

PRE, PERI, AND POST-MIGRATION PERSPECTIVES OF MEXICAN NATIONAL
REFUGEES RELATED TO EXPERIENCES OF VIOLENCE, MIGRATION, AND
RESETTLEMENT ALONG THE TEXAS-MEXICO BORDER

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Dedication

This work is lovingly dedicated to my family for all their support and encouragement over the last few years.

To my parents Dan and Joan Roberts: For your undying belief that I would be successful in completing this endeavor, and your encouragement to persevere in the face of adversity. You have helped me believe in myself.

To my daughter Tamra: For the hours of listening and offering insights into the meanings and importance of my experiences, and the gentle reminders that there are more important things in life than a dissertation. You have kept me grounded.

To my son Braedan: For the years you have done my laundry, cared for my dogs, cooked my food, and watched a muted TV in order for me to work on this project. You have kept me focused.

And to Richard Ybañez: For being my best friend and confidant over the last two years. Knowing the profound affect this violence has had on you and your family has given this project a soul. You have kept me humble.

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BORDER

by

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DISSERTATION

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Abstract

For the past six years, the war on drugs in Mexico has resulted in the out-migration of tens of thousands of Mexican nationals fleeing violence, many settling in El Paso, Texas. The historical context of being pulled to the U.S. for economic opportunity had changed. Mexican nationals were now refugees pushed out of their country for safety. Because the context of migration had changed, the close proximity and similarities between El Paso, Texas and Ciudad Juárez, and the availability of social support in the U.S., the experiences of this refugee cohort were unique. Because increasing numbers were seeking mental health and legal assistance in El Paso, Texas, it was important to understand their perspectives in order to provide culturally enhanced services to this population. Therefore the purpose of this study was to explore and describe the pre, peri, and post-migration perspectives of Mexican national refugees fleeing violence in Mexico.

This study was nested within a larger, mixed methods study entitled “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Fleeing Violence in Mexico” and conducted from November 2010 through November 2011. This criterion-based sample was comprised of 22 Mexican national refugees in El Paso, Texas. Data was collected using semi-structured interviews. Following IRB approval for secondary data analysis of these interviews, qualitative within and across-context analysis using Silove’s core adaptive systems framework was conducted on 18 interviews and data saturation maintained. Analysis identified that in the pre-migration phase, loss of trust and experiences of violence led to a fear for safety that catalyzed the decision to migrate to El Paso, Texas. Personal attachments were most affected during the peri-migration phase. The post-migration phase marked a period of improved sense of personal safety, yet issues of mistrust and a sense of injustice continued. Deconstruction of categories and themes revealed that despite cumulative violence exposures, Mexican refugees had maintained a strong sense of identity and culture through adaptive mechanisms of maintaining a culture of silence and cultural coherence.

Based on these findings, it was concluded that Mexican national refugees exhibited an incredible resilience. Because of the cultural discontinuity between the U.S. and Mexico and systems of structural violence in the U.S., Mexican children are vulnerable to poor identity and moral development. Policy, educational, and cultural interventions and recommendations are presented.

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Chapter 1: Introduction

The purpose of this research was to explore and describe the perspectives of Mexican national refugees that fled violence in Mexico, migrated to the United States, and resettled along the Texas-Mexico border. While refugee experiences are well researched and documented across multiple contexts, the exploration of the perspectives of Mexican nationals that fled violence in Mexico provided a unique, within-context perspective of their experiences.

This exploratory-descriptive study was designed to determine the pre, peri, and post-migration perspectives of Mexican nationals that fled violence in Mexico and resettled along the Texas-Mexico border. This study was nested within a larger, mixed-methods study entitled “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border.” Following approval from the University of Texas at El Paso Institutional Review Board, semi-structured interviews were conducted with Mexican nationals seeking mental health treatment and legal assistance in El Paso, Texas for violence-related trauma and migration from November 2010 through November 2011. A total of twenty-two interviews were conducted, and data saturation was obtained. An understanding of these perspectives provided new insights into the unique experiences of Mexican national refugees which will raise awareness, enhance culturally-sensitive mental health treatment, and provide the basis for future research within this population.

In this chapter, the following components are discussed: (1) background to the study, (2) statement of the research problem, (3) conceptual framework, (4) purpose of the study, (5) definition of terms, (6) research questions, (7) significance of the problem, (8) assumptions, (9) limitations, and (10) preliminary research contributions.

1.1 BACKGROUND

1.1.1 Violence and migration

Since the 1970s, increasing intra-country violence and social upheaval worldwide has exposed uninvolved citizens to repeated traumatic experiences associated with violence, political instability, civil armed combat, terrorism, drug trafficking, and the breakdown of civil society (Gabriel et al., 2007; Misra, Connolly, & Majeed, 2006; Mollica, McDonald, Massagli, & Silove, 2004; Sabin, Cardozo, Nackerud, Kaiser, & Varese, 2003; Silove, 1999; Steel & Silove, 2000; Walker & Barnett, 2007). Hundreds of thousands of people from impoverished nations have fled their home countries to escape persecution and genocide, becoming internally displaced, or refugees to foreign countries (United Nations High Commissioner for Refugees [UNHCR], 2010; Steel & Silove, 2000; Yasan, Saka, Ozkan, & Ertem, 2009).

More recently, drug-related violence and violence by governments against citizens in Latin America has caused thousands of citizens of Colombia, Guatemala, Ecuador, Cuba, Brazil, Venezuela, and El Salvador to seek refuge in other countries (Eisenman, Gelberg, Liu, & Shapiro, 2003; Sabin et al., 2003; Walker & Barnett, 2007). While migrating to escape violence many have secured permanent visas, or attained asylum status in the U.S. (Eisenman et al., 2003; Fortuna, Porche, & Alegria, 2008; Kaltman, Green, Mete, Shara, & Miranda, 2010).

1.1.2 Drug-related violence in Mexico

With the onset of the war against drugs in Mexico by President Felipe Calderón in 2006, violence that began between warring drug cartels for control of the transportation routes into America (Campbell, 2009), has escalated to include citizens, children, women, health care workers, local business owners, students, American citizens, and Consulate employees (Grissom, 2010; Miroff & Booth, 2011; Weissert, 2010). Tactics have escalated from drive-by shootings to the use of explosives, beheadings, and attacks on drug rehabilitation centers, churches, and private homes. In addition, abductions have

increased over 300 percent since 2005, often with entire families being kidnapped and held for ransom (Cave, 2012).

In Ciudad Juárez alone, over 3000 persons were slain in 2010, earning it the title of the most dangerous city in Mexico (Goodman, 2011). Despite the murders of 843 people between January and May 2011, Mayor Héctor Murguía declared that Ciudad Juárez was no longer the most violent and dangerous city in Mexico (Lozano, 2011).

Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage in El Paso, Texas has not increased significantly since 2008, projections on the numbers of Mexican refugees settling here are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011).

1.1.3 Refugee experiences

Those that flee intra-country violence and social upheaval witness or experience threats to life or limb, severe physical harm/injury, torture, exposure to the grotesque, violent/sudden loss of a loved one, forced disappearances, threats of abduction, extortion and/or forced separation from family prior to the decision to migrate for safety (Eisenman et al., 2003; Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997; Steel et al., 2009; Steel, Silove, Bird, McGorry, & Mohan, 1999; Tol et al., 2009). Once the decision to migrate is made, refugees experience additional physical and psychological trauma and stress. These peri-migration stressors include lack of shelter, food, and water; exploitation; physical abuse including rape; extortion; and harassment (Mollica et al., 2004; Pedersen, Tremblay, Errazuriz, & Gmarra, 2008). Upon relocation to the host country, many refugees experience post-migration stressors

of detainment, discrimination, unemployment and poverty, homelessness, separation from family, social isolation, and deportation (Eisenman et al., 2003; Lie, 2002; Marshall, Schell, Elliott, Berthold, & Chun, 2005)

1.1.4 Mexican national refugee experiences

The majority of research conducted with Hispanic refugee populations contains a multi-cultural representation of refugees, of which Mexican nationals are a small sample (Mitrani, 2011). Both Eisenman (2003) and Fortuna (2008) found that the majority of Hispanic subjects exposed to political violence were from Central America, and both acknowledged that Mexican nationals were under represented in the samples because they primarily migrate for economic reasons (Eisenman et. al., 2003; Fortuna et al., 2008).

Mental health professionals in El Paso, Texas have reported increasing contact with Mexican national refugees. They reported that these refugees have been subjected to death threats, extortion, kidnapping threats, carjacking, and/or have witnessed murders and abductions. Clinicians indicate that the refugees were traumatized by their experiences in Mexico and had voluntarily escaped to the United States, whether documented or not, to seek safety, refuge, and security.

Because of the rapid increase in of violence in Mexico over the past four years and with a particular surge in violence in Ciudad Juárez and the border region, the experiences of Mexican citizens and their reasons for migration have drastically changed. Due to the border contiguity of El Paso and Ciudad Juárez, large numbers of Mexican refugees migrated across the border for safety, yet their perspectives on violence, migration, and resettlement were unknown.

1.1.5 Psychosocial effects

The psychosocial effects of armed conflict and political violence are well documented and known to contribute to human suffering, poor mental health, diminished quality of life, increased burden of disease, and chronic disability in refugee populations (Courtois, 2008; Eisenman et al., 2003; Fortuna

et al., 2008; Pedersen et al., 2008; Savoca & Rosenheck, 2000; Walker & Barnett, 2007). Perceived psychological distress is dependent upon the cumulative effects of pre-migration experiences associated with trauma and flight, peri-migration stressors, and post-migration resettlement stress (Mollica, 2006; Mollica et al., 1999; Steel et al., 2009). A large body of research shows that refugees fleeing mass conflict and becoming displaced experience symptoms of post traumatic stress disorder (PTSD), anxiety, and depression (Eisenman et al., 2003; Green, Goodman, & Krupnick., 2000; Mollica, McInnes, Poole, & Tor, 1998; Mollica et al., 1999; Pedersen et al., 2008). In addition, psychosomatic disorders, grief disorders, and crises of existential meaning have been reported in multiple refugee populations (Mollica, 2006; Schweitzer, Greenslade, & Kagee, 2007; Silove, 1999; Stamm & Friedman, 2000), yet outcomes are not uniform across groups.

A vast body of literature focuses on pathological mental health outcomes associated with cumulative effects of pre, peri, and post-migration traumas (Courtois, C., 2008; Eisenman et al., 2003; Fawzi et al., 1997; Fortuna et al., 2008; Kaltman et al., 2010; Miller, Muzurovich, Worthington, Tipping, & Goldman, 2002; Mollica et al., 2004). It is argued that this research assumes that experiencing trauma is uniformly traumatizing (Hobfall et al., 2009), and asserts a Western medical point of view (Mollica et al., 2004; Silove, 1999; Witzum & Kotler, 2000). Emerging research suggests that the majority of refugees do not report psychological distress (Bonanno, Galea, Bucciarelli, & Vlahov, 2006, 2007). Those that do may initially exhibit distress and recover (Layne, Warren, Shalev, & Watson, 2007; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferrbaum, 2008), or may initially be symptom free and develop distress over time (Norris et al, 2008).

Perspectives of violence, migration, and resettlement experiences contribute to psychological distress, and perceptions of suffering, health, and quality of life in refugee populations. In addition, because these perspectives are culturally-bound, each cultural group experiences and expresses trauma and loss uniquely (Mollica, 2006; Silove, 1999; Witzum & Kotler, 2000). Because of the recent wave of

Mexican national refugees migrating into the U.S., the cultural similarity between the border cities of Texas and Mexico, and the ease of crossing into the U.S., the peri and post-migration experiences and perspectives of Mexican National refugees are unlike the experiences of other refugee groups.

1.2 PROBLEM STATEMENT

Because of the rapid escalation of violence along the U.S.-Mexico border, large numbers of Mexican Nationals have become refugees to the U.S. to seek safety. Many have experienced multiple traumas and loss. Research on Latino and Hispanic refugees has focused on those from Latin America, rather than Mexico (Eisenman et al., 2003; Fortuna et al., 2008; Mitrani, 2011). Because Mexican Nationals traditionally migrated for economic purposes (Eisenman et al, 2003; Fortuna et al., 2008); and the onset of drug related violence along the U.S.-Mexico border was recent; the pre, peri, and post-migration perspectives of Mexican Nationals related to experiences of violence, migration, and resettlement along the Texas-Mexico border were unknown.

1.3 THEORETICAL/CONCEPTUAL FRAMEWORK

The “Core Adaptive Systems” conceptual framework developed by Derrick Silove (1999), for analysis of subjective experiences of trauma survivors and refugees is the basis for the analysis of pre, peri, and post-migration perspectives of Mexican National refugees related to experiences of violence, migration, and resettlement. The overarching premise of this model is “that the various types of extreme trauma represent fundamental challenges to one or more of the major adaptive systems that support a state of psychosocial equilibrium in individuals and their communities” (Silove, 1999 p. 205).

In this context, *extreme trauma* is considered to be all forms of violence associated with civil unrest, migration, and resettlement. As discussed above, Mexican National refugees have reported experiencing or witnessing violent loss of life, extortion, kidnapping, forced betrayal, and separation from family prior to migration (Eisenman et al., 2003; Sinnerbrink et al., 1997; Steel et al., 2009; Steel

et al., 1999; Tol et al., 2009), similar to experiences reported by other refugee groups (Mollica et al., 1993).

I have posited that Mexican nationals experience additional traumas associated with structural violence that are pervasive throughout the pre, peri, and post-migration timeframes. Structural violence is defined as “the economic, political, legal, religious, and cultural structures that stop individuals, groups, and societies from reaching their full potential” (Galtung, 1969). These structures include systems that delegitimize the experiences associated with civil unrest in Mexico, and migration and resettlement to the U.S.

The term *psychosocial equilibrium* suggests there is a balance between individuals, networks, social organizations, and community. If the concept of psychosocial equilibrium is contextualized from a physics point of view, then it is a form of cohesion. In physics, cohesion is a uniting force, with energy balanced particles having a stable attachment that requires energy to approximate or separate (Jones, 1992). If individuals are socially cohesive prior to experiencing violence, then the violence associated with civil unrest, migration, and resettlement is the energy expended that breaks cohesion of personal and social homeostasis in refugee populations.

1.3.1 Core adaptive systems

The Core Adaptive Systems conceptual framework is designed to focus on the adaptive mechanisms of trauma survivors, in order to determine vulnerability and resilience factors which may account for variance in psychological distress across refugee populations (Silove, 1999). While the relationships between the concepts are not clearly delineated, the major adaptive systems identified in this framework are interactive and functional, and promote both personal and social homeostasis.

Identification of adaptive mechanisms that are mobilized and/or undermined in refugee populations provides mental health professionals a different perspective on the processes linking trauma experiences to psychological outcomes, thereby enhancing culturally-competent mental health treatment

for this population (Silove, 1999). The interacting Core Adaptive Systems are discussed below and include *personal safety systems, attachment and bond maintenance systems, identity and role functioning, justice, and existential meaning* (Silove, 1999).

1.3.2 Personal safety systems

Refugees experience cumulative traumas that begin with exposure to violence, and continue through migration and resettlement (Mollica, 2006; Mollica et al., 2004; Silove et al., 2009; Sinnerbrink et al., 1997). According to Silove (1999), the perceptions of threat to safety trigger mechanisms associated with self-preservation. Those that experience a continued threat to safety during resettlement may function poorly in society and suffer chronic symptoms of PTSD (Mollica et al., 2001; Mollica et al., 2004; Silove, 1999; Silove, Steel, Bauman, Chey, & Cowell, 2007).

Abraham Maslow (1968) identified safety and security needs as those important for survival, above the need for food and water. However, security needs are instinctual and are not triggered unless one is deprived. For Mexican national refugees, basic needs for a safe environment, employment, and shelter became deficient with repeated exposures to violence associated with civil unrest, migration, and resettlement. Therefore Mexican national refugees are at risk for developing PTSD. Increasing numbers of Mexican national refugees have migrated to the U.S. and are seeking mental health treatment in El Paso, Texas for trauma-related anxiety, depression, and symptoms associated with PTSD.

1.3.3 Attachment and bond maintenance systems

Silove identified the Attachment and Bond Maintenance Systems as most those dramatically affected by experiences of violence, migration, and resettlement (Silove, 1999 p. 206). Refugees experience multiple losses due to death of a loved one, or loss of employment, property, personal networks, community, and culture. Because separation and loss are both personal and symbolic, grief reactions and separation anxiety are common in refugee groups (Sinnerbrink et al., 1997, Silove, Momartin, Marnane, Steel, & Manicavasagar, 2010).

Loss of valued social roles, abandonment of life projects and social isolation are shown to undermine adaptation and recovery from trauma and exile (Miller et al., 2002). The loss of social networks during the pre and peri migration periods constitutes a destabilization and discontinuity of neighborhood, community, and culture. Because social networks are the weakest bonds associated with self-identity, they are the first dissolved during a crisis, yet this loss profoundly affects the sense of identity and community (Kawachi & Berkman, 2001).

1.3.4 Identity and role functioning

According to Silove (1999), experiences of violence undermine a person's sense of cohesion with the self and the community. Multiple violence experiences distort self-concept and the sense of identity, resulting in feelings of helplessness and passivity (Silove, 1999 p. 207). Loss of independence, recognition, and social mobility as a result of migrating, may cause a loss of identity cohesion in refugee groups. In addition, because identity is culturally bound, loss of cultural continuity also has a profound impact on the identity (Dana, 1998; Kawachi & Berkman, 2001). Because of the proximity, fluidity, and cultural similarities between Ciudad Juárez and El Paso, the impact of migration to the U.S. on the sense of identity of Mexican Nationals was unknown.

1.3.5 Justice

Crimes against individuals and society create a sense of injustice and victimization in trauma survivors. However, the sense of injustice and victimization is a culturally-bound construct that varies across refugee groups (Mollica, 2006; Pedersen et al., 2008). Forced betrayal, denunciation, and complicity commonly occur in those experiencing multiple violent exposures, resulting in a sense of injustice (Silove, 1999 p. 207). This sense may prevail over time, depending on circumstances of the peri-migration and resettlement phases.

Injustice affects both trust and faith in humankind. Trust may influence the degree of social participation (Nummela, Sulander, Rahkonen, Karisto, & Uutela, 2008), which is shown to promote

adaptation in trauma survivors (Sossou, Craig, Ogren, & Schnak, 2008). Many post-conflict societies have differing views on what is just and unjust, and the types of justice that foster social reconciliation, and individual healing (Clark, 2008).

Unmitigated justice results in anger and suffering, feelings of shame, guilt, desolation, and despair (Clark, 2008; Silove, 1999). Because the pre, peri, and post-migration experiences of Mexican National refugees were unknown, their perspective of justice was unknown.

1.3.6 Existential meaning

Repeated exposures to violence and trauma affect a refugee's sense of faith in the beneficence of life and human-kind (Silove, 1999 p. 207). Faith and trust contribute to a sense of hope. Three subdivisions of trust have been identified: social trust, political trust, and trust in experts and professionals (Nummela et al., 2007). Social trust refers to people in general, people in communities, people in religious organizations, and neighbors. Political trust refers to trust in public officials and the government. Trust of professionals refers to health professionals or experts. Because the police and federal officials are involved in the violence in Mexico, Mexican nationals have lost faith and trust in their government.

Hope consists of having the means to meet one's expectations, and having the ability to move through the process to reach the identified goal. Hope is considered an element necessary for coping with trauma and suffering (Ai, Tice, Whitsett, Ishisaka, & Chim, 2007). However, research outcomes are conflicting on the influence of hope in trauma recovery. Durakovic-Bello et al. (2003) found that persons with a strong sense of hope suffered fewer negative outcomes following trauma exposure. In contrast, Milam (2004) found no effect of hope on Post Traumatic Growth in HIV/AIDS patients.

1.3.7 Justification

The "Core Adaptive Systems" conceptual framework (Silove, 1999), is designed for use in analysis of the subjective experiences of refugees. The relationship between the variables has not been

clearly established. Research using this model is limited to exploration of single concepts within the Core Adaptive Systems framework; however analysis of subjective data using all five systems has not been conducted.

1.3.8 Structural violence

As previously stated, structural violence is “the economic, political, legal, religious, and cultural structures that stop individuals, groups, and societies from reaching their full potential” (Galtung, 1969). Mexican national refugees have experienced cumulative traumas through the pre, peri, and post-migration phases of fleeing violence in Mexico. I have posited that these systems contributed to the cumulative traumatic experiences and served as undermining factors to psychological recovery from experiencing trauma. These factors contributed to the overall trauma experience by delegitimizing the subjective experiences associated with trauma. Therefore the significance of experience in this population was further invalidated, contributing to destabilization of the core adaptive systems of safety, attachment, identity, justice, and existential meaning.

In Mexico, two major systems that delegitimized the perspectives of trauma included control of the media by the drug cartels, and extensive involvement and corruption of police and federal officials (Goodman, 2011). Control of media has contributed to desensitization of the outside world to the violent experiences that happen daily, and isolated the citizens. In controlling media, the true impact of violence in Mexico is truncated.

The extensive involvement in the violence by the police and federal officials has contributed to the escalation in violence. In 2009, the Mexican government ordered 5,000 soldiers to take over the police department in Ciudad Juárez, and as the numbers of soldiers increased, so did the violence (Goodman, 2011). Currently there are over 11,000 soldiers and police in Ciudad Juárez. Bowden (2011) reports that this is no coincidence, as the military and police departments fight for their share of the drug

profits. The extensive involvement by the military and police in the drug violence has contributed to a loss of political trust and sense of injustice for Mexican citizens.

During the peri-migration phase, earlier refugee groups report experiences of harassment, extortion, and physical assault that violated the individuals' concepts of safety, attachment, justice, identity, and meaning. In Mexican refugees, arrival to the U.S. introduced complex systems of structural violence that protracted the traumas that began in the pre-migration phase.

Earlier groups of refugees reported feelings of discrimination upon arrival to the host country (Silove et al., 2010; Steel et al., 2009), and experiences of detainment and deportation (Department of Homeland Security/U.S. Immigration & Customs Enforcement [DHS/ICE], 2009; Eisenman et al., 2003; Pedersen et al., 2008), which contributed to the protracted traumas of forced separation from family, injustice, and loss of attachment. Once they begin the resettlement process, many applied for and were denied asylum (Martinez-Cabrera, 2011), further delegitimizing their need for safety, forcing income inequality (Miller et al., 2002), and limiting social mobility (Mollica, 2006; Witzum & Kotler, 2000). The process of applying for asylum takes a minimum of 18 months (Migration Policy Institute [MPI], 2006). During that time, the ability to work is restricted as current U.S. laws require a delay of 6 months from time of arrival to application for a work visa.

1.4 PURPOSE OF THE STUDY

This was an exploratory-descriptive study designed to determine the pre, peri, and post-migration perspectives of Mexican nationals that fled violence in Mexico and resettled along the Texas-Mexico border. An understanding of these perspectives will inform and enhance culturally-sensitive therapeutic mental health interventions, inform public policy decisions, and provide the basis for future research with this population on the U.S.-Mexico border.

1.5 DEFINITION OF TERMS

The following terms are defined and operationalized in this section: Mexican national, refugee, pre-migration, peri-migration, post-migration, violence, and resettlement.

◦ Mexican nationals are persons born in Mexico, of Mexican citizenship or have dual citizenship with the U.S.

◦ Refugees are persons that have fled their country of origin, crossed international borders, and have fled to escape violence and persecution.

◦ Pre-migration is the period of time prior to leaving Mexico, when experiences of violence and trauma occurred. The pre-migration phase also includes the time contemplating migration.

◦ Peri-migration is the period of time between living in Mexico and arriving into the U.S. For Mexican national refugees, this is a short time frame of hours to several days.

◦ Post-migration is the period of time beginning upon arrival into the U.S.

◦ Violence is any traumatic event that is witnessed or experienced first-hand and includes physical or emotional trauma.

◦ Resettlement is the process of establishing residence and employment in the U.S.

1.6 RESEARCH QUESTIONS

The purpose of this study was to explore and describe the pre, peri, and post-migration perspectives of violence, migration, and resettlement of Mexican national refugees fleeing violence in Mexico in order to answer the following questions:

“What are the pre-migration perspectives of Mexican National refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

“What are the peri-migration perspectives of Mexican National refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

“What are the post-migration perspectives of Mexican National refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

1.7 SIGNIFICANCE OF THE PROBLEM

With the declaration of war on drugs by Mexican President Felipe Calderón in 2006, violence, destruction, and civil unrest has escalated to include citizens, children, women, business-owners, and tourists. Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage has not increased significantly since 2008, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011).

Increasing numbers of Mexican national refugees were seeking mental health treatment for trauma related experiences and had suffered multiple traumas through the pre, peri, and post-migration periods. Because the violence in Mexico is recent, and Mexican nationals historically had migrated for economic reasons, their perspectives on violence, migration, and resettlement were unknown. This research provides the basis for future research in this population, will inform public policy, enhance culturally competent mental health treatment, and increase awareness of the experiences of this population.

1.8 ASSUMPTIONS

The following assumptions were understood for purposes of this research:

- 1) Mexican nationals were migrating to the U.S. for safety.
- 2) Mexican national refugees were accessible for interviews.

- 3) Mexican nationals had similar pre, peri, and post-migration experiences as other refugee groups.
- 4) Mexican national refugees had similar psychosocial distress as other refugee groups.
- 5) The proximity and fluidity of international border crossings between Ciudad Juárez and El Paso, Texas provided cultural continuity.

1.9 LIMITATIONS

This was an exploratory-descriptive qualitative study, designed to determine pre, peri, and post-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border. Because it is qualitative, findings will not be generalizable to other refugee groups.

1.10 PRELIMINARY RESEARCH CONTRIBUTIONS

I began working with Drs. Lusk and Villalobos as a Co-Primary Investigator in June of 2010 on our study entitled “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border”. With direction and support from Dr. Lusk, I was responsible for conducting the literature review; locating potential psychometric instruments; creating, maintaining, revising, and submitting all IRB documentation; participating in the creation of the semi-structured questionnaire; participating in the interviews; participating in presenting preliminary findings; and participating in manuscript creation and submission. Dr. Lusk has included me in all project decisions.

