to you are involved with the ones that, well, have your family member kidnapped.”*

The friends that helped them with the negotiations had gone through the kidnapping ordeal before themselves with their family members. Lucia learned that there were two types of kidnappers: professionals and “*marranos*” (“pigs”) who always ended up killing their victims. They feared they were dealing with the latter. They tried getting help from the authorities only to discover they were involved with many of these groups as well. They felt powerless and some of her family members got very sick.

The kidnappers were asking for an amount of money they did not have. Her mom was the only one who could get that money, but they had no contact with her, she was out of town and was not in contact with them during the negotiations. They borrowed the money from different friends. The negotiations and the phone calls from the kidnappers were done every two days, but sometimes they would not call for a longer time. They believe he was tortured because they knew things that only her brother could have told them and used them against the family during the calls. He was captive fourteen days. The family finally agreed to a ransom amount, after receiving a phone call from the kidnapers telling them her brother was very sick, and they needed to pick him up as soon as possible. They accepted the offer of one hundred thousand US dollars. They arranged the pickup meeting on a Monday at 7 pm. The kidnappers picked up the money in a public parking lot they chose. They called several times to say that the money was not complete and to make threats. After a few hours, the calls just stopped and that is when they suspected something was wrong. After several days, they received a call from the kidnappers, apologizing because her brother had died after getting very sick. They would not reveal where they disposed of the body. After a while, her brother’s body was found buried in an empty lot. They were finally able to get some closure.

Despite all of this, Lucia was not symptomatic for PTSD anxiety or depression according to the results of the questionnaires. To help herself and her family cope, Lucia was part of a positive thinking group, and reiki therapy, which is focused on internal healing, and has attended several meetings and presentations. She also invited a friend of hers, who is a therapist, to help her and her family with mourning and closure therapy. She believed the most difficult thing about her experience was not being able to say goodbye to her brother. During the negotiations they had a pact that the people who were making the decision (her and another family member) were making the decisions representing what the whole family wanted. She believes this is what helped her feel calm about what happened in the end because they did what felt right at the time. “*Se hizo lo mejor que se podia hacer pensando en lo mejor para el*”/ “We did the best we could always thinking of what was best for him.” Lucia believes in God but does not think she is religious and she is not part of a church group. It took a while for her to be able to go to Juarez again after what happened to her brother. She only crosses when it is needed and to visit her grandmother. She feels she is always alert and checking her surroundings when crossing but not as much as when the event was more recent. She feels safe and relaxed when she goes back to her home in El Paso.

Jessica

Jessica had an excellent job and career back in Juarez. Her and her family had to leave after several events that occurred close to them. One day during school hours, she received a call from her daughter's school asking her to pick her up because they had killed someone close to the schoolyard. Also, in the city of Chihuahua, one of her husband's family members was kidnapped and during the time he was held captive, he was forced to give out a list of names of people they could get money from. Jessica and several members of her family were mentioned. She and her

immediate family were living in fear, always checking their surroundings, not having any personal information or data with them or on their cell phones in case they were being followed. Her husband was also forced to pay a "*cuota*" at his IT business so he had to move it to a different location, one without any signs or advertising. He managed his business only by phone and email and had no physical address. Jessica said, "*Todos tuvieron que cambiar su vida por la violencia y no es justo tener que dejar todas las cosas por las cuales trabajaste.*" / "Everyone had to change their lives because of the violence and it is very unfair having to give up to the things you worked for."

She, her husband and their daughter were victims of a robbery while they were in a candy store one day. Also, their house was robbed five times. The last time was only two weeks after the previous robbery. That was the final reason that made them move. They also witnessed their neighbor's house being robbed and they saw how they were threatened at gunpoint several times.

Jessica was symptomatic for depression and anxiety, but not for PTSD according to the results of the questionnaires. She felt she had not been able to adapt to her new life in El Paso very well. She had her job, friends, and a routine set in Juarez, but she was not safe or happy there anymore. Jessica still had family and friends in Mexico, but she could not visit when the interview took place because she was waiting for her residency. She only talks to them on the phone or through the computer. She goes to church, but she is not part of any groups, and has received no psychological counseling. She did not feel she needed to get therapy, she only needed to get closer to her church and find a way to feel calm in her own house. One of the things that affected her the most was not being able to take her daughter out because of the violence. The daughter would ask Jessica to take her to the movies, or the park, but she was too afraid to go out. She felt it was not

fair for her daughter to grow in fear and always be confined to home because of the danger. Even though El Paso is a safer place, she still felt scared living in El Paso and had a very hard time trusting other people. She mentioned she was barely starting to make friends and trying to live a normal life again.

## Alicia

Alicia was part of an extortion attempt. Her family was threatened with a letter and phone calls and were told they were being followed and asked for a considerable sum of money to be left alone. They knew this was true because they knew their routine and had pictures of them. The family decided to pay part of the money they were demanding, and she had to be the one to withdraw the money. On her way to the ATM, she noticed three cars following her, so she decided to not go to the bank and go to her workplace instead, because it had a guarded gate. She left her car there and asked a coworker for a ride and went straight home to her family. They packed everything they could and fled to El Paso. She had to have someone else withdraw and deliver the money.

Her brothers and sisters that lived in Ciudad Juarez left with them as well. They all moved to the same house in El Paso for a few months while they figured out what they were going to do next. Alicia said, "*Una de las cosas más difíciles es dejar todo atrás y empezar de nuevo.*" / "One of the hardest things to do is leave everything behind and start all over." She had to ask for a leave of absence at work for two years and tried to adapt to her new life. She eventually went back to work at her job in Juarez, but she and her family still live in El Paso.

They kept receiving threats when they moved to El Paso regarding the extortion and payment, but they decided to ignore them and move on. Her husband had a store before they moved, but he had to sell it because he was unable to manage it from El Paso and did not want to risk going to Ciudad Juarez anymore. He had already been victim of extortion through this business and was paying a "cuota" to keep his store open. This was another reason to sell because he started getting threats from rival groups wanting to charge a "cuota" as well.

In terms of her mental health, she was not symptomatic for depression or anxiety, but she was for PTSD. Alicia never received any psychological therapy because she did not believe she needed it. She feels her family is enough support for her, and she can talk to them about what she feels and goes through because they went through the same. She has no religious beliefs and is not part of any group. She maintains contact with family and friends in Mexico and currently crosses the border every day for work to Ciudad Juarez. She is used to it being her daily routine and although she is more vigilant now she does not feel like she will go through a traumatic event like that again. She feels safe because all her family is now in the US. She avoids going there for any other reasons beside work. She has grown accustomed to her life in El Paso and feels safe and happy having her support system here.

Lisa

While living in Juarez, Lisa was at a club with her brother and friends one day. She left the table to go to the restroom, and minutes later a shooting took place. She discovered the shots were directed towards the table she was at and where her brother and friends were. In the middle of the chaos, she was not able to find her brother and feared that he was the one who had been shot. She was not allowed to get close to the scene and no one would give her any information. She later

found it was her brother's best friend and his sister who had been the victims. Her brother was able to run out during the shooting and was found wandering on the street in shock later that night.

Months after the club incident, while in college, Lisa was on the street when a shooting occurred nearby. She got underneath her car and stayed there for around two hours unable to move. Even though the shooting was over before that time, she was really scared to get out. On a separate occasion, while taking a walk with her mom around their house, they saw six severed heads sitting in the wall behind their house. They reported it to the police and knew nothing about the case afterwards.

Due to these experiences, Lisa decided to move to Mexico City, where she was a victim of carjacking a few months later. A man got into her car while she was driving and threatened her at gunpoint. He made her drive around the city going from ATM to ATM withdrawing money from her bank accounts. He also called her boss and made him pay ransom for her. Lisa was eventually abandoned in an empty lot, unharmed, with no car, handbag, or shoes. Her boss picked her up hours later. Her family back in Juarez were also victims of different crimes, including kidnapping. After her carjacking incident, she decided to get married to her boyfriend, who lived in El Paso at the time, and move there to get away from all the violence. It took a while for her to get her immigration status in order. Lisa said, "*El temor más grande que yo le tengo a México es la impunidad.*" / "The biggest thing I fear about Mexico is its impunity." She used to work as a lawyer, but she had no intentions of continuing working on her field in Mexico.

Lisa was symptomatic for PTSD, Anxiety and Depression according to the questionnaires. Lisa crosses when necessary or at least once a week to visit friends and family and to go grocery shopping. She was not a part of psychological or any type of therapy or religious group because

she felt it was not necessary. She felt that she has a good support system with her family and friends. She mentioned she feels that she got used to those things happening to her and her family and luckily, they were all safe and not harmed after their experiences. One of the main reasons she did not move to the US with her boyfriend before everything happened was that she did want to leave her country and career to come live to the US as a second-class citizen, unable to work in her field. This is what affected her the most is not being able to work as a lawyer in the US.

Maria

Maria's daughter was visiting her grandmother, when what they think was a group of people, entered the house, raped her, and stabbed her more than twenty-four times. They believe her grandmother tried to defend her, because her face was left unrecognizable, and she was stabbed forty-eight times as well. Maria found out two days after it happened, when they went to check on them because they would not answer their phone calls. It was her mom's birthday, so they thought she had gone out to celebrate. When they arrived and got no answer, her son jumped the fence, entered the house, and found them. They never found out who was responsible. The police suspected it had been a robbery gone wrong because some items were missing, but Maria thinks it was the police who took the items during the two months they had the crime scene closed. She believes there was no way they would have done that only for a robbery.

