

**Qualitative Assessment of Trauma Affected Populations
in Tamaulipas, Mexico**

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by

Centro de Estudios Fronterizos y de Promoción de Derechos Humanos, Mexico
(Center for Border Studies and the Promotion of Human Rights)

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Executive Summary

The Victims of Torture Fund is mandated by Congress under the Torture Victims Relief Act to address the physical and psychological needs of torture survivors. Administered through USAID, the Fund has supported activities in Mexico to strengthen the capacity of local organizations to develop mental health services for populations affected by violence¹ and human rights abuses. In an effort to further the ability of organizations to develop better mental health care to survivors, the Fund sponsored a qualitative assessment of individuals knowledgeable about the effects of violence in the Reynosa region of Tamaulipas state. Working in collaboration with CEPHRODAC (Centro de Estudios Fronterizos y de Promoción de Derechos Humanos) Boston University trained 10 local staff and conducted an assessment using proven qualitative methods to determine the mental health service needs of survivors of violence and other affected persons.

This information is intended to assist organizations to develop clinical services to help individuals who have experienced violence and affected families and communities. It should be emphasized that the purpose of the assessment was not to document incidents of reported violence but to identify mental health needs of affected individuals and determine promising mental health intervention models.

Rationale for Use of Qualitative Methods?

Qualitative methods are particularly useful for research on issues or in settings where very little is known about the topic of interest. In working with violence-affected populations in Mexico, we need to know about the sort of mental health problems that have resulted from experiences of violence in this setting. We also need to understand more about the complexity of working in this setting and how to guarantee accessible and appropriate mental health services for affected individuals. Furthermore, because Mexico is a place of great ethnic and even linguistic diversity, it is very important that we learn local terms and concepts related to the mental health consequences of violence. This information is critical for developing mental health treatment models that make sense for the context and culture. Local terminology and concepts related to the mental health consequences of violence will also inform the selection or development of culturally-appropriate mental health assessment measures in the local language that can be used for screening and program evaluation.

^{1 1} Throughout this document, violence is used to refer to the intentional infliction of physical injury or the threat of injury.

Summary of Assessment Activities in Tamaulipas

The Tamaulipas Assessment was carried out in partnership with the local human rights NGO, CEPHRODAC (Centro de Estudios Fronterizos y de Promoción de Derechos Humanos). This assessment involved two weeks of data collection carried out by 10 local persons who were trained and supervised by the authors in the use of qualitative assessment methods to collect data on the problems facing violence-affected populations. The methods involved two phases: Free list and key informant interviews.

Summary of Assessment Methods

Free Listing Exercise

The first phase of this work involved a free listing exercise where knowledgeable people in the community were asked to list all the problems facing violence-affected people and their families. Participants were identified by CEPHRODAC and by others in the community who were particularly knowledgeable about the problem of violence. These free list interviews were initiated by asking a general, open-ended question: “what are the problems of violence affected people and their families”. Additional free list questions were asked of the same interviewees to inquire about the day to day functioning seen as important for individuals to conduct their lives and fulfill roles in their families and communities. Function is a very important concept for assessing mental health problems. By assessing the relationship between mental health symptoms and function, we can understand the degree to which having mental health problems impairs a person’s ability to carry out key life roles such as holding down a job or parenting. The free list information on problems provides a critical starting place for the key informant phase of data collection on mental health problems.

Key Informant Interviews

The second phase of the data collection involved in-depth key informant interviews to explore the terms and topics that arose from the free lists in greater detail. These key informants were identified through: a) CEPHRODAC; b) participants in the free listing exercise (some free list participants were invited to serve as key informants for a more in-depth interview); and c) “snowball sampling” (i.e. referral by one key informant to another key informant). Interview topics reflected the two key concepts of interest in the assessment, namely: (1) Local mental health problems related to violence; and 2) What people do to get help when they have these sorts of mental health problems? All key informants were informed of the intent of the assessment and consented prior to interviews. All key informant interviews were conducted by local trained interviewers working in teams of two. One local staff member led the interview while the other made a written record of the interview with particular attention to

capturing the local words used to describe mental health problems related to violence. Follow-up interviews were sought from select key informant interviews when there was a need to seek clarity or further depth on a topic.

