

US-Mexico

Border Violence Curriculum

Keeping My Family Safe



KEEPING YOUR FAMILY SAFE
(Community Health Workers Curriculum)

By

RGV Council, Inc. Rural Border Initiative Violence Prevention Task Force

And

Vincent Guilamo-Ramos Ph.D.

& Jane Lee (Co-Authors)

Cover page design by Alida Trevino

Acknowledgments

This curriculum resulted from an intense process of collaboration among the members of the *Border Violence Advisory Board* that developed over time. For a period of approximately 6 months, committed professionals representing distinct border community organizations met on a monthly basis to develop this comprehensive training curriculum designed to address the growing concern of border violence. Between scheduled meetings, the advisory group worked diligently to ensure that the developed curriculum was: 1) rooted in evidence-based practice, 2) reflected the local community and was culturally competent, 3) novel in its focus and addressed unmet border violence needs, and 4) could be adapted for areas beyond the Texas-Mexico border for use throughout the full United States-Mexico border. Important to note is the fact that the development of this curriculum was a bi-national process, as the *Border Violence Advisory Board* has members from both the United States and Mexico.

Additionally, the time, dedication and experience of the members of the *Border Violence Advisory Board* have been crucial in properly addressing the important issue of border violence. The *Border Violence Advisory Board* includes:

Jose G. Gonzalez, LCSW	Rio Grande Valley Council, Inc.
Susan M. Gallego, LCSW	Department of State Health Services
Luis E. Flores, MA, LPC, LCDC, RPTS	Serving Children and Adolescents in Need, Inc.
Simon Sotelo	Quad Counties COADA
Enrique Mendiola	Department of Homeland Security
Clara Contreras, MEd, CPS	Region I Education Service Center
Laura Trevino, MEd	Lower Rio Grande Region CHUD TAMU
Guillermo Valenzuela	Aliviane, Inc.
Monica Hernandez, LCSW	Rio Grande Valley Council, Inc.
Jose H. Hernandez, LCDC	Rio Grande Valley Council, Inc.
Debbie Rios-Lombrana, MSW	Rio Grande Valley Council, Inc.
Martin Castaneda	McAllen Police Department
Dra. Laura Gaither	Secretaria de Educacion
Vincent Guilamo-Ramos, PhD, LCSW	Columbia University
Terrence R. Tutchings, PhD	OZ White & Associates LLC

Without these individuals, the curriculum would have not been possible. Special thanks to Jose G. Gonzalez, LCSW, for his leadership of the Advisory Board and development of the curriculum and to Susan M. Gallego, LCSW, for her contributions as the DSHS Border Coordinator. The Texas Department of State Health Services is recognized for its generous support in funding this project which has made it possible to bring focus to border violence prevention.

Additional thanks are due to individuals from the Columbia University School of Social Work, including Thomas Bane, Laura Cohen, Vincent Goldberg, Bernardo Gonzalez, Enya Hargett, Lauren Harris, Laryssa Husiak, Leah Jacob, Jane Lee, Anna Lindberg and Jennifer Scott. These individuals worked with Dr. Guilamo-Ramos in further developing drafts of the curriculum.

TABLE OF CONTENTS

MODULE I: Introduction to Border Violence

I.	What is Border Violence?	6
II.	How Does Border Violence Affect My Community?	11
III.	Border Violence and the Links to Social Problems	13

MODULE II: The Impact of Border Violence

I.	Border Violence and the Family	18
II.	Border Violence and Substance Use and Abuse	27
III.	Border Violence and the Neighborhood	34
IV.	Border Violence and the Border Region	37

MODULE III: Assessing Community Needs

I.	Identifying Violence in the Community	38
II.	Community Strengths and Resources	41
III.	Community Interventions and Strategies for Violence Reduction and Prevention	44

MODULE IV: Disaster Planning

I.	Disasters on the Border	46
II.	How to Prepare for a Disaster	47

Community Health Workers/Promotoras' Curriculum

Keeping My Family Well and Safe

Promotoras are integral liaisons in the community that play a vital role in promoting the health and well-being of their communities. By providing community members with important information, educating families about pertinent health and safety issues, and making referrals to health and social services, *promotoras* support and improve community health and success.

Thus, *promotoras* are crucial to addressing the issue of border violence, which greatly challenges the safety of families and communities living along the border. Border violence includes drug crimes, gang violence, the use of arms and weapons, immigration policy and security and gender violence. Border violence has broad-reaching effects and can exacerbate social problems, making families vulnerable and at-risk for substance abuse.

This curriculum is intended to help *promotoras* engage individuals and families with the issue of border violence and provide communities with the tools and information to effectively address border violence and its impacts. The curriculum provides relevant information along with activities and resources that can enhance families' awareness and prepare them for the dangers that are associated with border violence. At the same time, it is important to note that this curriculum is an evolving project that will continue to be shaped by the professionals and individuals who are impacted by the issues covered. Every individual has a unique experience of border violence. Thus, the curriculum does not intend to reflect the issue of border violence in its entirety; rather, it serves as an important starting point to teach and learn about border violence and its consequences.