The original IRB proposal was submitted and approved in November 2010 and is included in Appendix A. This protocol was revised in June 2011 to include Las Americas Immigrant Advocacy Center, and updated in November 2011. Letters of support from participating agencies are included in Appendix B. Informed consents in both English and Spanish for each agency are included in Appendix

C. The semi-structured questionnaire can be located in Appendix D, and finally the IRB approval to conduct secondary data analysis for this project is in Appendix E.

Preliminary findings have been presented at 5 venues: The Healthy Exchange Series of UTEP in April 2011; The West El Paso Rotary Club in July 2011; and the National Association of Social Workers Annual Conference in Dallas, Texas, October 8, 2011; the Seminaries Binacional Sobre la Violencia en la Frontera in Austin, Texas and Ciudad Juárez, December 2, 2011; and the Trauma Through the Life Cycle from a Strengths Perspective Conference in Jerusalem, Israel, January 9, 2012. One manuscript has been submitted for publication in the *Journal of Comparative Social Work* and is pending acceptance. All presentations and submitted publications can be located in the reference list.

Chapter 2: Literature Review

This chapter reviews the literature on the subjective experiences of refugees fleeing violence, trauma, and civil unrest. Exploration of pre, peri, and post-migration experiences of refugees will be discussed historically to illustrate inconsistencies in perspectives and mental health outcomes associated with the refugee experience across ethnic groups. Language and cultural issues emerge as significant influences on perspectives of refugees experiencing cumulative violence, trauma, and civil unrest. The theoretical conceptual framework is discussed in application to earlier refugee populations and Mexican national refugees.

2.1 BACKGROUND

2.1.1 Global immigration trends

Between 1930 and 1970, immigrants to the United States were predominantly European and sought asylum for relief from persecution, or to seek economic or educational opportunities (Jaranson, Ekblad, Kroupin, & Eisenman, 2007; Kandula, Kersey, & Lurie, 2004; Walker & Barnett, 2007). This particular cohort of immigrants was “pulled” to the U.S. on the potential opportunity for a better life. The United Nations Convention related to the status of Refugees (1951), and the United Nations Protocol relating to the status of Refugees (1967), established policies and procedures for processing asylum applications. During this time, asylum-seeking applicants typically requested and received affirmative asylum a year prior to migration to the host country (Steel & Silove, 2000; Walker & Barnett, 2007).

Since the 1950s, increasing episodes of political violence have occurred *within* countries, exposing vulnerable civilians to situations of enforced disappearance, extortion, torture, sexual violence, and guerilla warfare (Eisenman et al., 2003; Pedersen, 2002; Mollica, 2006; Mollica et al., 1993; Sinnerbrink et al., 1997; Walker & Barnett, 2007). Since the 1970s, increasing intra-country violence and social upheaval worldwide has exposed uninvolved citizens to *repeated* traumatic experiences

associated with violence, political instability, civil armed combat, terrorism, drug trafficking, and the breakdown of civil society (Steel & Silove, 2000; Walker & Barnett, 2007). Rather than being pulled to the U.S. for economic and educational opportunities, this cohort of immigrants are “pushed” out of their country of origin in order to survive.

With the rise of Communist Regimes in Indochina in the 1970s and 1980s, increasing numbers of immigrants from the developing countries of Vietnam, Cambodia, and Laos sought asylum in Western nations following exposure to acts of political violence. An estimated 50 million persons became displaced during this time, with 20 million seeking asylum in foreign countries (Steel & Silove, 2000), overwhelming the system and forcing thousands to become refugees (Walker & Barnett, 2007). Because of the backlog in immigration processing, many refugees were contained in refugee camps where they remained for many years, limiting their social mobility, forcing poverty, and prolonging the trauma of resettlement (Miller, Muzurovich, et al., 2002; Mollica et al., 1993; Pedersen et al., 2008).

More recently, drug-related violence and violence by governments against citizens (state violence) in Latin America has caused thousands of citizens of Colombia, Guatemala, Ecuador, Cuba, Brazil, Venezuela, and El Salvador to seek refuge in other countries (Mollica, 2006; Sabin et al., 2003; Steel et al., 2009; Walker & Barnett, 2007). While migrating to escape violence, many have secured permanent visas, or attained asylum status in the U.S. (Eisenman et al., 2003; Fortuna et al., 2008).

In 2007, an estimated 185 million people worldwide were living outside their countries of birth (Walker, & Barnett, 2007), and include those migrating for economic reasons, fear of religious or political persecution, and exposure to political violence. An estimated 43.3 million persons globally were forcibly displaced by the end of 2009 (UNHCR, 2010), and include refugees, asylum seekers, and those considered stateless. Of those seeking refugee status in the Western hemisphere, the U.S. admitted 79,900 refugees from around the globe, followed by Canada with 12,500 admissions, and Australia with 11,100 admissions (UNHCR, 2010).

2.1.2 Evolution of seeking asylum

Persons outside the U.S. that flee persecution in their country of origin may apply for asylum or refugee status to enter the U.S., yet different conditions apply to each status application. In both cases, persecution refers to maltreatment based on religion, race, nationality, membership in a particular social group, or political opinion (US Citizenship & Immigration Services [USCIS], 2011). *Refugees* must be located outside the U.S., be of a special humanitarian concern, not firmly resettled, demonstrate persecution, and be otherwise admissible to the U.S. *Asylum-seekers* must meet the definition of a refugee, already be in the U.S., or seek admission at a port of entry. Both asylum and refugee designations are forms of protection granted by the Department of Homeland Security (USCIS, 2011).

Based on the United Nations Convention of 1951 and Protocol relating to the status of Refugees (1967), immigrants to the U.S may apply for asylum prior to migrating by seeking affirmative asylum, after migrating through defensive asylum, or claim refugee status when they are not eligible to apply for entry into the U.S. (USCIS, 2011). While affirmative asylum is granted prior to arrival in the U.S., the defensive asylum process occurs after an immigrant is detained for being in the U.S. without authorization, and initiated during deportation hearings in Immigration Court (USCIS, 2011).

For those fleeing political violence, refugees arriving in the U.S. may request protection from deportation based on credible fear for safety, or reasonable fear for safety from political or religious persecution (U.S. Department of Justice [USDOJ], 2010). Credibility of fear for safety is determined by Immigration Court Judges.

Because of escalating intra-country violence associated with political instability and civil unrest, hundreds of thousands of citizens have fled violence in their country of origin, seeking asylum and protection for their lives (Mollica et al., 2004; Steel et al., 2009). Because they were not fleeing religious or political persecution, they have been denied refugee status. In response to the growing numbers of asylum-seekers fleeing violence, an additional protocol was established in 1999 by the

United Nations Convention Against Torture and other Cruel, Inhumane, or Degrading Treatment or Punishment (CAT). This protocol allows refugees protection from deportation if they believe they are “more likely than not to be tortured if removed from the U.S.”. However, in 2009, of the 25,665 CAT cases reviewed, 10,894 persons were denied, and only 504 were granted protection. The remainder of cases was either still under review or withdrawn (USDOJ, 2010).

2.1.3 United States immigration trends

In 2009, the U.S. Immigration Courts received over 35,000 applications for asylum and approved 47% of these, an increase of 11% over 2008. However, overall asylum applications decreased 27% between 2005 and 2009 (USDOJ, 2010), and continue to decrease today (Martinez-Cabrera, 2011; USCIS, 2011). While Mexican nationals submitted the largest number of asylum applications to the U.S. at 13%, and accounted for over 44% of all completed Immigration Court hearings in 2009, only 2% were granted asylum (USDOJ, 2010). The top asylum grantees in the U.S. in 2009 were Chinese (33-56%), Ethiopian (4.02%), Haitian and Iraqi (7%) (USDOJ, 2010). In 2008, thirty-seven to forty-two percent of asylum applicants were deported to their country of origin (Department of Homeland Security/U.S. Immigration & Customs Enforcement [DHS/ICE, 2009]).

2.1.4 El Paso immigration trends

Prior to the war on drugs in Mexico that began in 2006, less than 2000 Mexicans applied for asylum annually in the U.S. and only a handful of applicants were granted asylum status (Aguilar 2010). Prior to this time, Mexican nationals were pulled to the U.S. for both economic and educational opportunities (Fortuna et al., 2008).

After 2006, drug-related violence and wide-spread crime in Mexico escalated and Mexican nationals began migrating for safety-either into the U.S. or interior Mexico. Consequently, between 2008 and 2009, El Paso Immigration Court hearings increased 97%, from 3,092 hearings in 2008 to 7,682 hearings in 2009. Applications for protection under the CAT Convention totaled 84 cases, but

dispositions are not available (USDOJ, 2010). Eleven thousand nine applications for relief were filed in El Paso County and 8,907 hearings conducted for detained aliens. One hundred sixty-five applications for asylum based on credible fear, resulted in 105 deportations and 16 detentions (USDOJ, 2010). In 2010, eighty-three percent of asylum applications in El Paso were denied (Aguilar, 2010; Martinez-Cabrera, 2011).

2.1.5 Phases of migration

Individuals that flee violence in their home country tend to do so in “waves”. The first wave of immigrant refugees is generally affluent, may have dual citizenships, is educated, and has the resources to re-establish themselves in the host country of their choice. Second wave refugees tend to be middle class and hold permanent legal status or work visas. Third wave refugees tend to be poor, undocumented, and have access to limited resources with which to re-establish themselves and their families (Fortuna et al., 2008).

The first and second waves of out-migration from Mexico occurred in 2007-2008, as Mexican nationals fled to Canada. Temporary entry into Canada does not require a visa, and the refugee application process can be completed in as little as six months, compared to a minimum of 18 months in the United States (USCIS, 2011). Between 2006 and 2007, Mexican applications for refugee status into Canada increased from fewer than 1,000 applications to over 5,000 applications received from refugees with financial resources (Nicholas, 2007). In 2007-2008, the number of Mexican refugee applicants increased an additional 33% (Day, 2009).

Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H.

Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011). Reports that home sales, apartment rental rates, and utility use rates have *not* increased in El Paso, only serve to cloud the accuracy of the estimates of Mexican national refugees settling here. Paradoxically, new businesses have proliferated (Grissom, 2010).

This cohort of refugee is the third wave of immigrant; the poor and undocumented, who have been pushed out of their country in fear for their lives. Few have permanent residency status, and are silently absorbed into homes of family or friends established in El Paso, or become homeless. For purposes of this research, they are considered refugees-not because they meet official criteria, but because they are fleeing into the U.S. for safety.

2.1.6 Drug-related violence in Mexico

Until approximately four years ago, the El Paso-Juárez region was known for its' fluid borders. Millions of persons crossed the international bridges daily to shop, visit relatives, work, attend college, and socialize (City of El Paso, 2006). The international border at that time was seamless. Similarities in language, food, culture, and lifestyle increased the ease of migration between countries. Many Mexican nationals obtained work permits, and the primary reason for migrating into the U.S. prior to 2006 was economic (Eisenman et al., 2003; Fortuna et al., 2008).

With the onset of the war against drugs in Mexico by Felipe Calderón in 2006, violence that began between warring drug cartels for control of the transportation routes into America (Campbell, 2009), has escalated to include citizens, children, women, health care workers, local business owners, students, American citizens, and Consulate employees (Bowden, 2010; Campbell, 2009; Flores, 2011). Tactics have escalated from drive-by shootings to the use of explosives, beheadings and dismemberments, attacks on drug rehabilitation centers, churches, maquiladoras, and private homes.

Abductions have increased 300% since 2005, often resulting in ransom pay-outs without release of the kidnapped (Cave, 2012).

Even as the violence escalated early in the war against drugs, people continued to cross international borders daily. With the arrival of the federal police in 2008, the violence escalated logarithmically and border crossings began to drop as American citizens became indiscriminate victims of violence. State and federal agencies began issuing border crossing warnings for their employees. Finally, the warnings became prohibitions (U.S. Department of State [USDOS], 2011).

Mexican nationals fleeing violence suffer multiple traumas. In Ciudad Juárez alone over 3,000 persons were slain in 2010, earning it the title of the most dangerous city in Mexico. Despite the murders of 843 people between January and May 2011, Mayor Héctor Murguía declared that Ciudad Juárez was no longer the most violent and dangerous city in Mexico (Lozano, 2011). Yet smoke from fires in Juárez can be seen from the U.S. side of the border, and the local news continues to report dozens of murders daily as violence in Juárez continues.

Another tactic used to traumatize the citizens of Mexico is extortion. Business owners are approached by both “Federales” and drug cartel members for hundreds of dollars a month in “protection money”. Failure to pay results in burned businesses, and business owners or their families being kidnapped and tortured. Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage has not increased significantly since 2008, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011).

Because this third wave of migrant crosses the Texas-Mexico border prior to applying for asylum, most are undocumented and are either detained pending immigration hearings, or go into hiding without applying for asylum.

2.1.7 Refugee migration experiences

Migration and resettlement experiences of refugees are described in three categories: pre, peri, and post-migration experiences. While these experiences are variable across different refugee groups, the *cumulative* experiences associated with pre, peri and post-migration traumas contribute to emotional distress in refugee populations. Cumulative effects of these experiences are known to contribute to depression, anxiety, and symptoms of PTSD (Fortuna et al., 2008; Steel & Silove, 2000; Walker & Barnett, 2007).

Pre-migration experiences include witnessing or experiencing a threat to life or limb, severe physical harm/injury, torture, exposure to the grotesque, violent/sudden loss of a loved one, causing death/severe harm to another, forced disappearance, threat of abduction, extortion and/or forced separation from family (Eisenman et al., 2003; Mollica et al., 2004; Steel et al., 1999). Hundreds of thousands of people from impoverished nations have been pushed out of their home country to escape these types of violence, becoming internally displaced, or refugees to foreign countries (UNHCR, 2010; Steel & Silove, 2000; Yasan et al., 2009).

Refugees who experience pre-migration violence and trauma suffer multiple losses. While the most frequent trauma is the unnatural death of a loved one (Steel et al., 1999), the degree of choice to leave, the ability to plan a move, or return to see family also contributes to symptoms of anxiety and depression (Fortuna et al., 2008).

Pre-migration factors that strongly correlate with symptoms of PTSD include forced separation from family, isolation, torture, trauma exposure, and imprisonment. Torture is the strongest predictor of

PTSD in refugee populations, and those who survive it exhibit a 46% increase in PTSD prevalence (Eisenman et al., 2003; Steel & Silove, 2000; Steel et al., 2009).

Exposure to violence contributes to depression in a manner similar to a cumulative dose-response effect. The more exposures to violence, the higher rates of depression in refugee populations. Those with more than three exposures exhibit symptoms of co-morbid PTSD (Green, Goodman, & Krupnick, 2000; Kaltman et al., 2010; Mollica et al., 1998; Steel et al., 2009).

Peri-migration experiences that contribute to depression include loss of social status and support, and displacement (Fortuna et al., 2008). Frequently, the peri-migration experiences of refugees fleeing violence may be accompanied by continuing violence as they may be dependent on smugglers to assist in crossing international borders or are otherwise put at risk. These experiences include rape, deprivation of food, water, and shelter, and exploitation. While deprivation and exploitation are not included in the criteria for PTSD in the Diagnostic and Statistical Manual –IV-TR (DSM), they directly contribute to anxiety and post-traumatic stress symptoms in refugees across multiple nationalities (Steel et al., 2009).

Post-migration experiences of discrimination, poverty, separation from family, social isolation, homelessness, lack of health care access, sense of loss, and fear of deportation contribute to symptoms of depression and anxiety among all ethnic groups (Eisenman et al., 2003; Maldonado et al., 2002; Miller, Weine et al., 2002; Silove et al., 2010; Steel et al., 2009). In addition, known post-migratory predictors for PTSD in refugees include separation from family and spouse, fear for family left at home, uncertainty in the new country, poverty, loneliness, boredom, and isolation (Eisenman et al., 2003; Lie, 2002; Steel & Silove, 2000).

2.1.8 Emotional & psychosocial effects

The emotional and psychosocial effects of armed conflict and political violence are well documented and known to contribute to human suffering. Refugees that experience anxiety and mental

distress have high rates of disability, chronic pain, role limitations, mortality, and diminished perceived quality of life and functional status (Courtois, 2008; Eisenman et al., 2003; Fortuna et al., 2008; Pedersen et al., 2008; Savoca & Rosenheck, 2000; Walker & Barnett, 2007). Perceived psychological distress is dependent upon the cumulative effects of pre-migration experiences associated with trauma and flight, peri-migration stressors, and post-migration resettlement stress (Mollica et al., 1999). A large body of research shows that refugees fleeing mass conflict and becoming displaced experience symptoms of post-traumatic stress disorder (PTSD), anxiety, and depression (Eisenman et al., 2003; Green et al., 2000; Mollica et al., 1998; Mollica et al., 1999; Pedersen et al., 2008). In addition, psychosomatic disorders, grief disorders, and crises of existential meaning have been reported in multiple refugee populations (Schweitzer et al., 2007; Silove et al., 1999; Stamm & Friedman, 2000), yet outcomes are not uniform across groups.

In a systematic review and meta-analysis of existing literature on mental health sequelæ in refugee populations, Steel et al. (2009) reviewed 161 research articles that describe outcomes for over 81,000 refugees. The reported rates for depression ranged from 3% to 85.5%, while reported rates for PTSD ranged from 0% to 99% in refugee populations. They identified ecological factors, social variables, economic restrictions, insecure housing, time-since-conflict, and location of residency as influencing rates of distress (Steel et al., 2009). In addition, Walker and Barnett (2007) identified contextual variables that influence mental health outcomes in refugees that include interdependence between individual-family-community; social and ecological variables; and cultural equivalence with host country (Walker & Barnett, 2007).

As an illustration of variance in mental health outcomes across different refugee groups, Mollica studied rates of depression and PTSD in Cambodian and Bosnian refugees in 1993 and 1999. Sixty-eight percent of Cambodians and 39% of Bosnians reported depression, while 37% and 26% reported symptoms of PTSD (Mollica et al., 1993; Mollica et al., 1999). Refugees from Sierra Leone reported a

49% depression rate, an 80% anxiety rate, and an 86% PTSD rate (Fenta, Hyman, & Noh, 2007). The lowest rates of depression and anxiety were with Vietnamese refugees with 5% reporting anxiety and 3% reporting depression (Silove et al., 2007).

Longitudinal research on mental health outcomes with refugees reveals inconsistent results. While Marshall et al., (2005), and Steel & Silove (2000) found symptoms of depression, anxiety and PTSD diminished in refugee populations after three years of resettlement, Lie (2002) found symptoms of anxiety and depression unchanged, and symptoms of post-traumatic stress increased over a three year period in traumatized refugees. In addition, Sabin et al., (2003) found that post traumatic symptoms persisted in Guatemalan refugees who lived in refugee camps in Chiapas, Mexico for 20 years.

This vast body of literature focuses on pathological mental health outcomes associated with cumulative effects of pre, peri, and post-migration traumas (Mollica, 2006; Mollica et al., 2004; Pedersen et al., 2008; Sabin et al., 2003; Steel et al., 2009). It is argued that this research assumes that experiencing trauma is uniformly traumatizing (Hobfall et al., 2009), and asserts a Western medical point of view (Mollica et al., 1994; Silove, 1999; Stamm & Friedman, 2000; Witztum, & Kotler, 2000). Emerging research suggests that the majority of refugees do not report psychological distress (Bonanno et al., 2006, 2007). Those that do may initially exhibit distress and recover (Layne et al., 2007; Norris et al., 2007), or may initially be symptom free and develop distress over time (Norris & Hamblin, 2004). This is evident in the variation between perceived emotional distresses among different refugee groups.

2.1.9 Emotional and psychosocial experiences of Hispanic refugees

Pre, peri, and post migration experiences and mental health outcomes of Hispanic refugees in the United States are poorly understood, and under-studied. Empirically determined rates of PTSD and panic disorders are not available for Hispanic populations (Eisenman et al., 2003; U. S. Department of Health and Human Services [DHHS], 2000). The majority of research in this population includes multi-cultural samples of refugees. Until recently, the majority of refugees migrating to the United States

from Latin America have been from Colombia, Guatemala, Ecuador, Cuba, Brazil, Venezuela, and El Salvador. While migrating to escape violence, many have secured permanent visas, or attained asylum status in the U.S. (Eisenman et al., 2003; Fortuna et al., 2008). Both Eisenman (2003) and Fortuna (2008) found that the majority of Hispanic subjects exposed to political violence were from Central America.

Eisenman (2003) conducted research with 281 Hispanic immigrants that had exposure to violence prior to migrating to the U.S. He found that those experiencing violence were more likely to meet symptom criteria for depression, panic disorder, and PTSD than those not exposed. In his sample, 54% of Hispanic participants had exposure to political violence. Of those, 36% met criteria for depression, and 18% met symptom criteria for PTSD. While 41% of his participants had migrated from Mexico, only 14% (n=41) of those reported exposure to violence (Eisenman et al., 2003).

More recently, Fortuna et al. (2008) identified 1,630 Hispanic immigrants through the National Hispanic and Asian American Study to determine the prevalence of exposure to political violence and perceived need for mental health services in this population. In this research, the majority of those experiencing violence were from Cuba, El Salvador, Mexico, Colombia, and Nicaragua. Findings indicate that 13% of Mexican nationals reported exposure to violence, however they comprised only 11% (n=179) of the study sample. Additionally, there were no significant differences in rates of mental health disorders between those exposed to violence and those not exposed. However, complaints of emotional distress, nervousness, substance abuse, and chronic illness were widespread (Fortuna et al., 2008). Unrelated research supports this finding and identifies somatization as the primary method of expression of distress in Hispanic populations, often leading to misdiagnosis and inappropriate treatment (Heilemann, Coffey-Love, & Frutos, 2004).

2.1.10 Mexican national refugee experiences

The majority of research conducted with Hispanic refugee populations contains a multi-cultural representation of refugees, of which Mexican Nationals are a small sample (Mitrani, 2011). Both Eisenman (2003) and Fortuna (2008) found that the majority of Hispanic subjects exposed to political violence were from Central America, and both acknowledged that Mexican Nationals were under represented in the samples because they primarily migrate for economic reasons (Eisenman et. al., 2003; Fortuna et al., 2008).

Fortuna et al., (2008) also reported that Mexican nationals are more likely to seek comfort and advice from family rather than to seek professional mental health services. They also note that historically, Mexicans migrate primarily for economic reasons, rather than to escape violence and trauma. Research on the mental health of Mexican migrant workers reveals the same prevalence of depression, anxiety, and PTSD as found in the general population (Lindert, von Ehrenstein, Priebe, Mielck, & Brahler, 2009; Marshall et al., 2005), supporting the premise that mental health outcomes in this population are dependent on the context of exit from the host environment (Dana, 1998; Lindert et al., 2009). As Mexican nationals traditionally were pulled to the U.S. for economic reasons and more recently are pushed into the U.S. to escape violence, the context of exit has changed, yet the perspectives of these experiences were unknown.

Walker and Barnett (2007) identified contextual variables that influence mental health outcomes in refugees that include interdependence between individual-family-community; social and ecological variables; and cultural equivalence with host country (Walker & Barnett, 2007). Perspectives of pre, peri, and post-migration experiences are based on contextual variables and influence the degree of psychological distress, perceptions of suffering, health, and quality of life in refugee populations. In addition, because these perspectives are culturally-bound, each cultural group experiences and expresses trauma and loss uniquely (Mollica, 2006; Silove, 1999, Witzum & Kotler, 2000).

In the Mexican national refugee population, I anticipated the cumulative pre-migration traumas to be similar to other refugee groups that flee drug-related and state violence. However, contextually the El Paso-Juárez border region is significantly different than for Salvadoran or Guatemalan refugees. It is within this context that the peri and post-migration experiences of Mexican national refugees is unique.

The El Paso-Juárez border region is culturally interdependent and similar. Many families have relatives on both sides of the border and cross the international boundaries frequently. Prior to the violence in Mexico, the international border was fluid and all but invisible to citizens on both sides of the border. Food, language, social organizations, and customs are similar on both sides of the border, making the cultural transition between countries effortless. Both Villalobos (2009) and Solis (2010) found that acculturation was not a statistically significant indicator of mental health outcomes or health practices in the population along the El Paso-Juárez border.

Mental health professionals in El Paso, Texas have reported increasing contact with Mexican national refugees. They report these refugees have been subject to death threats, extortion, kidnapping threats, carjacking, and/or have witnessed murders and abductions. Clinicians indicate that the refugees were traumatized by their experiences in Mexico and had voluntarily escaped to the United States, whether documented or not, to seek safety, refuge, and security.

Because of the recent wave of Mexican National refugees into the U.S., the cultural similarity between the border cities of Texas and Mexico, and the ease of crossing into the U.S., the peri and post-migration experiences and perspectives of Mexican National refugees were unlike the experiences of other refugee groups. It is important to understand these perspectives to enhance understanding and culturally sensitive health care for this population.

2.2 THEORETICAL/CONCEPTUAL FRAMEWORK

The Core Adaptive Systems conceptual framework developed by Derrick Silove (1999), for qualitative analysis of subjective experiences of trauma survivors and refugees was the *a priori*

framework for the analysis of pre, peri, and post-migration perspectives of Mexican national refugees related to pre, peri, and post-migration experiences. The overarching premise of this model is “that the various types of extreme trauma represent fundamental challenges to one or more of the major adaptive systems that support a state of psychosocial equilibrium in individuals and their communities” (Silove, 1999 p. 205).

In this context, *extreme trauma* is considered to be all forms of violence associated with civil unrest, migration, and resettlement. As discussed above, Mexican national refugees reported experiencing or witnessing violent loss of life, extortion, kidnapping, forced betrayal, and separation from family prior to migration, that is similar to experiences reported by other refugee groups (Mollica et al., 1993; Mollica et al., 2004; Mollica, 2006; Sabin et al., 2003; Steel et al., 2009; Walker & Bennett, 2007). I had posited that Mexican nationals experience additional traumas associated with structural violence that is pervasive throughout the pre, peri, and post-migration experiences. Structural violence is defined as “the economic, political, legal, religious, and cultural structures that stop individuals, groups, and societies from reaching their full potential” (Galtung, 1969). These systems are so culturally ingrained and accepted, they are almost invisible (Farmer, Nizeye, Stulac, & Keshavjee, 2006), yet they serve to delegitimize the experiences associated with violence and the breakdown of civil society in Mexico, and migration and resettlement to the U.S.