The free list and key informant interviews were intended to complement one another. The free list interviews provide a starting point for understanding local terms for mental health problems. The key informant interviews then provide a check on the free list results, as well as provide additional detailed information on the two topics of interest such as the symptoms of mental health problems and what local people do to seek help for these problems.

Assessment Sample

Interviews were drawn from areas in and around the City of Reynosa in Tamaulipas state. These sites were selected at the recommendation of CEPHRODAC as well as by free list interviewees. Some interviews were also conducted in a local prison. A total of 41 individuals (male/females) participated in the free list interviews. A total of 32 individuals completed key informant interviews. Six key informants were able to be interviewed on two occasions.

Results

Free List Data

The most frequent responses to the function questions regarding individual, family and community function are presented in Appendix 1, Table 1. This information on the degree to which mental health problems impair or limit the roles and tasks that people need to carry out in their day to day lives will be used to inform future development of mental health assessment measures. Clinically, it is interesting to note that many of the descriptions of happy individuals, families and communities reflect the importance of family and interpersonal relationships using phrases such as *comunicación con su familia* (communication with your family) to describe good individual functioning, *apoyo y mucho amor* (support and a lot of love) to describe good family functioning and *conviviendo todos juntos* (everyone living together) to describe healthy community functioning. The free list findings on the general problems of violence-affected people and their families included terms and phrases such as: *trauma psicológico* (psychological trauma), *problemas con su familia* (family problems), *la humillación* (shame), *golpeado* (being beaten), *el temor* (fear), etc.

Local terms and phrases for locally-described problems were then used as a starting place for the key informant interviews. We reviewed the free list responses for those terms that seemed most like mental health issues (i.e. problems of thinking, feeling or relationships). Following this analysis, the free list data suggested three lines of inquiry for the key information interviews.

These were organized into domains of mental health problems related to violence as follows:

- I. Problems similar to anxiety described by local terms and phrases such as:
 - *Cosas malas que queden en su mente* (bad things that you keep in your head)
 - *Quedas asustado* (remain startled)
 - *Sientes nervios* (feeling nerves)
 - *Cuando uno se mortifica, se enferma* (when one worries, they get sick)
- II. Sadness or mood problems described by local terms and phrases such as:
 - *Desesperación* (desperation)
 - *Tristes* (sad)
 - *Se vuelven sensibles* (become sensitive)
 - *Los desgracian* (they disgrace them)
- III. Difficulties in interpersonal relationship described by local terms and phrases such as:
 - *No quieren platicar* (don't want to talk to others)
 - *No tienen confianza* (don't have trust)
 - *Ya no quiere salir con amigos* (don't want to go out with friends)
 - *Agresivas con sus papas, hermanos, hasta con su propio hijos* (aggressive with their family, brothers, even their own children).

Key Informant Findings

Across all Reynosa sites, 32 Key Informants (KIs) were identified and interviewed. Six KIs were involved in repeat interviews, which was less than expected. Key informant interviews provided more insight into the locally-described problems, their causes, potential treatment and local resources for treatment. Overall, three main domains of problems emerged and one specialty syndrome was identified as a subset of one of the domains.

Domain A: Depresión

The word *depresión* was used by several of the key informants and appears to be a locally-relevant cover term for symptoms of the following type: *Se sienten impotencia/la impotencia* (you feel impotent/impotence), *todo el tiempo lloran/ganas de llorar* (crying all the time/the need to cry), *agresivas /pelearse / agarrar coraje/quiere desquitarse con otras personas* (aggressive/fighting/getting out anger/you pick fights with others), *se sienten tristes/tristeza* (you feel sad/sadness), *no le importa nada/no te dan ganas de nada* (nothing matters to you/you have interest in nothing) , *caer en las drogas* (you get into drugs), *sienten nervios/nervioso* (feel nervous), *tienen mucho miedo* (you have a lot of fear), *te sientes sola* (you feel alone), *se vuelven sensibles*

(you become sensitive), *suicidarse* (suicide), *la desesperación/te desesperas/aventar todo* (desperation/despairing/living up on everything).