After this horrific crime, she was still living in Ciudad Juarez. Her husband was already working in El Paso and he rented an apartment after this event, so their children could go to school in El Paso. They would stay with him during the week and go to Juarez on the weekends. After Maria realized her family was still in danger in Ciudad Juarez, she decided to move to El Paso with them. This happened after her son was a victim of a robbery and was stabbed when he was

crossing the bridge to see her from El Paso. It was not a personal act just a random robbery gone wrong. Her daughter was robbed as well, and she was a witness and victim of robberies around the city. Maria was also a victim of a robbery while eating in a restaurant. That was the reason her husband made her move with him. She had to get her immigration status in order before being able to move to El Paso, so she had to quit her job in Juarez because she was not able to cross during the process.

Maria was symptomatic for PTSD, Anxiety, and Depression. She was in psychiatric treatment for more than three years. She mentioned she will never forget this horrific event, but she managed to move on from it. It took her a very long time and medication to feel a little calm again. She was still under medication at the time of the interview. She was part of a Christian group in Juarez and found one in El Paso but stopped going. She felt religion helped her cope and prayer was an escape from her problems. She still goes to Juarez to visit friends and family. She felt visiting them in Ciudad Juarez helped her decompress from her problems and she uses it as an outlet. Leaving her house and life behind was one of the hardest things. Moving to a new city and having to get used to a new routine was not easy.

Monica

Monica and her husband were owners of a little hotel and other businesses in a city in Chihuahua, Mexico. They had a guest that stayed in for two weeks in her hotel and moved to two other hotels around the city after that. She felt that was suspicious, but she could not refuse service

to him. After he left, a group of people went into the hotel demanding to see her husband, but the receptionist told them he was not there. She believed these people were looking for that guest and thought her husband was covering for him. She remembers thinking he was somehow involved in the drug business when he checked in, and the people looking for him was part of a rival gang. After not finding her husband in the hotel, the men went to their house. It was early in the morning and they started yelling from the street in front of their house, demanding to see her husband. She and her family were inside the house. That included her husband, her mother-in-law, her two daughters, her son and a student from another city that was living with them.

The men told them they were going to open fire if her husband did not surrender, after getting no response from inside the house, they did. While they were shooting, she and her husband ran upstairs to seek shelter and wake up and protect the children. They each went to a different room and she lost sight of her husband while trying to hide with her son in the bathroom. The men entered her house and continue shooting all around. She told her two daughters and the student to take cover. While they ran from one room to the other, the student and one of her daughters were shot. Both daughters hid under the bed, but the student was left lying in the hall way. The men went upstairs and found the girls hiding under the bed. They pulled them out and told them they did not want to hurt anyone but were looking for their dad. Monica finally came out from hiding and was questioned regarding her husband's whereabouts. At that moment, she really did not know where her husband was and thought he had left the house. The oldest girl was able to grab her brother and run to her neighbor's house. The group of men could not get any information from her, so they stole Monica's SUV, and left. She was in shock and could not move or do anything, she did not have anyone to help them.

She thought they had taken her husband with them. She called her husband's family to let them know and they mentioned they had gone to their houses as well looking for him. After a while, she heard her husband's voice coming from inside the house, but she did not know from where. He told her to call a family member, grab the most important documents, and leave. She called her parents and asked for help. They took her daughter and the student to a hospital. She stayed back in the house. Her husband told her to come back for him later because he was not able to come out from hiding yet. When she was finally able to get a ride out of the house, she saw her SUV abandoned not far from the house. She thinks it was a trap and they were hiding somewhere waiting for him to get it. She was finally able to go to the hospital; the student was declared brain dead, but Monica asked them to keep her on life support and told them she needed to transport her to another hospital. Her daughter got the medical attention she needed. A friend of them gave them a ride out of the city and went to another city in Mexico to hide in a family member's house.

One of the hardest things for her was explaining the student's parents why that had happened only to their daughter. She also had a tough time explaining to everyone back home that her husband was not involved in any type of illegal activities, and that it was all a misunderstanding or a confusion. They moved to El Paso, immediately after that incident, leaving everything behind. They never returned for any of their belongings. The hotel was still open, but due to the violence in the city, there was very little tourism and business at the time of the interview. They had closed all other businesses they had around town.

Monica was symptomatic for PTSD, anxiety and depression. She went to free group psychological counseling in El Paso. She was going once a week to therapy looking for help with her depression and her traumatic event. She feels people in general, do not relate to what happened

to her, so it did not help her much. What affected her the most was losing everything they had. She feels it is very unfair to lose everything when they had done nothing wrong. Adapting to El Paso was very hard because the culture was completely different from what she was used to back home. Her children were born in El Paso and they had no problem with their status, but she only had a tourist visa. She enrolled in English classes immediately after arriving to El Paso and waited around four years to get her status in order. Also, she mentioned it was very awful remembering how before they would come to El Paso to shop and have fun, and when moving here they were barely making ends meet. She never wants to move back to Mexico, because she was very traumatized by this event and will not risk her or her family. It took her around five years to be able to visit her family.

She became part of a church group when moving to El Paso and believes that religion has helped her move on in a very significant way. It helped her regain some calm and accepting what happened to her. She still has family back in Mexico and talks to them, but she tries to not talk about what is happening in the country, because it depresses her. She only crosses to Juarez when they need to see the doctor but does not like to do it often. She feels like her son is one of the people most affected by what happened to them. He suffers from constant nightmares and is not able to be by himself, not even when showering. She does not think he can remember everything that happened that day, because she did her best to cover him and not let him see, but she thinks he can unconsciously remember sounds and parts of it. He gets particularly nervous and jumpy when there is a thunderstorm or a loud noise. Her daughter was also affected and had to go to psychological counseling to help her cope with what she saw and her injuries.

Marta

Marta's most traumatic experience with violence happened while she was in her house, where she had a snack business. Some men approached her pretending to be customers and ordered something from the menu. When they were going to pay her, instead of money they took out a gun and made her open the door to the house for them. Her husband lived in El Paso, because she was a permanent resident, and was visiting her that day. They made him go into the house with them. They asked about some money they knew her father, who owned several furniture stores around the city, had. She told them she did not know what they were talking about. Her children were playing in their room while this happened. The men grabbed the children and threatened to kill them if they did not provide information about the money. Marta said only one of them looked like he had done that before and that the other guys looked young and innocent. She did not give them any information regarding her dad. She had merchandise from her parents' business in her house. Her husband was deaf, so he did not understand what was happening. They were asking him for the keys to his van. Marta grabbed her husband's keys and gave them to them. The men pulled out the seats from the van and took all the merchandise with them. She started having an asthma attack and was able to talk to one of them calmly while he helped her with her inhaler. She explained to him that she had no idea what they wanted and begged him to leave them alone. He told her they were taking one of her kids with them and they would return her after they received the money. She told them to take everything they wanted, but not her family. They finally left but warned her not to contact any authorities and told them they would be watching them. Marta decided to go to the authorities and report this, but she was followed by them, so she did not. They called her father and asked for a "cuota" to leave them alone.

Her husband had a panic attack while this happened and had to be transferred to a hospital in El Paso. She had no visa, because she never thought she needed it, so she was not able to go

with him across the border. She surrendered herself and her children at the bridge. They spent more than sixteen hours in questioning, with her explaining to them what had happened and asking them to not send her back because they were going to kill them. After they made their investigations, Marta and her children were finally allowed to go with her husband in El Paso. She had not been able to fix her immigration status by the time of the interview. She was allowed into the country with an asylum permit.

Marta was symptomatic for PTSD, anxiety, and depression. She did not go through any psychological counseling because she did not feel the need for it. She is Christian, and she attends church events, but she is not part of any church group. She feels prayer and her faith has helped her move on. She still talks to friends and family in Juarez, but she cannot go visit. She feels her family has been her main support and help to deal with her problems. One of the things that affected her the most was leaving her house and things behind and not being able to go back to Mexico.

## Michelle

Michelle had two brothers who were tired of working for the minimum wage and joined one of their uncles in the drug trade. They were incarcerated a while after. They were both killed during a riot in jail. Michelle and her family think it was not a random act, but a deliberate one to kill members of opposing gangs. Her other brother was murdered in a robbery at his workplace. They shot him and his coworker in the legs, and he bled to death. She says she was used to this type of life, where she expected her family would eventually end up dead, or in jail.

She witnessed several shootings around the city, but nothing was directed to her or her immediate family. Her husband owned a car shop and was victim of extortion for several months. That was the signal event that finally led Michelle and her husband to move to another city. One day, a group of men went to the shop to kidnap her husband, but he was not there that day. They tied two of his employees to a post and left them there. They kept receiving menacing phone calls at his car shop, but he was not willing to risk his or his employees' lives anymore, so he closed his business.

Michelle was symptomatic for PTSD, but not for depression or anxiety. She was a community volunteer and was very active with her church groups. Her family attended services and events at their church. Prayer had helped her very much to find some peace and comfort, not only because of what had happened to her but to feel safe while lacking legal status in the US. She did not get any formal psychological help because she did not feel it necessary, she felt her church support group was enough. Her moving to El Paso helped her feel safe and glad to get away from all the danger and her family situation. Her main concern was their immigration status. They were living illegally in this country and did not have access to health insurance. Her son suffered from anxiety and he was able to get insurance for a while but that was cancelled months before the interview. It was hard for her to get the money necessary for his treatment. She talked to her family on the phone but had not seen them in several years because she cannot cross to Juarez. She mentions she was not willing to risk the safety of her children and family anymore in Juarez, so she does not regret moving, but hiding has affected her very much.

