

2009

Postville: The Emotional Consequences Applying Diagnostic Criteria to a Unique Event

Mollie Katherine Burke
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2009 Mollie Katherine Burke

Follow this and additional works at: <https://scholarworks.uni.edu/hpt>

Recommended Citation

Burke, Mollie Katherine, "Postville: The Emotional Consequences Applying Diagnostic Criteria to a Unique Event" (2009). *Honors Program Theses*. 789.

<https://scholarworks.uni.edu/hpt/789>

This Open Access Honors Program Thesis is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Honors Program Theses by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

POSTVILLE: THE EMOTIONAL CONSEQUENCES
APPLYING DIAGNOSTIC CRITERIA TO A UNIQUE EVENT

A Thesis or Project
Submitted
in Partial Fulfillment
of the Requirements for the Designation
University Honors

Mollie Katherine Burke
University of Northern Iowa
May 2009

This Study by: Mollie K. Burke

Entitled: Postville: The Emotional Consequences: Applying Diagnostic Criteria to a Unique Event

has been approved as meeting the thesis or project requirement for the Designation
University Honors

4/29/2009
Date

Dr. Jennifer Cooley, Honors Thesis/Project Advisor

4/28/2009
Date

Dr. Sundé Nesbit, Honors Thesis/Project Advisor

5/8/09
Date

Jessica Moon, Director, University Honors Program

Abstract

Group interviews were conducted with small groups of Guatemalan women who were affected by the immigration raid in Postville, Iowa. During these interviews, participants responded to questions about emotional reactions in the months following the raid, as well as current emotional states and functioning. The women reported several negative effects, including emotional, social, and economic hardship during the months between the raid and the interviews. The way in which these responses correlate to the traditional model for Posttraumatic Stress Disorder allows insight into the appropriateness of diagnostic criteria. As similar raids are conducted, it is vital to have an understanding of not only the legal and economic ramifications, but also the psychological effects. A full comprehension of the emotional consequences of the Postville immigration raid would allow for appropriate action to be taken to both prevent as well as treat any psychological harm caused by this type of event.

Acknowledgements

The research conducted by Dr. Cooley is based on capturing the overall experiences of those affected by the raid. Her research is ongoing, and will be released in the future. The author would like to acknowledge Dr. Cooley's participation not only in contributing data for analysis in this report, but also for her work in facilitating interviews and allowing this study to operate under the trust she had established with the participants. The author would also like to acknowledge the assistance and contribution of Dr. Sundé Nesbit as an advisor to this study, especially in the processing of data and the supervision of the writing process.

Introduction

Postville, a small town in the north-east corner of Iowa, is home to a large kosher meat factory. On May 12, 2008, the largest immigration raid in history, at that point in time, took place. Immigration and Customs Enforcement (ICE) personnel entered the Agriprocessors plant and arrested nearly 400 workers. The raid was carried out with helicopters and approximately 900 ICE agents, and those arrested were loaded onto buses and processed in Waterloo, Iowa. It was targeted at undocumented workers, who were predominantly from Guatemala. A large number of these workers were using fake Social Security numbers to be employed at the plant (Drash, 2008). In light of this, the workers were not deported for being in the country illegally, but instead were held and prosecuted for identity theft. Some of the women who were initially detained were released with ankle bracelets in order to care for their young children, but are unable to work or earn any money. In many cases, families were separated (Camayd-Freixas, 2008). These are precisely the type of stressors that may be related to the development of Posttraumatic Stress Disorder, or PTSD.

Beyond the factual information of the raid on Postville, there is the eye-witness account of interpreter Erik Camayd-Freixas. He describes a “concentration camp” atmosphere where people were marched “single-file in groups of 10, shackled at the wrists, waist and ankles” (Camayd-Freixas, 2008, p. 2). His recount of the stories of the detainees centers around people who are desperate to make life better for their children. They seek to work for money to support their families and find themselves facing time in prison. The article as a whole captures the effects of the Postville raid in terms of people instead of in terms of statistics. His personal accounts of what happened allow a small window of insight into the proceedings after the raid and the stressors that were experienced by the detainees (Camayd-Freixas, 2008).

Post-Traumatic Stress Disorder (PTSD) is a psychological disorder that affects 5-6% of men and 10-12% of women in the general population (Resick, 2001). PTSD can be caused by any number of traumatic events, such as crime, natural disasters, and combat, among many others. According to Brewin, Andrews, and Valentine (2000), assaultive violence is the greatest cause of PTSD. The diagnosis for this disorder has been adapted considerably since its original conception. With earlier names such as “shell shock” and “war neurosis,” past diagnoses of PTSD were mainly reserved for soldiers returning from combat. With the publication of the DSM-III, however, PTSD became its own disorder (Lee & Young, 2001). The DSM-IV criteria for diagnosis state that the victim must be witness to an event that poses a threat, or a perceived threat, of physical harm or death, either to self or others. After the event, the victim must re-experience it in some way, must practice avoidance behaviors, and must have increased physiological arousal. In order for diagnosis, these symptoms must continue for at least one month following the incident and cause significant distress in the life of the victim (American Psychiatric Association [*DSM-IV-TR*], 2000).

The purpose of this study is to evaluate the emotional reactions and responses that were experienced by those who were affected by the raid at Postville, especially as those reactions relate to the criteria for Posttraumatic Stress Disorder. The correlation between participant responses and diagnostic criteria could provide insight into whether or not an immigration raid is a clinically traumatic event, as well as how the emotional consequences might be described by a formal diagnosis. This study also endeavors to bring these consequences to the attention of the public, and provide a glimpse into the effects that the raid at Postville had on the lives and mental health of those affected.