Depresión was described as due to feelings of hopelessness and desperation. *Depresión* in this context was described as having several of the hallmark symptoms that we see in Western psychiatry such as loss of interest in things, problems sleeping, low energy, sadness, crying, and being unable to concentrate. Many symptoms of what would traditionally be considered as anxiety problems were also discussed under the domain of *depresión*. Consequences of *depresión* within the family and with peers - i.e., in the community - included isolation and mistrust and avoiding interaction with others (feeling the need to run, not wanting to talk to anyone) and aggression (picking fights with others, the need to get one's anger out). Drug abuse and suicide were also linked to *depresión*. The interpersonal effects of *depresión* included not trusting others and being unable to work or care for one's family well.

Related Problem: Carcelazo

Carcelazo is a local term to describe people who have a profound *depresión* rooted in long term imprisonment. This term emerged from the prison interviews, and did not appear to be known by the general population outside of the prison. *Carcelazo* relates to having given up hope. *Carcelazo* was described as affecting people who are unjustly imprisoned more strongly than those incarcerated for truly breaking the law. It was also mentioned that those who have *carcelazo* and are victims of violence are less likely to speak out against injustice and more inclined to accept things as they are (like getting robbed, abused further in prison, etc.) and are unlikely to stand up for themselves as compared to other inmates. They become more withdrawn, lose interest in things and *carcelazo* was also described as contributing to suicide.

A person affected by *carcelazo* was described as a person who has low self-esteem or lacks future plans. Interventions that target self-esteem were described as important to helping people with *carcelazo*. People who were familiar with *carcelazo* in the prisons mentioned that a first step in intervention is to build trust with inmates by providing them with a place to feel listened to, particularly for those who have been imprisoned wrongfully. Ways to help address *carcelazo* included helping people keep a sense of their future alive including preparing them for future work via job training and education as well as cultural programs. KIs mentioned that although psychological help was available in the prison, it was not used (due to stigma as well as the limited availability of mental health services in the prisons).

Domain B: nervios/pánico/temor

Numerous terms linked symptoms of the following type:

Nervios/nervioso/nerviosismo/se enferman de nervios (nerves, nervous, nervousness, becoming sick with nerves) *se pone nervioso/temblar/temblar de*

nerviosismo (to become nervous, trembling/trembling with nervousness), *queda en la mente/llevas en la mente/te quedas sisqueado* (keep in your mind/you carry them in your mind), *preocupación/no tienen otro pensamiento más que eso* (preoccupation, you have no other thoughts but this), *tienen pesadillas/sueños que no los dejan dormir* (nightmares/dreams that don't let you sleep), *no se sienten seguros* (you don't feel safe), *no tienen confianza/desconfiados* (you don't have trust/distrust), *se enferman de la presión/se le baja la presión* (you become sick with pressure/it lowers your blood pressure), *le tengo temor/te queda temor* (you have fear/you remain fearful), *agarrar ese miedo/tener miedo/les da miedo* (you are taken with fear/have fear/it makes you fearful), *te sientes impotente* (you feel impotent), *la depresión* (depression), *no dormir* (not sleeping), *muchas ganas de llorar/pasan llorando* (lots of need to cry/crying), *pierdes el apetito* (losing appetite), *pánico para andar por la calle/paniqueado/con pánico* (panicked to walk in the street/freaked out/with panic), *quedan traumatados* (to remain traumatized), *quedar locos/psicosis/te vuelve paranoia/esquizofrenia/vuelven loco* (to remain crazy/psychosis/to become paranoid/schizophrenic/to go crazy), *queda callados/te quedas mudo/no hablan/encierre en si mismo* (to remain close/to remain mute/not speaking/closed in oneself), *quedan asustados/me asusto/andas asustado del miedo/me asuste/el susto* (to remain startled/to startle/to go about startled/to startle oneself/shock), *las mortificaciones* (worries).