Lupita

Lupita moved to El Paso after a very traumatic situation. Her daughter worked as a lawyer in Ciudad Juarez and she got involved in a tough situation with the people she was going against in a trial. Lupita was a hairdresser and had a little beauty salon on a separate room in her house. One day, while working, two men walked in asking for a haircut. When one of them was finally seated, he pulled a gun out and asked about a car that was parked outside the house. She told him it was her daughter's car and that she was taking a shower. He ordered her to get her daughter out of the shower, so they could talk. Her daughter went into her room, they followed her, and ordered her to get dressed. Lupita could hear them threatening her and asking about some documents she had. One of them was looking around the house for things to steal and asked for their passports. Lupita told them they did not have passports, when she had hidden them a few weeks back after someone broke into their house. She was afraid it would happen again. They took some credit cards and other documents from her daughter. She told them she was going to get the documents they wanted. They left but threatened to come back and warned them not to leave, because they were going to find them, even if they moved to El Paso. Lupita and her daughter left for El Paso as quickly as they could. They took only the most important documents with them. Lupita said, "*Te cambia la vida completamente*" / "Your life changes completely." She said the worst feeling in her life was looking all around them in fear, while driving to El Paso. They went to live to her sister's house. Her daughter stayed with her only for a few months. She was offered another job closer to Chihuahua City and left. They never heard anything about these men again.

Lupita was symptomatic for PTSD anxiety and depression. She went to free group counseling in El Paso for a while and she felt it helped her even though it was not specific to what had happened to her. It was more oriented towards trauma and abuse, but she felt nice having someone to talk about her experience. She was very involved with church and felt that had been

the real reason she was able to move on. She relied in prayer and her church group for everything that she needed. It was hard for her at the beginning because she felt she could not trust anyone around her. She had family in Mexico and talked and visited them as well. She was also getting her cosmetology certification, so she could continue working in El Paso.

Vicky

Vicky was manager in a company in Ciudad Juarez and she was living there with her parents and daughter. She went home one day to find a threat inside her mailbox with a picture of her daughter and a letter stating that they were watching them. They were threatening to kidnap her daughter if they did not receive a certain amount of money from the owners of the company where she worked at. At that moment, the only thing she could think of was getting her parents and daughter to safety. She called them and told them they had to leave. The kidnappers got her cell phone number through a secretary that was threatened at work, and they called her. She was told they were going to kill them all, but first, they were going to take her daughter and told her all the horrible things they were planning on doing to her. Vicky was not sure if she should call the police or run away. They called her again, and she told them that the owner of the company did not live in Juarez and had refuse to pay any money. She could not come up with even half of that amount from her savings account. They accepted what she could give them in the meantime but told her she had to provide the rest of the money within three days.

Her and her family packed the most important items and documents and moved to El Paso immediately. They all had to live with a brother for several months while they figured out what was next for them. She had to stop working for a while and find a way to start her new life. She kept receiving menacing calls and messages until she decided to stop being afraid and threw her

phone away. They suspected it was someone from the company she worked for who made the threats but could never prove it. She tries to not go to Juarez unless is completely necessary. She is still afraid, and it took a while for her to feel safe, even while being in El Paso. She was able to keep her job and work remotely from El Paso. What affected her the most was not letting her daughter live her life the way she wanted.

She was not symptomatic for PTSD, anxiety or depression. She is not religious and did not attend any psychological therapy or counseling. She did not feel comfortable going to therapy and she felt very scared because of her immigration status. She felt that her immigration status affected her quite a lot. It took her a while to trust people and to feel safe going out of her house. She would still feel scared when her daughter would go out to party, even though it is in El Paso. What she feels helped her a lot was her family. The fact that she did not go through this alone and that she could talk to them about it was what made her feel calm.

## **CHAPTER 4: DISCUSSION**

An essential element of this thesis is using the testimonio approach to tell the women's stories. I believe the testimonio approach was an excellent choice for presenting the main findings of this research, given the powerful details of the women's stories and given that their voices have not previously been widely heard. Having these women testimonios is important because it gives insight into the horrific events that many citizens of Ciudad Juarez, and many other parts of Mexico, have had to live through and can help to raise consciousness about the human toll of such events and about the resilience demonstrated by these women. The narratives and the symptom questionnaires also show how the violence has affected the general mental health of women in these border cities.

### **Mental Health Effects**

The study shows that women who were forced to migrate due to the violent situation in Ciudad Juarez experienced psychological stress. In a similar study where 202 students from The University of Texas at El Paso were surveyed, "students with close ties to Mexico reported symptoms of anxiety and posttraumatic stress at significantly higher rates compared with those without connection to Mexico, but there was no significant difference in rates of depression" (O'Connor, Vizcaino, & Benavides, 2015, p. 90). In the case of these ten women, seven were symptomatic for PTSD and from those seven with PTSD symptoms, five had depression and anxiety symptoms as well. There was also one woman with depression and anxiety symptoms but no PTSD. Only two (Vicky and Lucia) did not score in the positive range for at least one of the mental health conditions under study. Among these women, depression, anxiety and PTSD symptoms were relatively common. This is not surprising, when reflecting on their testimonios,

and the horrific details of their experiences that led them to migrate under duress. In addition, the experience of migrating itself, especially when it is not a choice, can cause depression, anxiety and PTSD symptoms. Not being able to choose or plan their migration, along with the fear of the possibility of not seeing their families again, may contribute to those symptoms (Lusk & Chavez-Baray, 2017).

### **Resilience in the Face of Multiple Stressors**

A person's ability to not let stress or strain affect them can be understood as resilience. "Stress can be episodic or a single event, or it can be chronic and occur over time" (Meadows, Miller, & Robson, 2015, p. 11). The women's testimonios highlighted various sources of stress that they experienced after migrating to the US, such as loss of social status and displacement, including leaving everything behind, as well as their resilience. Through their narratives, evidence of resilience was observed in all these women. It is important to understand what motivates people to achieve resilience and how they manage to do it. Their stories provide insight on the challenges they faced and their resilience adapting or overcoming them. When moving to a new country involuntarily, many can experience "post-migration stressors" due to unemployment, poverty, separation from family and fears possible deportation (Lusk, McCallister, & Villalobos, 2013). This was certainly the case for some of the women interviewed for this thesis. "People experience strain when life events involving job loss and subsequent economic strain happen not only to the person, but also to someone important to them (for example, spouse and family dependents). These types of events are considered important in accounting for psychological distress among women" (Aranda, Castaneda, Lee, & Sobel, 2001, p. 38). The constellation of stressors associated with being obligated to migrate could lead these women to experience the Ulysses syndrome (Diaz-

Cuellar, Ringe, & Schoeller-Diaz, 2012). This syndrome is not only a result of the traumatic experience these women went through in Juarez, but also due to the consequent stressors after having to move involuntarily.

#### Loss of Status and Displacement

Migration experiences that contribute to depression include loss of social status and support, as well as displacement (Lusk, McCallister, & Villalobos, 2013). Those stressors were present in some of the testimonios presented here. Not being able to maintain their social status and job, was particularly hard for some of them. Two women mentioned having a career back home and not being able to work in their field anymore once in the U.S. affected them. For several of these women, in addition to their traumatic experiences in Juarez and the forced migration, their lack of legal status in the US was another source of stress, once they arrived in El Paso. Being forced to hide from the authorities and not being able to cross back to Mexico and see their family was something that affected another two of these women and one of them mentioned how not having their legal status in order prevented her from getting the right medical treatment for her child's illness. Three other women that were also affected by their legal status and not being able to work, demonstrated a positive attitude and hope of having better opportunities in their new country of residence by learning English and going back to school. Challenges with lacking legal documentation and living in El Paso have been well-documented elsewhere and have been characterized as entrapment. With the policies enforced in the El Paso area by immigration and border agencies, many undocumented immigrants have been "entrapped" by not taking the risk to move around the city and be caught. They stay home and limit their activities, including for medical, employment or other needs (Nuñez & Heyman, 2007).

Leaving everything behind was another stressor commonly mentioned during their testimonios, but many of them saw it as an opportunity to start again and have a better life. Many of them expressed their desires to find a better life for their families, which is a critical part of their resilience. “Resilience refers to the capacity to overcome challenges and rebound from adversity, strengthened and more resourceful” (Parra-Cardona, et al., 2006, p. 363). Although their migration experience was hard for them, the feeling of having their families safe made everything better for them. The main reason for these women to overcome their experiences and make the best out of their new life was providing a better life for their children.

An important element of their resilience was the fact that adapting to the culture and even the language was less of an issue for them than it might be for others migrating to destinations farther from the US-Mexico border; it could be argued that the similarities between the cities and the common language helped these women. “Research has shown that having access to social support networks or living in a community open to cultural diversity is associated with lower levels of anxiety and depression among Latino immigrants” (cited on Parra-Cardona, et al., p. 363).

### Familismo

Some women relied on their friends back home and family not only back in Mexico, but the ones that were already in the US or moved with them, for social support. The migration experience was easier for some of the women who were still able to cross back to Mexico or have their families close to them. Even for those who were not able to go back to Mexico, the importance of having their immediate family close was mentioned during the interviews and being able to talk to their extended family back home helped them cope with their situation.

Keeping close ties with their loved ones and their community was important in achieving resilience. The familismo value was observed in every testimonio. All the interviewed women have family or friends back in Juarez and talk to them at least once a month, with some speaking several times a week. Seven have family or friends in other parts of Mexico and communicate with them by phone or through the computer (email or video chat). Most of their conversations are about their daily lives and families, and for the most part, they feel that helps them cope with their new lives and daily stress. Some of them are affected when talking to people back in Mexico because they fear for their friends and relative's safety, so they prefer to not talk about the violent events happening.