The term *psychosocial equilibrium* suggests there is a balance between individuals, networks, social organizations, and community. If the concept of psychosocial equilibrium is contextualized from a physics point of view, then it is a form of cohesion. In physics, cohesion is a uniting force, with energy balanced particles having a stable attachment that requires energy to approximate or separate (Jones, 1992). If individuals are socially cohesive prior to experiencing violence, then the violence associated with civil unrest, migration, and resettlement is the energy expended that breaks cohesion of personal and social homeostasis in refugee populations.

2.2.1 Core adaptive systems

The Core Adaptive Systems conceptual framework is designed to focus on the adaptive mechanisms of trauma survivors in order to determine vulnerability and resilience factors which may account for variance in psychological distress across refugee populations (Silove, 1999). While the relationships between the concepts are not delineated, the major adaptive systems identified in this framework are interactive and functional, and promote both personal and social homeostasis.

Identification of adaptive mechanisms that are mobilized and/or undermined in refugee populations will provide mental health professionals a different perspective on the processes linking trauma experiences to psychological outcomes, thereby enhancing culturally-competent mental health treatment for this population (Silove, 1999). The interacting Core Adaptive Systems are discussed below and include *personal safety systems, attachment and bond maintenance systems, identity and role functioning, justice, and existential meaning* (Silove, 1999).

2.2.2 Personal safety systems

Refugees experience cumulative traumas that begin with exposure to violence, and continue through migration and resettlement (Eisenman et al., 2003; Fortuna et al., 2008; Mollica et al., 2004; Mollica, 2006; Steel et al., 2009). According to Silove (1999), perceptions of threat to safety trigger mechanisms associated with self-preservation. Those that experience a continued threat to safety during resettlement may function poorly in society and suffer chronic symptoms of PTSD (Mollica et al., 2004; Silove, 1999). In the Mexican national population, cumulative exposures to violent deaths, forced separation from family, kidnappings, and extortion contribute to perceptions of threat to safety. Mental health professionals in El Paso reported that Mexican nationals described the flight out of Mexico a necessity to ensure they or their families were safe.

Abraham Maslow (1962) identified safety and security needs as those important for survival, above the need for food and water. However, security needs are instinctual and are not triggered unless

one is deprived. For Mexican national refugees, basic needs for a safe environment, employment, and shelter become deficient with repeated exposures to violence associated with civil unrest, migration, and resettlement. Therefore Mexican national refugees are at risk for developing PTSD. Increasing numbers of Mexican national refugees are migrating to the U.S. and seeking mental health treatment in El Paso, Texas for trauma-related anxiety, depression, and symptoms associated with PTSD.

2.2.3 Attachment and bond maintenance systems

Silove identified the attachment and bond maintenance systems as most dramatically affected by experiences of violence, migration, and resettlement (Silove, 1999 p. 206). Refugees experience multiple losses due to loss of a loved one, employment, property, personal networks, community, and culture. Because separation and loss are both personal and symbolic, grief reactions and separation anxiety are common in refugee groups (Silove, 1999; Silove et al., 2010). Loss of valued social roles, abandonment of life projects and social isolation are shown to undermine adaptation and recovery from trauma and exile (Miller et al., 2002). The loss of social networks during the pre and peri migration periods constitutes a destabilization and discontinuity of neighborhood, community, and culture. Because social networks are the weakest bonds associated with self-identity, they are the first dissolved during a crisis, yet this loss profoundly affects the sense of identity and community (Kawachi & Berkman, 2000).

In the Mexican national refugee population, the availability of existing social networks in the U.S. was unknown. In addition, the effect of the proximity and cultural similarities between El Paso and Ciudad Juárez on the sense of identity and community in this population was unknown.

2.2.4 Identity and role functioning

According to Silove (1999), experiences of violence undermine a person's sense of cohesion with the self and the community. Multiple violence experiences distort self-concept and the sense of identity, resulting in feelings of helplessness and passivity (Silove, 1999 p. 207). Loss of independence,

recognition, and social mobility as a result of migrating, may cause a loss of identity cohesion in refugee groups. In addition, because identity is culturally bound, loss of cultural continuity also has a profound impact on the identity (Kawachi & Berkman, 2000). Because of the proximity, fluidity, and cultural similarities between Ciudad Juárez and El Paso, Texas, the impact of migration to the U.S. on the sense of identity of Mexican nationals was unknown.

2.2.5 Justice

The role of justice in societal violence is twofold: Crimes against individuals and society create a sense of injustice and victimization in trauma survivors, yet justice for crimes against society can provide a sense of reconciliation and healing (Clark, 2008). Justice is reconciliatory through three avenues. Justice may serve to provide retribution, identify and establish the truth and individualize guilt, or foster reconciliation through collective negotiation. However, the sense of what is just and unjust is a culturally-bound construct that varies across refugee groups. In his work with Taiwanese refugees, Mollica (2006) found that justice was not desired as a form of retribution against criminals of society, but perceived as a form of retribution earned for misconduct in a past life-karma.

Forced betrayal, denunciation, and complicity commonly occur in those experiencing multiple violent exposures, resulting in a sense of injustice (Silove, 1999 p. 207). This sense may prevail over time, depending on circumstances of the peri-migration and resettlement phases. Injustice impacts both trust and faith in humankind.

Trust may influence the degree of social participation (Nummela et al., 2008), which is shown to promote adaptation in trauma survivors (Sossou et al., 2008). Many post-conflict societies have differing views on what is just and unjust, and the types of justice that foster social reconciliation, and individual healing (Clark, 2008).

Unmitigated justice results in anger and suffering, feelings of shame, guilt, desolation, and despair (Silove, 1999). Because the pre, peri, and post-migration experiences of Mexican national refugees were unknown, their perspectives of justice were unknown.

2.2.6 Existential meaning

Repeated exposures to violence and trauma impact a refugee's sense of faith in the beneficence of life and human-kind (Silove, 1999 p. 207). Faith and trust contribute to a sense of hope. Three subdivisions of trust have been identified: social trust, political trust, and trust in experts and professionals (Nummela, et al., 2007). Social trust refers to people in general, people in communities, people in religious organizations, and neighbors. For Mexican national refugees, they have lost trust in their communities, organizations, and neighbors. This was a result of repeated exposures to pre-migration violence.

Political trust refers to trust in public officials and the government. Because the police and federal officials are involved in the violence in Mexico, Mexican nationals have lost faith and trust in their government. Trust of professionals refers to health professionals or experts. The fact that Mexican nationals were seeking treatment from mental health professionals in El Paso demonstrates there was a level of professional trust.

Hope consists of having the means to meet one's expectations, and having the ability to move through the process to reach the identified goal. Hope is considered an element necessary for coping with trauma (Ai et al., 2007). However, research outcomes are conflicting on the influence of hope in trauma recovery. Durakovic-Bello et al. (2003) found that persons with a strong sense of hope suffered fewer negative outcomes following trauma exposure. In contrast, Milam (2004) found no effect of hope on Post Traumatic Growth in HIV/AIDS patients.

2.2.7 Justification

The core adaptive systems conceptual framework (Silove, 1999), is designed for use in qualitative analysis of subjective experiences of refugees. The relationship between the variables has not been established. Research using this model is limited to exploration of single concepts within the core adaptive systems framework; however analysis of subjective data using all five systems has not been conducted.

2.3 STRUCTURAL VIOLENCE

As previously stated, structural violence is “the economic, political, legal, religious, and cultural structures that stop individuals, groups, and societies from reaching their full potential” (Galtung, 1969). These systems are so culturally ingrained and accepted, they are almost invisible to those within the society (Farmer, 2006). When these systems are applied to those outside the society, they become evident.

Mexican national refugees experienced cumulative traumas through the pre, peri, and post-migration phases of fleeing violence in Mexico. I have posited here that these systems contributed to the cumulative trauma experiences and served as undermining factors to psychological recovery from experiencing trauma. These factors have contributed to the overall trauma experience by delegitimizing the subjective experiences associated with trauma. Therefore the significance of experience in this population was further invalidated, contributing to destabilization of the core adaptive systems of safety, attachment, identity, justice, and existential meaning.

In Mexico, two major systems that delegitimized the perspectives of trauma include control of the media by the drug cartels, and extensive involvement by police and federal officials (Goodman, 2011). Control of media reports has contributed to desensitization of the outside world to the violent experiences that happen daily, and isolated the citizens. In controlling media, the true impact of violence in Mexico is truncated.

The extensive involvement in the violence by the police and federal officials has contributed to the escalation in violence. In 2009, the Mexican government ordered 5,000 soldiers to take over the police department in Ciudad Juárez, and as the numbers of soldiers increased, so did the violence (Goodman, 2011). Currently there are over 11,000 soldiers and police in Ciudad Juárez. Bowden (2011) reports that this is no coincidence, as the military and police departments fight for their share of the drug profits. The extensive involvement by the military and police in the drug violence contributed to a sense of citizens not knowing who they can trust.

During the peri-migration phase, harassment, extortion, and physical assault further violated the individuals' concepts of safety, attachment, justice, identity, and meaning. Upon arrival to the U.S., complex systems of structural violence propagated the trauma in the post-migration phase of resettlement.

Earlier groups of refugees report feelings of discrimination upon arrival to the host country (Silove, 2009), and reports of detainment and deportation (DHS/ICE, 2010; USCIS, 2011) contribute to further trauma of forced separation from family, injustice, and loss of attachment. Once refugees begin the resettlement process, many apply for, and are denied asylum (DHS/ICE, 2009; USCIS, 2011), further delegitimizing the need for safety, forcing income inequality (Kelly, 2006; Miller, Muzurovich, et al., 2002), and limiting social mobility (Mollica, 2006; Witzum & Kotler, 2000). In addition, the process of applying for asylum takes a minimum of 18 months (MPI, 2006; USCIS, 2011). During that time, the ability to work is restricted as current U.S. laws require a delay of 6 months between arrival into the U.S. and application of a work visa.

2.4 PURPOSE OF THE STUDY

This was an exploratory-descriptive study designed to determine the pre, peri, and post-migration perspectives of Mexican nationals that fled violence in Mexico and resettled along the Texas-Mexico border. An understanding of these perspectives will inform and enhance culturally-sensitive therapeutic

mental health interventions, inform public policy decisions, increase awareness about the uniqueness of this population, and provide the basis for future research with this population on the U.S.-Mexico border.

2.5 SIGNIFICANCE OF THE PROBLEM

With the declaration of war on drugs by Mexican President Felipe Calderón in 2006, violence, destruction, and civil unrest has escalated to include citizens, children, women, business-owners, and tourists. Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage has not increased significantly since 2008, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011). In addition, increasing numbers of Mexican national refugees in El Paso, Texas were seeking mental health treatment for trauma related experiences and had suffered multiple traumas through the pre, peri, and post-migration periods.

Because the violence in Mexico is recent, and Mexican nationals historically had migrated for economic reasons, their perspectives on violence, migration, and resettlement were unknown. This research provides the basis for future research in this population, will inform public policy, enhance culturally competent mental health treatment, and increase awareness about the uniqueness of this population.

Chapter 3: Methods

The purpose of this study was to explore and describe the pre, peri, and post-migration perspectives of violence, migration, and resettlement experiences of Mexican national refugees fleeing violence in Mexico using Silove's (1999) core adaptive systems conceptual framework. Emphasis was given to the experiences of Mexicans who have migrated to Greater El Paso. Their experience of migration and resettlement was explored.

Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage has not increased significantly since 2008, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011). Because increasing numbers were seeking mental health treatment for trauma-related distress (Salcido, R., Personal Communication, July 17, 2010) and were utilizing attorneys to regularize their immigration status, they were accessible through mental health and legal service providers in the community.

Mexican nationals have historically migrated to the U.S. for economic reasons (Eisenman et al., 2003; Fortuna et al., 2008). Now with the six year old war on drugs in Mexico and the accompanying escalation of widespread violence a new type of migrant has emerged – refugees from violence, extortion, kidnapping and official corruption (Campbell, 2009; Day, 2009; Ramos, 2010). The pre, peri, and post-migration perspectives of this group of migrants were unknown.

This study was nested within a larger, mixed-methods study entitled “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico

Border”. Following approval from the University of Texas at El Paso Institutional Review Board, semi-structured interviews were conducted with Mexican nationals seeking mental health treatment in El Paso, Texas for violence-related trauma from November 2010 through November 2011. A total of twenty-two interviews were conducted, and data saturation obtained.

An understanding of the pre, peri, and post-migration perspectives of Mexican refugees will enhance culturally sensitive mental health treatment, inform future research about this population, and create an awareness of the experiences of Mexican nationals fleeing violence and migrating to the U.S. The study design, setting, population, sample and sampling procedures, instrumentation, data collection and data analysis are discussed in this chapter.

3.1 RESEARCH DESIGN

The purpose of this proposed study was to explore and describe the pre, peri, and post-migration perspectives of violence, migration, and resettlement of Mexican national refugees fleeing violence in Mexico in order to answer the following questions:

“What are the pre-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

“What are the peri-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

“What are the post-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

This was an exploratory-descriptive qualitative study designed to determine the pre, peri, and post-migration experiences of Mexican national refugees who had fled violence in Mexico and resettled along the Texas-Mexico border using Silove’s (1999) core adaptive systems conceptual framework. This was a within-case research design limited to Mexican nationals that fled violence in Mexico, migrated to the U.S. for safety, and resettled along the Texas-Mexico border. This design ensured an in-

depth understanding that is beyond quantitative methodology and which was used to identify new variables that will provide the basis for future quantitative research (Miles & Huberman, 1994).

Extensive research on the experiences and mental health sequelæ of refugees worldwide shows significant variance in the prevalence of mental health disorders between racial and ethnic groups (Fawzi et al., 1997; Fortuna et al., 2008; Steel et al., 2009). Because the onset of violence in Mexico is recent, the perspectives of Mexican nationals that fled violence in Mexico, migrated to the U.S., and resettled along the Texas-Mexico border were unknown. It is on this basis that this study is justified.

In qualitative research, internal and external validity are enhanced throughout all phases of the research process via methodological controls. Internal validity is ensured if findings are considered authentic, plausible, and adequate (Miles & Huberman, 1994). A within-case study design enhances authenticity and plausibility of the perspectives of this population and provides insights into the unique experiences of this population.

I used a criterion-based, maximum variation sample. The use of criterion-based sampling ensured homogeneity of the participants, and the quality of data (Miles & Huberman, 1994). Maximum variation sampling involved inclusion of a span of ages, socio-economic status, backgrounds, religious affiliations, and educational levels. This type of sampling was useful for identifying patterns across groups, outliers, disconfirming, extreme, or typical cases, thereby enhancing external validity (Miles & Huberman, 1994). Ensuring quality of information and applicability to other cases will enhance and inform culturally competent mental health care for this population (Mollica, 2006; Silove, 1999).

This project was designed to include both a syntagmatic and variable-oriented approach to data collection and analysis. Exploration of the pre, peri, and post-migration perspectives of Mexican nationals ensured thick description of the processes associated with experiencing violence, migration, and resettlement in the U.S. in order to escape violence. Data were collected through interaction and use of semi-structured interviews with Mexican nationals that fled violence in Mexico, migrated to the U.S.

for safety, and resettled along the Texas-Mexico border. A total of twenty-two interviews were conducted, and data saturation obtained. Achieving data saturation enhances both internal and external validity through validation of authenticity, plausibility, and adequacy of information (Miles & Huberman, 1994).

Data analysis was initially variable oriented and guided by the core adaptive systems conceptual framework of Silove (1999) in order to explore relationships between the variables of identity, attachment, safety, justice, and existential meaning in this population. Syntagmatic analysis was achieved through the process of exegesis developed by Mollica (2006). In this process, interviews conducted in a native language should be transcribed and translated verbatim by one familiar with the dialect. Meanings of words are explored based on their regional cultural context. According to Miles & Huberman (1994), both a syntagmatic and variable-oriented approach are necessary for careful description and explanation of phenomena in order to create a coherent understanding of what, how, and why phenomena occur.

3.2 SETTINGS

Since 2008, increasing numbers of Mexican refugees fleeing violence in Mexico have sought services through Family Service of El Paso and Catholic Counseling Services for anxiety, mood, and trauma-related disorders (Salcido, R., Personal communication, July 17, 2010). Additionally, Las Americas Immigrant Advocacy Center has seen an increasing number of Mexican asylum seekers to include women, children, journalists, students, and activists. Because the majority of research on Mexican migrants identifies economics as the primary reason for migration (Eisenman et al., 2003; Fortuna et al., 2008) the pre, peri, and post-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement were unknown. Therefore, recruitment and selection of participants through these service providers was justifiable for reaching this population.

Family Service of El Paso (FSEP) is a private, non-profit organization founded in 1893 to provide outpatient mental health services to the El Paso community. Located in central El Paso, Texas and dedicated to providing counseling services to anyone in the El Paso area regardless of the ability to pay. Over 75% of clients are below the poverty level. FSEP provides services for approximately 2000 clients annually. Services include individual and group therapy, marriage counseling, weekly parenting classes, and post-adoption case management. Approximately 78% of the clients are Hispanic, 40% are monolingual Spanish, 65% are adults and 50% are 19 to 43 years of age.

Catholic Counseling Services, Inc. (CCS) is a private non-profit 501 C (3) organization located in the lower valley of El Paso. Administered by the Catholic Diocese, this agency provides outpatient mental health services to anyone regardless of religion, race, ethnicity, income, age, gender, or sexual orientation. Services include family and individual psychotherapy, marital, and premarital counseling.

Las Americas Immigrant Advocacy Center (LAIAC) is a non-profit corporation dedicated to serving the legal needs of immigrants, refugees, and battered women. Established in 1987 and certified by the Board of Immigration Appeals, lawyers and staff are committed to providing high quality legal representation to those that could otherwise not afford these services. In 2011, Las Americas received a \$27,500 grant from the Texas Bar Association to start the Mexican Asylum Project, dedicated to assisting Mexican nationals that flee violence in Mexico to apply for asylum and receive due process.

3.3 POPULATION

After the escalation of violence in Ciudad Juárez, the first and second wave refugees migrated out of Mexico from 2007-2008 and primarily consisted of those having dual citizenship and resources to relocate (Day, 2009). Sources from Mexico report that since 2008, an estimated seven of ten businesses in Ciudad Juárez have closed, 250,000 Mexican nationals migrated to the U.S. for safety, and 125,000 of those have settled in El Paso, Texas (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). Because estimates from Mexico have not been reliably accurate and utility usage has

not increased significantly since 2008, projections on the numbers of Mexican refugees settling in El Paso, Texas are estimated to be closer to 40,000 (H. Campbell, personal communication, January 19, 2012). While precise numbers are unknown, the numbers of closed businesses and abandoned homes in Juárez indicate the out-migration has been massive (Flores, 2011), and increasing numbers were seeking mental health treatment or legal assistance in El Paso, TX. This population was targeted for participation in this research project.

3.4 SAMPLE

The sample was a criterion-based, maximum-variation sample of twenty-two Mexican national refugees that migrated and resettled in the U.S. to escape violence in Mexico. Those seeking mental health services at FSEP or CCS, or seeking legal assistance at LAIAC were eligible for participation. A total of twenty-two interviews were conducted, and data saturation obtained. Each participant received a \$25 gift card to compensate them for their time.

Interviews were conducted at FSEP, CCS, or LAIAC during regular business hours. Because those identified as meeting inclusion criteria were already seeking mental health or legal services and were familiar with the treatment centers and staff, conducting interviews at these locations enhanced recruitment and participation in the interviews, and promoted a sense of safety.

All participants were actively seeking treatment at FSEP or CCS, or seeking legal assistance at LAIAC, completed the informed consent process, and participated in semi-structured interviews. Eligible participants currently reside in the U.S., and had migrated from Mexico to escape political or drug-related violence. They included both documented and undocumented immigrants and spoke English and/or Spanish.

All participants were 18 years of age or older, negating the need for parental consent or assent. Women were included in the same proportion as those seeking assistance at FSEP, CCS, or LAIAC. Mexican nationals comprised 100% of this study population.

Persons under the age of 18 years, those migrating to the United States for reasons other than to escape violence, and those unable to participate in the informed consent or interview processes were excluded.

3.5 SAMPLING PROCEDURES

Following Institutional Review Board approval from UTEP, the PI met with Mr. Richard Salcido, LPC, Executive Director at FSEP, Mr. Jose Castellon, LCSW, Director at Catholic Counseling Services, and Ms. Louie Gilot, Executive Director of LAIAC to explain inclusion and exclusion criteria of potential participants, recruitment procedures, responsibilities for maintaining identifying data, and contact information for the PI and the Institutional Review Board at UTEP. Mr. Salcido, Mr. Castellon, and Ms. Gilot identified those eligible for recruitment into the study. Mr. Salcido, Mr. Castellon, and Ms. Gilot or their designee contacted the potential participants to determine willingness to participate, based on inclusion criteria.

Appointments were scheduled with those willing to participate at their established site of service. The PIs met with potential participants at FSEP, CCS, or LAIAC to participate in the informed consent process. Those interested in participating in the study had the study purpose, design, and procedures, methods, and timeline explained and all questions answered in person by the PI.

Upon agreement to participate, subjects were issued a non-identifying code to be used for signature on the informed consent paperwork. Mr. Salcido, LPC, Mr. Castellon, LCSW or Ms. Gilot, Executive Director, or their designee witnessed the signatures on the informed consents prior to the interviews and secured coded identifiers in locked files in each facility, in order to ensure anonymity of the participant. The researcher did not maintain the identifying codes or witness signatures, further ensuring anonymity.

Appointments for interviews were scheduled at the participant's convenience and conducted at FSEP, CCS, or LAIAC during regular business hours. A total of twenty-two interviews were conducted, and data saturation obtained.

3.6 INSTRUMENTATION

Semi-structured interviews were conducted with 22 Mexican national refugees that fled violence in Mexico, migrated and resettled in the U.S., and were seeking services at FSEP, CCS, or LAIAC between November 2010 and November 2011. Open-ended questions guided responses. Probes were used to elicit more detailed information. The interview guide (Appendix A) consisted of questions that elicited information associated with pre, peri, and post-migration perspectives of experiencing violence and migrating to the U.S. Because cultural and social affiliations influence the sense of personal identity (Courtois, 2008; Dana, 1998; Pedersen, 2002), questions that elicited responses describing effects of violence exposure, migration, and resettlement on personal and social involvement were included.

Interviews were conducted in the language preference of the participant (English or Spanish), digitally-audio taped, and transcribed verbatim for analysis. In-depth field notes were written during and immediately following the interviews. Interviews were conducted in person at the participant's convenience and held at FSEP, CCS, or LAIAC during regular business hours. Each participant received a \$25 gift card to compensate them for their time.

This exploratory research involved observation and interaction with Mexican refugees at fled violence in Mexico, and were seeking mental health treatment at FSEP or CCS, or legal services through LAIAC. Field notes that recorded the researcher's observations, impressions, and experiences were included to create a thick description of the refugees' experiences. Detailed notes on the researcher's assumptions and biases about the migrant and refugee experiences were recorded and included in the data analysis. An 'audit trail' was created and maintained in order to verify the rigor of the fieldwork,

and recreate the processes used to arrive at themes (Patton, 2002 p. 93). Miles and Huberman's Contact Summary Sheets (1994) were completed immediately following the interviews.

3.7 PROCEDURE FOR DATA COLLECTION

Mexican national refugees that were seeking mental health services at FSEP, CCS, or seeking legal assistance at LAIAC in El Paso, Texas were recruited for participation in semi-structured interviews. A total of twenty-two interviews were conducted, and data saturation obtained. Total participant involvement was two hours or less.

Participants were identified as eligible for participation by Mr. Richard Salcido, LPC, Executive Director of FSEP, Mr. Jose Castellon LCSW, Director of CCS, or Ms. Louie Gilot, Executive Director LAIAC. Mr. Salcido, Mr. Castellon, or Ms. Gilot or their designee contacted the participants to determine their interest in the study. Interviews were scheduled at the participant's convenience and conducted during regular business hours at FSEP, CCS, or LAIAC.

Interviews were completed in person, conducted in English or Spanish, and audio-taped. Interviews conducted in Spanish were administered by a researcher fluent in Mexican border dialect Spanish. I observed and documented participant behaviors, reactions, posture, verbal tone, and my impressions during the interviews conducted in Spanish. Participants that declined to be audio-taped had detailed notes taken during and immediately following the interviews. Miles and Huberman's (1994) contact forms were completed on each participant immediately following the interviews. Recordings were transcribed verbatim. Data coding and analysis were validated through consensus, and results are reported as aggregate data.

Interviews conducted in Spanish were translated into English by an interpreter fluent in Mexican border dialect Spanish. Interpretation followed the process of exegesis developed by Mollica (2006, p. 15), and employed by Overland (2010). In this process, words used by the participants during the interviews will be historically and culturally contextualized to uncover perceptions of experiences. This

was accomplished by use of interpreters fluent in Mexican border dialect for translation of Spanish language transcripts into English. A second interpreter reviewed the English transcripts for re-translation to ensure reliability. During re-translation, word analysis was conducted to ensure meanings and associations are culturally and regionally valid. Finally, higher level themes and codes were determined by consensus of dissertation committee members.

3.8 PROCEDURES FOR DATA ANALYSIS

Data analysis of semi-structured interviews followed Miles & Huberman's (1994) dynamic, recursive data analysis process, which included data collection, reduction, display, and interpretation. Audio tapes were transcribed verbatim by a data transcriptionist. Transcriptions only contained code identifiers of the participants. I validated the transcripts against the original audio-tapes, and review each tape for voice tones and emotions. Notes that incorporated these findings with those in the field notes were completed. Data were coded or labeled while reading and re-reading the transcripts. Codes initially followed Silove's (1999) core adaptive systems framework (1999).

Coding of completed interviews was on-going during the interview process, and the coding shaped the subsequent interviews as new insights and information emerged. As new codes were identified, the initial codes were re-assessed. Data reduction occurred as the first level codes were grouped into pattern codes, with grouped data showing common areas of experience, violence exposure, meaning, and identity.