No single cover term appropriately captured the range of responses seen for the domain of problems related to fear or anxiety. As demonstrated, numerous words for these appeared in the data. There are several commonly used words related to fear such as *tiene miedo, tiene temor*. There were also several words referring to nerves, panic or nervousness: *nervios, crisis nervioso, nerviosismo, ataques de nervios* etc. Several words for experiencing panic (panicked, panic, panicking) also emerged. The idea of being panicked or “freaked out” (“*paniqueado*”) arose in the data as a locally-used slang term, but its use was not consistent across informants. Given those symptoms that received the most frequent endorsement, this category of problems will be referred to as *nervios/pánico/quedan asustados* for the time being. *Nervios/pánico/quedan asustados* were described as occurring due to fear (*temor miedo*) and as being a consequence of violence. The terms used to describe this domain of problems also encompassed symptoms that are consistent with post-trauma reactions in Western Psychiatry (i.e. hypervigilance, re-experiencing, dissociation, avoidance).

Causes of *nervios/pánico/quedan asustados* was described as the pervasive fear (*temor/miedo*) that victims of violence live with, particularly in this environment where there is a real threat of recurrent violence. Other related symptoms of *nervios/paniqueas* were feeling like the violence is going to happen again, not being able to free ones mind of certain thoughts, being mistrustful and afraid to go out on one's own. The effects of *nervios/pánico/quedan asustados* included not being able to work, not being able to spend time with others and suffering health problems such as diabetes and blood pressure problems.

Domain C: Se queden traumatados

The phrase *Se queden traumatados* was used by several of the key informants and appears to be a locally-relevant cover term for symptoms of interpersonal problems of the following type: *Viven con el temor/tremor de hablar/tremor de hacer cualquier cosa/Tener miedo* (to live with fear/fear of speaking/fear of doing anything/having fear), *no tenga confianza/pierden la confianza/desconfianza* (not having trust/losing trust/distrust), *quedan aislados (con conocidos y con su familia)* (remaining isolated with family and acquaintances), *se vuelvan más agresivos/agarras coraje* (become more aggressive/take out your anger on others), *te maniquea/se descontrola* (freak out/lose control), *estar todo el día en las casa/no quiere salir/tengo miedo salir (en la noche)* (all day in the house/don't want to go out/have fear to leave at night), *cambias no eres mismo/cambiar su forma de pensar/quedan marcados para toda la vida* (you change, you are no longer the same/change your form of thinking), *nervios /te pones nervioso* (nerves/you become nervous).

In the Reynosa region, it seems that the category of interpersonal relationships can also be captured by the cover term “to remain traumatized,” (*se queden traumatados*). It appears that *se queden traumatados* is a term that describes a locally-understood, post-trauma response following experiences such as abuse in detention or by drug cartel operatives. The cover term *se queden traumatados* was related to both anxiety and depression and seemed to encompass many of the same symptoms as those described when KIs were prompted to respond to the free list terms describing problems in interpersonal relationships. We found no other local cover term or construct for the issue of problems in interpersonal relationships. According to the data, problems with interpersonal relationships seem part and parcel of the experience of violence. At the root of the interpersonal problems of those affected by violence and their families is the basic lack of trust that results from the experience of maltreatment and abuse. Another related symptom is the pervasive sense of fear that leads people to withdraw from friends, their families and other community members. In the family, problems with interpersonal relationships were described as a situation where the person takes out their anger and resentment on those closest to them, such as family including spouse and children (i.e. *agarrar coraje*). On the other hand one KI did mention that the experience of violence could actually make someone closer to their family as they have no one else that they can trust.

Effects of poor interpersonal relationships included not being able to go out with friends, not being able to walk about in the street, and having moments of distrusting people during usual everyday interactions (fear of being betrayed). *Se queden traumatados* was also linked to problems with drinking and taking drugs.

Summary of Results

Of the psychosocial problems facing victims of violence and their families, three overarching domains of problems resulted. The first domain resembles the diagnostic category of depression and encompasses many of the hallmark symptoms. Under *depresión*, a specific variety of profound depression and suicidality termed *carcelazo* emerged from the prison KI interviews. The second domain is a broad range of fear and anxiety problems which have many words in the local language. The third domain refers to the state of being severely altered by the experience of violence and maltreatment, captured by the cover term *se quedan traumatados*.