There are many predisposing risk factors which may contribute to the likelihood of developing Posttraumatic Stress Disorder following a traumatic event. Research has suggested that race, gender, low socioeconomic status, and low social support, among many other factors, can play a significant role in the risk of developing PTSD (Brewin et al., 2000). Regarding gender, women have been shown to be twice as likely as men to develop PTSD, and the duration of symptoms is longer for women than it is for men (Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski, 1998).

Life stressors may also play a role in preventing coping or prolonging symptoms of Posttraumatic Stress Disorder. As discussed, gender, age, and race may be pre-existing factors that predict the development of PTSD, but stressors during or after a traumatic event, specifically lack of social support and life stress, have a greater predictive value than pre-existing factors. (Brewin et al., 2000)

Immigrants who enter the United States without documentation are subject to daily stressors because of their undocumented status. Sullivan and Rehm (2001) identified a number of stressors that may negatively affect the mental health of undocumented immigrants. First, the initial crossing of the border into the United States can be very dangerous. Once in the country, the stressors include feelings of marginalization or isolation from society, exploitability, stigmatization or shame, and most importantly fear of being discovered (Sullivan et al., 2001). There are also economic stressors, such as lower wages, which can have an effect on housing and physical wellness. Unfortunately, another consequence of undocumented status is a limited number of resources, including health and mental health resources. This means that despite all of the stressors on undocumented immigrants, they do not have access to proper care or treatment (Sullivan et al.). It also has been shown that undocumented Latino immigrants experience high

amounts of fear regarding getting services, and therefore are less likely to seek them out even when available (Berk & Schur, 2001).

The word “Latino” has been used in this report to refer to people of Latin American descent. There is, however, a variety of nationalities and indigenous cultures that fall into this category, and so it should be noted that there may be significant differences between groups within this category. Of the current population of undocumented immigrants in the United States, 23% of them come from Latin American countries (Immigration and Naturalization Service, 2002). These Latino immigrants may suffer stress caused by a unique set of stressors that affect the propensity for developing Posttraumatic Stress Disorder.

The value systems of Latinos are distinct from other cultures. Fraga, Atkinson, and Wampold (2004) found that there were core values unique to Latinos, such as the priority of family, maintaining social accord, recognizing authority, and close personal relationships. These values may be important to diagnoses of Posttraumatic Stress Disorder because they could change the perception of a stressful or traumatic event. For example, the importance of family may create a higher level of stress in Latino populations when they experience discord in the family or the loss of a family member, as opposed to other groups in which family is not one of the central values.

Past research has reported higher percentages of PTSD in Latinos as compared to other ethnic and racial backgrounds. A study by Galea et al. (2002) examined the presence of PTSD in residents of Manhattan after the September 11th terrorist attacks, and found that a higher percentage of Latinos reported symptoms consistent with PTSD than other ethnic groups. A similar study compared the symptoms of non-Hispanic U.S. residents to those of Latinos in Mexico following hurricanes, and also found an increased percentage of PTSD in the Latino

group (Norris, Perilla, & Murphy, 2001). Other studies have found that even within Latino groups, those who adhere more to the original beliefs and values of their home country or culture are more likely to report severe PTSD symptoms (Escobar et al., 1983). Ruef, Litz, and Schlenger (2000) also described a propensity to believe in destiny, that all aspects of life are fixed and beyond control. These findings may be important to understand the symptoms reported by those affected by the Postville raid.

There is conflicting research about the disclosure of Latinos regarding stress and negative emotion. While some have suggested that being of the Latino culture may cause a propensity to overstate symptoms (Ortega & Rosenheck, 2000), others found that Latinos were downplaying symptoms (Pole, Best, Metzler, & Marmar, 2005). This study did not attempt to assess these issues, and so the authors were unable to comment on whether over- or under-reporting contributes to the diagnosis of PTSD in Latino populations.

The expressions of stress and the language used to describe it may be unique within the Latino population. The English word “stress” does not translate directly, except for the cognate “estrés,” which is a Spanglish word that was created because of the lack of translation. In Spanish, words such as *susto*, which means “fear,” and *nervios*, which means “nerves,” may be used, among others, in order to describe what native English-speakers would refer to as “stress” (Weller, Baer, Alba Garcia, & Rocha, 2008). This discrepancy in terminology is very important to understand before conducting research with Latino populations regarding Posttraumatic Stress Disorder. Without taking this into consideration, it is possible that a misunderstanding of symptoms, and therefore possibly a misdiagnosis, could occur. For example, repeated expressions of “nerves” or feeling nervous would likely be attributed to an anxiety disorder,

when in reality it is being used to express what native citizens of the United States would express as “stress.”

Those experiencing PTSD are likely to employ one or more of four major coping strategies. These strategies are active coping, avoidance-based, emotion-focused, and social/instrumental support (Farley, Galves, Dickinson, & de Jesus Diaz Perez, 2005). Active coping and social/instrumental support are positive means of coping, whereas avoidance-based coping and emotion-focused coping are negative means of coping. Religious-based coping is also common, and has been shown to be effective in ameliorating both stress and depression (Lee, 2007). Another interesting strategy is the use of humor, which has been shown to be an effective means of coping (McCrae, 1984). There are cultural differences on these coping strategies, and in general, Mexican Immigrants engage in more positive and therefore helpful coping strategies, as opposed to Mexican-Americans and Non-Hispanic Americans (Farley et al., 2005). Although Mexican Immigrants may use better coping strategies, they are also more likely to experience increased stressors, as previously mentioned. These stressors, especially a lack of social support as well as elevated life-stress levels after trauma may hinder the recovery process (Brewin et al., 2000).