Pattern coding resulted in a more general conceptual level, allowing me to identify patterns and themes present in the data. Patterned coding processes used specific factors that influenced individual experiences such as values and beliefs, social influences, and religious or philosophical factors. These factors were evaluated to explore and describe the subjective experiences of Mexican refugees. The data tables were displayed on Word ® document tables in order to group patterned data, and identify links between pattern categories.

Miles & Huberman's (1994) broad and inclusive categories for data rigor were used to ensure standards of quality in the data analysis process. These standards included (a) objectivity/confirmability of the work, (b) reliability/dependability/auditability, (c) internal validity/credibility/authenticity, (d) external validity/transferability/fittingness, and (e) utilization/application/action orientation (Miles & Huberman, 1994).

Within each standard, Miles & Huberman propose useful questions to evaluate the quality of the data. To establish objectivity, all procedures used in data collection, reduction, and display were made explicit, creating a clear "audit trail". Records of my personal assumptions, values, and biases, and analysis of how these may have affected the study are available for review on request. These were bracketed within the text of the transcribed data, and in the field notes so the audit trail was clear. The process of reflexivity, the critical examination and analysis of the data, my interpretation of the data, and the methodology of the study were maintained.

Internal validity is enhanced by including as much "thick description" as possible within the text. Areas of uncertainty and rival explanations were identified and actively considered. Collaboration with other qualitative researchers to verify accuracy of coding and interpretations of the conceptual models used enhanced issues related to internal validity. Debriefing sessions were conducted to identify and evaluate assumptions and the evidence presented.

External validity was enhanced through challenge and expansion of the existing theoretical framework. Additionally, explanations were connected to theories beyond the immediate study framework, making the findings slightly more powerful than an isolated finding (Miles & Huberman, 1994). Applicability is the degree to which the findings are useful for Mexican refugees and their mental health providers. This is largely dependent on the descriptiveness of the final report.

3.9 PROTECTION OF RESEARCH PARTICIPANTS

Risks to physical health were negligible and there were no foreseeable physical risks to participants. Four areas of risk for participants were identified. Emotional discomfort was possible because of the request to recall events associated with exposure to violence and forced migration. This risk was assessed as a moderate risk due to the nature of the questions included in the interviews. Mental health professionals were on site at FSEP, CCS, and LAIAC during the interviews to provide crisis services if needed. Dissertation committee members attending the interviews were licensed mental health providers able to provide interventions and referrals in case of emotional upset of participants.

The second risk was to confidentiality. This risk was minimal due to the process of identification and coding to separate protected health information, having participants sign informed consents with a numeric code, and having Mr. Salcido, LPC, Mr. Castrellon, LCSW, or Ms. Gilot, Executive Director, or their designees witness signatures and maintain identifying data, cross-references of identifying codes, and participant identities in a secured file. The PI only had access to participant identities in case of an emergency. Interviews and transcriptions were identified by code only. Interviews were digitally recorded and professionally transcribed verbatim. Detailed notes were taken during and immediately following the interviews of those participants that refused to be recorded. The tapes or digital recordings and their transcriptions are kept in locked files in the office of the PI, at the College of Health Sciences 1851 Wiggins Road Suite 349, El Paso, TX 79902. At the completion of the study, original transcriptions and recordings will be maintained according to UTEP IRB protocol.

To ensure anonymity, numeric codes or pseudonyms were used for signatures on the informed consent forms, and obtained by Mr. Salcido, Mr. Castrellon, or Ms. Gilot.

To protect privacy, participants voluntarily participated in interviews, and were recruited by Mr. Salcido at FSEP, Mr. Castrellon at CCS, or Ms. Gilot at LAIAC. The interviews were scheduled at the

participant's convenience and conducted at FSEP, CCS, or LAIAC. Participants were informed that they could stop the interview or surveys at any time or for any reason or request that interviews be halted and resumed at a later time. The PI and research team did not have access to identifying information, including the participants' names.

Threats to coercion were protected as participants were recruited by Mr. Salcido, LPC of FSEP, Mr. Castellon, LCSW of CCS, or Ms. Gilot of LAIAC. The informed consent process was completed by the researchers, and Mr. Salcido, Mr. Castellon, or Ms. Gilot or their designees witnessed signatures. Participants voluntarily participated, and had the option to withdraw participation at any time. In addition, IRB approval at the University of Texas El Paso was obtained prior to study initiation.

There were no immediate direct benefits to subjects for taking part in this study. This research helps us understand the pre, peri, and post-migration experiences associated with fleeing violence in Mexico, migrating for safety, and settling in the U.S.

The knowledge gained as a result of this study provides insight into the pre, peri, and post-migration experiences of Mexican national refugees in order to inform mental health treatment and policy, create awareness of the experiences of Mexican national refugees, inform public health policy, and provide the basis for future research with this population.

Chapter 4: Results

4.1 OVERVIEW

Since the onset of the war on drugs in Mexico that began in 2006 and escalated in 2008, an estimated tens of thousands Mexicans had migrated to El Paso to escape violence (Abandonan Ciudad Juárez, 2010; H. Campbell, personal communication, January 19, 2012; Huyen 230 mil personas, 2010), and were seeking mental health and legal services in El Paso, Texas for trauma and migration related assistance. Because Mexicans historically have migrated for economic purposes, their context of exit from Mexico had changed. They were no longer pulled to the U.S. for economic opportunity; they were pushed out of Mexico for safety. Because of the change in the context of exit from Mexico, their perspectives regarding these experiences were unknown.

4.2 METHODOLOGY

This was a within-case research design limited to Mexican nationals that fled violence in Mexico, migrated to the US for safety, and resettled along the Texas-Mexico border. This design ensured an in-depth understanding of the perspectives of Mexican national refugees that was intended to complement quantitative methodology and has identified new variables to guide future quantitative research (Miles & Huberman, 1994). This study design enhanced authenticity and plausibility of the perspectives of this population.

Samples were criterion-based using a maximum variation sampling method. The use of criterion-based sampling ensured homogeneity of the participants, and the quality of data (Miles & Huberman, 1994). Maximum variation sampling involves inclusion of a span of ages, socio-economic status, backgrounds, religious affiliations, and educational levels. This type of sampling is useful for identifying patterns across groups, outliers, disconfirming, extreme, or typical cases, thereby enhancing external validity (Miles & Huberman, 1994). Ensuring quality of information and applicability to other

cases will enhance and inform culturally competent mental health care for this population (Mollica, 2006; Silove, 1999).

This study was nested within a larger, mixed-methods study entitled “Subjective Experiences and Mental health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the US-Mexico Border,” which concluded in November 2011. Twenty-two semi-structured interviews were conducted at FSEP and LAIAC to explore the perspectives of Mexican national refugees that fled violence and migrated to the US.

Interviews lasted approximately one hour, were digitally recorded, and professionally transcribed verbatim. Detailed notes were taken during and immediately after the interviews to record impressions and biases. Interviews were conducted in Spanish by researchers fluent in the dialect. Participant names and contact information were maintained through the agencies, and not included on the transcriptions, guaranteeing anonymity for the participants. Attrition was approximately 25% as participants would schedule an interview and then fail to keep their appointment.

Debriefing sessions were held immediately following the interviews to clarify data, and consolidate impressions. Data saturation was achieved quickly due to the homogeneity of the participants. Institutional Review Board approval was obtained to conduct a secondary data analysis on the semi-structured interviews using Silove’s (1999) core adaptive systems framework for the initial *a priori* coding.

Following review of the original interview transcripts, 4 were excluded as they did not meet inclusion criteria. Eighteen transcripts were included and data saturation was maintained. Initial coding followed the five core adaptive systems of personal safety, attachment and bond maintenance, identity and role functioning, justice, and existential meaning. One table was created for each of the pre, peri, and post-migration time-frames using these themes. This allowed a temporal and relational comparison of perspectives within and across contexts to identify higher level codes. It also became apparent at this

stage, and is important to note, that not all core adaptive systems were equally affected during each phase of migration.

Data were analyzed for both context and process, and higher-level themes identified. Contextual analysis followed the process of exegesis developed by Mollica (2006) in which the syntax of words was explored based on regional meanings of the language. This was accomplished with assistance of three interpreters fluent in border dialect Spanish for translation, back-translation, and interpretation of regional meanings of words.

The codes were then entered into Microsoft Word ® tables. Notes from interviews, my biases and impressions were incorporated into the tables to create a thick description. Internal validity was achieved through consensus of dissertation committee members. Coding tables are available for review upon request. Findings from both the initial and higher order analysis are discussed below. For the illustrative purposes, pseudonyms were assigned to each participant.

4.3 DEMOGRAPHIC AND GENERALIZED BACKGROUND FINDINGS

Eighteen interviews were included for this analysis and data saturation maintained. Participants ranged in age from 18 to 69 years. All were born in Mexico and spent the last few years in Ciudad Juárez prior to migrating to the U.S. for safety. All were residing in El Paso, Texas. Ten females and 8 males with diverse backgrounds were included. The occupational backgrounds included mechanics, business owners, psychologists, journalists, students, attorneys, as well as unemployed. Two outliers were identified. One participant was a drug-dealer and *Sicario* for the cartel in Mexico, and one was working extensively with the Mexican federal police. They all considered themselves successful, middle-class citizens prior to migration, and felt they have a lower quality of life and standard of living in the United States. Sixteen were unemployed and waiting for approval of work visas. Four participants or members of their families had been detained and held at DHS facilities. One participant was granted entry to the US based on credible fear, and two have filed amnesty applications.

Sixteen had friend and family support including two that had homes in El Paso, Texas prior to migration. Two migrated without support or a place to live and were homeless for several months after arrival. Only one migrated alone, the remaining 17 moved children and extended family with them out of Mexico.

All of the refugees had experienced the death of a loved one and multiple, cumulative exposures to violence. Two had survived kidnapping, psychological, and physical torture. The business owners experienced extortion and destruction of their businesses. All had suffered some form of physical violence, including one woman that was robbed and raped and another woman who was shot 3 times.

4.3.1 Mental health outcomes

Armed conflict and political violence are known to contribute to human suffering, poor mental health, diminished quality of life, increased burden of disease, and chronic disability in refugee populations (Courtois, 2008; Eisenman et al., 2003; Fortuna et al., 2008; Pedersen et al., 2008; Savoca & Rosenheck, 2000; Walker & Barnett, 2007). Perceived psychological distress is dependent upon the cumulative effects of pre-migration experiences associated with trauma and flight, peri-migration stressors, and post-migration resettlement stress (Mollica, 2006; Mollica et al., 1999; Steel et al., 2009). A large body of research shows that refugees fleeing mass conflict and becoming displaced experience symptoms of PTSD, anxiety, and depression (Eisenman et al., 2003; Green et al., 2000; Mollica et al., 1998; Mollica et al., 1999; Pedersen et al., 2008). In addition, psychosomatic disorders, grief disorders, and crises of existential meaning have been reported in multiple refugee populations (Mollica, 2006; Schweitzer et al., 2007; Silove, 1999; Stamm & Friedman, 2000), yet outcomes are not uniform across groups.

In these interviews, all participants described multiple, cumulative experiences of violence during the pre, peri, and post-migration phases. In the original study “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico

Border”, we administered the Beck’s Depression Inventory and the Harvard Trauma Questionnaire and participant responses to these questionnaires were included in the recorded transcripts. Participant responses were reviewed for this project as most of the participants made illustrative points when answering the closed ended questions. The statistical analysis of this data is beyond the scope of this project. However it is important to note that all participants had depressive and post traumatic symptomology of varying degrees. Most participants exhibited grief reactions during the interviews such as crying or expressions of anger and guilt. Nine participants had somatic complaints including headache, abdominal pain, back pain, and chest pain. All had alterations in appetite, energy, and sleep patterns. Despite the survival of multiple traumas, crisis of existential meaning-loss of faith, hope, and the belief in the beneficence of humankind- was *not* found in this group.

The exposures to violence for some of the participants began as early as 2005 and continued up until they crossed into El Paso. None experienced violence in isolation, as entire families and friends were targeted as well. They all graphically described their experiences and events that led to the decision to become refugees in El Paso.

4.4 PRE-MIGRATION PERSPECTIVES

The pre-migration phase is defined as the period of time prior to leaving Mexico. It is during this time that the participants experienced multiple traumas and violence. This is a timeframe of multiple personal and symbolic losses that catalyzed the decision to cross into Texas. Temporal and contextual analysis of the pre-migration phase, based on the core adaptive systems, clarified the processes, events, and changing perspectives that led to the decision to migrate to the United States. In addition, relational analysis of the core adaptive systems during this phase revealed that the loss of a sense of justice resulted from the low number of arrests for crimes (Grissom, 2010). This, in turn, led to a loss of trust in strangers and government officials. Experiences of violence led to fear for safety, alteration in community and personal attachments, and began the process of role transitions.

4.4.1 Justice

A sense of injustice affects both trust and faith in humankind. According to Silove (1999), trust and faith are the basis for the belief in the beneficence of humankind – existential meaning. The degree of trust influences the degree of social participation (Nummela et al., 2007), which is shown to promote adaptation in trauma survivors (Sossou et al., 2008). Many post-conflict societies have differing views on what is just and unjust, and the types of justice that foster social reconciliation, and individual healing (Clark, 2008).

Three sub-divisions of trust have been identified: social trust, political trust, and trust in professionals (Nummela, et al., 2007). Social trust refers to people in general, people in communities and religious organizations, and neighbors. Political trust refers to trust in public officials and the government. Trust in professionals refers to health professionals or experts.

In 2008, the arrival of the Mexican military and federal police in Ciudad Juárez marked a logarithmic escalation in violence, and reports of military and police involvement in the violence contributed to reports of wide-spread corruption within the Mexican government (Florez, 2011; Grissom, 2010). This corruption was experienced by the participants and contributed to their loss of political trust. The participants describe the loss of trust in both social and political arenas. Interestingly, when describing their perpetrators, all referred to them as “they”.

Lucy’s description illustrates the loss of social and political trust, and deep sense of injustice:

“I have mixed feelings, because in addition to the pain from the loss for my loved one, *they didn’t just take that away*. So you feel hate and sadness...against who? You don’t even know, because *you don’t even know who specifically did this harm against you*.”

In describing police corruption and involvement in violence, Ana describes her experience:

“The Mexican federal police, they tried to take my truck away from me. They tried to take it just because they liked it that is what they told me: “If you don’t give me 800 dollars, I’ll take the

truck because I like it and I can take it if I want. I'm giving you the opportunity of giving me money so I won't take it." Twice that happened to me. *We can't count on police protection. What I mean is that they, not all of them, but many behave badly-they are extortioning, stealing.*"

Angie describes her loss of faith in humankind:

"When people bring up the word "Juárez", I cringe and I, like it makes me angry. My father was murdered and they took away my family, and I get even more angry at the fact that, *like the human kind in Juarez, even everywhere else, is a kind of evil. People have no resentment.* I think that's something that has affected me. It's just Juárez. I don't have the same respect for Juárez."

Other participants describe being followed or under surveillance, but not knowing whether it was cartel members, Mexican authorities, or random acts of violence by strangers. The uncertainty of who is perpetrating the violence contributed to a generalized distrust of neighbors, strangers in the community, and local and federal authorities. It constituted a fear of the unknown. When combined with repeated exposures to violence, participants lost their sense of safety.

4.4.2 Personal safety systems

Abraham Maslow (1962) identified safety and security needs as those important for survival, above the need for food and water. However, security needs are instinctual and are not triggered unless one is deprived. According to Silove (1999), perceptions of threat to safety trigger mechanisms associated with self-preservation. In the pre-migration phase, each participant had multiple violence exposures and losses. Laura describes her experiences with multiple experiences of violence that affected her entire family:

"My husband was assassinated and there were threats to the whole family after the assassination. Then they kidnapped my husband's brother. *After he was kidnapped, the ransom was paid, but the threats continued. That is when I got scared for my son and myself.* They asked the whole

family to leave because something would happen to all of us. They basically told us to take the clothes we had on and go to the other side, because we had all been identified. *They knew where I lived, the car I drove, my in-laws-everybody. In fact the night they set my brother in law free, “you all have to go”. This meant, no, “we are going to be watching you and if you stay one more week, you will all start to suffer the consequences”.*

Another participant, Maria was a successful business owner who was robbed at gunpoint, extorted, and kidnapped. She describes her experiences:

“They held a gun to my belly. I thought they were going to kill me in front of my son. They only took my purse.” A few weeks later, she was kidnapped and held for 4 months. “They put me in a little room and kept my eyes covered. *They psychologically tortured me and every day I thought they would kill me.* My family paid the ransom, but they wanted money every week to keep me free. They kept my little truck for collateral.”

Javier and his co-worker were kidnapped and tortured for 5 days. He somberly recounted his experience:

“We gave them money-\$600 for each of us. We didn’t have shoes and they gave us some shoes full of blood. Maybe they had been taken from a dead person. Three days later they took us to another house. I realized when they removed my blindfold, that the room was very dark, very ugly. I think they kill people here, or take the injured, because there was blood everywhere. There were teeth on the floor. *We thought they were going to kill us.* I never knew that house where I spent three days, but I think one side was normal homes because I could hear children playing and women talking. I think there was construction because I could hear hammers.”

Finally, Gabby describes her experience:

“I felt 100% terror in Mexico. They killed my brother, killed him very ugly. I had to identify his body. I had to identify him from his clothes because his face was broken up (crying). A few

months later they stormed my house looking for my other brother. I hid my children and father under the bed. *They found us and hit us and hit us, but they could not find my brother. They told us clearly that if the army or the police came, someone would return to kill us. The army arrived an hour later, and all that time, all I thought was to grab the girls and get out of the house.*”

Universally all the participants described their personal experiences of violence that resulted in fear and terror. The resulting fears for safety led to role transitions and alterations in social connections that began the process of the peri-migration phase.

4.4.3 Attachment and bond maintenance

According to Silove (1999), experiences of violence undermine a person’s sense of cohesion with the self and the community. Multiple violence experiences distort self-concept and the sense of identity, resulting in feelings of helplessness and passivity (Silove, 1999 p. 207). Loss of independence, recognition, and social mobility as a result of migrating, may cause a loss of identity cohesion in refugee groups. In addition, because identity is culturally bound, loss of cultural continuity also has a profound impact on the identity (Kawachi & Berkman, 2000).

All participants described the process of transitioning their social roles as a result of their fear for safety for themselves and their family. For some participants, role changes began months prior to migration. Lucy describes the changes she made in her role in order to remain safe:

“I used to take my son to school and then go to exercise. *During the last, I don’t know, eight months to a year, I stopped working because it was unsafe*, because of having to walk around. I was mostly at home with my son.”

The violence not only affected individuals, it impacted families, communities, and ways of life. Bertha describes the effects of feeling unsafe on her routines and social connections:

“We used to go around Juárez for fun and we had no fear. The family would invite us to parties and we would talk and everything. But now, my sister says, “Come, I make dinner, and *vente-*

we live.” *Since this happened, there have been many broken relationships. There is less communication than before. We do not joke, or live as we lived. Juárez is like a ghost because no one goes to restaurants, no longer has a confidence to walk anywhere. If you have to go somewhere, then you go and come right back. Everyone has fear because you don’t know who or what to watch.”*

It becomes clear that the violence and sense of fear altered routines, interpersonal relationships, social networks, and community bonds. The changes in routine and role transitions marked the beginning of the peri-migration phase.

4.5 PERI-MIGRATION PERSPECTIVES

The peri-migration phase is the period of time between living in Mexico and arriving in the U.S., and includes the period of time spent in contemplation of migration. The literature on refugee experiences identifies experiences of harassment; extortion; exploitation; deprivation of food, water, and shelter; and physical assault that occur as refugees become dependent on others for safe passage across the border (Eisenman et al, 2003; Fortuna et al, 2008; Steel et al., 2009). These experiences further violate the individual’s concepts of safety, attachment, justice, identity, and meaning.

For the Mexican refugee, the peri-migration experiences were unknown. The close proximity to the U.S. border and the availability of support, housing, and resources made the experiences of this group unique. These participants denied experiences of exploitation and deprivation during their move to the United States. However, many described being harassed or detained by Customs and Border Enforcement. In the relational analysis of this period of migration, the core adaptive system most affected was attachment.

4.5.1 Attachment and bond maintenance systems

Silove identified the attachment and bond maintenance systems as most dramatically affected by experiences of violence, migration, and resettlement (Silove, 1999 p. 206). Refugees experience

multiple losses due to the death of a loved one, employment, property, personal networks, community, and culture. Because separation and loss are both personal and symbolic, grief reactions and separation anxiety are common in refugee groups (Sinnerbrink et al., 1997, Silove, 1999).

Loss of valued social roles, abandonment of life projects and social isolation are shown to undermine adaptation and recovery from trauma and exile (Miller, Muzurovic et al., 2002). The loss of social networks during the pre and peri migration periods constitutes a destabilization and discontinuity of neighborhood, community, and culture. Because social networks are the weakest bonds associated with self-identity, they are the first to be dissolved during a crisis, yet this loss profoundly affects the sense of identity and community (Kawachi & Berkman, 2000).

For the Mexican national refugee, the peri-migration phase is a time of emotional pain, uncertainty, separation from family, and loss of social status. Bertha describes her peri-migration experience as not only separation from family, but as the loss of her country.

“There is a pain that only those who have left our land understand. A journey abroad is the same as a journey to death, or so I’ve felt, because *you leave your family, your job, your roots, your friends. When you leave, you have a latent fear in the heart that you will never again see parents or brothers.*”

Julia describes her peri-migration experience as one of fear, harassment, and forced separation:

“I did not have anyone to help me move. I did not know anyone. I moved with my husband and daughters. *We left Mexico with nothing. We do not bring documents; we had nothing but fright to guide us.* My husband had a deportation order and we told the customs agents we come with fear. We were told he would be arrested and they were going to stop me and my daughters. Then I got really afraid because I thought, “*I am going to lose my children if I come telling the truth.*” *They arrested my husband and I feel my husband is in prison for my family, but he was honest.*”

It is important to note that despite multiple personal and symbolic detachments from Mexico, several participants moved their entire families and had friend and family support in the US. Laura describes her peri-migration experience as:

“I had a place to stay here-I have my sister’s support. We moved the whole family-it was fast. Eight adults and six children. We must share our space and everything we own with uncles, cousins, because we are all together.”

Laura’s experience is representative of the experiences of this group of participants. Seventeen participants crossed the border with children, aunts, uncles, sisters, brothers and/or cousins. While they all had lost attachments to their country, occupations, homes, life-expectations, they found a way to maintain existing interpersonal bonds. For example, one participant, after the murder of his wife, moved to the US with his ex-wife. In addition, the availability of housing and support facilitated the process of resettlement known as the post-migration phase.

4.6 POST-MIGRATION PERSPECTIVES

The post-migration phase is the period of time that begins on arrival to the U.S., and initiates the process of resettlement. In the literature, post-migration experiences of discrimination, poverty, separation from family, social isolation, homelessness, lack of health care access, sense of loss, and fear of deportation contribute to symptoms of depression and anxiety among all ethnic groups (Eisenman et al., 2003; Maldonado et al., 2002; Miller, Weine et al., 2002; Silove et al., 2010; Steel et al., 2009). In addition, known post-migratory predictors for PTSD in refugees include separation from family and spouse, fear for family left at home, uncertainty in the new country, poverty, loneliness, boredom, and isolation (Eisenman et al., 2003; Lie, 2002; Steel & Silove, 2000).

During the post-migratory phase, participants shared stories of economic and social adversities. Most perceive that they live a lower quality of life than they did in Mexico. In part because of the delay

in being able to obtain employment, and the perception that El Paso is too liberal and not disciplined enough. Those that do not have documentation have a pronounced fear of deportation.

Because most had family support and brought family with them, they maintained their interpersonal attachments. The two participants that had no support here have established community attachments through volunteer work in the community. In the post-migration phase, the core adaptive systems that remained affected were personal safety systems and justice.

4.6.1 Personal safety systems

As discussed previously, personal safety systems are instinctual and activated when deprived, triggering survival behaviors (Maslow, 1962; Silove, 1999). All participants graphically described their terror related to experiencing repeated violence in Mexico, which led to the decision to migrate. Once in the US, participants described their improved sense of safety. However, not a single participant feels 100% safe, due to the proximity of the border, continued violence in Mexico, and fear of deportation.

Raul describes his continued safety concerns:

“To a certain point, yes I feel safe here. But now with all the problems that are happening in Juárez and the things that are happening here, that they are coming and picking up people here and take them back, yeah. I’m a little bit afraid.”

Lupita lives with her daughters in El Paso, and came into the US without documentation. Her sense of insecurity is focused on her fear of deportation. She states:

“I have a driver’s license, but do not take my daughter’s car. I can’t, well because it takes a lot of energy from me. What if the police arrest me, it is that I am afraid. Oh God! If they deport me I will be killed over there.”

Ricardo describes his continued safety concerns in this way:

“I am still fearful of being in crowded places. To some extent I feel safe, and sometimes no. We are not really safe anywhere.”

Despite continued feelings of insecurity, all participants have a greater feeling of safety in the United States. All participants voiced relief and focused on the improved sense of safety from violence. Jose describes his life in the U.S.:

“I live quietly here without problems. We do not owe anyone anything. I consider security matters here are excellent. I do not feel 100% safe; I would say 80% safe. He who says he is not afraid is telling the biggest lie in the world, really. We are all afraid.”

And finally, Julia summarizes her sense of safety as:

“The most positive thing about being in the U.S. is I no longer feel the terror.”

Using the core adaptive systems framework, the overarching system affected by experiences of violence and adversity in this population was the personal safety system. Because the loss of safety was preceded by a loss of faith and trust in the justice system, issues of justice and trust continued in the post-migration period.

4.6.2 Justice

A sense of injustice impacts both trust and faith in humankind. Trust may influence the degree of social participation (Nummela et al., 2007), which is shown to promote adaptation in trauma survivors (Sossou et al., 2008). Many post-conflict societies have differing views on what is just and unjust, and the types of justice that foster social reconciliation, and individual healing. Because restorative justice and reconciliation require legal intervention at the social level (Clark, 2008), the need for retributive justice was explored.

