

Mental health and the role of culture and resilience in refugees fleeing violence

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Abstract: This study focuses on the mental health and the role of resilience in Mexican refugees in the El Paso, Texas border region who experienced acts of violence, extortion, kidnapping, torture, arson, or other traumatic events in Mexico. This is an exploratory study that uses using mixed methods. We gathered data using: the Harvard Trauma Questionnaire and the O'Connor-Davidson Resilience Scale. We conducted extended interviews with adult participants (n=30) who escaped from the violence in Mexico to El Paso. Surprisingly, results did not show evidence of post- traumatic stress disorder. On the contrary, participants were highly resilient. Among the major themes that emerged from the interviews, cultural components identified by the participants consisted of: support to families (familism), the ability to talk to others about their own experiences (personalism), the idea that they have no control over their situation (fatalism), and putting things in God's hands (faith), which mediate the effects of the experienced violence. **Keywords:** migration; violence; culture; resilience; mental health

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Introduction

War, unrest, and widespread crime can have strong adverse effects on quality of life and mental health (Eisenman, Gelberg, Liu & Shapiro, 2003; Fortuna, Porche & Alegria, 2008; Walker & Barnett, 2007). Over the past several decades, some nation states have been profoundly affected by internal violence, political unrest, and upheaval. As a result of civil war, ethnic genocide, and natural disaster, millions of people have been forced to migrate or to become internally displaced. The United Nations High Commission on Refugees estimates the worldwide population of international refugees at 13 million and internally displaced persons at 38 million (UNHCR, 2015). This has exposed people to repeated traumatic experiences associated with violence, civil armed combat, terrorism, drug trafficking, and the breakdown of civil society.

Forced migration is often a consequence of exposure to serious threat to life or safety and may involve criminal victimization, forced labor, torture, murder of a family member, disappearance, abduction, extortion, and/or human trafficking (Eisenman *et al.*, 2003; Steel, Silove, Bird, McGorry & Mohan, 1999). As might be expected, mental health can be adversely affected by forced migration (Fortuna *et al.*, 2008; Steel & Silove, 2000; Walker & Barnett, 2007). The circumstances leading to the decision to flee one's country are often precipitated by adversity, yet the migration itself and settling into a foreign land are also fraught with difficulty, sometimes resulting in stress disorders and depression among migrants (Steel *et al.*, 1999; Fortuna *et al.*, 2008; Mollica, 2006).

Nonetheless, time and again we have seen evidence

Copyright © 2017 Lusk, M. W. and Chavez-Baray, S. This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (http://creativecommons.org/licenses/by-nc/4.0/), permitting all non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. 26 of resilience and posttraumatic recovery among migrants and refugees (Lusk & McCallister, 2015; Lusk, McCallister & Villalobos, 2013; Lusk, 2014; Chavez, Lusk & Sanchez, 2015; Mollica, Kirschner & Ngo-Metzger, 2011; Mollica, 2006). Too often the narrative on refugees has focused primarily on the adverse precedents and consequences of forced migration. In this paper, we again document the strengths and capacities of migrants to successfully overcome hardship, to recover from adversity, and to forge a new existence in an unfamiliar place.

Migration to the United States

Mexico's illicit drug production, at around \$30 billion a year, comprises 3% to 4% of that nation's GDP; the effects of which have been to create widespread networks of corruption and one of the largest drug networks in the world (Lee, 2014). Because organized crime had such a pervasive grip on much of Mexican society, in 2006 newly elected Mexican president Felipe Calderón declared war against the drug cartels. He mobilized thousands of federal police officials throughout Mexico and ordered the military to join the nationwide battle against drug cartels and organized crime. The outcome was not expected. Paradoxically, crime not only did not decline, it accelerated dramatically as cartels fought among each other for turf. Moreover, violence became worse and homicides became demonstrably cruel and ritualized (Schedler, 2014). Mexico sank into a progressive spiral of chaos as crime expanded into kidnapping, extortion, and human trafficking (Council on Foreign Relations, 2015). Moreover, opportunistic crimes accelerated and civil society declined as public enforcement of law and order became increasingly degraded (Campbell, 2009).

Murder rates increased sharply, rising by 58% in 2008 and peaking in 2011 at over 25,000 homicides (Heinle, Molzhan & Shirk, 2015). Homicides documented by the National Institute of Statistics totaled 121,669 nationally during the period of 2008 to 2012 and finally began a gradual decline in 2012 after the installation of President Enrique Peña Nieto (Heinle, Molzhan and Shirk, 2015).

This situation in Mexico created considerable general fear and anxiety. For several years, major border cities' streets were practically empty after sunset. Businesses started to collapse and close in communities like Ciudad Juárez as a result of extortion, death threats, kidnapping, and arson by organized crime. Signs of city residents having to protect and fend for themselves were everywhere in the form of high fences, barbed wires, surveillance cameras, and private security guards (Payan, 2014). In Juárez, high rates of extortion and crime led to the closure of over 10,000 businesses, equivalent to almost a third of the city's companies (Becerra-Acosta, 2010). Well-off business owners moved their operations to neighboring El Paso and those who could afford to, sent their children to private schools in the States. Large tracts of the city were effectively abandoned and entire neighborhoods became ghost towns. The national census of Mexico estimates that the city lost 24% of its residents during the drug war (Payan, 2014).