Because an increased risk for developing PTSD can result from stress following the event, and not solely from predisposing factors, some events may have a greater chance of causing PTSD even if they are not a part of the traditional model for a traumatic event. The unique experience of the immigration raid at Postville provides an interesting insight into the traditional diagnostic criteria for PTSD. In light of the other stressors that may be present in the lives of the undocumented workers in conjunction with the raid, which was a stressful event, it is

possible that the reactions to the raid may be sufficient to create symptoms consistent with Posttraumatic Stress Disorder.

Method

Participants

A total of 10 Guatemala mothers participated in interview sessions. The women had been in the United States for varied amounts of time, but all had entered the country without documentation. Aside from the country of origin, legal concerns prevented the author from collecting extensive demographic information, as well as any other identifying or incriminating information.

Measurement

Due to the sensitivity of the subject, and to the fact that the researcher is not a licensed psychologist, interview questions were open-ended and general (see Appendix B), and participants were encouraged to share what they were comfortable with, and were not asked to elaborate on their responses. The questions pertained predominantly to emotional reactions to the raid. These questions were not scripted, and therefore were asked only as needed to begin dialogue or to propose a new topic for discussion. All interviews were conducted and recorded in Spanish.

Procedure

Collection of interview data was approved by the Institutional Review Board of the University of Northern Iowa. The first and second interview sessions were in October of 2008 in conjunction with support group meetings conducted by the Iowa Coalition Against Sexual Assault (CASA), and had seven and two attendees, respectively. During these sessions, the participants elected to be asked and answer questions in the group as opposed to individual interviews. The interviews were held at a local Catholic church in Postville. The third interview

was conducted in March 2009, and was an individual interview independent of other groups. It was conducted in a house in Postville where a meeting was held. In all, a total of 10 women were interviewed. Prior to interviews, the participants were read an informed consent document (see Appendix A) and verbal consent was obtained.

There was limited time available to collect data for this research, and so in order to get a broad sample of information, the data collected through the three waves of interviews was supplemented with data from Dr. Jennifer Cooley, an advisor on this research project who has been actively conducting interviews and observing in Postville. This data came from an interview that had been conducted in September with the woman who participated in the third interview session of this research. It was compiled along with the other interview notes before the content coding was conducted. This is an important inclusion, as Dr. Cooley's data widens the scope of information collected and provides for a more extensive time-span.

Because of participant reluctance and legal concerns, participant's responses in the first two sessions were recorded using hand-written notes only. As a result of progression in the legal case, and with the consent of the participant, the third interview was audio-recorded. The interview information that was collected by Dr. Cooley and used as a supplement to this report was also recorded with hand-written notes only.

Response Coding

After all of the interviews were finished, participant responses were compiled and compared using content coding to the DSM-IV-TR criteria for Posttraumatic Stress Disorder (*DSM-IV-TR*, 2000, Text Revision) (see Appendix C). The interview responses were reviewed for each DSM criteria, beginning with the first criteria in Category A. Pertinent comments were coded according to the appropriate category. The responses were then reviewed and all codes

were rechecked. After responses had been coded, the numbers were entered into an Excel spreadsheet and frequencies and percentages were obtained in order to understand the relationship between participant responses and PTSD criteria.

The interview responses were also examined for the most commonly mentioned themes (see Appendix D). The categories for these items were chosen after reviewing the interview responses and making a list of themes that appeared. Once a list had been made, the responses were reviewed to be coded into the appropriate category, and then reviewed a second time. A similar procedure was used to code any coping processes that were mentioned during the interviews into categories (see Appendix E).

The interviewer and author of this report is not a licensed psychologist or therapist, and therefore the present research made no attempt to formally diagnose Posttraumatic Stress Disorder, or any other mental illness. The interviews were not designed to provide any type of treatment or therapy. Participants were seen by and had access to a licensed therapist who addressed these issues.

The timeline and nature of this research did not allow for long-term assessments, nor did it allow for the examination of several factors which may have played a role in the results, including demographic information, comparisons between genders, and comparisons between cultures.

Results

Diagnostic Criteria

Of the responses provided during the interviews, there were 19 comments made by participants that related directly to diagnostic criteria for Posttraumatic Stress Disorder. The diagnostic category most fulfilled by interview responses was Category A. Category A of the diagnostic criteria is divided into two parts. The first, which will be denoted as “A1,” involves a

threat to the life or physical integrity of oneself or of others, and the second, "A2," involves an intense fear response (*DSM-IV-TR*, 2000, Text Revision). Of the total of interview comments that were coded as Category A, A1 contained comments which were (1) a witnessing an ICE officer put a gun to a man's head, (2) witnessing a woman who experienced what the interviewee believed was a heart attack, and passed out, and (3, 4) two women who expressed a belief that they were all being taken away on the buses to be killed. In all of these cases, the women felt that their own physical integrity or the physical integrity of someone else was severely threatened. The remaining Category A responses fell into A2, and consisted of two expressions of extreme fear or terror during the raid, as though it was a nightmare, and two expressions of helplessness, which were feeling as though "our hands are tied" and that they're forced to live "una vida encerrada" or "an imprisoned life."

Category B is made up of five criteria categories, which are centered on any type of reexperiencing the traumatic event. The categories that were filled by interviewee comments were recurrent dreams, intense psychological distress in response to cues that symbolize an aspect of the raid, and physiological reactivity in response to cues that symbolize an aspect of the raid.

Category C consists of seven criteria directed at avoidance of raid-related stimuli, or any general lack of responsiveness following the raid (*DSM-IV-TR*, 2000, Text Revision). The interview mentions that were coded into this category were (1) an avoidance of the news and other information regarding the raid, (2) inability to work, (3) inability to take care of her children or maintain her house, (4,5) experiencing detachment, as though it was a movie and not real life.