The stress of a forced migration affects well-being, but the ability to “bounce back” can be defined as resilience and “how individuals use resilience resources generally is referred to as coping” (Meadows, Miller, & Robson, 2015, p. 9). Although they were affected by their situation, they still had an overall positive attitude towards their future and their families, and this was made possible in part through the support they received from their families. I observed resilience in their narratives and the way they expressed their intentions of making the best they can, given their situation, for them and specially for their children. The majority mentioned how although it was a distressing thing to leave everything behind and move to a new country, the feeling of safety and opportunities for their children was a motivation to “move on.”

## Religion

Some women relied on their church groups and communities to help them cope with their challenges and to become more resilient in the face of them. The women were asked if they considered themselves religious and if they participated in any religious activities. More generally,

many people tend to turn to their religious beliefs to cope with traumatic events and stressors (Peres, Moreira-Almeida, Nasello, & Koenig, 2007). In times of difficulty and negative life events, people perceive religion as a source for comfort (Chen & Koenig, 2006).

During their testimonios, some shared their experience relying on their faith (i.e., beliefs in Durkheim's framing) and religious groups and community (i.e., the moral community in Durkheim's framing). This moral community can be very important for immigrants, like these women, who have social and economic needs when arriving to their new country. Many religious groups provide spiritual comfort and material assistance to those in need (Hirschman, 2014). In the case of these women, two reported getting help with their legal status, being part of therapy groups, and receiving guidance on practical matters through their churches.

Prayer and faith were parts of the coping process for six of these women. For the purpose of this research, when asked about their religious participation, their responses were divided between 1) those who had faith or believed in a God and prayer but were not part of a formal religious community and 2) those that were an active part of a church community or group. Five of the six fell into the second category and were actually very active and involved with their church communities and relied heavily their church groups for support. They attended church events and services with their families when possible. "Although religious faith provides continuity with experiences prior to immigration, the commitment, observance, and participation are generally higher in the American setting after immigration than in the country of origin" (Hirschman, 2014, p. 1208). While this was the case for some women, others mentioned attending services and being more active in church back home than they were in El Paso.

## Mental Health Services

Formal psychological therapy was a resource only for four of these women. Of those four, one took medication for an extended time period and another one relied on Reiki. The other six thought there was a lack of mental health resources in the community, and felt they had no need for therapy. Two of them feared their illegal status could be discovered if they sought help in a formal way and they lacked health insurance. It may be that the stigma surrounding mental illness in Latino/a communities played a role in the women not seeking help, although a lack of available resources in El Paso and concerns about deportation were also factors. “People experiencing psychological distress may not recognize their symptoms as a sign of a mental health problem or may be reluctant to do so out of a desire to avoid being labeled as having a mental illness” (Wong et al., 2016, p. 5). People may deny or conceal their mental health symptoms or delay treatment due to the negative attitudes the public has towards mental health issues. (Wong, et al., 2016). Many Hispanics prefer to seek help from their primary care provider for symptoms of depression due to the fact that they are more reluctant to accept pharmaceutical therapy for mental health issues, but not for comorbid disorders (O'Connor, et al., 2008). The fact that only one participant took medication could be reflective of this broader trend.

## **CHAPTER 5: CONCLUSION**

### **Summary**

This thesis used a testimonio approach to tell the stories of women affected by drug violence in Juarez and raise awareness of their suffering and resilience. All women who participated went through a traumatic experience due to the violence in Mexico and fled the country for that reason. Eight were symptomatic for PTSD, anxiety and/or depression. All reported some challenges adapting to their new life in the US. None of them felt they needed psychological counseling specific to what happened to them in Mexico, but four did receive general psychological therapy (e.g., counseling groups). The majority considered themselves religious and some found help and counsel through church groups and prayer; all maintained ties with friends and families. They demonstrated resilience and hope for the future in their attempts to gain legal status, learn English, and most often, in trying to achieve a better future for their children.

### **Limitations**

Because of the small sample used and the little research that has been done on this subject, this study provides insight of the lived experiences and narratives of women being forced to migrate from Mexico due to the drug-war violence but has its limitations on providing broad statistics on the way people are affected in general. Another limitation is the narrow focus on only one type of violence without examining other types of violence these women might have been experiencing at the time. Recruiting participants was challenging. It was difficult to recruit people that were part of a violent situation, and that for the most part, are still at-risk and afraid. Their immigration status and their current fears of being caught were other complicating factors. This limited the generalizability of the findings since seven of the women were social connected and

the other three sought help from the same organization (it was not a random sample). This project focuses on women who moved from the neighboring city Ciudad Juarez to El Paso, which share the use of Spanish language and cultural similarities, it cannot be generalized to other parts of the US where many people moved to as well. It may be that women who migrated to other parts of the US face different challenges and possibly even more extreme challenges due to culture shock and a less welcoming climate for immigrants.

### **Practical Implications**

An important finding from this study is the need for mental health resources in the El Paso community and in other receiving communities nationwide. Although most women did not seek this help, their symptoms reported in the quantitative results suggested that they may have had a need for it. The women that did go through some type of therapy or counseling went to groups that were not tailored to their experiences fleeing violence or having to migrate, which may have reduced their efficacy. During the interview, the women expressed an interest in changing the mental health services available in El Paso, so that they relate more specifically to what happened to people fleeing the violence in Mexico. If available, they responded positively that they would be interested. Having mental health services tailored for migrants fleeing violence in communities receiving such migrants would be helpful in helping people cope and might motivate people access those services to get the help needed. The results suggest that offering those services through churches or even just advertising them through churches might be an effective way of reaching some of those in need.

More generally, local churches could be a valuable resource in welcoming recent migrants. They could craft plans to help the “newcomers” and provide specific help for them and their

families. For some women, prayer was their main coping mechanism, so churches could organize prayer groups for migrants, tailored to their experiences, which might help them.

The testimonios related to the women's experiences with drug violence in Juarez could also be used to design continuing education curriculum for mental health providers in El Paso and Juarez. By learning about the types of experiences that people had, through their own words, they could engage in activities to practice how they could counsel people and facilitate therapy groups for people that had similar experiences to the women in this thesis.

While practically difficult, reducing the violence in Mexico is necessary to improve the lives of women like those interviewed in this thesis and many other people in similar circumstances. Although the violence in Juarez has decreased since the interviews were conducted, it has not stopped completely. Coming up with a solution to the main problem, which is the violence, is very hard. It could be argued that the drug demand is responsible for having so many groups fighting over the territory. In a global way, eliminating drug addiction would be the perfect solution, but it is almost impossible. Another solution includes the legalization of some of the more common and less harming drugs, which is already happening, but this does not solve the problem of the most sanctioned drugs (e.g., cocaine, heroin), which are responsible for the biggest revenue in the drug business. Finally, better economic, education, and employment opportunities could help reduce the number of people that get involved in the drug trade by providing legal avenues for them to support themselves and their families.

Finally, a critical aspect of the testimonio approach is conscious raising. As stated earlier, "testimonear (to give testimony) is the act of recovering previous experiences otherwise silenced or untold and unfolding them into a narrative that conveys personal, political, and social realities" (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 364). As such, testimonios can be

powerful tools in social activism. There is a long history of social activism and non-governmental organizations serving women and families on the US Mexico border and in El Paso and Juarez specifically. For example, the association Round Table Network of Women of Ciudad Juarez (Red Mesa de Mujeres Juarez) focuses specifically on helping women victims of gender violence and the families of victims of the feminicidios. They offer services focused on health and education to women and families suffering from intimate partner violence. The network brings together ten civil organizations. Together, they have organized several forums to raise awareness about these issues, as well as advocated for changes to public policy (Mesa de Mujeres de Ciudad Juarez, 2017). Other associations that offer similar services are Casa Amiga which is a non-profit organization composed primarily to help and defend the rights of women and children in Ciudad Juarez (Casa Amiga Centro de Crisis, A.C., 2009). Specifically related to drug violence, there have been several protests organized by young people in Ciudad Juarez. They have effectively used social media to organize and recruit other young people to participate (Valencia, 2010). There are also non-governmental organizations that seek to help women like those interviewed in this thesis. The Human Rights Defense Commission in Chihuahua offers help and protection to families, and the Pro Juarez Human Rights Center helps promote and defend human rights of those in situations of poverty and vulnerability, including victims of the violent events in Juarez and the state of Chihuahua (International, 2018). I hope that this thesis can contribute in some small way to these conscious raising efforts.