In the face of such a reality, thousands of Mexicans living by the border, moved to the United States seeking refuge. The official Mexican statistical agency (INEGI) estimated that Juárez lost as much as 24% of its entire population during the first few years of the drug war; around 230,000 Mexican citizens fled from Juárez and of those, about 100,000 moved to El Paso (Becerra Acosta, 2010).

The psychological and social effects of war and armed conflicts are well documented and they are recognized for their contribution to human suffering, mental health problems, life quality decrease, and chronic disability (Eisenman *et al.*, 2003; Fortuna, Porche & Alegría, 2008; Pedersen *et al.*, 2008; Walker and Barnett, 2007; Lusk, McCallister and Villalobos 2013).

Research on the mental health effects of forced migration reveal that the experience is often accompanied by high levels of stress, anxiety, and acute depression. In addition, a segment of forced migrants are at risk of posttraumatic stress disorder (Fortuna *et al.*, 2008; Silove and Steel, 2000; Walker and Barnett, 2007). People living with and experiencing violence and migration may suffer trauma through multiple losses, with the death of a loved one among the most severe (Steel *et al.*, 1999). The degree of choice and ability to plan the transfer, mobilization or migration, along with the uncertainty of seeing their families again, also contribute to the anxiety and depression symptoms of migration (Fortuna *et al.*, 2008).

Resiliency

Because the experience of being a refugee (or forced migrant) is often one filled with adversity, behavioral

scientists have tended to focus on the negative aspects of forced migration. While refugee migration is usually, at a minimum, a very difficult experience, few scholars have taken adequate notice of the remarkable capability of refugees to overcome difficulties, not just to "survive," but to "thrive."

The International Association for the Study of Forced Migration defines forced migration as, "...the movements of refugees and internally displaced people (those displaced by conflicts) as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine, or development projects" (International Association for the Study of Forced Migration, 2015, p.1). Those who flee Mexico in the wake of widespread criminal violence, conflict, and victimization are among those worldwide that, unlike voluntary migrants who seek better economic opportunities, are actually forced to leave their country as a matter of survival.

Research has detailed adverse effects of displacement. Forced migration and displacement usually entail personal losses, including death of family members, loss of country, forfeiture of property, personal injury, unemployment, criminal victimization, and loss of professional status. These losses can have a cumulative effect and several authors have observed that forced migrants may suffer one trauma after another with added consequences (Eisenman *et al.*, 2003; Fortuna *et al.*, 2008). In contrast, we have seen strengths among migrants and we have specifically sought to emphasize resilience as a feature of migration that is as important, or more significant, than adversity and hardship alone.

Resilience is the ability to respond to adversity with strong coping skills and to "maintain a stable level of functioning" (Kimhi, 2014, p.1). It is "one's capacity to adapt successfully in the presence of risk and adversity" (Jenson and Fraser, 2006, p.8). As an individual trait, it is associated with protective environmental factors, such as integral families, stable communities, economic opportunities, social support systems, educational opportunities, and pro-social neighborhood norms (Jenson and Fraser, 2006). In this sense, resilience is also a social and environmental attribute.

It has also been documented that trauma is experienced differently by cultural groups (Silove, 1999; Mollica, 2006; Ungar, 2013). Culture can mediate trauma and provide ways of assigning meanings to hardship. Culture can help people construct narratives about adversity to formulate protective features. These protective cultural elements may provide meaning to adversity through their cultural interpretation in rituals, ceremonies, rites of passage, and engagement with extended families and cultural groups.

Cultural factors are significant in explaining how people cope with adversity because resistance to hardship (or resilience) is not as much a matter of one's psychological traits as it is the capacity of a person's "informal and formal social networks to facilitate positive development under stress" (Ungar, 2013). Social networks are environmental factors that protect individuals from adversity when one is able to access them. Ungar (2013) contends that social networks can serve as environmental resources to counterbalance adversity; they are important elements of the social ecology of individuals. These networks include families and communities that are embedded in the cultural norms of the person.

In the case of refugees and displaced persons, such networks can be found in other migrants who have preceded them in moving to the host country. This may include other immigrants who moved for economic or familial reasons rather than to escape trauma and victimization. Flores-Yeffal (2013) has documented the significance of Migration Trust Networks among Mexican migrants. As she observes, trust networks are more than a set of contacts of former migrants in the host country. They are more substantial than that insofar as they entail an extensive array of supports to the migrant that are offered with little or no expectation that the supports rendered will be repaid. The supports or services may include help finding a job or apartment, financial assistance, help with social adaptation, and the sharing of cultural practices (Flores-Yeffal, 2013). The reciprocity or repayment to the helping network is not directly paid to the immediate network, but is seen as a future obligation the migrant takes on to similarly help future migrants. The social obligations are based on trust relationships, not on expectations of monetary repayment. In this sense, it is a form of social capital that resides in the cultural connections and felt obligations among new and vulnerable migrants.

