

## **Violence along the U.S.-Mexico Border: What Family and Consumer Science Educators Need to Know**

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### **Abstract**

Correlations between pathological issues including depression, anxiety, and post-traumatic stress have been found in youth exposed to violence. Most examinations related to violence exposure have focused on inner city and urban youth. Yet, persistent and escalating violence along the U.S.-Mexico border calls for special attention to the ways in which the violence is impacting youth residing in the border region, as well as those working with those youth. This paper highlights the unique characteristics of the border population and offers guidelines to family and consumer science educators working with youth affected by the violence in Mexico.

**Keywords:** community violence, border issues, multicultural sensitivity

### **Introduction**

Violence permeates our society and can have detrimental effects on the health and well-being of communities, families, and youth in particular. Estimates suggest that two in five adolescents residing in the United States have witnessed some form of community violence ranging from robbery, stabbing, and shootings (Zinzow, Ruggiero, Hanson, Smith, Saunders, and Kilpatrick 2009). Furthermore, exposure to violence has consistently been found to be greater among ethnic minorities. Multiple studies have established higher rates of exposure among African Americans (Fitzpatrick and Boldizar 1993; Gladstein, Rusonis, and Heald 1992; Selner-O'Hagan, Kindlon, Buka, Raudenbush, and Earls 1998) or African American and Latino/Latina students combined (Singer, Anglin, Song, and Lunghofer 1995) than among Caucasian youth. Contributing factors for increased exposure among minority populations include the disproportionate number of minorities living in urban areas as well as higher rates of poverty (Buka, Stichick, Birdthistle, and Earls 2001). The conditions of poverty yield climates filled with powerlessness,

disenfranchisement, and deprivation (Rawles 2010). This combination increases exposure to violence, which can, in turn, lead to internalized negative emotions such as depression and anxiety.

Despite noted links between observed community violence and severe emotional and psychological issues such as depression, anxiety, and posttraumatic stress the impact of violence on children and adolescents still requires exploration (Bertram and Dartt 2009; Gorman-Smith, Henry, and Tolan 2004; Kitzmann, Gaylord, Holt, and Kenny 2003; Margolin and Gordis 2004; Osofsky 2003; Zinzow et al. 2009). Further complicating this investigation is the heightened violence along the Mexican side of the U.S.-Mexico border and concerns of the violence “spilling over” to the U.S. side. The U.S.-Mexico border historically presents a symbiotic relationship wherein the occurrences on one side of the border significantly impact the other side both positively and negatively (Anzaldúa 1987; Haley 2010, 2012; Suarez-Orozco and Suarez Orozco 2001). However gaps in the literature remain related to how the increased violence in Mexico due to drug cartel brutality in fighting for power is impacting this symbiotic relationship.

### **The U.S.-Mexico border**

The United States-Mexico border can be defined as the area of land that extends 100 kilometers north and south of the international boundary and stretches approximately 2,000 miles from the southern tip of Texas to California (United States-Mexico Border Health Commission [USMBHC] 2005). Current estimates suggest that approximately 12 million inhabitants occupy this expanse of land and the population is expected to double by the year 2025 (USMBHC 2005). The border region contains fourteen twin city complexes that straddle the international boundary (Flores and Kaplan 2009). For example, San Diego, California, is paired with Tijuana, Baja California; and El Paso, Texas, is paired with Ciudad Juarez, Chihuahua. The border region is a busy area with more than half a million people crossing on a daily basis for jobs, commerce, housing, and healthcare (USMBHC 2005). Border crossings include residents of Mexico crossing, either legally or illegally, into the United States in search of economic opportunity and or employment and likewise, United States residents traveling into Mexico in search of entertainment, cheap products, pharmaceuticals (inaccessible in the U.S. without a prescription) as well as less expensive health care (Fitzpatrick-Ballesteros 2006). Estimates suggest approximately 300 legal crossings take place from Mexico into the United States annually with about 15 million Americans visiting Mexico each year (Centers for Disease Control and Prevention 2014).