## REFERENCES

- Adger, W. N., Kelly, P. M., Winkels, A., Huy, L. Q., & Locke, C. (2002). Migration, Remittances, Livelihood Trajectories, and Social Resilience. *Ambio*, *31*(4), 358-366.
- Aguilar-Gaxiola, S. A., & Gullotta, T. P. (2008). *Depression in Latinos: assessment, treatment, and prevention*. New York: Springer.
- Aranda, M. P., Castaneda, I., Lee, P.-J., & Sobel, E. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research*, *25*(1), 37-48.
- Campbell, H. (2009). *Drug War Zone Frontline Dispatches from the Streets of El Paso and Juarez*. Austin, TX: University of Texas Press.
- Casa Amiga Centro de Crisis, A.C. (2009). *Casa Amiga Centro de Crisis, A.C.* Retrieved from Casa Amiga Esther Chávez Cano : <https://www.casa-amiga.org.mx/index.php/Contenido/quienes-somos.html>
- Chen, Y. Y., & Koenig, H. G. (2006). Traumatic Stress and Religion: Is There a Relationship? A Review of Empirical Findings. *Journal of Religion and Health*, *45*(3), 371-381.
- Delgado Bernal, D., Burciaga, R., & Flores Carmona, J. (2012). Chicana/Latina Testimonios: Mapping the Methodological, Pedagogical, and Political. *Equity and Excellence in Education*, *45*(3), 363-372.
- Diaz-Cuellar, A. L., Ringe, H. A., & Schoeller-Diaz, D. A. (2012). The Ulysses Syndrome: Migrants with Chronic and Multiple Stress Symptoms And the Role of Indigenous

- Linguistically and Culturally Competent Community Health Workers. *Asian Association of Indigenous and Cultural Psychology*, (pp. 1-6).
- Durkheim, E. (1912). *The Elementary Forms of Religious Life*. Paris.
- Gaspar de Alba, A., & Guzman, G. (2010). *Making a Killing: Femicide, Free Trade, and La Frontera*. Austin, TX: University of Texas Press.
- Gray, R. M., & Liotta, R. F. (2012). PTSD: Extinction, Reconsolidation, and the Visual-Kinesthetic Dissociation Protocol. *Traumatology*, *18*(2), 3-16.
- Grineski, S., Hernandez, AA, & Ramos, V. (2013). Juárez, Raising Children in a Violent Context: An intersectionality approach to understanding parents' experiences in Ciudad. *Women's Studies International Forum*, *40*, 10-22.
- Hagan, J., & Ebaugh, H. R. (2013). Calling upon the Sacred: Migrants' Use of Religion in the Migration Process. *The International Migration Review*, *37*(4), 1145-1162.
- Hernández, A. A. (2011). Gente a favor de Gente — People helping people:. *Children, Youth and Environment*, *21*(2), 184-194.
- Hirschman, C. (2014). The Role of Religion in the Origins and Adaptation of Immigrant Groups in the United States. *The International Migration Review*, *38*(3), 1206-1233.
- International, P. B. (2018). *PBI Mexico*. Retrieved from <https://pbi-mexico.org/where-we-work/north/other-human-rights-defenders-chihuahua-and-coahuila>
- Lurbe i Puerto, K. (2010). Mental health and exile: the therapeutical relation and the moral work of the medical intervention addressed to the victims of organized violence. *Sociedad y Economia*, *19*, 49-76.

- Lusk, M. W., & Chavez-Baray, S. (2017). Mental health and the role of culture and resilience. *Environment and Social Psychology*, 2(1), 26-37.
- Lusk, M., McCallister, J., & Villalobos, G. (2013). Mental Health among Mexican Refugees Fleeing. *Social Development Issue*, 35(3), 1-17.
- Martinez, O. J. (2018). *Ciudad Juárez: Saga of a Legendary Border City*. University of Arizona Press.
- Meadows, S. o., Miller, L. L., & Robson, S. (2015). Understanding Resilience. In S. o. Meadows, L. L. Miller, & S. Robson, *Airman and Family Resilience* (pp. 9-22). RAND Corporation.
- Meisenhelder, J., & Marcum, J. (2004). Responses of clergy to 9/11: Posttraumatic stress, coping, and religious outcomes. *Journal for the Scientific Study of Religion*.
- Mesa de Mujeres de Ciudad Juarez. (2017). *Mesa de Mujeres de Ciudad Juarez*. Retrieved from Red Mesa de Mujeres de Ciudad Juarez: <http://www.mesademujeresjuarez.org/quienes-somos/>
- Meyer, M. (2010). *Abused and Afraid in Ciudad Juarez; An Analysis of Human Rights Violations by the Military in Mexico*. Washington: Washington Office on Latin America.
- Mirola, W. A. (1999). A Refuge for Some: Gender Differences in the Relationship Between Religious Involvement and Depression. *Sociology of Religion*, 60(4), 419-437.
- Molzahn, C., Rios, V., & Shirk, D. A. (2012). *Drug Violence in Mexico; Data and Analysis Through 2011*. Trans-Border Institute. San Diego: University of San Diego.

- Morina, N., Ford, J. D., Risch, A. K., Morina, B., & Stangier, U. (2010). Somatic distress among Kosovar civilian war survivors: relationship to trauma exposure and the mediating role of experiential avoidance. *Social Psychiatric & Psychiatric Epidemiology*, *45*, 1167-1177.
- Moulton, A. D., O'Connor, K., Thomas-Duckwitz, C., & Nuñez-Mchiri, G. G. (2015). *No Safe Haven Here: Children and Families Face Trauma in the Hands of U.S. Immigration*. Cambridge: Unitarian Universalist Service Committee.
- Moya, E. M., Chávez-Baray, S. M., Martínez, O., & Aguirre-Polanco, A. (2016). Exploring Intimate Partner Violence and Sexual Health Needs in the Southwestern United States: Perspectives from Health and Human Services Workers. *Health & Social Work*, *41*(1), e29-e37.
- Moya, E., Chávez-Baray, S. M., Esparza, O. A., Calderón Chelius, L., Castañeda, E., Villalobos, G., . . . Najera, M. E. (2016). Ulysses Syndrome in economical and political migrants in Mexico and the United States. *Ehquidad International Welfare Policies and Social Work Journal*, 11-50.
- Norman, J. (2011). The Fluidity of Human Capital: Theorizing the Relationship between Religion and Immigration. *Method and Theory in the Study of Religion*, *23*(1), 48-63.
- Nuñez, G. G., & Heyman, J. M. (2007). Entrapment Processes and Immigrant Communities in a Time of Heightened Border Vigilance. *Human Organization*, *66*(4), 354-365.
- O'Connor Kathleen, S. M. (2013). Examining Nervios Among Immigrant Male Farmworkers in the MICASA Study: Sociodemographics, Housing Conditions and Psychosocial Factors. *Journal of Immigrant and Minority Health*, *10*.

- O'Connor, K., Anders, R. L., Balcazar, H., Ibarra, J., Perez, E., Flores, L., . . . Bean, N. H. (2008). Prevalence of Mental Health Issues in the Borderlands: A Comparative Perspective. *Hispanic Health Care International*, 6(3), 140-148.
- O'Connor, K., Vizcaino, M., & Benavides, N. A. (2015). Mental Health Outcomes of Drug Conflict Among University Students at the U.S.–Mexico Border. *Traumatology*, 21(2), 90-97.
- O'Neil, S. (2009, August). The Real War in Mexico: How Democracy can Defeat the Drug Cartels. *Foreign Affairs*, 88(4), 63-77.
- Parra-Cardona, J. R., Bullock, L. A., Imig, D. R., Villael, F. A., & Gold, S. J. (2006). "Trabajando Duro Todos Los Dias": Learning From the Life Experiences of Mexican-Origin Migrant Families. *Family Relations*, 55, 361-375.
- Peres, J. F., Moreira-Almeida, A., Nasello, A. G., & Koenig, H. G. (2007). Spirituality and Resilience in Trauma Victims. *Journal of Religion and Health*, 46(3), 343-350.
- Pichaud, J. (2008). Globalization, Conflict and Mental Health. *Global Social Policy*, 8(3), 315-334.
- R. Srinivasa, M. a. (2006). Mental health consequences of war: a brief review of research findings. *World Psychiatry* .
- Reynolds, J. R., & Turner, R. J. (2008). Major Life Events: Their Personal Meaning, Resolution, and Mental Health Significance. *Journal of Health and Social Behavior*, 49(2), 223-237.
- Retrieved May 2012

- Sajquim de Tores, M., & Lusk, M. (2018). Factors promoting resilience among Mexican immigrant women in the United States: Applying a positive deviance approach. *Estudios Fronterizos*, 1-15.
- Staudt, K., Fuentes, C. M., & Monarrez Fragoso, J. E. (2010). *Citites and Citizenship at the U.S.-Mexico Border*. New York: Palgrave Macmillan.
- U.S. Census Bureau. (2016, July 01). <https://www.census.gov>. El Paso, TX.: U.S. Census Bureau. Retrieved from United States Census Bureau: <https://www.census.gov>
- Ungar, M. (2013). Resilience, Trauma, Context and Culture. *Trauma, Violence and Abuse*, 14(3), 255-266.
- Valencia, N. (2010, March 8). Residents use social media to fight organized crime in Mexico. US.
- Velazquez Vargas, M. d. (2012, February). Desplazamientos forzados: migracion e inseguridad en Ciudad Juarez, Chihuahua. *Estudios Regionales en Economia, Poblacion y Desarrollo.*, 7, 3-21.
- Ventevogel, P., van de Put, W., Faiz, H., va Mierlo, B., Siddiqui, M., & Komproe, I. H. (2012). Improving Avvess to Mental Health Care and Psychological Support within a Fragile Context: A Case Study from Afghanistan. *Global Mental Health Practice*, 9(5), 1-6.
- Wong, E. C., Collins, R. L., Cerully, J. L., Seelam, R., & Roth, E. (2016). *Racial and Ethnic Differences in Mental Illness Stigma and Discrimination Among Californians Experiencing Mental Health Challenges*. Rand Coporation.
- (2001). *World Health Organization Report 2001 – Mental health: new under- standing, new hope*. Geneva: Switzerland.

Zimmerman, M. A. (2013). Resiliency Theory: A Strengths-Based Approach to Research and Practice for Adolescent Health. *Health, Education and Behavior*, 40(4), 381-383.