We examined resilience as more than an individual attribute. Previous studies by social scientists that have been informed by a Western cultural majority bias of individualism have too often overlooked the collectivist traditions of non-Anglo European migrants (Ungar, 2013). Because we had seen evidence of strong protective features in the culture of Mexican migrants in our previous work, we explicitly looked for it in this sample (Lusk, McCallister & Villalobos, 2013).

Objectives

This research examined mental health sequelae in Mexicans who have migrated to the United States due to violence, trauma or criminal victimization. In addition, we identified cultural components that have facilitated adaptation and contributed to resiliency among migrants and refugees.

We asked respondents to describe their immigration experience and the events that led up to it. In our interviews, we explored in detail the nature of adversity that was a precursor to their forced migration. Using the Harvard trauma questionnaire, we assessed respondent's depressive signs and symptoms and evaluated them for Post-traumatic Stress Disorder (PTSD). Most importantly, we pointedly looked to identify protective factors that helped individuals cope with and adjust to adversity and migration. We administered the Connor Davidson Resilience Scale. Finally, we explored cultural components that may serve to ease adaptation and promote resilience.

Methodology

In our exploratory study, we interviewed 30 adults to determine their subjective experiences of migration, the nature and extent of traumatic exposures, and evaluated them on standardized measures of trauma and resilience (see **Tables 1–3**). All of the individuals reported having fled Mexico due to criminal victimization, threat of personal injury, extortion, and other related risk factors. Inclusion criteria were that they be adults 18 years of age or older and Mexican migrants. We did not ask about their documentation status as migrants. Participants must have experienced one or more of the following:

- Exposure to trauma
- Criminal victimization
- Violence

We used a purposive convenience sampling method to recruit migrants receiving services from nonprofit organizations in El Paso, Texas. Thirty interviews were conducted of which 10 were men and 20 were women.

Approval of the study design, data collection, and in-

formed consent forms (in English and Spanish) was secured from the Institutional Review Board of the University of Texas at El Paso. The consent form was thoroughly explained to the participants prior to the interview process.

The interviews were conducted in Spanish. Participants completed the Connor-Davidson Resiliency Scale (Spanish version) and a semi-structured interview to determine the subjective experiences associated with traumatic exposure, migration and recovery. Each interview was one to two hours.

The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item self-rating scale that has been shown to measure resilience, which is defined as stress coping ability and a target of treatment in stress disorders, anxiety, and depression (Connor and Davidson, 2003).

Table 1. Demographic information

Variables	Total(n = 30)	%	
Gender			
Male	10	33.3%	
Female	20	66.6%	
Marital Status			
Married	25	83.3%	
Single	5	16.6%	
Level of education			
High School	3	10.0%	
Bachelor's degree	22	10.0%	
Masters' degree	3	73.3%	
Doctorate	1	3.3%	
MD	1	3.3%	

 Table 2. Summary of traumatic events (Harvard Trauma Questionnaire)

Please indicate whether you have experienced any of the following events (YES or NO)

Event	Number of People	%
Forced evacuation under dangerous conditions	30	100%
Disappearance or kidnapping of family members or friends	30	100%
Witness killing/murder	30	100%
Murder or death due to violence to family members or friends	15	50.0%
Ill health without access to medical care	10	33.3%
Physical abuse/torture	10	33.3%
Other situations that caused you fear or that you felt your life was in danger: 3 assault, 4 extortion, 2 ne-otiate with kidnappers	9	30.0%
Rape	2	6.6%
Lack of shelter	2	6.6%
Lack of food or water	1	3.3%

Table 3. Cultura	l values that	sustained	me as a migrant
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	Not at all	A little	Somewhat	Quite a bit	A great deal
<i>Dignidad</i> (dignity)	3	20	4	2	1
Respeto (respect)) 0	0	0	0	30
<i>Comunidad</i> (community)	0	0	0	1	29
Familia (family)	0	0	0	0	30
<i>Religión o fe</i> (faith)	1	0	2	1	26
Compadrazgo (close friendship) 0	0	3	5	22
<i>Cortesía</i> (courtesy)	0	0	5	10	15
Orgullo (pride)	1	2	6	8	14
Personalismo (personalism)	7	8	5	4	6
<i>Solidaridad</i> (solidarity)	0	0	0	2	28

Resilience is also defined as a protective factor against mental problems and a dynamic process of adaptation to changes in life circumstances (Rutter, 1985). The scale has strong psychometric properties of validity and reliability in both the English and Spanish versions and factor analysis confirms that the scale measures a single underlying construct, resilience (Connor and Davidson, 2003; Karairmak, 2009). It has been evaluated with outpatients, community samples, healthy volunteers, psychiatric patients, refugees, and populations exposed to trauma, combat, abuse, and natural disasters (Connor & Davidson, 2003; Karairmak, 2010; Connor & Davidson, 2016). The possible score range is between 0 and 100, with higher scores indicating greater resilience (Connor & Davidson, 2003).