Recognition of the unique aspects of the border has led to increased efforts to examine border health issues in the past decade. Much of the examination has focused on health issues including diabetes, health disparities, and substance abuse disorders (Rodriguez-Saldaña 2005). Other concerns facing borderlands include challenges with socioeconomic and environmental

conditions, vulnerability to trauma and stress, and multiple barriers to obtaining needed treatment (Flores and Kaplan 2009). More recently, the increased violence along the U.S.-Mexico border has added to the complexity of these border health issues and calls for examination of the impact of the violence on children residing within the borderland.

### **Violence along the U.S.-Mexico border**

Mexico has served as a port of entry for drugs dating back to the civil war and the two world wars when export of opiates was demanded in the United States and this demand was filled by farmers growing opium poppies in northwest Mexico (González 2009). In addition, prior powers within Mexico did not tolerate the export of drugs per se, but appeared nonchalant, whereas others were bribed and chose to look the other way. However, this changed with the election of Mexican President Vicente Fox in 2000 (González 2009). At that time, Mexico's newly elected president took a position of cracking down on illicit drug use, promised the people of Mexico defeat of the drug cartels, and implemented policy that reorganized the federal police forces and attempted to extradite captured drug lords to the United States. Coinciding with this change, the drug violence in Mexico escalated. The newly implemented policies were effective at raising the number of individuals arrested for drug trafficking and increased the number of drug shipments confiscated. However, the goal of defeating the cartels failed and merely led to new alliances amongst the cartels (González 2009). The violence in Mexico was so fierce in 2004-2005 that President Fox implemented an operation involving 1,500 army and federal police officers in Mexico-U.S. border cities. In fact, there were an estimated 600 murders in Juarez, which were attributed to drug involvement within the first six months of 2005 alone (Reyes 2005). In 2006, Tijuana saw one slaying per day and approximately two kidnappings per week (Flores and Kaplan 2009). In 2008, more than 1,300 people were murdered in Juarez (Negron 2009). By October 2009, the death toll related to homicides for that year in Juarez surpassed 2,000 (Cuevas-Nazario 2009). The beginning of 2010 was victim to 227 murders in January, 163 in February, 203 in March, 240 in April, and 242 in May (Buggs 2010). Overall estimates conclude that there have been over 35,000 deaths related to efforts of combating the drug war in Mexico (Martinez, Alvarado, and Chavez 2011). However, higher numbers of 50,000 deaths have been proposed based on files from prosecutor's offices around the country of Mexico (IDMC 2011) and many Mexican media sources report this higher figure (Mendoza and Navarro 2011; Guadarrama 2011).

The issue of violence in Mexico will continue to be challenged as a new president, Enrique Pena Nieto, was sworn into office on December 1, 2012, and also contends to reduce the drug-related violence, but has not formally outlined his plan to do so (Shoichet 2012). Regardless of the presidential transitions in Mexico, there is no doubt that the violence has significantly impacted residents. In fact, the increased violence has left many families fearful and anxious, particularly due to the brutality of the violence. There were times in which despite the nonchalance by

Mexican authorities, unwritten rules precluded open turf wars among competing cartels and prohibited cartels from harming innocent civilians through extortion, kidnappings, or assassinations (González 2009). This is no longer the case and the carnage has become so rampant that the U.S. State Department has issued travel alerts discouraging Americans from traveling into Mexico (Carpenter 2009). Although all of this is taking place in Mexico, the violence across the border can have tremendous ripple effects on children and families residing on the U.S. side of the border. Children whose relatives or neighbors were victims of kidnappings or murders may fear that they or their parents may be killed when traveling across the border to visit or return to Mexico (Flores and Kaplan 2009). This fear is substantiated by the fact that U.S. citizens have been killed. Examples include a mother and her son who were ambushed while visiting family in Juarez in 2010 and a 16-year-old male and a friend who were gunned down while visiting a car dealership in Juarez in 2011 (Caulfield 2011). In fact, according to Weber (2010), 10 percent of the students in a small El Paso, Texas, County school district have lost a close family member to the violence in Juarez, Mexico. Despite the noted dangers, a principal at a private high school in El Paso, Texas, has stated that 20 to 30 percent of the school's population regularly cross between El Paso, Texas, and Juarez (Caulfield 2011). These crossings are usually the result of parents sending their U.S.-born children to school in the United States where children reside under the care of extended family members and during weekends reunite with parents (Flores and Kaplan 2009).