Category D is based on feelings or expressions of increased arousal that are not present before the event, but surface after the traumatic event (*DSM-IV-TR*, 2000, Text Revision). The responses fell into D1, with an expression of having difficulty falling and staying asleep, as well as D3, with difficulty concentrating on what she was doing. (See Table 1)

In order for a diagnosis to occur, both criteria Category A must be met, as well as one criteria from Category B, three from Category C, and two from Category D. In total, seven criteria from Categories A-D must be met in order to fulfill a Posttraumatic Stress Disorder diagnosis. In the case of the interviews, there were a total of 19 criteria-related comments, which would suggest a total of two full diagnoses when all of the responses were compiled. However, within the total of 19 comments, there were only five in total that fell into Category C. In order for one diagnosis to occur, there must be three comments in this category, and so it follows that there would have to be six to meet criteria for two diagnoses. Because there were only five comments, the findings of this study only meet the minimum requirement for one diagnosis. There were also only two comments that fell into Category D, which is the minimum requirement for that category. This suggests that all of the compiled comments collected during the interviews for this study have the potential for only one complete diagnosis of Posttraumatic Stress Disorder.

Common Themes

There were eight additional categories chosen to analyze the most common subjects mentioned in the interview responses (see Appendix D). There were a total of 56 comments that pertained to these categories. "Family or Children" was the most common subject to be mentioned, and included comments regarding worry for the welfare of their children, concern for family during the raid, after the raid, and in the future. Their concern for the future included

concerns about what would happen to the children if they were forced to return to Guatemala. “Mistreatment during the Raid” included being hit in the face, verbal abuse and insults, being made to lie in pools of blood and feces, and having their possessions and money taken from them and not returned, though it was promised that they would be given everything that had been taken. Verbal abuse included being screamed at repeatedly, and being told that they were nothing but “burros” or donkeys.

Expressions of “Confusion or Uncertainty” included not understanding what was going on while the raid was going on, as well as not knowing what was going to happen to them or to others after the raid. “Helplessness Caused by Other Stressors” included several mentions of severe financial distress, as well as not knowing what will happen to spouses, not having a great understanding of the legal proceedings that they are involved in, and not having any control over court cases.

The comments that were coded into the category “Don’t Understand Laws/Reasons” were mostly expressions of not understanding why the law prevents them from working, or why all of this can happen to them because they don’t have a card that says they can work. There were expressions that they were not criminals, and only wanted to work and support their families, both here and in Guatemala. The mentions of “Feelings of Anger or Injustice” centered on a feeling of continued anger at the event itself, or at the treatment they were subjected to. There were also expressions that the raid itself was a form of injustice.

The comments in the “Poor Work Conditions at the Factory” category were (1) underage children working, (2) being charged high fees for work clothing, and for washing work clothing, (3) being paid half of what other workers were making, (4) only receiving one pair of gloves to use per day despite working with animal remains, and not being allowed a second pair even if

gloves were broken or broke during work, and (5) working with dangerous machines that could easily cut off appendages. “Concern for Others during the Raid” included expressions of worry and sadness in reaction to the treatment others who were being arrested, as well as concern for what would happen to them following the raid. (See Table 2)

Along with these eight main categories of themes, there were two women at different interview sessions who wanted to make a point of saying that “Todos somos seres-humanos” which means “We are *all* human beings.” There were also three women who mentioned that they felt that they were being herded around and treated like cattle during the raid, and not like human beings.

Coping strategies

The mention of any kind of coping mechanisms or factors was also totaled in the coding process. In total, coping was mentioned 16 times by the interviewees. Coping was further broken down into different types, which included religious or faith-based coping, coping by spending time with family, coping by talking with others about the raid, and coping by learning English. (See Table 3)

One additional coping mechanism that was mentioned by one of the interviewees was a group called “Nuevo Amanecer” or New Dawn. This is a social and functional group was created by several of the women who were affected by Postville. The group came together frequently to weave, which is a very common cultural tradition in Guatemala. They also traveled and gave talks together, including one at the University of Northern Iowa, about their experiences. The group promoted awareness of the raid at Postville, but it also functioned as a coping mechanism for the women involved, in which they could attain social support, talk about their experiences, and participate in an activity native to their country of origin.

Discussion

The prevalence of mentions of Category A-related criteria suggests that although other criteria categories may not have been met, the raid at Postville may meet the criteria of an event related to those that cause Posttraumatic Stress Disorder, as delineated by the DSM-IV-TR. This is surprising, given that an immigration raid would likely not be considered as something inherently dangerous or life-threatening. In fact, nine of the ten women who were interviewed were not physically harmed; there was only one report of a woman being hit by an ICE officer during the raid. However, the intense fear that was incited by the raid as well as the witnessing of other people in physically dangerous situations indicate that the raid was a significant stressor that had severe and lasting consequences for the emotional health and overall well-being of those who were affected by it.

Despite the low number of comments that pertained to PTSD criteria, it is evident that, even despite the time-lag between the raid and the interviews, there are symptoms present. Even without explicit prompting about each criterion, the interviewees reported 19 things that pertain directly to criteria. This does not suggest a definitive diagnosis for any one interviewee; however, it does suggest that an immigration raid similar to Postville could be sufficient to cause PTSD symptomatology.

This could be explained by many factors. First, many of the women expressed confusion and uncertainty during the proceedings of the raid, and that may have played a significant role in the perception of the event as dangerous. They did not understand what was happening, what was going to happen, or where they were being taken; they knew only that they were surrounded by men with guns. Therefore, although the raid did not truly pose a threat to their physical lives, they perceived that it did. This could have been a factor in the presence of PTSD symptoms,

especially those from Category A, which is the diagnostic criteria category that pertains to the event itself and the emotional reactions during the event.