The Connor-Davidson Resilience Scale has been demonstrated to correspond to five factors that are related to resilience and perseverance in the face of adversity, including: (i) personal competence, high standards, and tenacity; (ii) trust in one's instincts, tolerance of negative affect, and the strengthening effects of stress; (iii) positive acceptance of change and secure relationships; (iv) control; and (v) spirituality (Connor & Davidson, 2003; Scali et al. 2012). Specific items on a 5-point frequency Likert scales measure the ability to adapt to change, the presence of secure relationships, self-confidence, optimism, strong sense of purpose, and personal faith, among others. For example, Item 11 measures resilience by asking the respondent to rate "I believe I can achieve my goals, even if there are obstacles" on a scale from "not true at all" to "true nearly all the time". The scale clearly can be helpful in understanding the question of a migrant's capacities to cope with and respond to great adversity.

The prevalence of resilience varies by population. The CD-RISC-25 User Manual reports the following means and standard deviations: General population 80.4 (12.8); individuals exposed to severe trauma 47.8 (19.5); persons with major depression 57.1 (13.3); survivors of suicide attempts 56.4 (16.0); individuals with anxiety disorders 62.4 (10.7); Congolese refugees with post-traumatic stress disorder 51.9 (15.0); and Chinese refugees 60.7 (15.6) (Connor and Davidson, 2016). A study of Iraqi War refugees in Jordan found moderate resiliency in that population and observed that higher CD-RISC-25 scores were positively related to higher educational levels (Algudah, 2013). The author also observed that Iraqi refugees scored higher on the Spiritual Influence Factor than on other factors of resilience (Algudah, 2013).

With respect to the extended semi structured interviews of refugees, we followed Miles, Huberman, and Saldaña's dynamic, recursive data analysis process, which includes data collection, reduction, display, and interpretation (Miles, Huberman & Saldaña, 2014).

Results

Participants were between the ages of 18–68. Most were women (66%) and married (83%). Married migrants tended to leave the country as an intact family unit. Participants had been living in El Paso for six months to five years. Most were well above average in education and this was reflected in their occupations as professionals and business owners or members of professional families – the groups most like to be extorted or threatened. Academic achievement of participants varied between current high school students (2), current college students (3), college graduates (22), master graduates (2), doctoral graduates (1), and a physician.

In the Harvard Trauma Questionnaire and during the depth interviews, each participant was asked about the traumatic events that led to their decision to leave Mexico. All of the respondents reported at least one major traumatic event; most had experienced multiple traumatic events.

Those unfamiliar of the extent of violence and criminality in parts of Mexico from 2007 to 2014 might be shocked by the severity of the traumatic events experienced by citizens who are not involved in organized crime or the drug war. Over the course of four years of speaking with over 100 forced migrants in three studies, we repeatedly heard stories of ongoing personal threats; witnessing murders and assaults in public places; seeing corpses in the streets; surviving rape and sexual assault; being a victim of armed robbery, carjacking, and kidnapping; and even torture (Lusk & McCallister, 2015; Lusk, McCallister & Villalobos, 2013; Lusk, 2014; Chavez, Lusk & Sanchez, 2015).

Many respondents continued to feel adverse effects of these experiences long afterwards. For example, part 4 of the Harvard Questionnaire for Trauma documents the symptoms that people have experienced the week prior to the interview as a result of previous harmful or adverse events. Among the items in this part, the highest reported feelings were those of helplessness (30) and distrust (30). Additionally, participants reported feeling misunderstood (25), ashamed (12), guilty or regretful for the things that happened (10), or guilt for having survived (3).

The CD-RISC-25 Resilience Scale

When participants were administered the Connor Davidson Resilience Scale (CD-RISC-25), they demonstrated very high levels of resilience in the face of adversity. The mean and standard deviation on the scale were 92.4 (8.4). This indicates that this group of refugees is highly resilient as compared to both the general population and persons who had experienced trauma. This finding was corroborated in the interviews in which migrants repeatedly framed their journeys and experiences through a positive framework. Considering that none of the interviewees had made the migration unscathed by victimization or great hardship, it is really quite remarkable that they were so hardy and capable of bouncing back. It is important to note that the refugees were better educated than the general population in Mexico and that many had been professionals in their home country. In addition, all of the participants were now residing in the country of their destination and they found themselves in far less precarious circumstances in the United States than in their home country or as travelers on the migrant trail. These two factors may have been protective in nature.

Narratives of the Migration

"We basically had to run away, we left everything,

house, car, work, family; it was very painful." (Female, 30 years old)

"One day I got home and my husband told me, "hurry up, take a suitcase because we are leaving to El Paso, they say that if I don't pay the fee, they are going to kill our children", I cried all the way; I only brought one suitcase with clothes for the four of us, everything was left in Juárez." (Female, 43 years old)

"We had to leave at midnight, as if we had done something bad, we wrapped our children in blankets and a friend took us to the bridge, there we gave ourselves as refugees, we didn't think that they would arrest us; we were detained for almost three months, it was very tough, difficult, and painful." (Male, 45 years old)

Experiences After Migration

"Here, we live in a small place, our economy was affeted, we don't have too much, and we move by bus, but it doesn't matter because my family and I are safe, we can safely take the kids to the park." (Male, 38 years old)

"We struggle a lot in here, everything is different; language, economy, but we are calm and safe." (Female, 40 years old)

"We live in a rental house, we only have one car, we have to be very organized to do everything we want; the house is small and we don't go out as we used to, my parents work much more and I see them stressed, but not as when we lived in Juárez. Now, they smile and we go out with more freedom without looking after ourselves." (Female, 18 years old)

Following are some sayings or cultural expressions (dichos) mentioned and used by interviewees in times of adversity:

"Dios aprieta pero no ahorca." / "God squeezes but doesn't choke."