### **The impact of violence on youth**

Violence impacts all racial, ethnic, and socioeconomic groups but seems overrepresented in urban, poor, and minority populations (Bureau of Justice Statistics 2000). Close associations between level of poverty and observed violence have been consistently demonstrated in the literature. For example, Crouch, Hanson, Saunders, Kilpatrick, and Resnick (2000) not only found that as income increased, reports of exposure to violence decreased they also found that racial/ethnic status was significantly related to household income levels. In the sample of 3,728 adolescents between the ages of 12 and 17 there were 2,825 Caucasians, 589 African Americans, and 314 Hispanics. Of this group, only 12 percent of Caucasian youth reported residing in lower income households (less than \$20,000 per year). In the sample of youth reporting living in homes earning less than \$20,000 per year, almost 60 percent of the African Americans and 55 percent of the Hispanics reported bearing witness to violence as compared to 41.7 percent of the Caucasians. The combined factors of low socio-economic status and minority status are prevalent among border regions. Given the findings from previous studies, the risk for potentially being exposed to violence is increased. For example in 2009, Brownsville, Texas, which borders with Matamoros, Mexico, had 33.3 percent of residents with income below the poverty level as compared to 17.2 percent for the entire state of Texas (City-data.com 2011). In addition, El Paso, Texas, which borders with Juarez, Mexico, had 22.6 percent of residents with income below the poverty level. When these statistics are further broken down, it seems that

Latinos are disproportionately represented with almost 60,000 accounting for the poorest minority group in Brownsville, Texas, and a little over 120,000 accounting for the poorest minority group in El Paso, Texas (City-Data.com 2011). The combined factors of poverty and minority status have the impetus of increasing the risk of developing mental health challenges including anxiety, depression, or even post-traumatic stress. These challenges can be further confounded by lack of culturally appropriate services that sufficiently meet the needs of diverse populations. However the challenges might be ameliorated if awareness and knowledge of cultural variable such as racism and discrimination are better understood.

### **Latino culture and the link to PTSD**

According to the U.S. Bureau of the Census (2011), Latina/os are a group composed of individuals who are classified as Hispanic, Mexican, Mexican American, Chicano, or Puerto Rican, Spanish, or Spanish American. Furthermore, Latinos include national subgroups with different histories, but typically a common language and cultural values are shared (Claus-Ehlers and Lopez 2002).

Research has suggested that Latinos may be particularly susceptible to symptoms consistent with post-traumatic stress disorder (PTSD). It has been documented that the incidence of PTSD symptoms among Latinos is two to three times higher as compared to other ethnic groups (Pole, Best, Metzler, and Marmar 2005). The National Vietnam Veterans Readjustment Study found the rate of PTSD for Hispanic male combat veterans to be nearly 28 percent as compared to 21 percent for non-Hispanic Blacks and 14 percent for non-Hispanic Caucasians (Kulka et al. 1990). Other studies have had similar findings. In a survey conducted by Pole et al. (2001), it was found that Latino police officers reported more severe duty-related PTSD symptoms in contrast to their non-Latino counterparts. Further, Perilla, Norris, and Lavizzo (2002) reported that a Latino subgroup of 404 victims of Hurricane Andrew had the highest rate of PTSD among all ethnic groups studied. Although most of the studies that have examined the prevalence of PTSD symptoms in persons of Latino decent have been conducted on adults, it is likely that the same would be true for children given shared ethnocultural factors. Areas not addressed in those studies identifying a link between PTSD symptoms and Latinos include ways in which experiences with racism and discrimination can further add to or complicate the expressed symptoms. These areas are important in any discussion related to culture because perceived racial discrimination has been found to be associated with increased mental disorders and can be a traumatic experience itself (Chou, Asnaai, and Hofmann 2012).