Participants were asked the closed-ended question, “Do you feel like you want revenge?” Fifteen of the eighteen participants stated they did not want revenge or retribution for their losses. Of the three that did, two wanted revenge on the persons that attacked or killed their relatives. The third participant is actively seeking restorative justice at the social level.

While the majority of participants did not want retribution for their losses, all 18 participants stated they had a continued lack of trust in others. This is interpreted as a lack of both social and political trust. While they have an increased sense of personal safety, most are undocumented and fear detainment and deportation. The lack of political trust in the post-migration phase contributed to social isolation. Finally, because the participants were seeking mental health and legal services, their trust in experts was maintained.

Because injustice and loss of trust in the pre-migration phase preceded and contributed to a loss of a sense of safety, the refugees became committed to ensuring safety and survival for themselves and their families. This commitment was the motivating factor for migration and resettlement into the United States. According to Silove (1999), those that are committed to a cause maintain a strong sense of identity. For the Mexican national refugees, their commitment was to their personal and family safety. This commitment, in part has contributed to their strong sense of personal identity.

4.7 RESILIENCE

Resilience is defined as the ability to maintain a stable equilibrium despite aversive life circumstances, and is typically discussed in terms of protective factors that foster development of positive and healthy personality characteristics (Bonanno, 2004). Despite structural violence systems that have delegitimized experiences of the Mexican refugee, the multiple experiences of violence, and the economic and social limitations imposed on this cohort, they are incredibly resilient. The two core adaptive systems that have remained constant across the refugee context are the strong sense of identity and existential meaning – the faith and hope for the future. This combined with the commitment to safety for themselves and their families, has given them resilience.

Despite the economic and social limitations of living in the US, the fear of deportation, and the loss of family, they have found a way to nurture existing interpersonal attachments, take personal responsibility for their situation, and have hope for the future. Each participant has found some positive

attribute in their situation. They have maintained a strong sense of identity, upheld their traditions, and maintained interpersonal cohesion.

4.7.1 Identity and role maintenance

According to Silove (1999), experiences of violence undermine a person's sense of cohesion with the self and the community. Multiple violence experiences distort self-concept and the sense of identity, resulting in feelings of helplessness and passivity (Silove, 1999 p. 207). Loss of independence, recognition, and social mobility as a result of migrating, may cause a loss of identity cohesion in refugee groups. In addition, because identity is culturally bound, loss of cultural continuity also has a profound impact on the identity (Kawachi & Berkman, 2000).

Identity is maintained with a sense of personal determination and sense of control (Silove, 1999). Participants were asked if they felt they had anyone they could rely on, and they all responded that they felt they could only rely on themselves. Participants did not report distorted self-concepts or loss of identity; on the contrary, they exhibited strong self-concepts, humility, and resourcefulness. Laura stated:

“The worst thing is to face all the new things I’m living now. It’s hard, but nothing to be traumatized by or seen as unpleasant. Nothing like what I’ve been through. *I’ve lost confidence, but not in myself.*”

Miguel stated:

“*If you have to wash dishes, you wash dishes and if you have to clean up gardens, gardens must be cleaned.*”

Finally, Jorge states:

“*I am starting over and know I have to move slowly.*”

All participants demonstrated a sense of personal determination to start over in a society that has put them in limbo. They have adjusted their roles to provide food and shelter, and contribute to their

family and community. They have maintained their values, sense of hope and faith—all elements of existential meaning.

4.7.2 Existential meaning

Hope consists of having the means to meet one's expectations, and having the ability to move through the process to reach the identified goal. Hope is considered an element necessary for coping with trauma (Ai et al., 2007). However, research outcomes are conflicting on the influence of hope in trauma recovery. Durakovic-Bello et al. (2003) found that persons with a strong sense of hope suffered fewer negative outcomes following trauma exposure. In contrast, Milam (2004) found no effect of hope on Post Traumatic Growth in HIV/AIDS patients. Julia described her sense of hope and positive outlook in this way:

“I have shelter, I have food, and I have a roof, so in all the wrong, I have some good. I have hope for the future, because when I get a work permit, I can be productive. I say in 6 more months I will have a work permit, and that is when I'll be fine.”

Martha continues:

“Every day of my life, I get up with the hope that things will be alright, that everything is fleeting, everything is temporary. I keep my faith because I know that everything happens for a reason.”

Miguel summarizes:

“If not for my family here, it would not have been possible because they took over virtually for all of us. We have a home, livelihood, everything, everything, everything. I do not have a sense of loss.”

Finally, Raul speaks to resourcefulness and belief in the beneficence of humankind:

“I miss my home a lot, my space. I'm quite territorial, but I have learned to be humble, be patient, more tolerant, to cook again, and do the things I did before. The most positive thing is the human quality I have found in people.”

Each participant described having hope and understanding that survival in the U.S. would require patience. Despite the economic and social limitations of living in the U.S. without documentation, the fear of deportation, and the loss of family members, they have maintained their cultural values and faith. They have found a way to nurture existing interpersonal attachments, take personal responsibility for their situation, and have hope for the future. Each participant has found some positive attribute in their situation. Each participant in this study has demonstrated incredible resilience despite cumulative experiences of violence and profound losses. They have maintained a strong sense of identity, upheld their traditions, and maintained interpersonal cohesiveness. Because the sense of identity is both socially and culturally constructed, it was necessary to take a constructivist approach in order to understand how the participants maintained their identities.

4.8 SOCIAL AND CULTURAL CONSTRUCTIVISM

Constructivism is based on the philosophy of Immanuel Kant, that views knowledge as the outcome of experience. The only reality we can know is that which is represented by human thought (Kim, 2001). Social constructivism emphasizes the importance of culture and context in the understanding of society. While culture provides the basis of self-identity, society provides the meaning, importance, and context of the human experience (Dana, 1998). Without an understanding of cultural and social context of the human experience, it is impossible to understand reality.

The social context of pre, peri, and post-migration perspectives of Mexican national refugees is a context of survival based in the interdependence between the individual, family, and community, which originated in Mexico and has continued in the U.S. Systems of structural violence in Mexico that delegitimize perspectives of trauma also set behavioral expectations and social norms. Control of the media, involvement in crime by police and federal agents, and the lack of criminal convictions, while contributing to a loss of trust and sense of injustice, also set the social norm of silence. Murders are reported as number of bullet casings. If someone is murdered on the street, people walk by and do not

stop or talk about it. Suspicious activity in a neighborhood goes unseen and unreported (Bowden, 2010).

All participants experienced violence and had transitioned their roles in Mexico to ensure safety. As discussed above, they changed their routines and limited their social interactions. The systems of structural violence in Juárez set the social norm as a culture of silence, because maintaining silence minimizes danger.

4.8.1 Culture of silence

Cultures of silence abound throughout society. The literature describes cultures of silence in organizational, educational, and health care systems related to the concept of protecting whistle-blowers as a mechanism to improve patient safety, workplace safety, and prevent bullying (Bullock, 2011; Grenny, 2009; James et al., 2006; Llorens, 2010; Mustard, 2009). Only four articles were located on silence and stigma and they were associated with homosexuality and mental illness. Only one article was located in a multi-database search on culture of silence and refugees and described the experiences of Ethiopian adolescent refugees in Israel (Merry, 2005).

The systems of structural violence that set the social and cultural norms of silence as a mechanism of safety for Mexican refugees are continued in the United States. There is a stigma associated with being a refugee (Merry, 2005) throughout all level of society. This stigma is based on the post 9/11 mentality that immigrants are criminals, a threat to homeland security, and should be prosecuted and deported. Because felony prosecutions for illegal immigrants have increased more than two-thirds since 2008 (Cave, 2012), the fear of deportation back to Mexico is justified. This policy also serves to delegitimize their experiences violence and fear. They are not in the U.S. to be criminals or take jobs from American citizens. Crime rates in U.S. border cities are low compared to other areas in the nation (Grissom, 2011), which does not support this premise.

As the majority of participants in this study were undocumented, the structural violence systems in the U.S. that impose economic and social limitations force poverty and social isolation. Lengthy asylum processes and delayed work permit processes force unemployment and contribute to the imposed silence necessary to survive as an illegal immigrant. In order to avoid being discovered, the participants limited their activities and worked sporadically in low-paying jobs.

At the social network level, the stigma is manifested as harassment, discrimination, and social isolation (Eisenman et al., 2003; Lie, 2002; Marshall et al., 2005). For example, one participant described her experience of having a neighbor call the police to her home because her license plates were from Mexico. Luckily, she had dual citizenship. Other participants were not as fortunate. For Mexican national refugees, there was a security in being silent. Maria describes her life in the U.S.:

“Every day you see there are injustices. I respect the laws of this country and make every effort to stay within the law. *We know that we cannot always have security living in the shadows. That is something we are accustomed to living, but it is not a situation where we have a feeling of freedom.*”

Ruben describes his experience as:

“To be honest, we know that *nearness to the border silences the truth. I know that while I remain silent, I will not be bothered.*”

From the perspectives of Mexican refugees, the social norms and within-context perspective of experiencing violence, migrating and resettling in the U.S. is one of silence. The driving factor in migrating to the US was one of safety. They have learned that in the silence, there is safety.

4.9 CULTURAL CONSTRUCTIONS

While society provides the importance, meaning and context of the human experience, culture provides the basis of self-identity (Dana, 1998). Cultural constructions are a collective wisdom used to make sense of life-experiences, and includes verbal and non-verbal behaviors, language, assumptions

about the world, and traditions. The purpose of cultural constructions is to provide a basis for acceptable behaviors that permit survival and adaptation under shared living conditions (Dana, 1998).

The participants exhibited a strong sense of identity, personal responsibility and determination, and the ability to nurture existing interpersonal bonds. Despite multiple personal and symbolic losses, they were adapting. According to Silove (1999), separation from community, social networks, and family are social attachments most greatly affected by migration. In this group of participants that was not the case. Because the majority of participants had family and friends in the U.S. and moved extended families with them, they maintained family and social cohesion. In addition, they have maintained their connections to Mexico, their language, and their traditions. They brought their culture with them to the United States.

Ricardo explains his sense of identity through his culture in this way:

“I have always thought it very important to know my origins, my roots because if, if I know my story of what I am and where I come from, then I can be anywhere.”

Angel expands on this thought:

“I have not lost my nationality or my status. The only thing that has changed is where I am.”

Raul describes his experience as:

“Language is a barrier that we were not prepared for, I was not prepared. I was not prepared to come here. We are unable to understand the things of school children. But we continue with our traditions and we eat when we get hungry.”

Juan expresses his determination to maintain his traditions in this way:

“This is not my country and this is not my language!”

These participants have maintained their cultural attachments and identities, adjusted their roles, maintained their values and interpersonal coherence resulting in resilience and hope for the future. Their resilience lies in their sense of cultural coherence.

4.9.1 Cultural coherence

Cultural coherence is the connection with one's cultural group and denotes the psychological congruity that enables individuals to make sense of the world, relate to others, and make evaluative judgments. It is cultural coherence that shapes individuals' identities and is the basis for psychological health and adjustment across all age groups (Merry, 2005; Rivas-Drake, 2012; Tuohy & Stephens, 2012). In addition, cultural coherence provides structure, boundaries, and a point of reference for making meaningful decisions – morality (Merry, 2005).

According to previous research on refugees, the loss of cultural coherence as a result of the migration process results in an altered sense of identity and community which undermine adaptation and recovery from trauma and exile (Kawachi & Berkman, 2000; Sinnerbrink et al., 1997; Miller et al., 2002; Silove, 1999). The participants exhibited a strong sense of cultural coherence despite being forced refugees in a new culture. They had strong values, sense of morality, and practiced their traditions. They maintained their faith, identity, and sense of personal determination to succeed. They were adapting to the conditions imposed on them by being in the United States.

The significance in cultural coherence is twofold. It strongly contributed to resilience and identity cohesion in Mexican refugees, and second, it is essential for moral development and decision making (Merry, 2005; Rivas-Drake, 2012). As moral and identity development begin in childhood (Como & Thomas, 2006), it is important to consider the effects of cultural coherence on identity and moral development in Mexican refugee children. While Mexican children have parental and family support, they are also being socialized in U.S. schools.

The majority of participants stated that the social norms in the U.S. were too liberal, not structured, and undisciplined in comparison to the social norms of Mexico. The children exposed to U.S. norms do not receive support for their beliefs and traditions. In addition, experiences of harassment

and discrimination as a result of being a refugee delegitimize their cultural foundations, endangering their identity and moral development, and social integration (Merry, 2005).

While this project did not include children, several parents described their children's experiences of harassment, discrimination, and loss of cultural coherence. Rebecca describes her daughter's experiences at her new school:

“Know that my daughters have had to suffer much, the little one is going to that school where children are beaten during recess. *They make fun of my daughter because she does not know English and she has no clothes right now.* The other children wear uniforms. *On the day of class pictures, they teased her because she was not beautiful. They beat her and cut a lock of her hair off during recess. I went to the school and I'm standing there hours, and the lady has no time to see me about this.*”

Laura describes the loss of cultural coherence for her son:

“I don't understand English, I don't speak it and sometimes it is very difficult to communicate, to have people understand you. *Seeing my son, his way of life at school...it is much harder for him now starting from another flag, another pledge of allegiance.* He was one of the teacher's favorite students in Mexico. His teacher really helped and supported him. *The teacher here is very strict, she says they have to keep their distance and can't get too close to them. My son doesn't want to go to school, and as his mother, this is the most difficult thing of all, to watch him suffer.*”

Research on children and cultural coherence argues that maintaining cultural coherence is necessary for identity and moral development, and maintenance of social cohesion (Merry, 2005). Research on the integration processes of adolescent Ethiopians in Israel identified that a practices that do not support cultural cohesion result in discrimination, racism, intergenerational conflicts, communication breakdown, and poor integration in adolescent migrants (Ringel, Ronell, & Getahune,

2005). Mexican refugee children experience discrimination, racism, and have difficulties with communication in US schools. They experience continued violence through these mechanisms, and are vulnerable to altered moral and identity development as a result.

4.10 SUMMARY

This was an exploratory-descriptive study designed to determine the pre, peri, and post migration perspectives of Mexican national refugees that fled violence in Mexico and resettled in the United States. This study was nested within a larger, mixed-methods study entitled “Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border” which concluded in November 2011.

Following IRB approval, secondary analysis of eighteen semi-structured interviews was conducted and data saturation was maintained. Initial codes were based on Silove’s (1999) core adaptive systems of personal safety, attachment and bond maintenance, identity and role maintenance, justice, and existential meaning.

This was a within-case design intended to ensure homogeneity of the participant group. All participants were over the age of 18, Mexican nationals, and had migrated to the U.S. to escape violence. The homogeneity of the participant group ensured internal validity of the findings. Maximum variation sampling ensured a diverse age of ranges, occupations, educational levels, and experiences which enabled identification of patterns, outliers, and disconfirming information thereby enhancing external validity. Auditability is ensured as coding tables, interview notes and transcripts are available for review upon request.

Authenticity/plausibility was achieved through reading and re-reading transcripts, and translation/ back translation of documents with interpreters fluent in U.S.-Mexico border dialect in a process of exegesis. Debriefing meetings following each interview and consensus of committee members ensured authenticity and objectivity of findings. Transferability was achieved as findings were

generalizable to other fields and applicable in other contexts. The discussion on findings, conclusions, implications, and recommendations follow below.

Chapter 5: Discussion

5.1 OVERVIEW

The purpose of this qualitative secondary data analysis was to determine the pre, peri, and post-migration perspectives of Mexican national refugees that fled violence in Mexico, migrated to the U.S., and resettled along the Texas-Mexico border in order to answer the question:

“What are the pre, peri, and post-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement along the Texas-Mexico border?”

An understanding of these perspectives provided a unique, within-context perspective that is different from any other refugee group that fled intra-country violence and migrated for safety. It is important to understand these perspectives in order to inform policy, increase awareness, and provide culturally competent mental health services to this population. Additionally, this understanding will complement and guide future quantitative research with this population. Findings are discussed below.

5.2 DISCUSSION

Following IRB approval at the University of Texas at El Paso, secondary data analysis was conducted on semi-structured interviews conducted with 18 Mexican national refugees that had experienced violence in Mexico and resettled in El Paso, Texas. Participants ranged in age from 18-69 years. Ten females and eight males of diverse backgrounds, educational levels, and occupations were included. Data saturation was obtained quickly due to the homogeneity of the group. *A priori* analysis of the interviews was conducted using Silove’s core adaptive systems conceptual framework (1999).

5.3 CORE ADAPTIVE SYSTEMS CONCEPTUAL FRAMEWORK

The core adaptive systems conceptual framework developed by Derrick Silove (1999), for analysis of subjective experiences of trauma survivors and refugees was the basis for the analysis of pre, peri, and post-migration perspectives of Mexican national refugees related to experiences of violence, migration, and resettlement. The overarching premise of this model is “that the various types of extreme

trauma represent fundamental challenges to one or more of the major adaptive systems that support a state of psychosocial equilibrium in individuals and their communities” (Silove, 1999 p. 205). This is a model of resilience, designed to focus on the adaptive mechanisms of trauma survivors, in order to determine vulnerability and resilience factors which may account for variance in psychological distress across refugee populations (Silove, 1999). These systems are interactive, functional, and overlapping. They include personal safety systems, attachment and bond maintenance systems, identity and role functioning, justice, and existential meaning. For the Mexican national refugee participants, not all core adaptive systems were affected equally in the pre, peri, and post-migration phases.

5.4 PRE-MIGRATION PERSPECTIVES

The perspectives of Mexican national refugees during the pre-migration period are those of injustice and loss of trust, fear for safety, and loss of community and social attachments. These losses and fears started a process of role transitions that continued after migrating to the United States. All participants spoke to loss of faith in their government and perspectives of not knowing who to trust. Once the experiences of personal violence began, the instinctual fear for safety resulted in role adjustments as some quit their jobs, some altered their routines, and others stopped participating in social groups in order to feel more secure.

5.5 PERI-MIGRATION PERSPECTIVES

In the peri-migration phase, attachment and bond maintenance systems were most greatly affected. While all participants experienced the violent death of a loved one, the next most significant loss was for personal belongings, employment, and life-goals. Participants described leaving their homes, businesses, family, and personal belongings to migrate to the U.S. – literally coming with only the clothes on their backs. All participants described the grief of losing their country.

Unique to this population, existing interpersonal bonds were maintained, as most participants moved entire families to the U.S. with them. In addition, sixteen of the eighteen participants had family

or friend support-including housing- in the U.S. prior to migration, which prevented the deprivation of food, water, and shelter seen in other immigrant groups. This support provided the mechanism to maintain interpersonal relationships, uphold traditions, and remain culturally cohesive.

5.6 POST-MIGRATION PERSPECTIVES

In the post-migration phase, the core adaptive systems affected were personal safety and justice. While all participants had an increased sense of personal safety, none felt completely safe in the United States. As the majority of participants were undocumented, the fear of deportation fueled by systems of structural violence that delegitimize their experiences, and attitudes of discrimination have resulted in social isolation and poverty. The stigma associated with being undocumented has also contributed to experiences of harassment for both participants and their children.

While fifteen did not want retribution for the losses, all continued to have lack of trust in others and felt they could only count on themselves. The two that wanted revenge had identified the individuals responsible for the death of their loved ones. Only one participant is seeking reconciliatory justice through social channels.

In contrast to other refugee groups, these participants maintained a strong sense of identity, had adjusted their roles, and maintained hope for the future. They exhibited resilience in the face of adversity, maintained their values, and upheld their traditions.

Because the overarching theme in the post-migratory phase was the continued threat to safety, and participants exhibited a strong commitment to keeping themselves and their families safe, the mechanism to accomplish this goal is through maintaining a culture of silence.

5.6.1 Identity and role maintenance

Despite experiences of violence, loss, migration, and social adversities, these participants exhibited an incredible resilience. The ability to maintain their sense of identity and personal attachment was achieved through maintaining cultural coherence. The participants brought their traditions and

culture with them. Strong cultural ties create a strong sense of identity and agency, and provide the basis for decision-making and moral development (Merry, 2005). As the adults in this study have a strong sense of culture and identity, the unexpected finding is the potential for loss of cultural coherence for the children, which will affect their moral and identity development, and social integration.

5.7 CONCLUSIONS

In conclusion, the experiences of Mexican national refugees fleeing violence in Mexico were unique from other refugee groups as the peri-migration phase was short-hours to a few days, and they remained in close proximity to the border and were therefore not completely removed from the violence.

The across-context perspectives of the pre, peri, and post migration experiences are those of being delegitimized. News of the violence in Mexico is controlled by the cartel, and the information that is released in the U.S. is sporadic and tainted at best. The violence in Mexico is not acknowledged in Mexico or the United States. Immigrants arrive at the border and are detained and deported—considered criminals despite having experienced violence and loss. They have recently been delegitimized in their own country as Hector Murguía, the Mayor of Juárez, announced that he considers those that fled the violence to be “traitors”, despite the fact that he lives in El Paso, Texas (Washington-Valdez & Lozano, 2012).

The within-context perspectives of the pre, peri, and post migration experiences are a strong sense of identity and cultural coherence that contribute to resilience in this participant group. They have maintained their traditions, values, and interpersonal attachments.

5.8 IMPLICATIONS

The implications from these findings are far-reaching and include both Mexican national refugees and their children. Implications for public policy, and health maintenance and promotion have been identified based on the findings of this research and are discussed below.

5.8.1 Public policy

The participants' continued fear for safety and delegitimized experiences propagate a sense of injustice and continued lack of trust following resettlement. For the adult participants, this has resulted in the creation of a culture of silence because it keeps them safe, yet it also contributes to social and economic immobility (Miller et al., 2002; Mollica, 2006; Witzum & Kotler, 2000), separation from family, and social isolation (Eisenman et al., 2003; Fortuna et al., 2008). The implications for forced poverty, forced separation, and social isolation are increased psychological trauma and stress which may result in diminished functional status, increased mental and physical morbidities, prolonged grieving, crisis of existential meaning, and poor integration into society (Eisenman, et al., 2003; Fortuna et al., 2008; Mollica, 2006; Numella et al., 2008; Silove, 1999). In order to achieve psychosocial equilibrium, there must be a balance between individuals, networks, social organizations, and community (Silove, 1999). For Mexican nationals in the U.S., this balance has not been achieved.

5.8.2 Health maintenance and promotion

Mexican national refugees exhibited a remarkable resilience that lies in their cultural cohesion and strong sense of identities. Because identity is culturally bound, the loss of cultural continuity has a profound impact on the identity (Dana, 1998; Kawachi & Berkman, 2001). The implication for the children of Mexican refugees is profound. They are in schools and social networks that are culturally very different and not supportive of the Mexican traditions that give the adults the sense of identity and resilience. They are harassed for not understanding the language, not having the appropriate clothing, and not understanding American traditions. As moral and identity development begin in childhood, the children are vulnerable to altered morality and identity development. This has societal implications for the future as these children will be poor decision makers and fail to develop identities that support resilience (Merry, 2005; Rivas-Drake, 2012).

5.9 RECOMMENDATIONS

Based on the pre, peri, and post-migration perspectives of Mexican national refugees recommendations for culturally competent health care include inclusion of strategies that promote cultural coherence in this population: Support of cultural practices; Strategies that promote role adjustment, empower personal responsibility, strengthen identity and facilitate bond maintenance; and referral to agencies that facilitate integration into the U.S., including language classes.

Because the resilience in this population is grounded in their culture and identity, the most vulnerable are the children as they do not receive support for their cultural beliefs and practices in the schools. This will affect their moral and identity development throughout childhood, and may result in high drop-out and delinquency rates (Ringel et al., 2005). In order to create resilient Mexican children and promote cultural coherence, strategies should be implemented that promote cross-cultural understanding. Recommendations include incorporating education on Mexican traditions, values, and social norms into the school curriculum, and training teachers on culturally competent practices. Mental health care for Mexican refugee children should focus on maintaining cultural coherence, supporting values, facilitating moral and identity development, and promoting a sense of safety.

Finally, the systems of structural violence in the U.S. that facilitate a stigma of delegitimizing the experiences of Mexican refugees should be acknowledged. Mexican national refugees are not criminals or a threat to homeland security. Their experiences of violence should be validated and accepted. Systems that facilitate integration need revising. In addition, the recognition and acknowledgment of the Mexican refugee experiences begins the process of social reconciliation—a form of justice that facilitates the healing process by acknowledging the truth (Clark, 2008). It is possible that acknowledging the truth will facilitate a renewed sense of justice and trust in this population.

5.10 LIMITATIONS

There are two major limitations to this study. First is the qualitative design and use of criterion-based sample, which limits generalizability to other populations. In addition, in qualitative research it is inherently difficult to ensure the accuracy of information due to the transformational effects of trauma and accuracy of recall, and the nature of data collection and analysis (Sandelowski, 2005). Because there were no benefits to the participants for completing the interviews and an estimated nine of the eighteen already had visas or citizenship, there was no incentive to exaggerate the truth or mislead the interviewers. The responses of this group of participants were strikingly similar to other refugee groups and are consistent with what is known about refugees. The second limitation is my novice status as a researcher.

5.11 STRENGTHS

The strengths in this study is that it identifies unique, within and across-context perspectives of Mexican nationals that have fled violence and are now living in the United States. This study identifies resilience factors that can be enhanced to promote the integration process, and foster recovery from violence.

5.12 FUTURE DIRECTIONS

Based on the outcomes of this study, several research directions have been identified. As the statistical analysis on the Beck's Depression Inventory and Harvard Trauma Questionnaire has not been completed, that is logically the next step in my research. I would like to re-interview this cohort to determine changes in adaptation over time. Finally, regional extension of this research would yield comparative data on Mexican national refugees in the states of Texas, New Mexico, Arizona, and California.

5.13 SUMMARY

This chapter contained discussion related to the findings from semi-structured interviews with 18 Mexican national refugees in El Paso, Texas. Their perspectives were explored, including those of living in a culture of silence, and maintaining cultural coherence. Implications for both adults and children were presented. Recommendations for policy, mental health interventions, and social programs to promote and maintain moral and cultural coherence were presented.