All of the women interviewed were mothers, and many were mothers of young children. A great majority of their spouses or significant others were detained and deported after the raid. In relation to the core set of values that have been identified, these factors may have been very important in the stress and reactions caused by the raid at Postville. Considering previous research that suggests a central need for familial support among Latino populations (Fraga et al., 2004) as well as the numerous mentions of concern for family and children as a main theme in this research, the separation of family or removal of a family member may have been an aggravating factor in the experience of symptoms.

Immigrants who adhere to indigenous values or beliefs, or those who are less acculturated in the United States have been shown to express more severe PTSD symptoms (Escobar et al., 1983). Although information regarding the specific belief-sets of those interviewed was not collected, Dr. Cooley has gathered that many of those she has been in contact with in Postville are tied to their original cultural values and practices (J. Cooley, personal communication). Therefore, it is possible that this may have been a factor in the expression of symptoms. However, without specific knowledge of each interviewee's personal set of beliefs and values, it cannot be determined for certain whether or not this factored into the expression of symptoms within this particular study.

Although there are many reasons why the symptoms may have occurred, it is important to consider why there was only sufficient symptomatology for one full diagnosis among all of the participants. The first important thing to consider is the time between the event and the interviews. Because of the delay, no judgment on Acute Stress Disorder or Acute Posttraumatic

Stress Disorder can be made. Given that the first interview included in this study was more than three months after the raid, the only diagnostic possibility would be Chronic Posttraumatic Stress Disorder. Another possibility is that the raid was sufficient to produce minimal symptoms of PTSD, but not to produce a full diagnosis. In other words, the raid at Postville caused stress and psychological reactions from some of the women, but did not actually cause Chronic Posttraumatic Stress Disorder. If this is the case, it is possible that there is no need for a diagnosis in this case. However, it is also possible that another diagnosis, such as Acute Stress Disorder, or even Acute Posttraumatic Stress Disorder would be more appropriate to describe the effects of the raid.

The DSM-IV-TR (2000) text revision states that the symptoms consistent with PTSD must have a duration of at least one month following the incident in order to be classified as PTSD. It is possible that, given the span of time between the raid at Postville in May and the interviews in September, October, and March may be far enough in the future as to not capture some of the symptoms. Participants may have experienced the symptoms consistent with diagnostic criteria at a time previous to the conduction of this research, which may have dissipated before data collection.

Along with the mention of feelings of fear or terror during the raid, that is, those that were coded into Category A2, there were many who expressed that they felt saddened by the raid. One woman describes the feeling of sadness as she looked into the faces of her husband and friends as they were all gathered, and that it was the last time she saw many of those faces. Another woman expresses that despite her fear and confusion during the raid, seeing her friends arrested and taken away is what pained her the most. This is an interesting consideration for

current PTSD criteria, as there is no inclusion of feelings of sadness or grief in diagnostic criteria.

In considering a diagnosis for PTSD, it may be important to consider these stressors and how they affect the experience of symptoms. In the case of this research, much of the stress was caused by lack of financial resources, or due to the experience of difficult legal cases. In a way, these experiences were caused by the raid, but they are not directly related to the raid as an isolated event. This is one area that may be useful to have included in the PTSD criteria, as there are often subsets of stressors that occur in conjunction with a traumatic event that may affect an individual's emotional reaction.

Although it may be helpful to make this small addition, the results of this research do not indicate that the current criteria for PTSD are particularly limited. The distress of the interviewees was fairly well-captured by the symptomatology delineated by the DSM-IV-TR. However, considering previous research that suggests cultural differences in the experience, expression, and vocalization of stress and trauma, it is possible that a subset of symptoms common to each culture could be included in order to best understand and treat PTSD in people from various cultural backgrounds.

Given that the results suggest that the immigration raid was sufficiently traumatic as to produce PTSD symptoms, the scope of events that are generally considered to be traumatic may be altered to include a broader range of experiences. However, due to the importance of Posttraumatic Stress Disorder in capturing the symptoms of victims of trauma, such as witnesses of violent crime or returning war veterans, it may be more useful to have a similar disorder added that is targeted at events that are less severely violent or life-threatening but nonetheless produced disordered behavior.

In considering the family, and in theme with mentions of family and children, many of the women reported that their children experienced severe symptomatology as well. Some of the included responses were that the children could not eat, could not stop crying, or in one case did not speak for a duration of two weeks. Given the sensitivity of this research on the adults who participated, this study made no attempt to assess the children involved. However, in the future, it may be important to study the effects that these situations, especially the separation of a parent from the family, on Latino children.

Though previous research outlines concerns about the clarity of the English concept of stress as expressed in Spanish (Weller, Baer, Alba Garcia, & Rocha, 2008), the vocabulary of stress in Spanish versus in English was not a significant factor in this research. The symptoms of PTSD were sufficiently described and understood without need for interpretation. Although the extra vocabulary was not used in this report, it remains an important factor to understand when examining stress in Latino populations.

The mentions of helplessness caused by stressors other than the event of the raid itself could also be referred to as elevated life stress. Considering previous findings by Brewin et al. (2000) that suggest that elevated life-stress levels may cause a hindrance in recovering from trauma, the finding of many mentions of these stresses may be important to understanding the mentions of continued symptomatology of PTSD. The other element that could aggravate symptoms, as suggested by Brewin et al. (2000) was a lack of social support. However, given that the women in the first two sets of interviews were conducted during a session with a group designed to give support, and the third interview was conducted during a meeting of “Nuevo Amanecer,” lack of social support does not appear to be a problem for those interviewed in this study.