"Al mal tiempo buena cara." / "To the bad time, a good face."

"No hay mal que dure 100 años ni cuerpo que lo resista." / "Nothing lasts forever."

"No te dejes porque el viento va en contra tuya, mejor aprende a volar." / "Don't give up against the headwind, learn to fly instead."

"Todo pasa para algo" / "Everything happens for a reason."

"Que no me den, que me pongan donde hay" / "Don't give me money, put me where I can make it."

Other cultural components identified by participants were evident in the interviews, such as family support (*familismo*), the ability to talk with others about their own experiences (*personalismo*), feeling that they have no control over their situation (*fatalismo*), and placing everything in God's hands (*espiritualismo*). Participants also made reference to values that sustained them during the in-depth interviews such as dignity, respect, community, family, faith, friendship, courtesy, pride, personal reference, and solidarity that seemed to mediate the impact of violence they had experienced, and benefit resilience.

Overcoming Adversity

In the stories that we heard during the in-depth interviews, we encounter descriptions of events which were very harmful to the integrity of people not only physically, but mentally during their migration, including kidnapping, assault, extortion, rape, sexual assault, and even witnessing executions. In most cases it was criminal acts that motivated people to migrate to the United States with their family members as a strategy to survive. For example, in the case of one businessman, they kidnapped his brother asking \$2 million to liberate him. Not having that much cash, they offered to make an exchange of real estate valuing that amount in exchange for their relative. So they got all of the cash that they had together and after various negotiations with the kidnappers they turned over the cash expecting to get their brother back. Instead they were mailed a package that had the severed finger of their brother.

"We negotiated to rescue our kidnapped brother, ask for \$2 million, we completed the negotiations and then they started sending him to us in pieces." (Male, 30 years old)

In another case of kidnapping, a woman narrates that she had to negotiate with kidnappers for the rescue of her niece. They gather the quantity that they demanded among members of the family, yet notwithstanding, they demanded more with the threat that they would kidnap her daughter if they didn't pay the full amount.

"My niece no longer has parents and so they contacted me to negotiate for the payment for her freedom. Between me and my children and some other relatives we got together the cash that they ask for and I gave them the money. They turned over my niece but they had tortured her, they had burned her, and cut her. Within a week they threatened me for a bribe or they would kidnap my own daughter. It was then that we decided to flee." (Female, 60 years old)

Other participants spoke about the fear that they experienced at having been assaulted with physical battery and firearms in their own houses or businesses. One young woman recounted that she returned to her house after having been picked up along with her brother by her parents to be surprised when an armed group entered their home. They assaulted and battered her parents while they kept them locked up in the bathroom.

"It was about a year ago when shortly after arriving at our house, two trucks pulled up and surrounded our automobile on both sides. Men got out with guns, took our parents, I ran to hide by some plants and they grabbed us and locked us in the bathroom where we hugged each other and meanwhile we heard loud noises inside the house. Our parents opened the door finally and thank God they were still alive but my father had to open up the safe and they also took televisions, video games, and computers." (Female, 18 years old)

One father described how crime had been escalating in a neighborhood in which he lived with his family in Juarez. He told of how criminals began asking for quotas house to house only later to begin to conduct robberies of the houses with people inside, even raping them and killing people who lived in those homes. If that were not enough, they also went after people who sought to flee the neighborhood tracking them through the city.

"They started to ask for bribes in our neighborhood; later they began to steal from us, sometimes they would rape the women, kill the men. This happened in three households in our neighborhood so we decided to move, but they tracked us down and called me on my cell phone and said that even though we had moved they knew where we were and they were going to get us." (Male, 50 years old)

Some of the participants we interviewed also witnessed murders. One professional said that he witnessed the murder of an employee in her business after they had robbed her. They had threatened her for a bribe and after she did not pay, they robbed and killed her.

"I'm a civil engineer and they came into my business and stole all of my tools and equipment. They killed one of my employees in front of me and they told me that I was next if I did not get together 500,000 pesos by the next day. I don't have that kind of money so I spoke with the family and we decided to move here." (Male, 68 years old)

The assessment of a monetary bribe (*cuota*) by criminal organizations in exchange for so-called protection was mentioned primarily by business owners. One woman recounted how her husband died of a heart attack when faced with the uncertainty of not being able to pay the bribe. In addition, they were stressed by the fact that their business had been burned through an act of arson when they had closed the business to avoid criminal persecution.

"They demanded bribes from all of the businesses on the block where we were located, you could hear gunfire. My husband had a heart attack and died. After I closed the business for a few days the crimnals burned our business and called my house telling me that we owed them money." (Female, 68 years old)

One business owner mentioned that the demands for a quota or bribe kept increasing every month, even on occasion weekly, leaving them without any economic liquidity and putting them at great risk.

