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

NORA ANGELICA BENAVIDES HEIRAS

Master’s Program in Sociology

APPROVED:

__________________________
Sara E. Grineski, Ph.D., Chair

__________________________
Guillermina Gina Núñez-Mchiri, Ph.D.

__________________________
Eva Moya, Ph.D.

Charles H. Ambler, Ph.D.
Dean of the Graduate School
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by

NORA ANGELICA BENAVIDES HEIRAS, B.A.

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ABSTRACT

This thesis examines how the drug-war violence in México from 2006 to 2012 shaped the experiences of migrant women who were adapting to life in El Paso, TX (USA) after leaving Ciudad Juárez, Mexico. This study is oriented through a testimonio approach, which involves telling the stories of ten Mexican origin women interviewed between 2012 and 2014. It focuses on their narratives about their traumatic experiences with drug-war related violence in Juárez and forced migration to El Paso, TX and how they coped with the challenges to achieve resilience after arriving in the US. I also report on their mental health status. All ten women went through a traumatic experience due to the drug-war violence in Mexico and fled the country for that reason. The study shows that women who were forced to migrate due to the drug-war violent situation in Ciudad Juárez experienced psychological stress. Eight of the ten were symptomatic for anxiety, depression and/or post-traumatic stress disorder (PTSD) based on a screening tool. In addition to their traumatic experiences in Juárez and the forced migration, for some women, their lack of legal status in the US was another source of stress once they arrived in El Paso. All reported some challenges adapting to their new life and culture in the US, but all showed signs of resilience and adaptation after moving to the U.S. Most of those who can legally do so still cross back to Mexico occasionally for personal reasons or because of work or medical reasons. Some of them felt the need for general therapy and help and a few were part of counseling or therapy groups. The majority considered themselves as religious or as having faith in God, and some found help and counsel through church groups and church services. Some also relied on their families and friends for support. This thesis illustrates the personal and social toll that living through the violence in Mexico took on women migrants to the US and how they are resilient in the face of struggle.
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CHAPTER 1: INTRODUCTION & LITERATURE REVIEW

Introduction

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

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

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

**Literature Review**

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

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

The levels of violence were extreme during this time frame. In México, in early 2006, there was a drug-related homicide every four hours; in 2011, there was one every thirty minutes (Molzahn, Rios, & Shirk, 2012). Between 2006 through 2012, there were more than 50,000 murders related to organized crime in Mexico of which more than half were in Chihuahua, Sinaloa and Tamaulipas alone (Molzahn, Rios, & Shirk, 2012). From 2007-2010, in Ciudad Juarez, there were 6726 homicides, 93% of the victims were men and 86.4% of them were between 14-44 years old (Velazquez Vargas, 2012, p. 14).
The wave of violence forced people to migrate because of the dangerous situation, the fear of retaliation, threats, and not being able to maintain a “cuota” (i.e., payment for protection from and to the cartels). Between 2008 and 2010, approximately 230,000 people left Ciudad Juárez alone and more than half of them have moved to the U.S. (Meyer, 2010). According to the survey of citizen perception of the insecurity in Ciudad Juárez, 55,775 people moved from Ciudad Juárez to El Paso, TX. This represented one-quarter of all Juarenses who left the city. Also, around 90% of residents reported that they have no or little confidence in the authorities and over 50% of crimes in Juárez are not reported (Velazquez Vargas, 2012). Parents in the city struggled with having to keep their children inside their homes at all times because of the occurrence of shootings, murders, and violence in the streets (Hernández, 2011).

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

Testimonio Approach

Given the extreme violence and stress that residents in Juárez experienced during the time frame outlined above, there is an important need to understand the experiences of people in the city at this time. While other studies have focused on the experiences of women living in Juárez during the violence (e.g., Grineski, Hernandez, & Ramos, 2013), this study centers the voices of women who migrated to El Paso. In doing so, the thesis highlights the important stories of a group of people that is generally invisible and whose voices are marginalized in broader discussions about drug war violence and the drug trade in Mexico.
The testimonio approach that I use provides an opportunity for the reader to listen to the voices of those suffering and it situates the reader in their experiences. “Chicanas and Latinas have demonstrated the power of testimonios as a genre that exposes brutality, disrupts silencing, and build solidarity among women of color” (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 363). This methodological strategy is not limited to research by or about Chicanas and/or Latinas, but the way it has been used by these scholars accepts the mind, body and spirit as equally valuable sources of knowledge. The testimonio approach permits the incorporation of histories of life experiences that includes the political, social, historical and cultural to create change and raise consciousness. “As a process, testimonear (to give testimony) is the act of recovering previous experiences otherwise silenced or untold and unfolding them into a narrative that conveys personal, political, and social realities” (Delgado Bernal, Burciaga, & Flores Carmona, 2012, p. 364). In the book *Making a Killing*, testimonios from the mothers and families of some of the disappeared women (i.e., victims of feminicidios) in Ciudad Juarez are used as a powerful tool which “makes it difficult to ignore the victims, or the murders, or the political, geographic, and economic context in which the crimes keep happening” (Gaspar de Alba & Guzman, 2010, p. 10). The testimonios included in the book provide an insight and a glimpse into how the feminicidios have been handled and silenced and how families have been torn apart and have been victims of abuse and intimidation (Gaspar de Alba & Guzman, 2010). In the same way that the testimonio approach is well-suited to that topic of study, it is also ideal for my thesis, since I am able to tell commonly untold stories about women’s experiences during this difficult time in order to raise consciousness.