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Appendix A

Research Proposal

- I. **Title:**
Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border

II. **Investigators:**

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III. **Goals of the Project:**

This is a mixed methods study designed to identify and explore significant experiences and mental health sequelæ of Mexican Nationals associated with a migration to El Paso Texas as a result of drug-related violence and the decline of civil society in Mexico.

Background & Significance:

Overview

The psychosocial effects of war and armed conflict are well documented and known to contribute to human suffering, poor mental health, diminished quality of life, increased burden of disease, and chronic disability (Eisenman, Gelberg, Liu, & Shapiro, 2003; Fortuna, Porche, & Alegria, 2008; Pedersen, Tremblay, Errazuriz, & Gmarra, 2008; Walker & Barnett, 2007). Since the 1970s, increasing intra-country violence and social upheaval worldwide has exposed uninvolved citizens to repeated traumatic experiences associated with violence, political instability, civil armed combat, terrorism, drug trafficking, and the breakdown of civil society.

These experiences include witnessing or experiencing a threat to life or limb, severe physical harm/injury, torture, exposure to the grotesque, violent/sudden loss of a loved one, causing death/severe harm to another, forced disappearance, threat of abduction, extortion and/or forced separation from

family (Eisenman et al., 2003; Steel, Silove, Bird, McGorry, & Mohan, 1999). Hundreds of thousands of people from impoverished nations have fled their home country to escape these types of violence, becoming internally displaced, or refugees to foreign countries (2010 United Nations High Commissioner for Refugees, 2010; Steel & Silove, 2000; Yasan, Saka, Ozkan, & Ertem, 2009).

Refugee Experiences

Mental health sequelæ of refugees are closely intertwined with pre, peri, and post-migration experiences that contribute to depression, anxiety, and symptoms of Post Traumatic Stress Disorder (PTSD) (Fortuna et al., 2008; Steel & Silove, 2000; Walker & Barnett, 2007). Refugees who experience pre-migration violence and trauma suffer multiple losses. While the most frequent trauma is the unnatural death of a loved one (Steel et al., 1999), the degree of choice to leave, the ability to plan a move or return to see family also contributes to symptoms of post-migration anxiety and depression (Fortuna et al., 2008).

Exposure to violence contributes to depression in a manner similar to a cumulative dose-response effect. The more exposures, the higher rates of depression in refugee populations, with those having more than three exposures exhibiting symptoms of co-morbid PTSD (Green, Goodman, & Krupnick, 2000; Kaltman, Green, Mete, Shara, & Miranda, 2010; Mollica, McInnes, Poole, & Tor, 1998; Steel et al., 2009). Pre-migration factors that strongly correlate with symptoms of PTSD include forced separation from family, isolation, torture, trauma exposure, and imprisonment. Torture is the strongest predictor of PTSD in refugee populations, and those who survive it exhibit a 46% increase in PTSD prevalence (Eisenman et al., 2003; Steel & Silove, 2000; Steel et al., 2009).

Peri-migration experiences that contribute to depression include loss of social status and support, and displacement (Fortuna et al., 2008). Frequently, the peri-migration experiences of refugees fleeing violence may be accompanied by continuing violence as they may be dependent on smugglers to assist in crossing international borders or are otherwise put at risk. These experiences include rape, deprivation of food, water, and shelter, and exploitation. While deprivation and exploitation are not included in the criteria for PTSD in the Diagnostic and Statistical Manual –IV-TR (DSM), they directly contribute to anxiety and post traumatic stress symptoms in refugees across multiple nationalities (Steel et al., 2009).

Post-migration experiences of discrimination, poverty, separation from family, social isolation, homelessness, lack of health care access, sense of loss, and fear of deportation contribute to symptoms of depression and anxiety among all ethnic groups (Eisenman et al., 2003; Maldonado et al., 2002; Miller et al., 2002; Silove, Momartin, Marnane, Steel, & Manicavasagar, 2010; Steel et al., 2009). In addition, known post-migratory predictors for post traumatic stress disorder (PTSD) in refugees include separation from family and spouse, fear for family left at home, uncertainty in the new country, poverty, loneliness, boredom, and isolation (Eisenman et al., 2003; Lie, 2002; Steel & Silove, 2000).

Mental Health Sequelæ of Refugees

A large body of research shows that refugees fleeing political violence and civil unrest report symptoms of depression, anxiety, and post traumatic stress disorder (Eisenman et al., 2003; Green et al., 2000; Mollica et al., 1998; Mollica et al., 1999; Pedersen et al., 2008). Mental health sequelæ are dependent upon experiences of trauma and flight, migration experiences, and resettlement stress described above. Refugees that experience anxiety and mental disorder have high rates of disability, chronic pain, role

limitations, mortality, and diminished perceived quality of life (Eisenman et al., 2003; Fortuna et al., 2008; Kaltman et al., 2010; Mollica et al., 2001), yet outcomes are not uniform across groups.

In a systematic review and meta-analysis of existing literature on mental health sequelæ in refugee populations, Steel et al. (2009) reviewed 161 research articles that describe outcomes for over 81,000 refugees. The reported rates for depression ranged from 3% to 85.5%, while reported rates for PTSD ranged from 0% to 99% in refugee populations. They identified ecological factors, social variables, economic restrictions, insecure housing, time-since-conflict, and location of residency as influencing rates of distress (Steel et al., 2009). In addition, Walker and Barnett (2007) identified contextual variables that influence mental health outcomes in refugees that include interdependence between individual-family-community; social and ecological variables; and cultural equivalence with host country (Walker & Barnett, 2007).

As an illustration of variance in mental health outcomes across different refugee groups, Mollica studied rates of depression and PTSD in Cambodian and Bosnian refugees in 1993 and 1999. Sixty-eight percent of Cambodians and 39% of Bosnians reported depression, while 37% and 26% reported symptoms of PTSD (Mollica et al., 1993; Mollica et al., 1999). Refugees from Sierra Leone reported a 49% depression rate, an 80% anxiety rate, and an 86% PTSD rate (Fenta, Hyman, & Noh, 2007). The lowest rates of depression and anxiety were with Vietnamese refugees with 5% reporting anxiety and 3% reporting depression (Silove, Steel, Bauman, Chey, & Cowell, 2007).

Longitudinal research on mental health outcomes reveal inconsistent results. While Marshall, Schell, Elliott, Berthold, & Chun (2005), and Steel & Silove (2000) found symptoms of depression, anxiety and PTSD diminished in refugee populations after three years of resettlement, Lie (2002) found symptoms of anxiety and depression unchanged, and symptoms of post traumatic stress increased over a three year period in traumatized refugees. In addition, Sabin, Cardozo, Nackerud, Kaiser, & Varese (2003) found that post traumatic symptoms persisted in Guatemalan refugees who lived in refugee camps in Chiapas, Mexico for 20 years.

Experiences & Mental Health Sequelæ of Hispanic Refugees

Mental health outcomes of Hispanic refugees in the United States are poorly understood, and understudied. Empirically determined rates of PTSD and panic disorders are not available for Hispanic populations (Eisenman et al., 2003; U. S. Department of Health and Human Services, 2000). The majority of research in this population includes multi-cultural samples of refugees. Until recently, the majority of refugees migrating to the United States from Latin America have been from Colombia, Guatemala, Ecuador, Cuba, Brazil, Venezuela, and El Salvador. While migrating to escape violence, many have secured permanent visas, or attained asylum status in the U.S. (Eisenman et al., 2003; Fortuna et al., 2008). Both Eisenman (2003) and Fortuna (2008) found that the majority of Hispanic subjects exposed to political violence were from Central America. Few refugees from Mexico have received asylum status. Less than 2000 Mexicans apply for asylum each year in the United States and only a handful of applicants are granted asylum status (Aguilar 2010).

Eisenman conducted research with 281 Hispanic immigrants that had exposure to violence prior to migrating to the U.S. He found that those experiencing violence were more likely to meet symptom criteria for depression, panic disorder, and PTSD than those not exposed. In his sample, 54% of Hispanic participants had exposure to political violence. Of those, 36% met criteria for depression and

18% met symptom criteria for PTSD. While 41% of his participants had migrated from Mexico, only 14% (n=41) of those reported exposure to violence (Eisenman et al., 2003).

More recently, Fortuna et al. (2008) identified 1630 Hispanic immigrants through the National Hispanic and Asian American Study to determine the prevalence of exposure to political violence and perceived need for mental health services in this population. In this research, the majority of those experiencing violence were from Cuba, El Salvador, Mexico, Colombia, and Nicaragua. Findings indicate that 13% of Mexican nationals reported exposure to violence, however they comprised only 11% (n=179) of the study sample. Additionally, there were no significant differences in rates of mental health disorders between those exposed to violence and those not exposed. However, complaints of emotional distress, nervousness, substance abuse, and chronic illness were widespread (Fortuna et al., 2008). Unrelated research supports this finding and identifies somatization as the primary method of expression of distress in Hispanic populations, often leading to misdiagnosis and inappropriate treatment (Heilemann, Coffey-Love, & Frutos, 2004).

Finally, Fortuna et al. (2008) reported that Mexican nationals are more likely to seek comfort and advice from family rather than to seek professional mental health services. They also note that historically, Mexicans migrate primarily for economic reasons, rather than to escape violence and trauma. Research on the mental health of Mexican migrant workers reveals the same prevalence of depression, anxiety, and PTSD as found in the general population (Lindert, von Ehrenstein, Priebe, Mielck, & Braehler, 2009; Marshall et al., 2005), supporting the premise that mental health outcomes in this population are dependent on the context of exit from the host environment (Dana, 1998; Lindert et al., 2009).

Because of the rapid increase in of violence in Mexico over the past four years and with a particular surge in violence in Ciudad Juarez and the border region, the experiences of Mexican citizens and their reasons for migration have drastically changed. Due to the border contiguity of El Paso and Ciudad Juarez, large numbers of Mexican refugees estimated to have migrated across the border for safety. It is important to understand their experiences in order to improve mental health outcomes.

Mexican Refugees

Individuals who flee violence in their home country, tend to do so in “waves”. The first wave of immigrant refugees is generally affluent, may have dual citizenships, is educated, and have the resources to re-establish themselves in the host country of their choice. Second wave refugees tend to be middle class and hold permanent legal status or work visas. Third wave refugees tend to be poor, undocumented, and have access to limited resources with which to re-establish themselves and their families (Fortuna et al., 2008).

The first and second waves of out-migration from Mexico occurred in 2007-2008, as Mexican nationals fled to Canada. Temporary entry into Canada does not require a visa, and the refugee application process can be completed in as little as six months, compared to a minimum of 18 months in the United States. Between 2006 and 2007, Mexican applications for refugee status into Canada increased from fewer than 1000 applications to over 5000 applications, and received from refugees with financial resources (Nicholas, 2007). In 2007-2008, the number of Mexican refugee applicants increased an additional 33% (Day, 2009).

Since 2008, an estimated 230,000 Mexican Nationals have fled violence in Ciudad Juarez and 124,000 of those have settled in El Paso (Abandonan Ciudad Juárez 230 mil personal. 2010; Huyen 230 mil personas, 2010). While a few have permanent residency status, we expect that due to the increasing violence against citizens and lack of employment in Juarez, the majority are poor and undocumented.

The Texas-Mexico Border Context

Shortly after he was elected President of Mexico in 2006, Felipe Calderón declared a war on the drug cartels that are responsible for the huge illicit trade of narcotics into the United States and throughout Mexico. The president mobilized thousands of Federal Police officers and deployed them to cities that had previously been patrolled almost exclusively by corrupt local police officers. In addition, he called up divisions of the Mexican Armed Forces who joined in the nationwide effort to clamp down on drug cartels and gangs. The result was paradoxical. Instead of reducing crime and limiting drug trafficking, the country was plunged into a progressively worsening state of disorder and crime, characterized by gang warfare and alarming rates of homicide, kidnapping, extortion, femicide, carjacking, opportunistic crime, social disorder and the decline of civil society (Campbell, 2009). The Mexican Centro de Investigación y Seguridad Nacional estimates that from the onset of the president's war on drugs in 2006 to 2010, approximately 28,000 people have died in Mexico in *la violencia* that has wracked the nation – particularly along its border with the United States (Ramos, 2010).

The situation in Mexico has created widespread fear. The streets of major border cities are nearly empty after dark. Opportunistic crime has emerged to fill the vacuum of security as police officers have been paralyzed by their incapacity to enforce the law in the face of daily murders of law enforcement officers and elected and appointed officials by *sicarios* (assassins). Businesses have closed in cities like Ciudad Juarez by the thousands in the face of extortion and threats of death and arson. Thousands of Mexico border residents have fled to the United States for safe haven. Many thousands more have migrated to the interior of Mexico. The result of this state of chaos in northern Mexico is that uncounted numbers of persons and families have fled across the border to Texas and other border states as refugees, many of whom have directly experienced serious trauma prior to their migration.

Mental health clinicians in El Paso Texas who work with the refugee population report high rates of anxiety disorders, depression, substance abuse, psychological trauma, and post-traumatic stress disorder. They also report that refugees have been subject to death threats, extortion, kidnapping threats, carjackings, and/or have witnessed murders and abductions. Clinicians indicate to us that the refugees are traumatized by their experiences in Mexico and have voluntarily escaped to the United States, whether documented or not, to seek safety, refuge, and security.

In this study, we propose to identify a convenience sample of about three dozen adults who are refugees and who are in treatment for mental disorder and/or trauma in an American border mental health clinic that serves low-income individuals and families without regard to documentation status. We will interview them about their backgrounds and about the experience of migration – including the catalyst(s) that propelled them to flee Mexico. Participants will be administered the Beck Depression Inventory and the Harvard Trauma Questionnaire in Spanish. The investigators seek to determine the extent and nature of trauma in a small sample of migrants and to determine through in-depth interviews how they subjectively experienced the refugee migration experience.

IV. Research Method, Design & Data Analysis:

Method/Design:

This is a mixed methods study that is designed to determine the subjective experiences, the nature and extent of traumatic exposures, and the mental health sequelæ of Mexican Nationals fleeing drug-related violence and civil unrest in Mexico. It is an exploratory study using mixed methods data collection. Inclusion criteria for participants are that they be male or female, 18 years of age or older, and Mexican nationals who migrated to the United States within the last four years in order to find safer living conditions and to escape violence. Participants currently receive mental health services at Catholic Counseling or Family Service of El Paso. They may be documented or undocumented immigrants, speak English or Spanish, and able to participate in the informed consent process.

Data collection:

Data collection will be conducted by the Principal Investigators and Assistant Investigator. A criterion-based sample of ~30 adult Mexican Nationals seeking mental health services at either Family Service of El Paso or Catholic Counseling Services will be recruited for participation. Participants will complete the Harvard Trauma Questionnaire (Spanish Version) and the Beck Depression Inventory-II (Spanish Version) to determine the nature and extent of traumatic exposures and mental health sequelæ associated with those exposures. In addition, participants will complete a semi-structured interview to determine the subjective experiences associated with traumatic exposures and migration. Interviews will be completed in person and conducted by the PIs or AI. Total involvement for each participant is an estimated 2 hours. Interviews will be transcribed verbatim, coded, validated through consensus, and results will be reported as aggregate data.

The Harvard Trauma Questionnaire:

The Harvard Trauma Questionnaire (HTQ) was developed in 1992 by Richard Mollica and his colleagues at the Harvard Program in Refugee Trauma (HPRC). The HPRC has designed and tested a number of psychiatric instruments over the past two decades that assess the degree of trauma among populations that have experienced mass violence, displacement and torture. It has been used and validated on a global basis with civilian subjects in countries that have experienced violent conflict and has been translated into over twenty major languages (Mollica, McDonald, Massagli & Silove, 2004). The HTQ has been shown to be of particular value in the assessment of trauma among refugees. It has been used with refugee populations in Mexico who have fled from violence in Guatemala (Sabin, Cardoso, Nackerud, Kaiser & Varese, 2003).

The HTQ closely aligns with the diagnostic criteria of post-traumatic stress disorder as identified in the Diagnostic and Statistical Manual of the American Psychiatric Association (Fawzi, Pham, Lin, Nguyen, Ngo, Murphy & Mollica, 1997).

In the original tests of its validity and reliability with Vietnamese and Cambodian refugees, it demonstrated very high reliability. The symptom portion has an alpha of 0.96 and the test-retest correlation was 0.92 (Norris & Hamblin, 2004, p. 92). The instrument has been culturally adapted to over a dozen other language and cultural groups (Mollica, McDonald, Massagli & Silove, 2004). In the present study, we will use the Spanish version developed by the HPRC – *Cuestionario para Trauma de Harvard – Version Española*.

The Beck Depression Inventory II:

The Beck Depression Inventory II (BDI-II) is a 21-item self-report instrument that is designed to measure the severity of depression in adolescents and adults (Sprinkle, et al., 2002). The administration time for the BDI-II is 5 to 10 minutes. Participants are asked to select from scores of 0 to 3 for each

item on the instrument, with higher scores indicating more severe symptoms. The possible summary score on the BDI-II ranges from 0-63 (Chang, 2005). Mild depression is indicated by a score of 10-19, moderate depression by a score of 20-25, and severe depression is indicated by a score greater than 25 (Benedetto, Lindner, Hare, and Kent, 2006). The internal reliability of the BDI-II ranges from .89 to .93 in student samples and from .89 to .92 in psychiatric samples (Wiebe and Penley, 2005). The coefficient alpha was .89 and the internal consistency was .73 in a sample of 937 college students (Wiebe & Penley, 2005). The convergent and discriminant validity were established since the BDI-II correlated more strongly with the Hamilton Rating Scale for Depression than with the Hamilton Rating Scale for Anxiety or the Beck Anxiety Inventory. Validity of the BDI-II is also evidenced by its correlations of .71 with the Beck Hopelessness Scale (Sprinkle, et al., 2002). A one-week interval test-retest reliability analysis showed a correlation of .74 in a sample of 53 hearing-impaired university students (Sprinkle, et al., 2002).

Spanish BDI-II:

The Spanish BDI-II was translated by a group of psychologists from the United States, Mexico, Central and South America, Cuba and Puerto Rico, using the back-translation technique (Penley, Wiebe, & Nwosu, 2003). Penley, Wiebe, & Nwosu (2003) found that the BDI-II total scores were similar in English and Spanish in a medical sample of hemodialysis patients. In a sample of 937 college students, Wiebe & Penley (2005) found that the coefficient alpha of the Spanish BDI-II was .91 and the internal consistency was .86. The cross-language internal consistency was .76 between the English BDI-II and the Spanish BDI-II (Wiebe & Penley, 2005). This same study provided evidence of reliability for both versions of the instrument and demonstrated that the two versions have similar underlying factor structures (Wiebe & Penley, 2005).

Semi-Structured Interviews:

Semi-structured interviews will be conducted with ~30 Mexican refugees that fled violence in Mexico and are receiving treatment at Family Service of El Paso. Open-ended questions will guide responses. Probes will be used to elicit more detailed information. The interview guide (attached) consists of questions that identify the cultural and social constructions associated with experiencing violence and migrating to the U.S. Cultural constructions are representative of personal identities (Courtois, 2008; Dana, 1998; Pedersen, 2002), therefore questions that identify values and meanings of experiences will be used. Because social relationships provide meaning that contributes to personal identity (Dana, 1998), experiences that focus on social values, conflicts, and influences on the individual will be explored. Interviews will be conducted in the language preference of the participant (English or Spanish), digitally-audio taped, and transcribed verbatim for analysis. If the participant declines to be audio-taped, in-depth field notes will be written during and immediately following the interview. Interviews will be conducted in person, at a time convenient for the participant, and held at Family Service of El Paso. This exploratory research will involve observation and interaction with Mexican refugees fleeing violence in Mexico, and receiving mental health treatment at Family Service of El Paso. Field notes that record the researcher's observations, impressions, and experiences will be included to create a thick description of the soldiers' experiences. Detailed notes on the researcher's assumptions and biases about the migrant and refugee experiences will be recorded and included in the data analysis. An 'audit trail' will be created and maintained in order to verify the rigor of the fieldwork, and recreate the processes used to arrive at themes (Patton, 2002 p. 93).

Data Analysis:

Quantitative data will be analyzed using the Statistical Package for the Social Sciences (SPSS) version 17.0. Quantitative analysis will consist of descriptive statistics and correlations to provide the basis for

future research. Tapes of interviews conducted in Spanish will be translated to English for ease of analysis.

Data analysis of semi-structured interviews will follow Miles & Huberman's (1994) dynamic, recursive data analysis process, which includes data collection, reduction, display, and interpretation. Audio tapes will be transcribed verbatim by a data transcriptionist. Transcriptions will only contain code identifiers of the participants. The researcher will validate the transcripts against the original audio-tapes, and review each tape for voice tones and emotions. Notes that incorporate these findings with those in the field notes will be completed. Data will be coded or labeled while reading and re-reading the data. Codes will initially follow the interview questions.

Coding of completed interviews is on-going during the interview process, and the coding shapes the subsequent interviews as new insights and information emerge. As new codes are identified, the initial codes will be re-assessed. Data reduction occurs as the first level codes are grouped into pattern codes, with grouped data showing common areas of experience, violence exposure, meaning, and identity. Pattern coding results in a more general conceptual level, allowing the researcher to identify patterns and themes present in the data. Patterned coding processes will use specific factors influencing experience such as values and beliefs, social influences, and religious or philosophical factors. These factors will be evaluated to explore and describe the subjective experiences of Mexican refugees. The data will be displayed on Word ® document tables in order to group patterned data, and identify links between pattern categories.

Miles & Huberman's (1994) broad and inclusive categories for data rigor will be used to ensure standards of quality in the data analysis process. These standards include (a) objectivity/confirmability of the work, (b) reliability/dependability/auditability, (c) internal validity/credibility/authenticity, (d) external validity/transferability/fittingness, and (e) utilization/application/action orientation (Miles & Huberman, 1994).

Within each standard, Miles & Huberman propose useful questions to evaluate the quality of the data. To establish objectivity, all procedures used in data collection, reduction, and display will be made explicit, creating a clear "audit trail". Records of the researcher's personal assumptions, values, and biases, and analysis of how these may have affected the study will be available for review on request. These will be bracketed within the text of the transcribed data, and in the field notes so the audit trail is clear. The process of reflexivity, the critical examination and analysis of the data, the researchers interpretation of the data, and the methodology of the study will be maintained. This reflexive perspective may require that modifications be made to gather the best data possible.

Internal validity is enhanced by including as much "thick description" as possible within the text. Areas of uncertainty and rival explanations will be identified and actively considered. Collaboration with other qualitative researchers to verify accuracy of coding and interpretations of the conceptual models used will enhance issues related to internal validity. Debriefing sessions will be used to identify and evaluate assumptions and the evidence presented.

External validity is enhanced through challenge and expansion of the existing theoretical framework. Additionally, if explanations can be connected to theories beyond the immediate study framework, they become slightly more powerful than an isolated finding (Miles & Huberman, 1994).

V. Applicability is the degree to which the findings are useful for Mexican refugees and their mental health providers. This is largely dependent on the descriptiveness of the final report.

VI. Human Subject Interaction

Source of Potential Participants:

Family Service of El Paso (FSEP) is a private, non-profit organization founded in 1893 to provide outpatient mental health services to the El Paso community. Located in central El Paso, Texas and dedicated to providing counseling services to anyone in the El Paso area regardless of the ability to pay, over 75% of clients are below the poverty level. FSEP provides services for approximately 2000 clients annually. Services include individual and group therapy, marriage counseling, weekly parenting classes, and post-adoption case management. Approximately 78% of the clients are Hispanic, 40% are monolingual Spanish, 65% are adults and 50% are 19 to 43 years of age.

Catholic Counseling Services, Inc. (CCS) is a private non-profit 501 C (3) organization located in the lower valley of El Paso. Administered by the Catholic Diocese, this agency provides outpatient mental health services to anyone regardless of religion, race, ethnicity, income, age, gender, or sexual orientation. Services include family and individual psychotherapy, marital, and premarital counseling.

Recently, an increased number of Mexican refugees fleeing violence in Mexico have sought services through FSEP and CCS for anxiety, mood and trauma-related disorders. Because the majority of research on Mexican migrants identifies economics as the primary reason for migration (Fortuna et al., 2008) the experiences and mental health sequelæ in this population are unknown.

A criterion-based sample of ~30 Mexican refugees that have migrated to flee violence in Mexico, and seek mental health services at FSEP or CCS will be recruited. All participants are over the age of 18 years, negating the need for parental consent. Both males and females are eligible to participate. Interviews and screening instruments will be conducted in the participant's preferred language - either English or Spanish.

Participants will be identified as eligible for participation by Mr. Richard Salcido, LPC, Executive Director of FSEP, or Mr. Jose Castellon LCSW, Director of CCS. Mr. Salcido or Mr. Castellon will contact the participants to determine their interest in the study. Interviews will be scheduled at the participant's convenience and conducted at FSEP or CCS.

Enrollment is expected to begin in November 2010. Estimated length of participation is 2 hours. The study will be complete in September 2011.

Inclusion criteria:

Persons eligible for inclusion must be age 18 or over, currently residing in the United States, migrated to the United States from Mexico within the last four years to escape political or drug related violence, and currently receive mental health services at FSEP or CCS. . They may be documented or undocumented immigrants, speak English or Spanish, and able to participate in the informed consent process.

Exclusion criteria:

Persons under the age of 18 years of age migrated to the United States for reasons other than to escape violence, and those unable to participate in the informed consent process will be excluded.

B. Subject Recruitment:

Following Institutional Review Board approval from UTEP, the PI will meet with Mr. Richard Salcido, LPC and Mr. Jose Castellon, LCSW to identify those eligible for recruitment into the study. Mr.

Salcido and Mr. Castellon will contact the potential participants to determine willingness to participate. Those willing to participate will schedule appointments at Family Service El Paso or Catholic Counseling Services to meet with the PI to participate in the informed consent process. The PI's will not know the names or addresses of participants.

C. Informed Consent:

Those interested in participating in the study will have the study purpose, design, and procedures, methods, and timeline explained and all questions answered in person by the PI. Upon agreement to participate, subjects will be issued a non-identifying code to be used for signature on the informed consent paperwork. Mr. Salcido, LPC, or Mr. Castellon, LCSW will witness the signatures on the informed consents prior to the interviews, in order to ensure anonymity of the participant. Appointments for interviews will be scheduled at the participant's convenience and conducted at Family Service El Paso or Catholic Counseling Services.