"They would ask for a bribe every month, later every 15 days, and then finally every week. We didn't have any more money and it got to where we couldn't feed our kids. They came by our business and shot my niece and an employee." (Female, 48 years old)

Those who at any time declined to make a payment or quota were persecuted and in the worst cases assassinated. One woman narrates how her sister is murdered after refusing to pay the bribe at her clothing stores. Finally, some men arrive and start shooting at her house.

"They came and ransacked my sister's house and then they murdered her. She had a couple of businesses and she left them to me along with her three daughters so it was for all of our safety that we came over to the states. It was horrible to have to go claim the body of my sister." (Female, 35 years old)

Participants who elected to come to the United States to ask for asylum say that they were forced to make the move because of the experiences that they had in Mexico. One man mentioned that after having lost four people, three of whom had declined to make payments on bribes and one of his employees, he decided to flee like a refugee in order to survive.

"They killed two of my brothers because they had businesses and refused to pay bribes and my business partner was also dispatched by them so I sent my driver to make a payment and they murdered him thinking that he was me. So I decided to leave at midnight as if we had done something wrong. We wrapped up our children in blankets and a close friend took us to the bridge where we turned ourselves over to the authorities as refugees, never thinking that they would arrest us, but we were detained for several months. It was difficult, hard, and painful." (Male, 45 years old)

It is not only bribes that are demanded, but in some cases entire businesses. For example, a young man saw his uncle murdered after declining to turn over his ranch property in northern Chihuahua.

"I was with my uncle at his ranch in Villa Ahumada when several armed men came to our property. I hid behind a bookshelf. They demanded that my uncle turn over the entire ranch, he said he could not do so as it was his family's inheritance. Right there they shot him to death." (Male, 22 years old)

Yet another risk is simply finding oneself in the wrong place at the wrong time. One participant saw his brother being shot when he went outside to help a neighbor wash his car. He watched out the window as an armed convoy drove down the middle of the street shooting and killing everyone that they saw right outside of their homes.

"My father was at work and my mother went out on chores leaving my brother and me alone. My brother went over to help a neighbor wash his car and a convoy passed by with three large trucks of men shooting all of those who were on the street; they do that very well in Juarez." (Male, 20 years old)

We were also informed by participants about small business owners who had been coerced into selling drugs.

"My relatives had a little store and they arrived in a truck, got down and murdered my aunt and uncle. They showed up at the funeral and told us that we would have to be selling drugs there now at the store or they would kill us just like our aunt and uncle. It was then and there that we decided to move because they were like my parents." (Female, 25 years old)

Seemingly, no one was immune to the threat of organized crime. In particular, people in healthcare were at risk.

"They started to come by the hospital for we, the doctors to take care of them and treat their wounds. They even snatched some of the parking lots; they even killed some of us. In those days, it was very risky to be a medical doctor." (Male, 68 years old)

"I saw so many people affected by the violence and the shooting in the streets, the assaults, so finally I just closed my dental clinic." (Female, 64 years old) "I was a social worker at *Seguro Social* (Social Security Office) and they would come in and kill criminals and employees. I don't know how I'm still alive." (Female, 50 years old)

A common perception among our participants, most of whom were business owners or professionals, was that they had been targeted and that the only way that they would be able to protect themselves and to save their and their families' lives was to migrate to El Paso, Texas; knowing that they would lose their economic, social, and professional status. This took enormous courage, perseverance, and resiliency.

Sustaining Cultural Values

We specifically sought to identify any sustaining cultural values that the participants invoked as protective factors when facing such severe adversity. We asked open ended questions to help us determine how they maintain their integrity after losing so much. Consistently, people referred to the importance of their family as the key sustaining factor. They reported that the actions they took to evade criminality and to make a life in the North were largely rooted in securing safe futures for their children. Again and again, participants said that they acted out of necessity when they decided to leave Mexico. But even in the desperation of flight, they were sustained by the knowledge that their children and family would be safer here. Similarly, participants repeatedly referred to the importance of religion or faith as a sustaining value that help them keep focused on the future rather than dwelling on the immediacy of the harms that had befallen them. They also noted that the presence in El Paso of a large Hispanic community in which they could find considerable support was an important factor, both personal and cultural, helping them make the transition. All of the respondents without exception said that faith and religion had sustained them.

Maintaining integrity in the face of severe violence is also culturally a matter of self-respect. Respondents said that it was not right for them to dwell on their victimization, but rather critical to their well-being, self-worth, and pride that they be future oriented and focus on the opportunities that are being presented to them here in the North rather than on the past (*respeto*).

Respondents repeatedly emphasized the importance of their interpersonal relationships outside the family has also been critical to their integrity. Deep personal friendships (*compadrazgo*) formed the basis of networks that sustained the refugees in their new homeland. They sensed that they belong to a community, and extended family of friendships to which they could turn to for emotional and physical support (comunidad). In addition, they had utilized migration-trust networks of fellow migrants who, while not knowing them personally as relatives or friends, extended helping hands, offers of temporary shelter, assistance in finding work with no expectation of payment - a version of "paying it forward" (Flores-Yeffal, 2013). It was within this extended community that they found solidarity, the shared experience of a minority that has a common worldview with mutual values; this sustained them beyond measure. Within this network of recent migrants and more settled Hispanic communities, they found that they were treated with considerable acceptance, respect, and courtesy (respeto, cortesia, comunidad). This provided them with a sense of pride and integration, a network of families, friendships, faith communities, informal networks, and sense of belonging and solidarity formed the cultural basis of resilience and posttraumatic growth (Tedeschi and Calhoun, 2004).