Despite that previous research has shown that women may be twice as likely to develop PTSD and experience the symptoms for a longer period of time (Brewin et al., 2000), this study only interviewed female participants, and therefore no conclusion can be made regarding possible gender differences within this report. Future studies of this type could examine these differences to better understand if women or men are more psychologically affected by immigration raids, and therefore are more susceptible to experiencing symptoms of Posttraumatic Stress Disorder.

Though previous research suggests that it may be a factor in Latino victims of stress, there was no investigation into whether or not the interviewees in this study were over- or understating symptoms (Ortega & Rosenheck, 2000; Pole et al., 2005). The responses given during the interviews were recorded as denoted without any attempt to examine the validity. However, considering legal issues and fear of incrimination, it is possible that there were issues of minimized disclosure among participants. If information was not shared for fear of further retaliation, it could have affected the results of this study. There also may be disclosure issues associated with the way in which interviews were conducted. The first two sets of interviews were conducted in a group setting whereas the third was conducted individually. The amount of disclosure and the type of things disclosed may have been different due to these different settings. However, the interviews were conducted in these manners as elected by the participants as the most comfortable situation for them.

The coping strategies employed by the women, as mentioned in their interview responses, fall largely into the category of “active coping” and “social/instrumental support” (Farley et al., 2005). Learning English as well as spending time with family are active coping strategies in which the women engage in activities with the intention of working through the trauma and

becoming better. Talking with others is a form of social support that also may be considered an active coping strategy, as it involves making an effort to attend group in order to attain support. Similarly, “Nuevo Amanecer” is a form of social support and active coping in which the women gather together in order to talk, and also to engage in a familiar activity that alleviates some of their stress.

The mention of religion and faith as a coping factor is also a positive coping strategy. Previous research has shown that religious coping is effective, and that it can be effective in coping with stress (Lee, 2007). The consistent mention of positive coping strategies is similar to previous research, which suggests that Mexican Immigrants engaged in more positive coping than Non-Hispanic Americans (Farley et al., 2005). Although the women interviewed in this study were Guatemalan, and therefore not Mexican Immigrants, the results could be comparable based on the probability that the Guatemalan women would more easily compare to the Mexican Immigrants than to Non-Hispanic Americans.

Although it was not something that could be recorded in the same way as direct interview responses, humor was observed in the interview sessions. While speaking of the raid, the women frequently used sarcasm and jokes and shared a laugh over some of the more trivial or absurd aspects of what happened to them. Considering former research that suggests the effectiveness of humor in coping (McCrae, 1984), it could be considered another form of positive coping that the women engaged in following the raid.

There were several mentions of positive means of coping; however, there was one comment that could be considered a type of avoidance-based coping. One woman mentioned that she did not like to watch TV because she did not want to be reminded of the raid. Although this

is a type of avoidance of the problem, the woman was also engaged in attending group, and therefore was involved in positive coping as well.

PTSD expression and symptomatology may be affected by adhering to the practices and beliefs of a home country, and in this report, one of the coping strategies, “Nuevo Amanecer,” employed traditional Guatemalan weaving. Because PTSD symptoms may be affected by the victim’s culture of origin, it may be interesting for future research to explore whether these types of coping strategies that are based in traditional cultural beliefs or practices are more effective in relieving symptomatology in immigrants than the common coping strategies used in the United States.

There were two different women who mentioned that they are taking English classes to learn the language, and that it has been a good coping process, and is something that they have looked forward to during their difficult times following the raid. This is a very interesting element of coping that is worth studying in the future. It may be interesting to see if it is the concept of learning in general that is helpful to those who are coping, or merely having something to do to occupy time, or if it is learning the English language specifically in immigrants that helps in coping.

The passing of time did appear to affect the expressions of the woman who was interviewed in September and again in March. In the first interview, she expressed extreme sadness and worry, and experienced difficulty functioning as a result of these feelings. However, in the second interview, she repeatedly said that she wished to “vivir adelante” or move forward. She said that she believed that God would take care of her and her family. She also expressed having faith in the future, and fighting both for herself and for her children, to make their lives

better. The tenor of her expressions changed from devastation to hope during the passing of the months between interviews.

In light of the change in this one participant over time, it would be useful in the future to study the various stages of time following an event such as an immigration raid in order to understand if any of the other diagnostic possibilities previously mentioned would capture the symptoms of those affected more than Chronic PTSD does. In addition, considering that there were lingering symptoms several months after the raid, it may be important to continue to assess symptomatology for a significant time after the event has occurred in order to understand how long these symptoms persist.

Considering that, for one reason or another, Latinos appear to be at a higher risk for developing PTSD, it may be useful in the future to assess whether or not other ethno-racial minorities develop similar symptoms after events comparable to the raid at Postville. The continued assessment of Posttraumatic Stress Disorder would provide further insight, but other disorders, such as Acute Stress Disorder, may also be applicable in circumstances similar to those in Postville. Not only would it be useful to continue to assess the effects on Latinos, but also among other racial or ethnic minorities as well as Caucasian populations in order to examine the effect of immigration raids and Posttraumatic or Acute Stress Disorder between races and ethnicities.