From the KI data, three distinct populations of violence-affected populations emerged: 1) direct victims of violence living in prison; 2) direct victims of violence who had returned to their communities; and 3) family and community members who were indirectly affected by violence. The psychosocial problems described in the data appear to operate differently across these main populations and have different implications for developing mental health services.

Highlights of Findings

- According to the data problems with interpersonal relationships seem part and parcel of the experience of violence.
- Problems of anxiety (*nervios/temor/miedo*) and *depresión* seem to affect all those who have been both *directly* and *indirectly* affected by violence.
- The problem of *se quedan traumatados* seems most relevant for individuals *directly* affected by violence, but has immediate implications for working with families as it is a contributor to violence and poor relationships in the family and affects other interpersonal relationships. The data on function indicated that good family and interpersonal relationships are very critical in this culture and setting. However, the consequences of violence appear to damage these relationships. For this reason, interventions might target both the individual's sense of trust and capacity to carry out their roles in society as well as supporting families and communities affected by this loss of function.
- Security is normally considered an important requisite for trauma treatment, and restoration of security/stability is considered by many to be the first phase in a staged treatment model for complex trauma and/or violence. In launching mental health services, careful steps must be taken to ensure that individuals can access care without consequence or repercussion. Without such assurances, services may do more harm than good.
- The numerous words indicating concerns of *temor/miedo/nervios* is consistent with clinical observations that many survivors of violence remain in a hyper-aroused and fear-based state (linked to the very physical and intentionally frightening nature of the abuse). Addressing these issues in treatment is particularly challenging in communities where there is

either an ongoing threat, a significant sense of a perceived threat, or many potential triggers to the previous threat and trauma.

Discussion

Implications for Developing Mental Health Services

Initial questions in the assessment were asked to determine how people currently get help for the sorts of problems described above. Many of the responses included “psychologist,” or specialized doctor indicating that there may well be a need to further develop psychological or mental health services for this vulnerable population. Religious institutions and just having spirituality were also mentioned as potential forms of help. Future attention needs to be paid to determining existing resources and identifying a network of potential providers for developing treatment options for populations affected by violence.

Since the team was unable to pursue second interviews with many of the key informants, it was unable to sufficiently explore the range of community resources available to treat affected individuals.² However, based on the data we did collect at interview it appears that there are few programs in the Tamaulipas area with the clinical skill, supervision, and staff capacity to respond to the significant clinical mental health needs resulting from violence. Although some of the leading human rights agencies employ staff psychologists, it isn’t clear that all those who experience violence contact these agencies.. This suggests the need for more sustained, community based mental health care options and the need for a network of care providers. Given the potential size of the problem and the likely lack of sufficient mental health care providers, there is a need to establish and build capacity in order to reach all affected individuals and their families.

To inform the work of clinical mental health care providers to address violence in Mexico, the following additional recommendations can be made regarding potential modes of service delivery:

- In order to respond to the clinical mental health needs of individuals, their families and communities that have been affected by traumatic violence, human and organizational resources will be critical. A *network of mental health providers* must be developed to better address the mental health consequences of violence.
- Prisoners may have very specific intervention needs, particularly due to hopelessness, withdrawal and loss of interest in living that characterizes the locally-described condition of *carcelazo*. While not confirmed through this assessment, it appears that many individuals sentenced to prison suffered trauma through maltreatment during detention. In these instances, the challenge will be to identify individuals who may have faced

² Community resources would normally be addressed in the repeat interviews.

the greatest trauma of this sort in order to identify them and provide mental health services.