All of the participants visualized a positive future, making comments or using *dichos* (sayings) like: "We're going to get through this", "As long as were alive there's nothing that we can't fix", and "With the help of God, the boat won't sink."

Discussion

Experiencing adverse situations in life can greatly affect the mental health of any individual. Obviously, harrowing situations and traumatic events can adversely affect mental health and personal well-being. Yet our sample of Mexican migrants who fled to the United States as forced refugees found the internal, cultural, and personal resources to reframe their migration more positively.

Migrant refugees turned to other people like them who shared their values and could support their faith, optimism and hope, including family members and newly made friends, but also other migrants and volunteers whom they had not known and yet were willing to help. Similar to what Levitt observed in her monograph, *God Needs No Passport*, refugees were able to find meaning and context in the faith community from which they drew resolve and hope (2007). Yet they also drew from their own sense of respect to bolster their resolve. When asked to reflect on what cultural values had sustained them as a migrant, the two cultural values that emerged at the top were *respeto* (respect) and familia (family); followed closely by *comunidad* (community) and *compadrazgo* (close friendship).

Based on the analysis of these interviews, we conclude that cultural factors can mediate trauma and that family support, personal faith, hope, and an extended network of friends can provide the basis for posttraumatic growth.

Conclusion

Despite the adversities experienced by migrants in their native country, the migrants found a great sense of personal security in their new country of arrival. Although in most cases they lost their businesses or were unable to practice profession in which they had trained, they nonetheless felt that the gains they had experienced far out weight the losses and that under the circumstances, they had done the right thing. They repeatedly stressed the importance of their family and their obligations to their family as major factors for their migration and for their continuing well-being. We saw people facing a new reality with the enormous sense of hope. Perhaps because of their comparative wealth and education, this group of migrants had greater assets to protect them from posttraumatic stress. Yet their willingness to describe personal and cultural factors that protected them such as faith, family, and networks of friends, indicated to us that they were framing their migration experience positively almost as if it were an opportunity for rebirth or a brand-new start.

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Conflict of interest

The authors declare no potential conflict of interest with respect to the research, authorship and/or publication of this article

References

Alqudah, A. F. (2013). Resiliency levels among Iraqi refugees in Jordan and its relation to some demographic variables. *International Journal of Psychological Studies*, 5(4), 50–59.

http://dx.doi.org/10.5539/ijps.v5n4p50

- Becerra-Acosta, J. P. (2010). Huyen de Juarez 500,000 ciudadanos por la violencia. *Milenio Online*, viewed May 29th, 2016. https://groups.google.com/forum/#!topic/frontera-list/UXalgA5YmUw
- Campbell, H. (2009). Drug War Zone: Frontline Dispatches from the Streets of El Paso and Juarez. Austin: University of Texas Press.
- Chávez, S., Lusk, M. & Sanchez, S. (2015). Secuelas en la salud mental: El rol de la cultura y la resiliencia en migrantes y refugiados Mexicanos en la región de El Paso del Norte. In Barraza P, Torres L, Sanchez S and Diaz H (Eds.), *Tácticas y Estrategias Contra la Violencia de Genero: Antología.* Mexico, D.F.: FONCA, EON Sociales.
- Connor, K. M. & Davidson, J. R. T. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 71–82. http://dx.doi.org/10.1002/da.10113

Connor, K. M. & Davidson, J. R. T. (2016) User guide – The Connor-Davidson Resilience Scale, viewed May 31st, 2016. http://cd-risc.com/user-guide.php

Council on Foreign Relations. (2015) Organized crime in Mexico. *Global Conflict Tracker*, Washington D.C.: Council on Foreign Relations, viewed May 30th, 2016.

http://www.cfr.org/global/global-conflict-tracker/p32137#!/conflict/organized-crime-in-mexico

- Di Benedetto, M., Burns, G. L., Linder, H. & Kent, S. (2010). A biopsychosocial model for depressive symptoms following acute coronary syndromes. *Psychology and Health*, 25(9), 1061–1075. http://dx.doi.org/10.1080/08870440903019535
- Eisenman, D. P., Gelberg, L., Liu, H. & Shapiro, M. F. (2003). Mental health and health-related quality of life among Latino primary care patients living in the United States with previous exposure to political violence. *Journal of the American Medical Association*, 290(5), 627–634.