D. Research Protocol:

Following approval from the UTEP IRB, Mr. Richard Salcido, LPC, Executive Director for Family Service of El Paso, and Mr. Jose Castellon, LCSW, Director of Catholic Counseling Services will be contacted to identify potential participants that meet inclusion criteria for the study. Mr. Salcido and Mr. Castellon will contact the potential participants to identify those interested in participating. A total of 30 participants will be recruited for participation.

Once identified as interested in participating, appointments will be scheduled at the participant's convenience to meet with the PI's to complete the informed consent process. The study purpose, design, and procedures will be explained and all questions answered. Once recruits agree to participate, they will be issued a pseudonym or identifying code. Signatures using the pseudonym or code will be witnessed only by Mr. Salcido or Mr. Castellon. The researchers will not maintain the identifying codes or witness signatures, ensuring anonymity of participants.

The PIs will administer the Harvard Trauma Questionnaire, the Beck Depression Inventory, and conduct semi-structured interviews with each participant in their preferred language - English or Spanish (The PI's are completely bi-lingual). The survey instruments and interviews will only contain non-identifying information. Interviews will be audio taped and transcribed verbatim. Anticipated time required of each participant is 2 hours.

At the completion of the interviews, each participant will receive \$25 in cash to compensate them for their time. Payment will be issued by Mr. Salcido or Mr. Castellon on behalf of the PIs, Participants will sign for payment using their identifying code or pseudonym, and signatures witnessed only by Mr. Salcido or Mr. Castellon to maintain anonymity of participants.

E. Privacy & Confidentiality:

To protect privacy, participants voluntarily participate in interviews and surveys, and are recruited by Mr. Salcido at Family Service El Paso or Mr. Castellon at Catholic Counseling Services. The interviews are scheduled at the participant's convenience and conducted at either Family Service El Paso or Catholic Counseling Services. Participants may stop the interview or surveys at any time or for any reason, or request that interviews be halted and resumed at a later time. The PI, Co-PIs, and research team will not have access to identifying information, including the participant's name.

To protect confidentiality, participants will be issued a numeric code for identification. Mr. Richard Salcido, LPC at Family Service El Paso and Mr. Jose Castellon, LCSW at Catholic Counseling Services, will maintain cross-references of codes and participant identities in a secured file. The PI will only have access to participant identities in case of an emergency.

To ensure anonymity, numeric codes or pseudonyms will be used for signatures on the informed consent forms, and obtained by Mr. Salcido or Mr. Castellon.

F. Confidentiality of Research Data:

Interviews, transcriptions, and health screening instruments will be identified by code only. Interviews may be digitally recorded and professionally transcribed verbatim. In the event participants refuse to have interviews recorded, detailed notes will be taken during and immediately following the interviews. The tapes or digital recordings and their transcriptions will be kept in locked files in the office of the PI, at the College of Health Sciences 1101 N. Campbell, Ste. 300, El Paso, TX 79902. At the completion of the study, original transcriptions and recordings will be maintained according to UTEP IRB protocol.

All data will be reported as aggregate data, and no individual information will be used.

G. Research Resources:

Contact information for questions or concerns can be directed to Mark Lusk, Ed.D, LMSW, Professor of Social Work and Co-Principle Investigator at (915) 747-8588, email: mwlusk@utep.edu

Griselda Villalobos, Ph.D. LCSW, Co-Principle Investigator, Department of Social Work at (915) 747-7292, email: gvillalobos1@utep.edu

Jana McCallister, PhD(c), RN, Associate Investigator, Interdisciplinary Health Sciences at (915) 747-7293, email: jmccallister@utep.edu or

The Institutional Review Board at UTEP at (915)-747-8841, email: irb.orsp@utep.edu

Family Service of El Paso can be reached at (915) 781-9900, email: famserep@sbcglobal.net

Catholic Counseling Services can be reached at (915) 872-8482, email: ccs@elpasodiocese.org

VII. Potential Risks:

Risks to physical health are minimal and there are no foreseeable physical risks to participants.

Four areas of risk for participants are identified. Emotional discomfort may be possible because of the request to recall events associated with exposure to violence and forced migration. The risk is assessed as a moderate risk due to the nature of data included in the interviews and surveys. Mental health professionals are on site at FSEP and CCS during the interviews to provide crisis services if needed.

The second risk is to confidentiality. This risk is minimal due to the process of identification and coding to separate protected health information, having participants sign informed consents with a pseudonym

or numeric code, and having Mr. Salcido, LPC or Mr. Castellon, LCSW witness signatures and maintain identifying data.

Privacy will be maintained as the researchers will not have access to identifying information.

Threats to coercion are protected as participants will be recruited by Mr. Salcido, LPC of FSEP, or Mr. Castellon, LCSW of CCS. The informed consent process will be completed by the researchers, and Mr. Salcido or Mr. Castellon will witness signatures. Participants voluntarily participate, and have the option to withdraw participation at any time. In addition, IRB approval at the University of Texas El Paso is required prior to study initiation.

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse participants in the event of such illness or injury. Participants do not give up any legal rights by participating.

Potential Benefits:

There will be no immediate direct benefits to subjects for taking part in this study. This research may help us to understand the migration experiences and mental health sequelæ associated with repeated exposures to violence in Mexico.

The knowledge gained as a result of this study will provide insight into the experiences associated with repeated exposures to violence and migration to flee violence in the Mexican population, inform mental health treatment and policy, and provide culturally specific information regarding resilience.

Agencies involved in this research project:

This is a collaborative effort between Family Service of El Paso, Catholic Counseling Services, and the University of Texas at El Paso. Richard Salcido, LPC, Executive Director at FSEP, and Jose Castellon, LCSW, Director of Catholic Counseling Services will provide access to participants, the site for data collection, and mental health services if needed during data collection.

Funding for this project is provided in part by the Hispanic Health Disparities Research Center, University of Texas at El Paso.

VIII. IRB Review:

This protocol will only be reviewed by the University of Texas at El Paso Institutional Review Board.

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Appendix B



FAMILY SERVICE OF EL PASO

"Strength to Families Under Stress"

October 19, 2010
Christian Meissner, Ph.D.
Chair, UTEP Institutional Review Board
ORSP Admin-209
El Paso, TX 78868

Dear Dr. Meissner:

As Executive Director of Family Service of El Paso, I am granting approval to Professor Mark Lusk, Ed.D., LMSW and Assistant Professor, Griselda Villalobos, Ph.D, LCSW, co-principal investigators, and to Clinical Assistant Professor Jana McCallister, MSN,RN, PhD(c), a doctoral candidate at the University of Texas at El Paso College of Health Sciences to conduct research at Family Service of El Paso. Their project, "Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S. Mexico Border" entails conducting semi-structured interviews, administering the Harvard Trauma Questionnaire, and the Beck's Depression Inventory to 30 Mexican Nationals that have migrated to El Paso in order to escape violence in Mexico. The purpose of the study is to explore and determine subjective experiences and mental health sequelæ associated with violence exposure and migration.

Participants that seek mental health services at Family Service of El Paso, and have migrated to El Paso in order to escape violence will be identified by Mr. Richard Salcido, LPC for participation. Participants will be scheduled at their convenience and all data collected at Family Service of El Paso.

Family Service of El Paso was selected because increasing numbers of Mexican Nationals with exposure to violence seek mental health services through this organization. Dr. Griselda Villalobos, Ph.D, LCSW provides mental health counseling at Family Service of El Paso and is familiar with the population identified for this study. Results will be shared with Family Service of El Paso at the completion of the study.

I give permission to Mark Lusk, Griselda Villalobos, and Jana McCallister, to conduct research entitled "Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S. Mexico Border" at Family Service of El Paso.

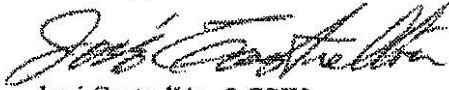
Sincerely,

Richard Salcido, LPC
Executive Director
Family Service of El Paso

November 11, 2010

I give permission to Mark Lusk, Griselda Villalobos, and Jana McCallister, to conduct research entitled "Subjective Experiences and Mental Health Sequelae of Mexican Refugees Exposed to Violence and Trauma on the U.S. Mexico Border" at Catholic Counseling.

Sincerely,

A handwritten signature in cursive script, appearing to read "José Castellón".

José Castellón, LCSW
Executive Director



Las Americas
Immigrant Advocacy Center
1500 E Yandell
El Paso, TX 79902
(915) 544-5126
Fax: (915) 544-4041
www.las-americas.org

June 17, 2011

Dr. Mark Lusk
Department of Social Work
Colleg of Health Sciences
The University of Texas at El Paso
500 W University Ave.
El Paso TX 79968

Dear Mark:

As Executive Director of Las Americas Immigrant Advocace Center, I am granting approval to Professor Mark Lusk, Ed.D., LMSW and Assistant Professor, Griselda Villalobos, Ph.D, LCSW, co-principal investigators, and to Clinical Assistant Professor Jana McCallister, MSN,RN, PhD(c), a doctoral candidate at the University of Texas at El Paso College of Health Sciences to conduct research at Las Americas Immigrant Advocacy Center. Their project, "Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S. Mexico Border" entails conducting semi-structured interviews, administering the Harvard Trauma Questionnaire, and the Beck's Depression Inventory to 30 Mexican Nationals that have migrated to El Paso in order to escape violence in Mexico. The purpose of the study is to explore and determine subjective experiences and mental health sequelæ associated with violence exposure and migration.

Participants that seek services at Las Americas and have migrated to El Paso in order to escape violence will be identified by me for participation. Participants will be scheduled at their convenience and all data collected at Las Americas Immigrant Advocacy Center.

I give permission to Mark Lusk, Griselda Villalobos, and Jana McCallister, to conduct research entitled "Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S. Mexico Border" at Las Americas Immigrant Advocacy Center.

Sincerely,

Louie Gilot
Executive Director
Las Americas Immigrant Advocacy Center

Appendix C

University of Texas at El Paso (UTEP) Institutional Review Board

Informed Consent Form for Research Involving Human Subjects

Protocol Title: Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border

Principal Investigators: Mark Lusk, PH.D, MSW; and Griselda Villalobos, PH.D, LCSW

UTEP : Social Work

In this consent form, “you” always means the study subject. If you are a legally authorized representative (such as a parent or guardian), please remember that “you” refers to the study subject.

1. Introduction

You are being asked to take part voluntarily in the research project described below. Please take your time making a decision and feel free to talk about it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

You have been asked to take part in a research study that explores the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico. The purpose of this study is to identify and describe the experiences and emotional impact associated with fleeing violence.

About 30 participants will be enrolling in this study through Family Service El Paso..

You are asked to be in the study because you are an adult over the age of 18, are a Mexican migrant, and seeking mental health services at Family Service El Paso.

If you choose to enroll in this study, your part will last about two hours.

3. What is involved in the study?

If you agree to take part in this study, the research team will:

Schedule a time to meet with you in person, at your convenience.

Give you a code number to use instead of your name, and keep your answers anonymous.

Ask you to take part in a one-hour interview about your experiences with violence and migrating to the United States.

Record your interview and take notes during the interview, if you agree.

Ask you to complete a Beck Depression Inventory questionnaire.

Ask you to complete a Harvard Trauma Questionnaire.

4. What are the risks and discomforts of the study?

There are no known physical risks associated with this study. The risk for emotional discomfort is moderate because the interview contains questions about your experiences with violence.

5. What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form.

In the event of emotional upset, Licensed Professional Counselors are on site at Family Service El Paso.

You should report any such injury to Mark Lusk, Ph.D. at (915) 747-8588 or mwlusk@utep.edu, and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

6. Are there benefits to taking part in this study?

There will be no direct benefits to you for taking part in this study. This research may help us to understand the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico.

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

8. Who is paying for this study?

UTEP, Mark Lusk, Ph.D., Griselda Villalobos, Ph.D, LCSW, Jana McCallister, Ph.D.(c), RN, and the Hispanic Health Disparities Research Center are paying to conduct this study.

9. What are my costs?

There are no direct costs. You will be responsible for travel to and from the research site and any other incidental expenses.

10. Will I be paid to participate in this study?

You will be paid \$25.00 for completing two questionnaires and participating in a one hour interview using a semi-structured questionnaire.

11. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty.

If you choose to take part, you have the right to stop at any time, for any reason. You also have the right to stop the interview and return at a later date. However, we ask that you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm.

12. Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may call *Mark Lusk, Ph.D. at (915) 747-8588 or Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.*

If you have questions or concerns about your part as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

13. What about confidentiality?

Your part in this study is confidential and anonymous. None of the information you give will identify you by name. Mr. Richard Salcido, LPC will witness your signature on the consent form. You may use your code number as your signature. Mr. Salcido, LPC will keep all identifying information in locked files at Family Service of El Paso. The researchers will not have access to your identity.

All interview and survey records will be kept in a locked cabinet in the principal investigator's office at UTEP, accessible only to the principal investigator.

Every effort will be made to keep your information confidential. Your personal information may be disclosed if required by law. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include, but are not necessarily limited to:

Department of Health and Human Services

UTEP Institutional Review Board

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed. The results of this research study may be presented at meetings or in publications; however, findings will be presented as group data and your identity will not be disclosed in those presentations.

3. Interviews using a semi-structured questionnaire will be recorded and transcribed. All audio-taped interviews will be kept in a locked file cabinet in the principal investigator's office, accessible only to the principal investigator. Audiotapes will not have any identifying information recorded on them. After completion of the study, all audio-tapes will be destroyed.

14. Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

15. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Date: _____

Participant Signature: _____ Time: _____

Consent form explained/witness by: _____

Signature

Printed name: _____

Date: _____ Time: _____

University of Texas at El Paso (UTEP) Institutional Review Board
Consentimiento Informado para Investigaciones con Sujetos Humanos

Titulo del Protocolo: Experiencias Subjetivas y Consecuencias en la Salud Mental de Refugiados Mexicanos Expuestos a la Violencia y Trauma en la Frontera Estados Unidos – México.

Investigadores Principales: Mark Lusk, Ed.D, LMSW; Griselda Villalobos, Ph.D., LCSW

UTEP : Departamento de Trabajo Social

En esta forma de consentimiento “usted” siempre significa el sujeto bajo estudio. Si usted es un representante legal autorizado (tal como un padre o guardián), por favor recuerde que “usted” se refiere al sujeto bajo estudio.

1. Introducción

Le estamos pidiendo que tome parte voluntariamente en el proyecto de investigación siguiente. Por favor tome su tiempo en hacer una decisión y siéntase libre de discutirlo con sus amistades y familia. Antes de tomar parte en el estudio de investigación, es importante que lea la forma de consentimiento que describe el estudio. Por favor pídale al investigador del estudio o a los empleados de la investigación que le expliquen cualquier palabra o información que no entienda claramente.

2. ¿Por qué se está haciendo este estudio?

Le hemos pedido que participe en un estudio de investigación para explorar las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido la violencia en México. El propósito del estudio es de identificar y describir las experiencias e impacto emocional asociado con huir de la violencia.

Habrá aproximadamente 30 participantes en el estudio en Family Service of El Paso.

Le estamos pidiendo que participe en el estudio porque usted es un adulto mayor de 18 años de edad, un migrante Mexicano y está obteniendo servicios de salud mental en Family Service of El Paso.

Si decide participar en el estudio, su participación durará aproximadamente dos horas.

3. ¿Que está involucrado en el estudio?

Si usted está de acuerdo en participar en este estudio, el equipo de investigación:

Le pedirá una cita a una hora que sea conveniente para usted.

Usara un código en lugar de su nombre y sus respuestas permanecerán anónimas.

Le pedirá que participe en una entrevista de una hora sobre su experiencia de migración y violencia.

Grabara su entrevista y tomara notas durante su entrevista, si usted está de acuerdo.

Le pedirá que llene el cuestionario Inventario de Depresión Beck-II en Español.

Le pedirá que llene el Cuestionario Trauma de Harvard en Español.

4. *¿Cuáles son los riesgos e incomodidades del estudio?*

No hay riesgos físicos asociados con esta investigación. El riesgo de incomodidad emocional es moderado porque la entrevista contiene preguntas sobre sus experiencias con violencia.

5. ¿Que pasa si me lastimo en este estudio?

La Universidad de Texas en El Paso y sus afiliados no ofrecen pagar los costos médicos relacionados con enfermedad o lesiones causadas por la investigación. No hay fondos para pagar o reembolsarle en caso de enfermedades o lesiones. Usted no se privara de sus derechos legales al firmar esta forma de consentimiento. En caso de que sienta alguna incomodidad emocional, Family Service of El Paso tiene consejeros profesionales. Usted deberá reportar cualquier lesión a Mark Lusk, Ed.D., LMSW (915) 747-8588 y al Comité Institucional de Investigaciones (IRB) al (915) 747-8841 o irb.orsp@utep.edu.

6. ¿Hay algún beneficio de participar en este estudio?

No habrá ningún beneficio directo por participar en este estudio. Esta investigación nos ayudara a entender las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido de la violencia en México.

7. ¿Cuales otras opciones hay?

Usted tiene la opción de no participar en este estudio. No habrá sanciones si usted decide no participar en este estudio.

8. ¿Quién pagará por este estudio?

UTEP, Mark Lusk, Ed.D., Griselda Villalobos, Ph.D, LCSW, Jana McCallister, Ph.D.(c), RN, y Hispanic Health Disparities Research Center pagaran para llevar a cabo este estudio.

9. ¿Cuáles son mis costos?

No hay costos directos. Usted es responsable de llegar al lugar del estudio y cualquier otros gastos varios.

10. ¿Me pagaran por participar en este estudio?

Usted recibirá una tarjeta de compras con valor de \$25.00 por su participación en este estudio.

11. ¿Que si quiero retirarme o se me pide que me retire del estudio?

La participación es este estudio es completamente voluntaria. Usted tiene el derecho de no participar en este estudio. Si no participa en este estudio, no habrá sanciones.

Si decide participar, usted tiene el derecho de no continuar en cualquier momento. Sin embargo, le pedimos que hable con un miembro del grupo de investigación para que sepamos porque se está retirando del estudio. Si hay algún descubrimiento nuevo en el transcurso del estudio que afecte su participación, se lo diremos.

El investigador podría decidir discontinuar su participación sin su permiso, si él o ella piensa que su participación podría causarle daño.

12. ¿A quien llamo si tengo preguntas o problemas?

Puede hacer cualquier pregunta que tenga ahorita. Si tiene preguntas después, usted puede llamar a Mark W. Lusk, Ed.D., LMSW o a Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.

Si tiene preguntas o preocupaciones acerca de su participación en la investigación, por favor comuníquese con el Comité Institucional de Investigaciones de UTEP (IRB) al (915-747-8841) o irb.orsp@utep.edu.

13. ¿Que en cuanto a la confidencialidad?

1. Su participación en el estudio es confidencial. Ninguna de la información lo indentificara por nombre. Todos los data se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solamente al investigador principal.

2. Se hará todo esfuerzo para mantener su información confidencial. Su información personal podría ser compartida si se requiere por ley. Organizaciones que podrian inspeccionar o tomar una copia de sus datos de investigación para asegurar calidad o analisis de datos, incluyen pero no se limitan a:

El patrocinador o su agente

El Departamento de Salud y Servicios Humanos

El Comite Institucional de Investigaciones de UTEP

Por la necesidad de divulgar información a estos grupos, la confidencialidad absoluta no se puede garantizar. Los resultados de esta investigación podrían ser presentados en juntas o publicaciones, sin embargo, su identidad no será divulgada en estas presentaciones.

3. Las entrevistas serán grabadas y escritas en computadora. Todas las grabaciones se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solo al investigador principal. Las grabaciones no tendrán ninguna información de identificación. Cuando termine la investigación, todas las grabaciones serán destruidas.

14. Informes Obligatorios

La ley requiere que se reporte a las autoridades apropiadas datos relacionados al abuso o negligencia de menores o actos de peligro a otros.

15. Declaración de Autorización

He leído cada página de este documento sobre el estudio (o fue leído para mí). Yo entiendo que mi participación en este estudio es voluntaria y he decidido participar en el estudio.

Yo entiendo que puedo retirarme del estudio sin sanciones. Yo recibiré una copia de este consentimiento y podre obtener información acerca de los resultados después si lo deseo.

Nombre del Participante: _____

Fecha: _____

Firma del Participante: _____

Hora: _____

Forma de Consentimiento fue explicada por:

Firma

Letra de Molde: _____

Fecha: _____

Hora: _____

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Informed Consent Form for Research Involving Human Subjects

Protocol Title: Subjective Experiences and Mental Health Sequelæ of Mexican Refugees Exposed to Violence and Trauma on the U.S.-Mexico Border

Principal Investigators: Mark Lusk, PH.D, MSW; and Griselda Villalobos, PH.D, LCSW

UTEP : Social Work

In this consent form, “you” always means the study subject. If you are a legally authorized representative (such as a parent or guardian), please remember that “you” refers to the study subject.

1. Introduction

You are being asked to take part voluntarily in the research project described below. Please take your time making a decision and feel free to talk about it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

You have been asked to take part in a research study that explores the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico. The purpose of this study is to identify and describe the experiences and emotional impact associated with fleeing violence.

About 30 participants will be enrolling in this study through Catholic Counseling Services.

You are asked to be in the study because you are an adult over the age of 18, are a Mexican migrant, and seeking mental health services at Catholic Counseling Services.

If you choose to enroll in this study, your part will last about two hours.

3. What is involved in the study?

If you agree to take part in this study, the research team will:

Schedule a time to meet with you in person, at your convenience.

Give you a code number to use instead of your name, and keep your answers anonymous.

Ask you to take part in a one-hour interview about your experiences with violence and migrating to the United States.

Record your interview and take notes during the interview, if you agree.

Ask you to complete a Beck Depression Inventory questionnaire.

Ask you to complete a Harvard Trauma Questionnaire.

4. What are the risks and discomforts of the study?

There are no known physical risks associated with this study. The risk for emotional discomfort is moderate because the interview contains questions about your experiences with violence.

5. What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form.

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You should report any such injury to Mark Lusk, Ph.D. at (915) 747-8588 or mwlusk@utep.edu, and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

6. Are there benefits to taking part in this study?

There will be no direct benefits to you for taking part in this study. This research may help us to understand the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico.

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

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UTEP, Mark Lusk, Ph.D., Griselda Villalobos, Ph.D, LCSW, Jana McCallister, Ph.D.(c), RN, and the Hispanic Health Disparities Research Center are paying to conduct this study.

9. What are my costs?

There are no direct costs. You will be responsible for travel to and from the research site and any other incidental expenses.

10. Will I be paid to participate in this study?

You will be paid \$25.00 for completing two questionnaires and participating in a one hour interview using a semi-structured questionnaire.

11. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty.

If you choose to take part, you have the right to stop at any time, for any reason. You also have the right to stop the interview and return at a later date. However, we ask that you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm.

12. Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may call *Mark Lusk, Ph.D. at (915) 747-8588 or Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.*

If you have questions or concerns about your part as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

13. What about confidentiality?

Your part in this study is confidential and anonymous. None of the information you give will identify you by name. Mr. Jose Castrellon, LCSW will witness your signature on the consent form. You may use your code number as your signature. Mr. Castrellon, LCSW will keep all identifying information in locked files at Catholic Counseling Services. The researchers will not have access to your identity.

All interview and survey records will be kept in a locked cabinet in the principal investigator's office at UTEP, accessible only to the principal investigator.

Every effort will be made to keep your information confidential. Your personal information may be disclosed if required by law. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include, but are not necessarily limited to:

Department of Health and Human Services

UTEP Institutional Review Board

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed. The results of this research study may be presented at meetings or in publications; however, findings will be presented as group data and your identity will not be disclosed in those presentations.

3. Interviews using a semi-structured questionnaire will be recorded and transcribed. All audio-taped interviews will be kept in a locked file cabinet in the principal investigator's office, accessible only to the principal investigator. Audiotapes will not have any identifying information recorded on them. After completion of the study, all audio-tapes will be destroyed.

14. Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

15. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Date: _____

Participant Signature: _____ Time: _____

Consent form explained/witness by: _____

Signature

Printed name: _____

Date: _____ Time: _____

University of Texas at El Paso (UTEP) Institutional Review Board
Consentimiento Informado para Investigaciones con Sujetos Humanos

Titulo del Protocolo: Experiencias Subjetivas y Consecuencias en la Salud Mental de Refugiados Mexicanos Expuestos a la Violencia y Trauma en la Frontera Estados Unidos – México.

Investigadores Principales: Mark Lusk, Ed.D, LMSW; Griselda Villalobos, Ph.D., LCSW

UTEP : Departamento de Trabajo Social

En esta forma de consentimiento “usted” siempre significa el sujeto bajo estudio. Si usted es un representante legal autorizado (tal como un padre o guardián), por favor recuerde que “usted” se refiere al sujeto bajo estudio.

1. Introducción

Le estamos pidiendo que tome parte voluntariamente en el proyecto de investigación siguiente. Por favor tome su tiempo en hacer una decisión y siéntase libre de discutirlo con sus amistades y familia. Antes de tomar parte en el estudio de investigación, es importante que lea la forma de consentimiento que describe el estudio. Por favor pídale al investigador del estudio o a los empleados de la investigación que le expliquen cualquier palabra o información que no entienda claramente.

2. ¿Por qué se está haciendo este estudio?

Le hemos pedido que participe en un estudio de investigación para explorar las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido la violencia en México. El propósito del estudio es de identificar y describir las experiencias e impacto emocional asociado con huir de la violencia.

Habrán aproximadamente 30 participantes en el estudio en Catholic Counseling Services.

Le estamos pidiendo que participe en el estudio porque usted es un adulto mayor de 18 años de edad, un migrante Mexicano y está obteniendo servicios de salud mental en Catholic Counseling Services.

Si decide participar en el estudio, su participación durará aproximadamente dos horas.

3. ¿Que está involucrado en el estudio?

Si usted está de acuerdo en participar en este estudio, el equipo de investigación:

Le pedirá una cita a una hora que sea conveniente para usted.

