



Drug Related Collective Violence on the El Paso/Ciudad Juárez Border and its Impact on Children's Mental Health

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CASE REPORT

INTRODUCTION

Drug related violence has escalated at an unprecedented rate in Mexico during the last five years. There were more than 7,000 assassinations in 2009 and still a larger number in 2010, according to data provided by the Trans-border Institute at the University of San Diego, in San Diego, California.¹ This source also identifies the state of Chihuahua as number one in drug related crimes among the Mexican states, a fact of highest importance to the community of El Paso, Texas and its Mexican sister city Ciudad Juárez, Chihuahua. This tragic reality has drastically altered the traditional, peaceful sharing of living and job resources between the two cities, adding stress to families and children, who are victims of assassinations, kidnappings and other crimes. Some of these families seek a safe haven in the El Paso area and are searching for a variety of resources, including pediatric psychiatric help.

CASE VIGNETTE

A 12-year-old Mexican boy from Ciudad Juárez, Chihuahua was admitted to the El Paso Psychiatric Center in El Paso, Texas. He presented with a two-month history of severe agitation, disorganized thoughts and behaviors, sadness, hyper-arousal, insomnia, nightmares of himself and his family being killed, irritability and physical aggressiveness towards family members. He voiced fears of him and his family being murdered by the drug cartels, developed an intense mistrust of others, could not sleep, experienced nightmares of people being killed and refused to leave the house, requiring home bound school assistance. He resisted his mother leaving their home. He once had left the house holding a knife and threatened to burn down the house. He developed beliefs that doctors wanted to take his brain out to clone it due to his expertise in computers and video games. The child's mother identified escalation of street violence in Juárez, the mother's own kidnapping at gun point, the kidnapping of the boy's male cousin, and physical violence towards the boy at a public school as the main stressors for the boy.

At the hospital, he exhibited severe anxiety, fears of being killed and the feeling that a bullet had already hit his forehead. He dissociated briefly, as manifested by memory lapses and uncertainty about the veracity of the stressful experiences of the last few months. He overreacted to fellow patients' verbal outbursts and was fearful about his mother getting back to Juárez safely after her visits to the hospital. He was receptive to intensive treatment interventions, including pharmacotherapy, individual, milieu and family therapy, and recreational and group therapy. A breakthrough in the treatment occurred when he drew a picture

of his mother being kidnapped at gun point and identified this event as the worst stressor in his life. He asked the group how a good little kid was supposed to deal with so much stress in his life. He regained organized, rational thought processes, and identified his problems as confusion resulting from overwhelming stress. After ten days, he was discharged from the hospital with an improved mental status and safety concerns about going back to Juárez. He was referred for medication management and individual and family therapy at two agencies in El Paso.

REVIEW OF THE LITERATURE ON THE IMPACT OF COLLECTIVE VIOLENCE ON CHILDREN'S MENTAL HEALTH

A review of studies in the US and other world countries addresses the impact of collective violence on children's psychological and emotional development, often manifested by severe psychiatric conditions.^{2,4} No epidemiological studies addressing the problems in the Texas/Mexico border have been found in US medical journals. Leiner and Turati describe several sociological problems of children and families exposed to severe violence resulting from organized crime in this northern Mexican city.^{5,6} Many of these families have relatives across the border in El Paso, Texas, which is seen as a safe haven due to its very low incidence of violence.

The review of the literature over the last 20 years demonstrates depression, anxiety, acute stress disorder, post traumatic stress disorder, developmental arrest and regression, complicated bereavement, substance abuse, poor physical health, physiological arousal, and antisocial and suicidal behaviors in children exposed to collective violence.⁷

Common risk factors that increase vulnerability to the development of psychological and psychiatric problems among this population include: youth; severity and length of exposure to trauma; proximity to tension areas; severity of losses; history or previous trauma; displacement and relocation of families; instability of families; mother's mental health; insecure attachment; poverty; lack of social support; and unique cultural factors. On the other hand, children with similar types of exposure to collective violence were protected from developing psychological problems by: positive personality disposition; high intelligence; prosocial behaviors; emotional regulation; good communication; effective coping; a sense of coherence; a sense of hope; secure attachment; a supportive/stable family; good educational, political, religious and cultural support; and positive school and

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community experiences.

CONCLUSIONS

Collaboration between government policies, mental health workers, research professionals, community agencies, educational entities and clergy is required to identify, treat, and protect this vulnerable border population.⁸

We feel it is imperative to develop a system to identify, effectively treat, and prevent psychiatric problems in children, adolescents and families exposed to ongoing violence. Inpatient and outpatient mental health agencies and private mental health professionals would collaborate to develop this system, along with school counselors and administrators. Further research is also needed to enhance "dissemination and implementation of the most effective treatment practices in these individuals", and to assess the accumulation of risk factors and specific protective factors mediating the psychiatric problems of children and their families.⁹

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