## APPENDIX A

### Screening questionnaire

1. Did you move to El Paso from 2008-2012 due to the violence situation?

Yes

No

2. Were you living in Ciudad Juarez for more than 5 years before that?

Yes

No

3. Were you or a family member direct victim of the violence in Ciudad Juarez or Mexico?

Yes

No

4. Are you the head of your household?

Yes

No

## APPENDIX B

### Demographic Questions:

Your participation in this survey is voluntarily, and we can skip any questions you do not want to answer.

Please let me know the answers for the following questions:

1. What is your sex?

Male

Female

2. How old are you? \_\_\_\_\_

3. What is your marital status?

Single

Unmarried (common-law)

Married

Divorced

Widowed/widower

Separated

4. How many persons live in your household? \_\_\_\_\_

5. How many are children (under age 18): \_\_\_\_\_

6. What was your country of birth?

US

Mexico

Other

Please specify: \_\_\_\_\_

7. What is your current employment status? \_\_\_\_\_
8. When did you move to El Paso? \_\_\_\_\_
9. How long did you live in Ciudad Juarez before moving to El Paso? \_\_\_\_\_
10. What was your annual income in Mexico? \_\_\_\_\_
11. What is your current annual income? \_\_\_\_\_
12. What was your higher level of education in Mexico?

- |   |                          |
|---|--------------------------|
| Elementary School                                     | <input type="checkbox"/> |
| Some High School                                      | <input type="checkbox"/> |
| High School Degree                                    | <input type="checkbox"/> |
| Part of College                                       | <input type="checkbox"/> |
| Associates Degree<br>(2-year or specialized training) | <input type="checkbox"/> |
| College Graduate                                      | <input type="checkbox"/> |
| Master's, Medical, Law, PhD                           | <input type="checkbox"/> |
| Did not go to school in Mexico                        | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

Please specify \_\_\_\_\_

13. What is your higher level of education in the U.S.?

- Elementary School
  - Some High School
  - High School Degree
  - Part of College
  - Associates Degree  
(2-year or specialized training)
  - College Graduate
  - Master's, Medical, Law, PhD
  - Did not go to school in the U.S
  - Other
- Please specify \_\_\_\_\_

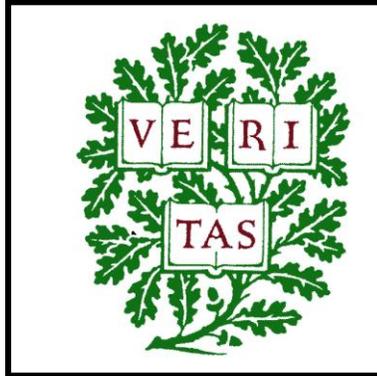
14. Would you describe yourself as

- Hispanic, Latina
- Mexican or Mexican-American
- White or Anglo
- Black or African-American
- Asian or Pacific Islander
- Native American/  
American Indian
- Other

Please specify: \_\_\_\_\_

**APPENDIX C**

**CUESTIONARIO DE TRAUMA DE HARVARD  
HARVARD TRAUMA QUESTIONNAIRE**



**Versión en Español para la Frontera US-MX  
Spanish Version for the US-MX Border  
El Paso-Chihuahua  
Rev. 2011 O'Connor and Benavides  
Benavides 2014  
The University of Texas, El Paso**

<b>CODIGO:</b> _____	<b>FECHA:</b> _____
<b>CODE</b>	<b>DATE</b>
<b>SEXO:</b> _____	<b>EDAD:</b> _____
<b>SEX</b>	<b>AGE</b>

**INSTRUCCIONES**  
**INSTRUCTIONS**

**Me gustaría conocer su historia personal y sus síntomas actuales. Esta información nos ayudará a mejorar a atención médica de las personas sufriendo de trauma. Sin embargo, puede ser que algunas preguntas le molesten. Si así fuera, siéntase con la libertad para no responder, lo cual no afectara su participación en este estudio. Sus respuestas serán guardadas de manera confidencial.**

I would now like to ask you about your past history and present symptoms. This information will be used to help us provide better interventions for people suffering from trauma. However, you may find some questions upsetting. If so, please feel free not to answer. This will certainly not affect your participation in the study. Your answers will be kept confidential.

**PARTE 1: SUCESOS TRAUMÁTICOS**  
 TRAUMA EVENTS

**Digame, por favor, si ha tenido la experiencia de alguno de los siguientes sucesos (Respuestas SI o No).**

Please tell me whether you have experienced any of the following events at any time in your life (YES or NO).

	<b>Suceso (Events)</b>	<b>SI YES</b>	<b>NO NO</b>
<b>1.</b>	<b>Falta de hogar.</b> Lack of shelter.		
<b>2.</b>	<b>Falta de comida o agua.</b> Lack of food or water.		
<b>3.</b>	<b>Mala salud sin acceso a atención medica.</b> Ill health without access to medical care.		
<b>4.</b>	<b>Confiscación o destrucción de propiedad personal.</b> Confiscation or destruction of personal property.		
<b>5.</b>	<b>Situación de guerra (por ejemplo: ataque de granada o bomba).</b> Armed conflict situation including frequent shooting between combatants; combat situation (e.g. shelling and grenade attacks).		
<b>6.</b>	<b>Usado como escudo humano</b> Used as a human shield		
<b>7.</b>	<b>Expuesto a fuego de armas constante y frecuentemente</b> Exposure to frequent and unrelenting arms fire or shootings		
<b>8.</b>	<b>Evacuación forzada en condiciones de peligro de vida.</b> Forced evacuation under dangerous conditions.		

	Suceso (Events)	SI YES	NO NO
9.	<b>Golpes en el cuerpo.</b> Beatings to your body.		
10.	<b>Violación sexual.</b> Rape.		
11.	<b>Algún otro tipo de abuso o humillación sexual.</b> Other types of sexual abuse or sexual humiliation.		
12.	<b>Herido con cuchillo, machete y otra arma blanca.</b> Wounded or attacked with knife, machete, axe or other similar weapons		
13.	<b>Tortura (por ejemplo, estando detenido(a) usted recibió deliberada y sistemáticamente la inflicción de sufrimiento físico o mental).</b> Torture, i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering.		
14.	<b>Daño físico serio por situación de combate (por ejemplo, metralla, quemadura, herida de bala, puñalada, etc.) o mina terrestre.</b> Serious physical injury from combat situation or landmine.		
15.	<b>Encarcelamiento.</b> Imprisonment.		
16.	<b>Trabajo forzado (como animal o esclavo).</b> Forced labor (like animal or slave).		
17.	<b>Extorsión o robo.</b> Extortion or robbery.		
18.	<b>Lavado de cerebro.</b> Brainwashing.		
19.	<b>Forzado(a) a esconderse.</b> Forced to hide.		
20.	<b>Secuestro.</b> Kidnapped.		
21.	<b>Otra separación forzada de miembros de su familia.</b> Other forced separation from family members.		
22.	<b>Forzado(a) a encontrar y/o enterrar cuerpos.</b> Forced to find and bury bodies.		
23.	<b>Aislamiento forzado de los demás.</b> Enforced isolation from others.		
24.	<b>Ha estado presente mientras alguien buscaba personas o cosas en su casa o lugar donde estaba viviendo.</b> Been present in your home when someone entered to search for people or things.		
25.	<b>Forzado(a) a cantar canciones que usted no quería</b> Forced to sing songs you did not want to sing		

	Suceso (Events)	SI YES	NO NO
26.	<b>Alguien fue forzado a delatarlo(a) a usted y lo/la puso en situación de riesgo de muerte o daño</b> Someone was forced to betray you and place you at risk of death or injury.		
27.	<b>Encerrado(a) en casa porque había peligro afuera</b> Confined to home because of danger outside.		
28.	<b>Le impidieron enterrar a alguien.</b> Prevented from burying someone.		
29.	<b>Forzado(a) a profanar o destruir los cuerpos o tumbas de personas fallecidas.</b> Forced to desecrate or destroy the bodies or graves of deceased persons.		
30.	<b>Forzado(a) a herir físicamente a miembros de la familia, o amigo(a).</b> Forced to physically harm family member, or friend.		
31.	<b>Forzado(a) a herir físicamente a alguien que no era familiar o amigo(a).</b> Forced to physically harm someone who is not family or friend.		
32.	<b>Forzado(a) a destruir pertenencias o propiedades de otros.</b> Forced to destroy someone else's property or possessions.		
33.	<b>Forzado(a) a delatar a algún miembro de la familia o amigo(a) poniéndolo en riesgo de daño o muerte.</b> Forced to betray family member, or friend placing them at risk of death or injury.		
34.	<b>Forzado(a) a delatar a alguien que no era familiar o amigo(a) poniéndolo en riesgo de daño o muerte.</b> Forced to betray someone who is not family or friend placing them at risk of death or injury.		
35.	<b>Asesinato o muerte, debido a violencia, de esposo(a) o pareja.</b> Murder, or death due to violence, of spouse or partner.		
36.	<b>Asesinato o muerte, debido a violencia, de hijo(a).</b> Murder, or death due to violence, of child.		
37.	<b>Asesinato o muerte, debido a violencia, de otro miembro de la familia o amigo(a).</b> Murder, or death due to violence, of other family member or friend.		
38.	<b>Desaparición o secuestro de esposo(a) o pareja.</b> Disappearance or kidnapping of spouse or partner.		
39.	<b>Desaparición o secuestro de hijo(a).</b> Disappearance or kidnapping of child.		
40.	<b>Desaparición o secuestro de otro miembro de la familia o amigo(a).</b> Disappearance or kidnapping of other family member or friend.		