Usara un código en lugar de su nombre y sus respuestas permanecerán anónimas.

Le pedirá que participe en una entrevista de una hora sobre su experiencia de migración y violencia.

Grabara su entrevista y tomara notas durante su entrevista, si usted está de acuerdo.

Le pedirá que llene el cuestionario Inventario de Depresión Beck-II en Español.

Le pedirá que llene el Cuestionario Trauma de Harvard en Español.

4. ¿Cuáles son los riesgos e incomodidades del estudio?

No hay riesgos físicos asociados con esta investigación. El riesgo de incomodidad emocional es moderado porque la entrevista contiene preguntas sobre sus experiencias con violencia.

5. ¿Que pasa si me lastimo en este estudio?

La Universidad de Texas en El Paso y sus afiliados no ofrecen pagar los costos médicos relacionados con enfermedad o lesiones causadas por la investigación. No hay fondos para pagar o reembolsarle en caso de enfermedades o lesiones. Usted no se privara de sus derechos legales al firmar esta forma de consentimiento. En caso de que sienta alguna incomodidad emocional, Catholic Counseling Services tiene consejeros profesionales. Usted deberá reportar cualquier lesión a Mark Lusk, Ed.D., LMSW (915) 747-8588 y al Comité Institucional de Investigaciones (IRB) al (915) 747-8841 o irb.orsp@utep.edu.

6. ¿Hay algún beneficio de participar en este estudio?

No habrá ningún beneficio directo por participar en este estudio. Esta investigación nos ayudara a entender las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido de la violencia en México.

7. ¿Cuales otras opciones hay?

Usted tiene la opción de no participar en este estudio. No habrá sanciones si usted decide no participar en este estudio.

8. ¿Quién pagará por este estudio?

UTEP, Mark Lusk, Ed.D., Griselda Villalobos, Ph.D, LCSW, y Jana McCallister, Ph.D.(c), RN pagaran para llevar a cabo este estudio.

9. ¿Cuáles son mis costos?

No hay costos directos. Usted es responsable de llegar al lugar del estudio y cualquier otros gastos varios.

10. ¿Me pagaran por participar en este estudio?

Usted recibirá una tarjeta de compras con valor de \$25.00 por su participación en este estudio.

11. ¿Que si quiero retirarme o se me pide que me retire del estudio?

La participación es este estudio es completamente voluntaria. Usted tiene el derecho de no participar en este estudio. Si no participa en este estudio, no habrá sanciones.

Si decide participar, usted tiene el derecho de no continuar en cualquier momento. Sin embargo, le pedimos que hable con un miembro del grupo de investigación para que sepamos porque se está retirando del estudio. Si hay algún descubrimiento nuevo en el transcurso del estudio que afecte su participación, se lo diremos.

El investigador podría decidir discontinuar su participación sin su permiso, si él o ella piensa que su participación podría causarle daño.

12. ¿A quien llamo si tengo preguntas o problemas?

Puede hacer cualquier pregunta que tenga ahorita. Si tiene preguntas después, usted puede llamar a Mark W. Lusk, Ed.D., LMSW o a Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.

Si tiene preguntas o preocupaciones acerca de su participación en la investigación, por favor comuníquese con el Comité Institucional de Investigaciones de UTEP (IRB) al (915-747-8841) o irb.orsp@utep.edu.

13. ¿Que en cuanto a la confidencialidad?

1. Su participación en el estudio es confidencial. Ninguna de la información lo indentificara por nombre. Todos los data se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solamente al investigador principal.

2. Se hará todo esfuerzo para mantener su información confidencial. Su información personal podría ser compartida si se requiere por ley. Organizaciones que podrian inspeccionar o tomar una copia de sus datos de investigación para asegurar calidad o analisis de datos, incluyen pero no se limitan a:

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El Departamento de Salud y Servicios Humanos

El Comite Institucional de Investigaciones de UTEP

Por la necesidad de divulgar información a estos grupos, la confidencialidad absoluta no se puede garantizar. Los resultados de esta investigación podrían ser presentados en juntas o publicaciones, sin embargo, su identidad no será divulgada en estas presentaciones.

3. Las entrevistas serán grabadas y escritas en computadora. Todas las grabaciones se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solo al investigador principal. Las grabaciones no tendrán ninguna información de identificación. Cuando termine la investigación, todas las grabaciones serán destruidas.

14. Informes Obligatorios

La ley requiere que se reporte a las autoridades apropiadas datos relacionados al abuso o negligencia de menores o actos de peligro a otros.

15. Declaración de Autorización

He leído cada página de este documento sobre el estudio (o fue leído para mí). Yo entiendo que mi participación en este estudio es voluntaria y he decidido participar en el estudio.

Yo entiendo que puedo retirarme del estudio sin sanciones. Yo recibiré una copia de este consentimiento y podre obtener información acerca de los resultados después si lo deseo.

Nombre del Participante: _____

Fecha: _____

Firma del Participante: _____

Hora: _____

Forma de Consentimiento fue explicada por:

Firma

Letra de Molde: _____

Fecha: _____

Hora: _____

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Principal Investigators: Mark Lusk, PH.D, MSW; and Griselda Villalobos, PH.D, LCSW

UTEP : Social Work

In this consent form, “you” always means the study subject. If you are a legally authorized representative (such as a parent or guardian), please remember that “you” refers to the study subject.

1. Introduction

You are being asked to take part voluntarily in the research project described below. Please take your time making a decision and feel free to talk about it with your friends and family. Before agreeing to take part in this research study, it is important that you read the consent form that describes the study. Please ask the study researcher or the study staff to explain any words or information that you do not clearly understand.

2. Why is this study being done?

You have been asked to take part in a research study that explores the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico. The purpose of this study is to identify and describe the experiences and emotional impact associated with fleeing violence.

About 30 participants will be enrolling in this study through Las Americas Immigrant Advocacy Center.

You are asked to be in the study because you are an adult over the age of 18, are a Mexican migrant, and seeking legal assistance at Las Americas Immigrant Advocacy Center.

If you choose to enroll in this study, your part will last about two hours.

3. What is involved in the study?

If you agree to take part in this study, the research team will:

Schedule a time to meet with you in person, at your convenience.

Give you a code number to use instead of your name, and keep your answers anonymous.

Ask you to take part in a one-hour interview about your experiences with violence and migrating to the United States.

Record your interview and take notes during the interview, if you agree.

Ask you to complete a Beck Depression Inventory questionnaire.

Ask you to complete a Harvard Trauma Questionnaire.

Your part in the study will be completed in one visit with a maximum of 2 hours of your time.

4. What are the risks and discomforts of the study?

There are no known physical risks associated with this study. The risk for emotional discomfort is moderate because the interview contains questions about your experiences with violence.

5. What will happen if I am injured in this study?

The University of Texas at El Paso and its affiliates do not offer to pay for or cover the cost of medical treatment for research related illness or injury. No funds have been set aside to pay or reimburse you in the event of such injury or illness. You will not give up any of your legal rights by signing this consent form.

In the event of emotional upset, Licensed Professional Counselors are present during the interviews at Las Americas Immigrant Advocacy Center.

You should report any such injury to Mark Lusk, Ph.D. at (915) 747-8588 or mwlusk@utep.edu, and to the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

6. Are there benefits to taking part in this study?

There will be no direct benefits to you for taking part in this study. This research may help us to understand the migration and mental health experiences of Mexican Nationals fleeing violence in Mexico.

7. What other options are there?

You have the option not to take part in this study. There will be no penalties involved if you choose not to take part in this study.

8. Who is paying for this study?

UTEP, Mark Lusk, Ph.D., Griselda Villalobos, Ph.D, LCSW, Jana McCallister, Ph.D.(c), RN, and the Hispanic Health Disparities Research Center are paying to conduct this study.

9. What are my costs?

There are no direct costs. You will be responsible for travel to and from the research site and any other incidental expenses.

10. Will I be paid to participate in this study?

You will be paid \$25.00 for completing two questionnaires and participating in a one hour interview using a semi-structured questionnaire.

11. What if I want to withdraw, or am asked to withdraw from this study?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you do not take part in the study, there will be no penalty.

If you choose to take part, you have the right to stop at any time, for any reason. You also have the right to stop the interview and return at a later date. However, we ask that you to talk to a member of the research group so that they know why you are leaving the study. If there are any new findings during the study that may affect whether you want to continue to take part, you will be told about them.

The researcher may decide to stop your participation without your permission, if he or she thinks that being in the study may cause you harm.

12. Who do I call if I have questions or problems?

You may ask any questions you have now. If you have questions later, you may call *Mark Lusk, Ph.D. at (915) 747-8588 or Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.*

If you have questions or concerns about your part as a research subject, please contact the UTEP Institutional Review Board (IRB) at (915-747-8841) or irb.orsp@utep.edu.

13. What about confidentiality?

Your part in this study is confidential and anonymous. None of the information you give will identify you by name. Mr. Louis Gilot, Executive Director will witness your signature on the consent form. You may use your code number as your signature. Mr. Gilot, Executive Director will keep all identifying information in locked files at Las Americas Immigrant Advocacy Center. The researchers will not have access to your identity.

All interview and survey records will be kept in a locked cabinet in the principal investigator's office at UTEP, accessible only to the principal investigator.

Every effort will be made to keep your information confidential. Your personal information may be disclosed if required by law. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include, but are not necessarily limited to:

Department of Health and Human Services

UTEP Institutional Review Board

Because of the need to release information to these parties, absolute confidentiality cannot be guaranteed. The results of this research study may be presented at meetings or in publications; however, findings will be presented as group data and your identity will not be disclosed in those presentations.

3. Interviews using a semi-structured questionnaire will be recorded and transcribed. All audio-taped interviews will be kept in a locked file cabinet in the principal investigator's office, accessible only to the principal investigator. Audiotapes will not have any identifying information recorded on them. After completion of the study, all audio-tapes will be destroyed.

14. Mandatory reporting

If information is revealed about child abuse or neglect, or potentially dangerous future behavior to others, the law requires that this information be reported to the proper authorities.

15. Authorization Statement

I have read each page of this paper about the study (or it was read to me). I know that being in this study is voluntary and I choose to be in this study. I know I can stop being in this study without penalty. I will get a copy of this consent form now and can get information on results of the study later if I wish.

Participant Name: _____ Date: _____

Participant Signature: _____ Time: _____

Consent form explained/witness by: _____

Signature

Printed name: _____

Date: _____ Time: _____

University of Texas at El Paso (UTEP) Institutional Review Board
Consentimiento Informado para Investigaciones con Sujetos Humanos

Titulo del Protocolo: Experiencias Subjetivas y Consecuencias en la Salud Mental de Refugiados Mexicanos Expuestos a la Violencia y Trauma en la Frontera Estados Unidos – México.

Investigadores Principales: Mark Lusk, Ed.D, LMSW; Griselda Villalobos, Ph.D., LCSW

UTEP : Departamento de Trabajo Social

En esta forma de consentimiento “usted” siempre significa el sujeto bajo estudio. Si usted es un representante legal autorizado (tal como un padre o guardián), por favor recuerde que “usted” se refiere al sujeto bajo estudio.

1. Introducción

Le estamos pidiendo que tome parte voluntariamente en el proyecto de investigación siguiente. Por favor tome su tiempo en hacer una decisión y siéntase libre de discutirlo con sus amistades y familia. Antes de tomar parte en el estudio de investigación, es importante que lea la forma de consentimiento que describe el estudio. Por favor pídale al investigador del estudio o a los empleados de la investigación que le expliquen cualquier palabra o información que no entienda claramente.

2. ¿Por qué se está haciendo este estudio?

Le hemos pedido que participe en un estudio de investigación para explorar las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido la violencia en México. El propósito del estudio es de identificar y describir las experiencias e impacto emocional asociado con huir de la violencia.

Habrán aproximadamente 30 participantes en el estudio en Las Americas Immigrant Advocacy Center.

Le estamos pidiendo que participe en el estudio porque usted es un adulto mayor de 18 años de edad, un migrante Mexicano y está obteniendo servicios de legal en Las Americas Immigrant Advocacy Center.

Si decide participar en el estudio, su participación durará aproximadamente dos horas.

3. ¿Que está involucrado en el estudio?

Si usted está de acuerdo en participar en este estudio, el equipo de investigación:

Le pedirá una cita a una hora que sea conveniente para usted.

Usara un código en lugar de su nombre y sus respuestas permanecerán anónimas.

Le pedirá que participe en una entrevista de una hora sobre su experiencia de migración y violencia.

Grabara su entrevista y tomara notas durante su entrevista, si usted está de acuerdo.

Le pedirá que llene el cuestionario Inventario de Depresión Beck-II en Español.

Le pedirá que llene el Cuestionario Trauma de Harvard en Español.

Su participación en esta entrevista tomara el máximo de dos horas en una visita.

4. ¿Cuáles son los riesgos e incomodidades del estudio?

No hay riesgos físicos asociados con esta investigación. El riesgo de incomodidad emocional es moderado porque la entrevista contiene preguntas sobre sus experiencias con violencia.

5. ¿Que pasa si me lastimo en este estudio?

La Universidad de Texas en El Paso y sus afiliados no ofrecen pagar los costos médicos relacionados con enfermedad o lesiones causadas por la investigación. No hay fondos para pagar o reembolsarle en caso de enfermedades o lesiones. Usted no se privara de sus derechos legales al firmar esta forma de consentimiento. En caso de que sienta alguna incomodidad emocional, Dr. Mark Lusk or Dr. Griselda Villalobos son profesionales de salud mental. Usted deberá reportar cualquier lesión a Mark Lusk, Ed.D., LMSW (915) 747-8588 y al Comité Institucional de Investigaciones (IRB) al (915) 747-8841 o irb.orsp@utep.edu.

6. ¿Hay algún beneficio de participar en este estudio?

No habrá ningún beneficio directo por participar en este estudio. Esta investigación nos ayudara a entender las experiencias de migración y salud mental de ciudadanos Mexicanos que han huido de la violencia en México.

7. ¿Cuales otras opciones hay?

Usted tiene la opción de no participar en este estudio. No habrá sanciones si usted decide no participar en este estudio.

8. ¿Quién pagará por este estudio?

UTEP, Mark Lusk, Ed.D., Griselda Villalobos, Ph.D, LCSW, Jana McCallister, Ph.D.(c), RN y Hispanic Health Disparities Research Center pagaran para llevar a cabo este estudio.

9. ¿Cuáles son mis costos?

No hay costos directos. Usted es responsable de llegar al lugar del estudio y cualquier otros gastos varios.

10. ¿Me pagaran por participar en este estudio?

Usted recibirá una tarjeta de compras con valor de \$25.00 por su participación en este estudio.

11. ¿Que si quiero retirarme o se me pide que me retire del estudio?

La participación en este estudio es completamente voluntaria. Usted tiene el derecho de no participar en este estudio. Si no participa en este estudio, no habrá sanciones.

Si decide participar, usted tiene el derecho de no continuar en cualquier momento. Sin embargo, le pedimos que hable con un miembro del grupo de investigación para que sepamos porque se está retirando del estudio. Si hay algún descubrimiento nuevo en el transcurso del estudio que afecte su participación, se lo diremos.

El investigador podría decidir discontinuar su participación sin su permiso, si él o ella piensa que su participación podría causarle daño.

12. ¿A quien llamo si tengo preguntas o problemas?

Puede hacer cualquier pregunta que tenga ahorita. Si tiene preguntas después, usted puede llamar a Mark W. Lusk, Ed.D., LMSW o a Griselda Villalobos, Ph.D., LCSW at (915) 747-7292.

Si tiene preguntas o preocupaciones acerca de su participación en la investigación, por favor comuníquese con el Comité Institucional de Investigaciones de UTEP (IRB) al (915-747-8841) o irb.orsp@utep.edu.

13. ¿Que en cuanto a la confidencialidad?

1. Su participación en el estudio es confidencial. Ninguna de la información lo indentificara por nombre. Todos los data se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solamente al investigador principal.

2. Se hará todo esfuerzo para mantener su información confidencial. Su información personal podría ser compartida si se requiere por ley. Organizaciones que podrian inspeccionar o tomar una copia de sus datos de investigación para asegurar calidad o analisis de datos, incluyen pero no se limitan a:

El patrocinador o su agente

El Departamento de Salud y Servicios Humanos

El Comite Institucional de Investigaciones de UTEP

Por la necesidad de divulgar información a estos grupos, la confidencialidad absoluta no se puede garantizar. Los resultados de esta investigación podrían ser presentados en juntas o publicaciones, sin embargo, su identidad no será divulgada en estas presentaciones.

3. Las entrevistas serán grabadas y escritas en computadora. Todas las grabaciones se mantendrán en un gabinete bajo llave en la oficina del investigador principal, accesible solo al investigador principal. Las grabaciones no tendrán ninguna información de identificación. Cuando termine la investigación, todas las grabaciones serán destruidas.

14. Informes Obligatorios

La ley requiere que se reporte a las autoridades apropiadas datos relacionados al abuso o negligencia de menores o actos de peligro a otros.

15. Declaración de Autorización

He leído cada página de este documento sobre el estudio (o fue leído para mí). Yo entiendo que mi participación en este estudio es voluntaria y he decidido participar en el estudio.

Yo entiendo que puedo retirarme del estudio sin sanciones. Yo recibiré una copia de este consentimiento y podre obtener información acerca de los resultados después si lo deseo.

Nombre del Participante: _____

Fecha: _____

Firma del Participante: _____

Hora: _____

Forma de Consentimiento fue explicada por:

Firma

Letra de Molde: _____

Fecha: _____

Hora: _____

Appendix D

Refugee Interview Schedule – English/Spanish 11/5/10

- Good _____. My name is _____. I am a professor at the University of Texas at El Paso. We are talking to people that have moved from Mexico to El Paso in order to be safer – people who have come to the US to escape violence, extortion, lack of security, fear of kidnapping or other related reasons. We want to understand the experience of being a person who is undergoing this transition so that we can develop more effective strategies of helping this population.
- We will *not* ask you for information that can be used to identify you or your family. We will *not* ask for your immigration status or any question about your personal identity, name or address. All responses will be kept confidential and you will remain anonymous. Any reports written about your experiences will be combined with responses from others, and reported as group experiences. Some of the questions may be make you uncomfortable. You may decline to answer any question. You may also stop the interview at any time for any reason. You may schedule another interview later, decline to be interviewed and you may ask to be seen by a mental health professional at this center.

Pre-migration Experiences:

- Place of Birth
 - Years living in Mexico
 - State of Residence
 - Employment
 - Did you attend church or other organizations?
- Describe the circumstances under which you were living before you came to El Paso.
 - What events led you to move to El Paso?

Migration Experiences:

- Your experience of moving from Mexico to the US
 - When did you move to El Paso?
 - How long did it take you to find a place to live?
 - Are you living with relatives or renting? Other?
 - During your move to El Paso, did you have someone to help you?
 - Describe the emotional process of relocating to El Paso.
 - What has been the most difficult aspect of moving here?
 - What are the most positive aspects of moving here?

Post-migration experiences

- Living in El Paso
 - Describe your current living conditions.
 - Compare your living conditions now with your living conditions in Mexico
 - Do you have a job?
 - Compare your job in El Paso with your job in Mexico
- Security
 - Do you feel safe here?
 - Compare how safe you feel now as compared to how you felt in Mexico

- Relationships
 - Are you involved with your church or other organizations?
- Living Conditions
 - Do you have transportation?
 - Is your neighborhood safe?
 - Where do you obtain medical care?
 - When was the last time your sought medical care? For what?
- Visiting Mexico?
 - Do you visit Mexico?
 - Are you afraid?
 - How do you protect yourself and family when crossing the border?
- Family Service of El Paso
 - Describe what led you to seek services at FSEP?
 - Symptoms – type, length, severity
 - Who referred you to FSEP? Friend, family, health care professional?
 - Traumatic Experiences

Buenos/as _____. Mi nombre es _____. Soy profesor/a de la Universidad de Texas en El Paso. Estamos entrevistando a personas que (1) han cambiado su lugar de residencia de Ciudad Juárez o algún otra ciudad en México a El Paso con el fin de estar o sentirse más seguros/as, (2) han venido a los Estados Unidos huyendo de situaciones de violencia, extorsión, falta de seguridad, miedo de secuestro, o (3) han huido por algunas otras razones relacionadas con la inseguridad.

Queremos conocer y entender las experiencias desde el punto de vista de una persona que ha migrado y que está en esta transición para poder desarrollar estrategias más eficaces para ayudar a esta población.

No le vamos a solicitar información que pueda ser utilizada para identificarlo/a a usted o a su familia. No vamos a solicitar información sobre su estado migratorio o preguntar sobre su identidad personal, su nombre o su domicilio.

Todas las respuestas serán confidenciales y se mantendrá en el anonimato. Todos los informes o documentos escritos sobre sus experiencias se integrarán a las respuestas de los demás participantes y el informe será sobre las experiencias del grupo entero.

Algunas de las preguntas puede que le hagan sentir incómodo/a. Usted puede: (1) negarse a contestar cualquiera pregunta; (2) interrumpir la entrevista en cualquier momento y por cualquier razón; (3) solicitar que se lleve a cabo otra la entrevista en alguna otra ocasión; (4) negarse a ser entrevistado y podrá solicitar ser atendido por un profesional de salud mental en este centro si así lo desea.

Gracias por aceptar participar en este estudio.

Experiencias Previas a la Migración:

Lugar de nacimiento

Número de años y/o meses que vivió en México (cualquier ciudad o localidad)

Estado en la que radicaba o vivía antes de venir a El Paso

Ocupación previa a la migración

Pertenencia a alguna iglesia

Pertenecía a alguna organización social

Descripción de a las circunstancias o condiciones en las que vivía antes de venir a El Paso.

Qué situaciones o acontecimientos le llevó a mudarse a El Paso?

Experiencias Relacionadas con la Migración:

• Su experiencia al mudarse de México a los Estados Unidos.

¿Cuándo se mudó a El Paso?

¿Cuánto tiempo le llevo encontrar un lugar para vivir?

¿Alquila o tiene casa propia?

¿Durante su traslado a El Paso, ha tenido alguien que le ayude o apoye?

Describa como fue el proceso emocional de cambiarse a El Paso.

¿Qué ha sido lo más difícil de su cambio de residencia a El Paso?

¿Qué ha sido lo más positivo (bueno) del cambio a El Paso?

Experiencias Posteriores a la Migración

Viviendo en El Paso

Describe sus condiciones de vida en El Paso
Si compara la calidad de vida hoy en día a la calidad de vida antes de venir a El Paso como es?
¿Trabaja?
Compare su trabajo en El Paso con su trabajo en México

Seguridad

¿Se siente seguro/a aquí?
¿Compare que tan seguro/a se siente hoy en día con que tan seguro/a se sintió en México?

Relaciones Sociales

¿Participa o va a una iglesia?
¿Participa en alguna organización o actividad social (ej. es voluntario/a, etc.)?

Condiciones de Vida

¿Con que tipo de transporte cuenta?
¿Qué tan segura siente usted que es la comunidad en las que usted vive hoy en día?
¿Donde obtiene servicios de salud ya sea en México o El Paso?
¿Cuándo fue la última vez que obtuvo algún tipo de servicios médico? ¿Por qué razón?

Visita o cruza a México

¿Va usted a México?
Con que frecuencia?
¿Siente miedo cuando va a México?
¿Qué precauciones toma usted y su familia cuando están en México?

Family Services of El Paso (Servicio a Familias de El Paso)

Describe lo que la/le llevó a buscar servicios en Family Services de El Paso?
Que emociones, síntomas o problemas ha estado experimentando? Que tan serios los considera?
¿Quien le/la refirió a FSEP? Una amistad, familiar, o profesionista de salud?
¿Tiene o ha tenido experiencias traumáticas? Puede describirlas?

Appendix E



THE UNIVERSITY OF TEXAS AT EL PASO
Office of the Vice President for Research and Sponsored Projects
Institutional Review Board
El Paso, Texas 79968-0587
phone: 915 747-8841 fax: 915 747-5931

FWA No: 00001224

DATE: January 20, 2012

TO: Jana McCallister, PhD(c), RN
FROM: University of Texas at El Paso IRB

STUDY TITLE: [299213-1] Pre, Peri, and Post-Migration Perspectives of Mexican National Refugees Related to Experiences of Violence, Migration, and Resettlement Along the Texas-Mexico Border

IRB REFERENCE #: 299213-1
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
DECISION DATE: January 20, 2012

Thank you for your submission of New Project materials for this research study. University of Texas at El Paso IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

Please note that it is the Principal Investigator's responsibility to resubmit the proposal for review if there are any modifications made to the originally submitted proposal. This review is required in order to determine if "Exemption" status remains.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact Athena Fester at (915) 747-8841 or afester@utep.edu. Please include your study title and reference number in all correspondence with this office.

cc:

Vita

Jana McCallister was born in San Antonio, Texas. The oldest daughter of Dan and Joan Roberts, she graduated from Meadow High School, Meadow, Texas, in the spring of 1979. She graduated with a Bachelor of Science in Nursing from Texas Tech University Health Sciences Center in 1989 and moved to El Paso, Texas following graduation. She worked as an RN in El Paso, Texas in Intensive Care and Emergency for over twenty years. She earned a Master of Science in Nursing from the University of Texas at El Paso in 1999, began teaching nursing at the University of Texas in El Paso in 2002, and in 2010 was promoted to Assistant Clinical Professor in Nursing. In the summer of 2006, she entered the graduate school at the University of Texas at El Paso.

Preliminary findings from this dissertation have been presented at 5 venues: The Healthy Exchange Series of UTEP in April 2011; The West El Paso Rotary Club in July 2011; and the National Association of Social Workers Annual Conference in Dallas, Texas, October 8, 2011; the Seminaries Binacional Sobre la Violencia en la Frontera in Austin, Texas and Ciudad Juárez, December 2, 2011; and the Trauma Through the Life Cycle from a Strengths Perspective Conference in Jerusalem, Israel, January 9, 2012. One manuscript has been submitted for publication in the *Journal of Comparative Social Work* and is pending acceptance.

Permanent address: 6700 Crucero Del Sol
El Paso, Texas 79911

This thesis/dissertation was typed by Jana L. McCallister.