In the Latino culture, two factors that seem to be correlated with the prevalence of PTSD symptoms are fatalism and dissociation. Fatalism refers to a general belief that the course of fate cannot be changed and that life events are beyond one's control (Abraído-Lanza et al. 2007). In essence, persons with fatalistic views exhibit an external locus of control which can lead to

feelings of helplessness and failure regarding the ability to control one's own life, the thought that working toward a goal is pointless, and the development of impaired coping mechanisms (Ross, Mirowsky, and Cockerham 1983). Within the Latino culture, fatalism is a prevalent value that has been strongly associated with Mexican identity and has been found to have an effect on psychological distress in particular because beliefs shape action (Ross et al. 1983). Therefore, if a person operates from a fatalistic perspective, then when exposures to trauma, such as the violence on the border occur, the person is likely to react by attempting to accept the situation rather than to be more proactive. This seems to be evidenced by families who continue to visit the dangerous city of Juarez, despite the increased violence and danger. The prevailing thought pattern may be "well if we get hurt or killed, then that's what was supposed to happen."

Dissociation during trauma can be defined as the experiencing of altered states of consciousness and is one of the strongest predictors of the subsequent development of PTSD symptoms in the literature (Ozer, Best, Weiss, and Lipsey 2003). Dissociative symptoms have been widely reported in "culture bound" syndromes identified in Latin America (Escobar 1995). Specifically, research has focused on the culture-bound syndrome of *ataque de nervios*, which is a culturally endorsed reaction to acute stressful events that is common among Latinos from the Caribbean, but can also be found among other Latino populations (Marshall and Orlando 2002). According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (2013) *ataque de nervios* can include symptoms of uncontrollable shouting, verbal or physical aggression, dissociative experiences, and seizure like or fainting episodes.

Recognition of ways in which cultural values can impact a perception of trauma is vital for family services providers. Although not all Latino(a) youth will utilize such cultural values, this knowledge can facilitate ways in which family service providers interact with youth and may impact the choice of particular interventions. Allowing each family member to explore and express his or her cultural values can begin a dialogue. This would allow for increased understanding about similarities and differences within the family system and among the family service provider. Thus, promoting a culturally responsive and safe environment that can facilitate growth.

### **Guidelines for family and consumer science educators**

The following provides guidelines for working with children on the border who have either directly or indirectly been impacted by the violence in Mexico.

- 1. Family and consumer science educators must recognize and understand multicultural variables that impact clientele.**

Providing educational services to children and families residing within and outside the border region requires attention to culturally appropriate and sensitive services with an

emphasis on cultural values and language (Flores and Kaplan 2009). Within the field of family life education, terminology related to cultural competence, cultural sensitivity, cultural knowledge, and cultural awareness have all been used. According to Sue (2003), multicultural competence involves being actively aware of one's own assumptions about human behavior, values, biases, preconceived notions, and personal limitations, attempting to understand the worldview of those being served, and developing and practicing with appropriate, relevant, and sensitive intervention strategies. It is not uncommon for some helping professionals, including family life educators, to question or wonder why students and their families continue to travel to a place such as Juarez, wherein there is much violence. Questions and pontifications such as these neglect examination of the broader picture and recognition of possible familial obligations that preclude an individual the luxury of not visiting. Furthermore, cultural beliefs, such as fatalism may also contribute to such action in the form of "What can I do? ... It's in God's hands." Hence it is recommended that family life educators examine their own beliefs as well as be knowledgeable of the cultural issues that impact students living along the border region. Specifically, it is important for family and consumer science educators to be aware of how encounters with issues of discrimination and racism can impact interactions with students and families. Negative experiences with discrimination and racism can create challenges with regard to establishing trust with students and families.

**2. Family and consumer science educators should be well educated about trauma and the impact of trauma on children cognitively, emotionally, and behaviorally.**

Understanding what trauma is and recognizing possible trauma responses in children and adolescents is vital in understanding the development of children and adolescents.