http://dx.doi.org/10.1001/jama.290.5.627

- Flores-Yeffal, N. Y. (2013). *Migration-Trust Networks: Social Cohesion in Mexican U.S.-Bound Emigration*. College Station, TX: Texas A & M University Press.
- Fortuna, L. Porche, M. & Alegria, M. (2008). Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States. *Ethnicity and Health*, 13(5), 435–463. http://dx.doi.org/10.1080/13557850701837286
- Heinle, K., Molzahn, C. & Shirk, D. A. (2015). Drug violence in Mexico: Data analysis through 2014. San Diego: Justice in Mexico Project. University of San Diego.
- Jenson, J. M. & Fraser, M. W. (2006). Social Policy for Children and Families: A Risk and Resilience Perspective. Thousand Oaks, CA: Sage Publications.
- Karairmak, Ö. (2010). Establishing the psychometric qualities of the Connor-Davidson Resilience Scale (CD-RISC) using exploratory and confirmatory factor analysis in a trauma survivor sample. *Psychiatry Research*, 3(30), 350–356. http://dx.doi.org/10.1016/j.psychres.2009.09.012
- Kimhi, S. & Yohanan, E. (2014) Determinants of Students' Perceptions of War Threats. In Zysberg, L (Ed.), *Student Attitudes*, p. 277–293. Upper Galilee, Israel: Nova Science Publishers, Inc.
- Lee, B. (2014) Mexico's drug war. Washington D.C.: Council of Foreign Relations, viewed June 2nd, 2016. http://www.cfr.org/mexico/mexicos-drug-war/p13689
- Levitt, P. (2007) God Needs no Passport: How Immigrants are Changing American Religion. New York: The New Press.
- Lusk, M. (2014) Hope and resiliency in a Mexican refugee. In Hoffler, E. (Ed.), *Hope Matters: The Power of Social Work*, Washington DC: NASW Press.
- Lusk, M. & McCallister, J. (2015). Resilience and trauma among Mexican refugees. In Moya, E. and Chavez, S. (Eds.), *Salud, Genero y Empoderamiento*. p.89–119, Mexico, D.F.: Editorial EON.
- Lusk, M., McCallister, J. & Villalobos, G. (2013). Mental health among Mexican refugees fleeing violence and trauma. Social Development Issues, 35(3), 1–17.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative Data Analysis. A Methods Sourcebook*. Los Angeles, CA: Sage Publications.
- Miles, M. B. & Huberman, A. M., (1994). *Qualitative Data Analysis: An Expanded Sourcebook*, 3rd ed. Thousand Oaks, CA: Sage Publications.
- Mollica, R. (2006). Healing Invisible Wounds: Paths to hope and recovery in a violent world. New York: Harcourt Inc.
- Mollica, R. F., Kirschner, K. E. & Ngo-Metzger, Q. (2011). The mental health challenges of immigration. Oxford Textbook of Community Mental Health, Oxford: Oxford University Press, p. 95–103.
- Payan, T. (2014). Ciudad Juárez: A perfect storm on the U.S.-Mexico Border, Journal of Borderlands Studies, 29(4), 435–447. http://dx.doi.org/10.1080/08865655.2014.982468
- Perez, J. R. (2010). Cisen: 28 mil muertos por guerra a narco. *El Universal*, August 3rd, 2010, viewed June 1st, 2016. http://archivo.eluniversal.com.mx/notas/699304.html
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorders. *The British Journal of Psychiatry*, 147(6), 598–611.

http://dx.doi.org/10.1192/bjp.147.6.598

- Scali, J., Gandubert, C., Ritchie, K., Soulier, M., Ancelin, M. L., *et al.* (2012) Measuring trauma in adult women using the 10-items Connor-Davison Resilience Scale (CD-RISC): Role of trauma exposure and anxiety disorders. *PLoS one*, 7(6): e39879. http://dx.doi.org/10.1371/journal.pone.0039879
- Schedler, A. (2014). The criminal subversion of Mexican democracy. *Journal of Democracy*, 24(1), 5–18. http://dx.doi.org/10.1353/jod.2014.0016
- Steel, Z. & Silove, D. (2000). The psychological cost of seeking and granting asylum. In Shalev, A., Yehuda, R. & McFarlane, A. (Eds.), *International handbook of human response to trauma*. London: Springer Series on Stress and Coping.
- Steel, Z., Silove, D., Bird, K., McGorry, P. & Mohan, P. (1999). Pathways from war trauma to posttraumatic stress symptoms among

Tamil asylum seekers, refugees, and immigrants. *Journal of Traumatic Stress*, 12(3), 421–435. http://dx.doi.org/10.1023/A:1024710902534

Tedeschi, R. G. & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18.

http://dx.doi.org/10.1207/s15327965pli1501_01

- Ungar, M. (2013). Resilience, trauma, context and culture. *Trauma, Violence and Abuse*, (3), 255–266. http://dx.doi.org/10.1177/1524838013487805
- Ungar, M., Ghazinour, M. & Richter, J. (2013) What is resilience within the ecology of human development? *Journal of Child Psychology and Psychiatry*, 54(4), 348–366. http://dx.doi.org/10.1111/jcpp.12025
- United Nations High Commissioner for Refugees (UNHCR) (2015) *Populations of concern to UNHCR*, New York: United Nations High Commission on Refugees, viewed June 3rd, 2016. http://www.unhcr.org/564da0e3b.html

Walker, P. & Barnett, E. (2007). Immigrant Medicine. St. Louis, MO: Elsevier Mosby