The author acknowledges that the limitations to this particular report are numerous. It is, however, important to focus on many of these short-comings, as they represent future research questions and considerations. The present research is a small glimpse into the emotional effects of an immigration raid, including a possible diagnostic option for these effects. This study endeavors to not only consider how these emotional consequences might best be described by a

formal diagnosis, but also to bring these consequences to the attention of the public. In this way, any future immigration raids could be carried out in such a way as to be conscious of human suffering and minimize trauma. This would prevent the need for psychological assessment and treatment in response to them.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- Berk, M. L., Schur, C. L., Chavez, L. R., & Frankel, M. (2000). Health care use among undocumented Latino immigrants. *Health Affairs, 19*, 51-64.
- Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and posttraumatic stress disorder in the community. *Archives of General Psychiatry, 55*, 626-632.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*(5), 748-766.
- Camayd-Freixas, E. (2008). *Interpreting after the largest ICE raid in US history: A personal account*. Retrieved October 12, 2008, from <http://graphics8.nytimes.com/images/2008/07/14/opinion/14ed-camayd.pdf>
- Drash, W. (2008). *Mayor: Feds turned my town 'topsy turvy'*. Retrieved October 16, 2008, from <http://www.cnn.com/2008/US/10/14/postville.raid/index.html>
- Escobar, J. I., Randolph, E. T., Puente, G., Spiwak, F., Asamen, J. K., Hill, M., et al. (1983). Posttraumatic stress disorder in Hispanic Vietnam veterans: Clinical phenomenology and sociocultural characteristics. *Journal of Nervous and Mental Disease, 171*, 585-596.
- Farley, T., Galves, A., Dickinson, L. M., & de Jesus Diaz Perez, M. (2005). Stress, coping, and health: A comparison of Mexican immigrants, Mexican-Americans, and Non-Hispanic Whites. *Journal of Immigrant Health, 7*(3), 213-220.

- Fraga, E. D., Atkinson, D. R., & Wampold, B. E. (2004). Ethnic group preferences for multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology, 10*, 53-65.
- Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 13*, 982-987.
- Lee, B. (2007). Moderating effects of religious/spiritual coping in the relation between perceived stress and psychological well-being. *Pastoral Psychology, 55*, 751-759.
- Lee, D., & Young, K. (2001). Post-traumatic stress disorder: diagnostic issues and epidemiology in adult survivors of traumatic events. *International Review of Psychiatry, 13*, 150-158.
- McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat, and challenge. *Journal of Personality and Social Psychology, 46*(4), 919-928.
- Norris, F. H., Perilla, J. L., & Murphy, A. D. (2001). Postdisaster stress in the United States and Mexico: A cross-cultural test of the multicriterion conceptual model of posttraumatic stress disorder. *Journal of Abnormal Psychology, 110*, 553-563.
- Ortega, A. N., & Rosenheck, R. (2000). Posttraumatic stress disorder among Hispanic Vietnam veterans. *American Journal of Psychiatry, 157*, 615-619.
- Pole, N., Best, S. R., Metzler, T., & Marmar, C. R. (2005). Why are Hispanics at greater risk for PTSD? *Cultural Diversity and Ethnic Minority Psychology, 11*, 144-161.
- Pole, N., Gone, J. P., & Kulkarni, M. (2008). Posttraumatic stress disorder among ethnoracial minorities in the United States. *Clinical Psychology: Science and Practice, 15*(1), 35-61.
- Resick, P. A. (2001). *Stress and trauma*. New York, New York: Psychology Press.

- Ruef, A. M., Litz, B. T., & Schlenger, W. E. (2000). Hispanic ethnicity and risk for combat-related posttraumatic stress disorder. *Cultural Diversity and Ethnic Minority Psychology, 6*, 235-251.
- Sullivan, M. M., & Rehm, R. (2005). Mental health of undocumented Mexican immigrants: A review of the literature. *Advances in Nursing Science, 28*(3), 240-251.
- Weller, S. C., Baer, R. D., Alba Garcia, J. G., Rocha, A. L. (2008). Susto and nervios: Expressions for stress and depression. *Culture, Medicine, and Psychiatry, 32*, 406-420.

Appendix A: Informed Consent

Verbal Consent of Interviewees

Hello. We are Professors at the University of Northern Iowa conducting research on the recent ICE raid in Postville. We would like to interview adult (age 18 or older only) immigrant workers and family members to gather their individual stories. We would like to write about your stories and submit these to whoever will listen (for example, local media, academic conferences, and journals). We feel this is important in order to raise awareness about the terrific human suffering caused by the ICE raid. We hope our investigation will raise public awareness regarding the need for the U.S. government to change the way it has “managed” immigration.

We anticipate the interview will take no more than 1 ½ hours in which we hope to converse about your experience with the raid. You may stop the interview at any time. We will not ask your name or for any other identifying information. We will protect your anonymity. We would like to audiotape the interviews for the purpose of accurate recording. You may ask us to turn off the recorder at any time. The audiotape will not be shared with anyone and will be destroyed as soon as we have a chance to record what we have learned in written form.

We realize talking about this may be difficult for you. You do not need to tell us anything you do not wish to talk about. We will not take any photos. We do not anticipate that your participation will place your status in the U.S. at further risk because your name and identity will not be used.

If you have questions about the study or desire information in the future regarding your participation, you may contact us: Victoria DeFrancisco at 319-273-7219 or Jennifer Cooley at 319-273-3897, The University of Northern Iowa. You can also contact the office of the IRB Administrator, University of Northern Iowa, at 319-273-6148, for answers to questions about rights of research participants and the participant review process.

1. Are you willing to talk to us? (Verbal consent recorded)
2. Is it OK for us to record?
3. If no, we can interview you without a recording device and take written notes. Is that OK?
4. Do you have any other questions about what we are doing?
5. If not, would you tell us your story? You can begin wherever you wish.

Appendix B: Questions

The following is a list of the types of questions that were used to begin or continue conversation with the participants during interviews:

How did you feel on the day of the raid?

How did you feel in the days and weeks immediately following the raid?

How do you feel now?

What were your emotional reactions to the raid?

What was most important to you in getting through this time?