Trauma can develop from being exposed to an incident or incidents wherein there is a threat to survival and adaptation (Silove, Steel, and Psychol 2006). Further, trauma has been divided into two different types: event and process trauma. According to Shaw (2000), event trauma refers to an unanticipated stressor that is limited in both time and space. This differs from process trauma, which is exposure to a continuous stressor such as those endured in long standing emotional, physical, or sexual abuse, or those endured in war. Families residing in the border area may experience either event or process trauma. The experience of trauma is further complicated if students have experienced incidents specific to migration. Four stages have been identified as impacting persons who have left a host country for the United States. These include pre-migration trauma or events that contributed to the decision to leave; traumatic events experienced during transit; continuing experiences of trauma during the process of resettlement, such as racism and discrimination; and substandard living conditions in the host country due to unemployment, inadequate supports, and persecution (Perez-Foster 2001). In addition, it is imperative that family and consumer science educators become knowledgeable

regarding trauma responses in children and adolescents and ways in which behavioral manifestations of such trauma can alter the family system. This calls for specific knowledge and understanding related to developmental level of children and adolescents and recognition that children may react with outbursts of anger, difficulty modulating emotions, depressive symptoms or other behavioral issues that can directly impact their ability to function academically in a school setting. School aged children have some limitations with regard to their cognitive and verbal capabilities and may have difficulty in expressing the affect associated to witnessing or experiencing of traumatic events (Yule, Perrin and Smith 2001). As a result, they may fear that they themselves are going to be harmed. Furthermore, these cognitive limitations may result in behavioral changes including excessive clinginess to attachment figures, somatic complaints (i.e., complaints of stomach or headaches), school refusal, or aggressive behavior. Helping families understand such reactions can assist in increased understanding and can provide a mechanism through which parents can begin to communicate with their children about their fears.

**3. Family and consumer science educators utilize resilience strategies when working with children and adolescents.**

It should be noted that not all children will face adverse consequences due to difficult circumstances and in fact, many children, adolescents, and families exhibit strengths that foster resilience. According to Luthar, Cicchetti, and Becker (2000) resilience is “a dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543). Significant adversity in the borderland includes exposure to the violence either directly or indirectly and may lead to feelings of vulnerability, loneliness, or fear in children residing within the borderland. Yet, consistently documented in the literature is that youth and families who have skills, beliefs, and resources related to adaptation are likely to experience such feelings to a lesser degree (Grotberg 1994; Rutter 1999; Walsh 2006). According to Walsh (2006), resilience is composed of belief systems, organizational patterns, and communication processes. Belief systems include making meaning of adversity, instillation of hope, and spirituality. Furthermore, McCubbin and McCubbin (1988) identified resilient families as possessing characteristics of warmth, affection, cohesion, commitment, and emotional support for one another and these are all cultural values found within the Latino culture. Organizational patterns refer to maintaining flexibility and connectedness with others. Communication processes include being able to openly express oneself and identify problem solving mechanisms. Family and consumer science educators are in a position in which resilience can be promoted. Suggestions for the promotion of resilience include creating an environment in which children feel safe and also designing activities that allow children to express their fears or concerns. In terms related to family and consumer education, this may be offering children the opportunity to design projects in which they examine how they are impacted

by the world in which they live and assisting them to develop strong relationships with others. This could mean having mentoring programs for new students, particularly those who may have moved to escape the violence in Mexico. Empowering and engaging families in school activities may also decrease feelings of being “an outsider” and may help in fostering adjustment to a new school environment. Clearly, family and consumer science educators can provide advocacy and consultation for their students.

**4. Family and consumer science educators collaborate with the community and make appropriate referrals when necessary.**

The role of family and consumer science educators is multifaceted and one that cannot be successfully fulfilled without assistance. Hence, it is vital to be aware of local community services and be knowledgeable about providing referrals. Providing a list of referral agencies along with the types of services offered would be useful. This can provide family and consumer science educators valuable resources that can quickly be handed out. This example can empower family and consumer science educators by increasing knowledge about what services are available as well as specific interventions that the agency offers, particularly as related to treating individuals and families that have been exposed to violence either directly or indirectly.

## **Conclusion**

Family and consumer science educators play a crucial role in ensuring the success of students academically and interpersonally. However, students who are facing challenges such as moving to a new area or having lost a family member or friend in the violence across the border may experience declines in academic performance or within interpersonal contexts. Knowledge related to ways youth interpret or may react to such events is important so that appropriate intervention or referral can be done. Continued research related to the effect that the violence across the border is having on children residing in the United States is necessary along with further examination of what types of behaviors students are exhibiting in relation to the violence.

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