	Suceso (Events)	SI YES	NO NO
41.	<p><b>Daño físico serio de un miembro de la familia o amigo(a) debido a la situación de combate o mina terrestre.</b> A family member or friend suffered serious physical injury due to armed conflict, arms fire, combat situation or landmine.</p>		
42.	<p><b>Testigo de golpes en la cabeza o cuerpo.</b> Witnessed beatings to head or body.</p>		
43.	<p><b>Testigo de tortura.</b> Witnessed torture.</p>		
44.	<p><b>Testigo de matanza o asesinato incluyendo un cuerpo muerto en la calle.</b> Witnessed killing or murder including a dead body in the street.</p>		
45.	<p><b>Testigo de violación o abuso sexual.</b> Witness rape or sexual abuse.</p>		
46.	<p><b>Alguna otra situación de temor o en la que sintió que su vida estaba en peligro.</b> <b>Especifique que tipo de situación:</b></p> <p>Any other situation that was very frightening or in which you felt your life was in danger, that I did not ask you about.</p> <p>Specify what type of event:</p>		

**PARTE 2: DESCRIPCIÓN PERSONAL  
PERSONAL DESCRIPTION**

**Indique, por favor, que sucesos de toda su vida, considera más dañinos o terribles. Especifique, por favor, donde y cuando ocurrieron esos sucesos. Esta respuesta será audiograbada.**

Please indicate what you consider to be the most hurtful or terrifying events you have ever experienced in your whole life, if any. Please specify where and when these events occurred. This answer will be audiorecorded.

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**En su situación actual, del 2008 en adelante ¿Cual es el peor suceso que le ha ocurrido a usted, si es diferente al anterior? Especifique, por favor, donde y cuando ocurrió este suceso. Esta respuesta será audiograbada.**

Under your current living situation since 2008, what is the worst event that has happened to you, **if different from above**. Please specify where and when these events occurred. This answer will be audiorecorded.

**PARTE 3: DAÑO CEREBRAL (TRAUMATISMO CRANEOENCEFÁLICO)**

**HEAD INJURY**

**Las siguientes preguntas son sobre traumatismo craneoencefálico).**

The next set of questions are about head injuries.

	<b>¿Tuvo la experiencia?</b> Experienced		<b>¿Perdió la conciencia?</b> Loss of consciousness?		<b>Si la respuesta es sí, ¿Por cuánto tiempo?</b> If Yes, for how long?			
<b>Por favor dígame si... Please tell me if you...</b>	<b>Si</b> Yes	<b>No</b> No	<b>Si</b> Yes	<b>No</b> No	<b>Horas</b> Hours	<b>Minutos</b> Minutes	<b>Segundos</b> Seconds	<b>No sabe</b> Don't know
<b>1. Golpes en la cabeza.</b> Beatings to the head.								
<b>2. Asfixia o estrangulamiento.</b> Suffocation or strangulation.								
<b>3. A punto de ser ahogado.</b> Near drowning.								
<b>4. Algún otro tipo de daño en la cabeza (por ejemplo, una caída, algo cayó en su</b>								

<b>cabeza, una quemadura, etc.)</b> Any other types of injury to the head, such as you fell and hit your head or something fell on it, a burn, etc									
<b>5. Hambre.</b> Starvation.									
<b>Si respondió si a la N°5:</b> If Yes <b>Peso Normal:</b> _____ What is your normal weight? <b>Peso por falta de</b> <b>alimento:</b> _____ What did you weigh after being starved?									
<b>Si respondió si a la N°5:</b> If Yes <b>¿Estuvo cerca de la muerte por falta de alimento?</b> <b>Si/No</b> Were you near death due to starvation? Yes/No									

**PARTE 4: SÍNTOMAS DE TRAUMA**  
**TRAUMA SYMPTOMS**

**La lista muestra síntomas que las personas pueden tener después de vivir sucesos dañinos y/o terribles. Le voy a leer esta lista. Por favor, dígame cuanto le ha molestado durante la semana pasada, incluyendo hoy.**

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. I will read a list of symptoms; please tell me how much the symptoms bothered you in the past week, including today. [INTERVIEWER: USE RESPONSE CARD]

	<b>Síntomas</b> Trauma Symptoms	<b>(1)</b> <b>Nunca</b> Not at all	<b>(2)</b> <b>Un poco</b> A Little	<b>(3)</b> <b>Bastante</b> Quite a bit	<b>(4)</b> <b>Mucho</b> Extremely
<b>1.</b>	<b>Pensamientos o recuerdos recurrentes de los sucesos más terribles y/o dañinos.</b> Recurrent thoughts or memories of the most hurtful or terrifying events.				
<b>2.</b>	<b>Sentimiento de que el suceso está ocurriendo de nuevo.</b> Feeling as though the event is happening again.				
<b>3.</b>	<b>Pesadillas recurrentes.</b> Recurrent nightmares.				
<b>4.</b>	<b>Sentimiento de indiferencia o distanciamiento de los demás.</b> Feeling detached or withdrawn from people.				
<b>5.</b>	<b>Incapacidad de sentir emociones.</b> Unable to feel emotions.				
<b>6.</b>	<b>Se siente nervioso(a), asustado(a) o se sobresalta fácilmente.</b> Feeling jumpy, easily startled.				
<b>7.</b>	<b>Dificultad de concentración.</b> Difficulty concentrating.				
<b>8.</b>	<b>Dificultad para dormir.</b> Trouble sleeping.				
<b>9.</b>	<b>Se siente en estado de alerta.</b> Feeling on guard.				

10.	<b>Se siente irritable o tiene ataques de enojo o coraje.</b> Feeling irritable or having outbursts of anger.				
	<b>Síntomas</b> Trauma Symptoms	(1) <b>Nunca</b> Not at all	(2) <b>Un poco</b> A Little	(3) <b>Bastante</b> Quite a bit	(4) <b>Mucho</b> Extremely
11.	<b>Evita actividades que le recuerden el suceso dañino y/o traumático.</b> Avoiding activities that remind you of the traumatic or hurtful event.				
12.	<b>Incapacidad para recordar partes de los sucesos más dañinos y/o traumáticos.</b> Inability to remember parts of the most hurtful or traumatic events.				
13.	<b>Ha perdido el interés por las actividades diarias.</b> Less interest in daily activities.				
14.	<b>Siente que no tiene futuro.</b> Feeling as if you don't have a future.				
15.	<b>Evita pensamientos o sentimientos asociados a los sucesos dañinos y/o traumáticos.</b> Avoiding thoughts or feelings associated with the traumatic or hurtful events.				
16.	<b>Reacciona repentinamente física o emocionalmente, cuando recuerda los sucesos mas dañinos y/o traumáticos.</b> Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events.				
17.	<b>Siente que tiene menos capacidades que antes.</b> Feeling that you have fewer skills than you had before.				
18.	<b>Tiene dificultades para afrontar nuevas situaciones.</b>				

	Having difficulty dealing with new situations.				
19.	<b>Se siente agotado(a).</b> Feeling exhausted.				
20.	<b>Dolor corporal.</b> Bodily pain.				
21.	<b>Afectado por problemas físicos.</b> Troubled by physical problem(s).				
22.	<b>Falta de memoria.</b> Poor memory.				
	<b>Síntomas</b> Trauma Symptoms	<b>(1)</b> <b>Nunca</b> Not at all	<b>(2)</b> <b>Un poco</b> A little	<b>(3)</b> <b>Bastante</b> Quite a bit	<b>(4)</b> <b>Mucho</b> Extremely
23.	<b>Se ha dado cuenta o le han dicho que ha hecho alguna cosa que no recuerda.</b> Finding out or being told by other people that you have done something that you cannot remember.				
24.	<b>Dificultad para prestar atención.</b> Difficulty paying attention.				
25.	<b>Siente como si estuviera dividido(a) en dos personas y una estuviera observando lo que hace la otra.</b> Feeling as if you are split into two people and one of you is watching what the other is doing.				
26.	<b>Se siente incapaz de hacer planes diarios.</b> Feeling unable to make daily plans.				
27.	<b>Sentimiento de culpa por las cosas que han sucedido.</b> Blaming yourself for things that have happened.				
28.	<b>Sentimiento de culpa por haber sobrevivido.</b> Feeling guilty for having survived.				
29.	<b>Falta de esperanza.</b> Hopelessness.				

30.	<b>Sentimiento de vergüenza por el suceso dañino y/o traumático que le ha ocurrido.</b> Feeling ashamed of the hurtful or traumatic events that have happened to you.				
31.	<b>Sentimiento de que la gente no entiende lo que le ha ocurrido.</b> Feeling that people do not understand what happened to you.				
32.	<b>Sentimiento de que otros son hostiles con usted.</b> Feeling others are hostile to you.				
	<b>Síntomas</b> Trauma Symptoms	<b>(1)</b> <b>Nunca</b> Not at all	<b>(2)</b> <b>Un poco</b> A little	<b>(3)</b> <b>Bastante</b> Quite a bit	<b>(4)</b> <b>Mucho</b> Extremely
33.	<b>Sentimiento de que usted no tiene en quien confiar.</b> Feeling that you have no one to rely upon.				
34.	<b>Sentimiento de que alguien de su confianza lo ha traicionado.</b> Feeling that someone you trusted betrayed you.				
35.	<b>Sentimiento de humillación por su experiencia.</b> Feeling humiliated by your experience.				
36.	<b>Sentimiento de desconfianza en otros.</b> Feeling no trust in others.				
37.	<b>Sentimiento de impotencia para ayudar a otros.</b> Feeling powerless to help others.				
38.	<b>Pasa mucho tiempo pensando por que estos sucesos le ocurrieron a usted.</b> Spending time thinking why these events happened to you.				
39.	<b>Sentimiento de que usted es el/la único(a) que sufrió estos sucesos.</b>				

	Feeling that you are the only one that suffered these events				
<b>40.</b>	<b>Sentimiento de necesidad de venganza.</b> Feeling a need for revenge.				