Appendix C: Diagnostic Criteria

Diagnostic criteria for Posttraumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - (2) the person's response involved intense fear, helplessness, or horror.
- B. The traumatic event is persistently experienced in one (or more) of the following ways:
- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
 - (2) recurrent distressing dreams of the event.
 - (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 - (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
 - (3) inability to recall an important aspect of the trauma
 - (4) markedly diminished interest or participation in significant activities
 - (5) feeling of detachment or estrangement from others
 - (6) restricted range of affect (e.g., unable to have loving feelings)
 - (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
- (1) difficulty falling or staying asleep
 - (2) irritability or outbursts of anger
 - (3) difficulty concentrating
 - (4) hypervigilance
 - (5) exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is months or more

(American Psychiatric Association [*DSM-IV-TR*], 2000, p. 467-468)

Appendix D: Common Theme Category Names

List of Common Themes Mentioned During Interviews

Family or Children
Helplessness or Stress Caused by Other Stressors
Mistreatment During Raid
Confusion or Uncertainty
Don't Understand Laws or Reasons
Concern for Others During Raid
Poor Work Conditions
Anger or Feelings of Injustice

Appendix E: Coping categories

List of Coping Categories

Religious or faith-based coping
Coping by talking
Coping by spending time with family
Coping by learning English

Table 1

Frequency and Total Percent of Mentions of Posttraumatic Stress Disorder Criteria.

Category Name	Mentions of Criteria	
	Frequency	Total %
A1: Event with threat of physical integrity	4	21.1%
A2: Respond to event with intense fear, horror, helplessness	4	21.1%
B1: Recurrent recollections	0	0.0%
B2: Recurrent dreams	1	5.3%
B3: Acting or feeling as if event is recurring	0	0.0%
B4: Intense psychological distress at exposure to cues that symbolize aspect of event	2	10.5%
B5: Physiological reactivity on exposure to cues that symbolize aspect of event	1	5.3%
C1: Efforts to avoid thoughts, feelings, or conversations associated with trauma	0	0.0%
C2: Efforts to avoid activities, places, or people that arouse recollections of trauma	1	5.3%
C3: Inability to recall important aspect of trauma	0	0.0%
C4: Markedly diminished interest or participation in significant activities	2	10.5%
C5: Feeling of detachment or estrangement from others	2	10.5%
C6: Restricted range of affect	0	0.0%
C7: Sense of foreshortened future	0	0.0%
D1: Difficulty falling or staying asleep	1	5.3%
D2: Irritability or outbursts of anger	0	0.0%
D3: Difficulty concentrating	1	5.3%
D4: Hypervigilance	0	0.0%
D5: Exaggerated startle response	0	0.0%

Note. For a full list of complete criteria, see Appendix C.

Table 2

Frequency and Total Percent of Mentions of Common Themes.

Category Name	Mentions of Common Themes	
	Frequency	Total %
Family or Children	14	25.0%
Helplessness or Stress Caused by Other Stressors	7	12.5%
Mistreatment During Raid	7	12.5%
Confusion or Uncertainty	7	12.5%
Don't Understand Laws or Reasons	6	10.7%
Concern for Others During Raid	5	8.9%
Poor Work Conditions	5	8.9%
Anger or Feelings of Injustice	5	8.9%

Table 3

Frequency and Total Percent of Mentions of Coping.

Type of Coping	Mentions of Coping	
	Frequency	Total %
Religious Coping	6	37.5%
Talking	6	37.5%
Spending Time with Family	2	12.5%
Learning English	2	12.5%

Common Themes

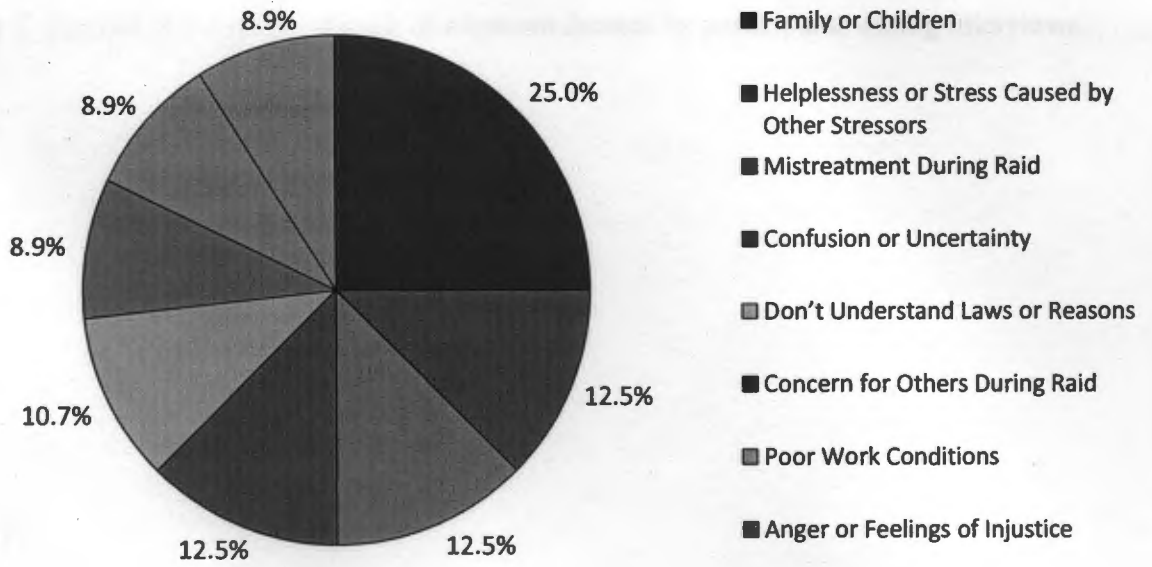


Figure Caption

Figure 1. Percent of mentions of each of common themes by participants during interviews.