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

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

In terms of previous studies on mental health and the violence in Mexico (2008-2012), there have been increased negative mental health outcomes among young adults in the border
region (O'CONNOR, VIZCAINO, & BENAVIDES, 2015). Students in El Paso, Texas were interviewed using the questionnaires I also use in this study to test for PTSD, depression and anxiety symptoms, as well as documenting the events that affected them. The students were divided in four groups (Hispanic students with relatives in Mexico, Hispanic students who commute from Juarez to El Paso for school, Hispanic students with little or no connection to Mexico, and Non-Hispanic students, who are presumed to have little or no connection to Mexico). The most frequently reported traumatic events among the first two groups of students (Hispanic students with relatives in Mexico and Hispanic students who commute from Juarez), included extortion or robbery (48.5%), confinement to home (51.5%), injury to loved one (47.8%) and witnessing a killing or dead body (47.8%). Those traumatic events were positively associated with depression, anxiety, and PTSD symptoms (O'CONNOR, VIZCAINO, & BENAVIDES, 2015, pp. 93-94).

In terms of comparing the groups in terms of mental health status, results indicated that Hispanics with little or no connection to Mexico had significantly lower mean ranks in anxiety compared with Hispanic students who commuted from Juarez every day to school in El Paso and Hispanic students with relatives in Mexico. No differences were found in anxiety between commuters and Hispanic students with relatives in Mexico. Hispanic commuters had significantly higher mean ranks in PTSD compared to Hispanics with little or no connection to Mexico and non-Hispanics. Students with relatives in Mexico also showed significantly higher mean ranks in PTSD compared with Hispanics with little or no connection to Mexico and non-Hispanics. However, no differences were found between commuters and students with relatives in Mexico, or between those with little connection to Mexico and non-Hispanics (O'CONNOR, VIZCAINO, & BENAVIDES, 2015).
Apart from the distress immigrants might have experienced in their home country, the migration experience can also cause psychological distress. The experiences of newly arrived Latino immigrants are different from US-born Latinos and Latinos who have been in the US for many years and are already part of a community. Immigrants not only have to cope with being the “newcomers” but many also struggle with the language, the change in routine, and a new place of residence, and other emergent life crises (Aguilar-Gaxiola & Gullotta, 2008). “Personal crisis is associated with increased depression” (Reynolds & Turner, 2008, p. 232). New immigrants sometimes must deal with the challenges of their “administrative status” (e.g., lacking legal status) as well as the new role they must have in society (Lurbe i Puerto, 2010). Some people are motivated to migrate for better educational and economic opportunity, others are forced to move due to political reasons related to the drug-war violence.

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

The constellation of symptoms experienced by migrants under extreme stress was first named the “Ulysses Syndrome” by Dr. Joseba Achogueti in 2002. This syndrome is characterized by the suffering of extreme levels of stress, in this case after being forced to migrate, and it may
be caused by losing the social status or job they had back home, danger of the migration process, and/or discrimination, among others (Diaz-Cuellar, Ringe, & Schoeller-Diaz, 2012). In a study done with a sample of 100 participants from Mexico, Central and South America, who migrated from their city of origin for political and/or economic reasons to Ciudad Juarez, Mexico City and/or El Paso, Texas, the majority reported stress caused by the forced separation from their families, the risk they took by migrating and the change in social status (Moya E. , et al., 2016). These high levels of stress may cause suffering in the individuals going through the adaptation to their receiving country, some symptoms of suffering may include: headaches, insomnia, and nervousness, among others (Diaz-Cuellar, Ringe, & Schoeller-Diaz, 2012).

Resilience and Coping

While the psychological distress associated with migration can be quite challenging, migrants are often resilient in the face of their struggles. Resilience has been described as “a person’s ability to confront and overcome challenges and adversity” (Sajquim de Tores & Lusk, 2018, p. 3), “the ability to “bounce back” after experiencing stress,” (Meadows, Miller, & Robson, 2015, p. 9), or the capacity of the individual and their environment to interact and be able to optimize the process of resilience (Ungar, 2013). People use differing coping skills and attitudes in order to be resilient, depending on the individual, after going through a traumatic experience. It is important to note that there is no universal way to achieve resilience, every individual is different, although there might be similarities in certain cultures or groups of people, their environment, and its capacity to facilitate this (Ungar, 2013). In terms of the environment related specifically to my study, the relative similarity between the culture and environment of Juarez and El Paso, Texas in terms of the use of the Spanish language and the predominately Mexican-origin population could foster resiliency.
“Resiliency focuses attention on positive contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviors, mental distress, and poor health outcomes” (Zimmerman, 2013, p. 381). Resilience might be observed even when it is obscured by other symptoms associated with trauma, by the actions taken by people to flourish after a traumatic event. “Specifically, research shows that in situations of adversity, resilience is observed when individuals engage in behaviors that help them navigate their way to the resources they need to flourish” (Ungar, 2013, p. 256).

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

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

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

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

Mental health services are another source of potential support for migrants. There have been several studies regarding stigma and the underutilization of mental health services by racial/ethnic minorities and this literature has shown that Latinos are less likely to obtain mental health services as compared to whites (Wong et al., 2016). Locally, El Paso (TX) saw an increase in people seeking mental health services between 2008 to 2013, which relates to people’s experiences in Mexico with violence. Professionals in El Paso, Texas reported an increase of Mexican refugees seeking mental health services after being subjected to “death threats, extortion, kidnapping threats, and carjackings, and/or they have witnessed murders and abductions” (Lusk, McCallister, & Villalobos, 2013, p. 5).
CHAPTER 2: DATA AND METHODS

Study Area

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

Participants

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