- Overall, finding the political space to operate mental health intervention programs will be important to consider in working in many parts of Mexico. Creative means of access to affected populations will need to be sought. Support group therapies are one potential modality of treatment due to their ability to be couched within other forms of health services (i.e. “women’s health”) without drawing particular attention to those seeking care. Such treatment modalities could address some of the concerns about security, access and risk of retribution.
- Treatment groups, and in particular, trauma-focused groups, are generally considered by senior clinicians who work with victims of violence and extreme trauma (such as complex trauma) to be contraindicated due to the highly fragmenting, intimate, and relationally distressing nature of torture. However, such groups may be one of the few viable options, given the available resources in Tamaulipas. With appropriate training and supervision for work among highly traumatized populations and a day-to-day stress reduction focus, support groups could be helpful both in prisons and in community settings. Such interventions have been used successfully with highly traumatized populations in other parts of the world.
- For symptoms of depression in violence-affected populations, evidence-based interventions, such as Interpersonal Group Psychotherapy (IPT-G) that have been adapted for use in developing countries are of potential interest. Prior experience has demonstrated that IPT-G can be taught and delivered with fidelity in a low-resource context by lay practitioners. In Mexico, such an approach may also be a more sustainable model for long term intervention (IPT-G is usually delivered over a period of 16 weeks or more). IPT-G may be suitable for the treatment of depression-like problems among persons affected by violence in Mexico if appropriate lay facilitators or even clinicians could be identified to receive the training and carry out the intervention correctly.
- In considering group treatment models, mental health service providers would need to screen and identify individuals whose levels of anxiety, distrust and preoccupation might preclude any sort of group treatment, at least in the first steps of intervention. For such individuals, a network of skilled treatment providers (and there are a handful of psychologists with these credentials) might need to be developed to refer highly traumatized individuals to a higher level of care. Such individual treatment for highly traumatized individuals is likely to require long-term and sustained care rather than brief assessment or short-term therapy.
- Community-based, support and skills-based groups may also be useful for affected family members such as female heads of households with children whose spouses are in prison. These interventions could directly address certain barriers to care such as child care and transportation issues. Skills or even tutoring groups may have additional potential for children whose caregivers have been affected by violence.

Conclusion

This initial assessment has revealed valuable information for informing the design of services for populations affected by violence in Tamaulipas, Mexico. Further resource assessments, as described above, would be pivotal in helping the Victims of Torture Fund decide on next steps, including to what extent to build on existing programs and invest in capacity building for these programs, and if other local, not-yet-identified resources are also available to increase mental health services to victims of violence in Tamaulipas and other parts of Mexico.

Appendix: Results of Free Listing Interviews

1. What are the problems of violence-affected people and their families?	Number Reporting	Percentage
Trauma psicológico (psychological trauma)	15	37%
Problemas con su familia (family problems)	10	24%
La humillación (shame)	8	20%
La familia queda amenazada (the family feels threatened)	7	17%
La tortura psicológico (psychological torture or abuse)	7	17%
La tortura sobre los roes (moral torture)	5	12%
Golpeado (being hit or beaten)	5	12%
Las familias se preocupan (families worry)	4	10%
La depresión (depression)	4	10%
Meterse drogas (taking drugs)	4	10%
El temor (fear)	4	10%
Problemas físicos (physical problems)	3	7%
Abusan del poder que tienen las autoridades (the authorities abuse their power)	3	7%

2. What is a happy/functioning person like?	Number Reporting	Percentage
Bien sin problemas (no problems)	22	54%
Alegre/estar feliz (happy/to be happy)	13	32%
Tienes a la familia (you have a family)	11	27%
Ninguna enfermedad (no illnesses)	10	24%
Trabajar (to work)	7	17%
Teniendo todo (having everything)	7	17%
Comunicación con su familia (communication with your family)	5	12%
Está tranquila (to be calm)	5	12%
No tener problemas de dinero (to not have financial problems)	5	12%
Van a fiestas (they go to parties)	5	12%
Riendose (laugh/laugh at oneself)	4	10%
Salir adelante (to come out ahead/do well)	4	10%

3. What does a happy family look like?	Number Reporting	Percentage
There is no conflict at home	11	27%
Are rich	9	22%
Are healthy	7	17%
They take care of each other	7	17%
Everybody loves each other equally	5	12%
Have a job with good income	4	10%
Have diverse life (walk, restaurants)	4	10%
They are not alcoholics	4	10%

4. What is a good community like?	Number Reporting	Percentage
Are attentive	10	24%
A neighbor you can trust	9	22%
Are friends to each other	8	20%
There is no fighting	7	17%
Are not arrogant to be friends with the poor	7	17%
Love	3	7%
Devoted	3	7%
When a neighbor asks you something and you give	3	7%
When they do good kind things	3	7%