**PARTE 5: PUNTUACION PARTE 4- SINTOMAS DE TRAUMA**  
**SCORING PART 4 --TRAUMA SYMPTOMS**

**1. Asigne los siguientes números a cada pregunta respondida**

Assign the following numbers for each answered item.

- 1 = Nunca**  
“Not at all”  
**2 = Un poco**  
“A little”  
**3 = Bastante**  
“Quite a bit”  
**4 = Mucho**  
“Extremely”

**2. Sume las puntuaciones y divida por el número total de preguntas contestadas**

Add up item scores and divide by the total number of the answered items.

**Puntuación DSM-IV = Preguntas del 1-16**   
**16**

**Puntuación TOTAL= Preguntas del 1-40**   
**40**

**Las personas con puntuaciones en DSM-IV y/o total > 2.0 son consideradas sintomáticas para PTSD. Vea el manual para obtener más información.**

Individuals with scores on DSM-IV and/or total > 2.0<sup>1</sup> are considered symptomatic for PTSD. See manual for additional information.

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<sup>1</sup> Mollica 2004, p. 109 (box)

**APPENDIX D**

**CUESTIONARIO (C-25) DE SINTOMAS DE HOPKINS  
HOPKINS SYMPTOM  
CHECKLIST 25**



**Versión en español  
Spanish Version**

Rev 2011 O'Connor and Benavides  
Benavides 2014

**Código:** \_\_\_\_\_

**Code**

**Sexo:** \_\_\_\_\_

**Sex**

**Fecha:** \_\_\_\_\_

**Date**

**Edad:** \_\_\_\_\_

**Age**

## Instrucciones

### Instructions

**Le voy a leer una lista que muestra síntomas o problemas que las personas pueden tener. Por favor, dígame cuanto le han molestado o angustiado durante la última semana, incluyendo hoy. Por favor, responda nunca, un poco, bastante, o mucho.**

I will read to you a list of symptoms or problems that people sometimes have. Please tell me how much the symptoms bothered you or distressed you in the last week, including today. Please respond with not at all, a little, quite a bit or extremely. [INTERVIEWER INSTRUCTIONS: PROVIDE RESPONSE CARD]

Nº	<b>PARTE I</b> <b>SINTOMAS DE ANSIEDAD</b> ANXIETY SYMPTOM	<b>Nunca</b> Not at all 1	<b>Un poco</b> A little 2	<b>Bastante</b> Quite a bit 3	<b>Mucho</b> Extremely 4
1	<b>Se asusta repentinamente sin ninguna razón.</b> Have you been feeling... suddenly scared for no reason.				
2	<b>Sentimiento de miedo</b> Have you been feeling... fearful				
3	<b>Desaliento o mareo</b> Have you been feeling... Faintness or dizziness				
4	<b>Nerviosismo o agitación interior</b> Have you been feeling... Nervousness or shakiness inside				
5	<b>Su corazón late con fuerza o rápidamente</b> Has your heart been pounding or racing				
6	<b>Temblor</b> Have you been feeling... Any trembling?				
7	<b>Sentimiento de tensión o excitación</b> Have you been feeling... tense or keyed up				
8	<b>Dolores de cabeza</b> Have you had any headaches?				

<b>9</b>	<b>Ataques de terror o pánico</b> Have you had any spells of terror or panic?				
<b>10</b>	<b>Siente inquietud o no puede estar tranquilo(a)</b> Have you been feeling... restless, like you can't sit still?				
<b>Nº</b>	<b>SINTOMAS DE DEPRESION</b> DEPRESSION SYMPTOMS	<b>Nunca</b> Not at all 1	<b>Un Poco</b> A little 2	<b>Bastante</b> Quite a bit 3	<b>Mucho</b> Extremely 4
<b>11</b>	<b>Sentimiento de falta de fuerzas o agotamiento.</b> Have you been feeling... low in energy, slowed down?				
<b>12</b>	<b>Sentimiento de culpabilidad por las cosas.</b> Have you been blaming yourself for things?				
<b>13</b>	<b>Llora con facilidad.</b> Have you been crying easily?				
<b>14</b>	<b>Perdida del interés sexual o placer.</b> Have you had a loss of sexual interest or pleasure?				
<b>15</b>	<b>Falta o cambio de apetito.</b> Have you had a loss of appetite or change in your appetite?				
<b>16</b>	<b>Dificultad para dormirse y/o mantenerse dormido.</b> Have you had difficulty falling asleep or staying asleep?				
<b>17</b>	<b>Sentimiento de desesperación sobre el futuro.</b> Have you been feeling hopeless about future?				
<b>18</b>	<b>Sentimiento de tristeza.</b> Have you been feeling... blue or sad?				
<b>19</b>	<b>Sentimiento de soledad.</b> Have you been feeling... lonely?				
<b>20</b>	<b>Pensamiento de acabar con su vida.</b> Have you had any thoughts of ending your life?				

<b>21</b>	<b>Sentimiento de estar atrapado o aprisionado.</b> Have you had any feelings of being trapped or caught?				
<b>22</b>	<b>Preocupación excesiva por las cosas.</b> Have you been worrying too much about things.				
<b>NO</b>	<b>SINTOMAS DE DEPRESION</b> <b>DEPRESSION SYMPTOMS</b>	<b>Nunca</b> <b>Not at all</b> <b>1</b>	<b>Un Poco</b> <b>A little</b> <b>2</b>	<b>Bastante</b> <b>Quite a bit</b> <b>3</b>	<b>Muc</b> <b>ho</b> <b>Extr</b> <b>emel</b> <b>y</b> <b>4</b>
<b>23</b>	<b>Falta de interés por las cosas.</b> Have you been feeling no interest in things?				
<b>24</b>	<b>Siente que todo requiere demasiado esfuerzo.</b> Have you been feeling... everything is an effort?				
<b>25</b>	<b>Sentimiento de inutilidad.</b> Have you had any feelings of worthlessness?				



**PUNTUACION**

**SCORING**

**Las respuestas son sumadas y divididas por el número de preguntas respondidas para generar tres puntuaciones**

Responses are summed and divided by the number of  
Answered items, to generate three scores:

$$\text{ANSIEDAD} = \frac{\text{PREGUNTAS 1-10}}{10} = \boxed{\phantom{00}}$$
$$\text{DEPRESION} = \frac{\text{PREGUNTAS 11-25}}{15} = \boxed{\phantom{00}}$$
$$\text{TOTAL} = \frac{\text{PREGUNTAS 1-25}}{25} = \boxed{\phantom{00}}$$

**Las personas con puntuaciones de ansiedad y/o depresión con un total igual o > 1.75 son consideradas sintomáticas. Ver el manual para obtener más información.**

Individuals with scores on anxiety and/or depression  
And/or total > 1.75 are considered symptomatic.

See Manual for additional information.

HARVARD PROGRAM IN REFUGEE TRAUMA  
HARVARD SCHOOL OF PUBLIC HEALTH

**APPENDIX E**

**Coping**

1. Are you part of any religious groups as part of your therapy?

Yes

No

If yes, what kind of group? \_\_\_\_\_

How often do you meet?

Every day

Once a week

Three or more times a week

Once a month

Never

How has this helped you cope with your experiences back in Mexico? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What changes would you make to this type of therapy to help you cope better? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Are you currently on any type of psychological counseling?

Yes

No

If yes, what type of counseling? \_\_\_\_\_

How often do you go?

Every day

Once a week

Three or more times a week

Once a month

Never

How has this helped you cope with your experiences back in Mexico? \_\_\_\_\_

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What changes would you make to this type of therapy to help you cope better? \_\_\_\_\_

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## APPENDIX F

### Ties back home

1. Do you maintain any contact with family back in Mexico?

Yes

No

2. Do you maintain any contact with friends back in Mexico?

Yes

No

3. If yes, How often do you talk on the phone with them?

Every day

Once a week

Three or more times a week

Once a month

Never

3.a By email?

Every day

Once a week

Three or more times a week

Once a month

Never

3.b Any other method? \_\_\_\_\_ Please specify \_\_\_\_\_

How often?

Every day

Once a week

Three or more times a week

Once a month

Never

4. How often do you cross the border now?

Every day

Once a week

Three or more times a week

Once a month

Never

4.a For what purpose?

Business

Medical

Leisure

5. Why do you maintain ties back home?

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6. Do you feel that talking to people back home helps you or does it affect you?

Helps

Affects

Why?

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## VITA

Nora Angélica Benavides Heiras was born and raised in Ciudad Juarez, México and moved to El Paso, Texas after graduating from high school. She attended the University of Texas at El Paso and graduated with a Bachelor's of Science in Microbiology and a Bachelor's of Arts in Anthropology. While completing her undergraduate degrees, she worked with Dr. Kathleen O'Connor on several research projects and was co-author on two papers published in the *Journal of Traumatology*. After graduating with her undergraduate degrees, she began working on her Master of Arts in Sociology and her areas of research interest are in mental health and violence in México.