The four modules include: I. Introduction to Border Violence, II. The Impact of Border Violence, III. Assessing Community Needs and IV. Disaster Planning. By appropriately training *promotoras* to confidently present these four modules, they can build a social conscience within the community about border violence and help develop positive and healthy life prospects.

Goal: To build a social conscience about border violence and improve youth and community health behaviors and outcomes by promoting positive life goals and resilience to border violence.

Objectives:

- Define border violence and how it impacts daily life and communities that are near the border
- Identify strategies for families and communities along the border to increase their safety and lower their exposure to violence
- Demonstrate the link between border violence and substance abuse and facilitate violence and substance abuse prevention
- Build upon community strengths and identify different approaches for youth, families and communities to address border violence

MODULE I: Introduction to Border Violence

Module I provides background information about border violence and demonstrates how border violence exists in communities. The information and tools should be provided to community members in a way that prompts them to critically think about border violence in their lives and allows them to identify the individual and family roles in dealing with border violence. *Promotoras* should illustrate how border violence is linked to other social problems in the community. In addition, the tools present a way to examine the relationship between violence and different social systems.

Competency Areas

Promotor(a) Community Health Worker (CHW) Competency Areas Covered

- *Capacity-Building Skills*
 - Ability to strategize
 - Ability to motivate
- *Knowledge Base on Specific Health Issues*
 - Broad knowledge about the community
 - Knowledge about specific health issues
 - Ability to find information
- *Service Coordination Skills*
 - Ability to strategize
 - Ability to motivate

Texas Department of State Health Services

I. What is Border Violence?

Over the last two decades, violence has pervaded the U.S.-Mexico border region. Factors such as migration, economic transformations and the influx of drugs into the United States have contributed to the fear, chaos and violence that characterize the border (Martínez, 2006). The violence manifests in numerous ways such as gangs, drug-trafficking, terrorists, discrimination and immigration enforcement (Staudt, 2009). These issues can evoke an array of emotions and often induce controversy and confusion. Yet, in order to address border violence and facilitate social change, we must first recognize what constitutes border violence and identify the ways that the border has become a place of violence (Domínguez-Ruvalcaba & Corona, 2010).

Border violence takes many forms and greatly impacts our families and communities. Drug crimes, gang violence, arms and weapons, immigration policy and security and gender violence are helpful categories to understand violence in

border communities. While the list is not exhaustive, it illustrates the diversity and profusion of violence on the border.

Drug Crimes

- Kidnappings tied to narco-traffickers occur that involve issues of debt, secrecy, extortion and alliances (Campo-Flores & Campbell, 2008).
- Turf battles occur between competing drug cartels that involve extremely violent methods of assassination and torture in attempts to escalate terror and intimidation (Jasper, 2010).
- The trafficking of narcotics creates cross-border smuggling routes and the formation of terrorist organizations that rely on severe violence to conduct illegal activities.

Gang Violence

- In low-income neighborhoods along the border, gangs often engage in illegal economies such as theft, burglary and drug trafficking in order to make money (Glittenberg, 2008).
- The absence of security in some areas has opened the way for gangs to engage in criminal activity (Campo-Flores & Campbell, 2008).
- As the U.S. government attempts to block regular smuggling routes, drug gangs often use migrants as decoys and distractions and use youth as “mulas.” (Erfani, 2009).

Arms and Weapons

- The United States’ concern for national security has provoked the increased use and abuse of armed enforcement and intimidation with weapons (O’Leary, 2009).
- Despite Mexico’s strong gun control laws, rifles and high caliber weapons continue to be smuggled from the United States into Mexico, contributing to deaths and violence at the border (Lowy et al., 2009).

Immigration Policy/Security

- The contemporary negative sentiments toward Mexican immigrants in the United States have driven anti-immigration initiatives and contributed to discrimination and the violation of human rights (Martínez, 2006).
- Deaths among border-crossers have become a common in the deserts, mountains and treacherous regions of the border as a result of homicide, drowning, accidents and exhaustion (Martínez, 2006).
- In attempts to dismantle drug trafficking organizations and criminal networks, the U.S. has increased law enforcement efforts on the border. Yet, strict

- policies and tough punishments have also caused havoc and inhumane assaults (Martínez, 2006).
- Some argue that due to lack of funding and training, Mexico's police forces are weak and inefficient, allowing criminals to avoid punishment. At the same time, many people live in fear of retribution from Mexico's law enforcement. (Martínez, 2006).

Gender Violence

- Women are especially vulnerable to mistreatment by authorities and are often victims of sexual aggression (Marrujo, 2009).
- Between 80 and 90 percent of migrant women have suffered sexual violence (Staudt, 2009).
- Trafficking of women and girls occurs when they are sold and bought for sex work along the border (Fuentes, 2006).
- Femicide or female homicides that have occurred in border cities such as Ciudad Juarez, illustrate women's vulnerability at the border (Castillo, Gudelia, Gómez & Solís, 2010).
- The historical subordination of women and the cultural domination of men along Mexico's borders contribute to sexual violence against women (Ruiz Marrujo, 2009)
- Sexual assault and domestic violence often involve issues of shame and intimidation, preventing women from reporting cases or seeking help (Staudt, 2009).

TOOL I: BORDER VIOLENCE WHEEL

After describing the different forms of border violence and the ways it impacts families and communities, *promotoras* can provide families with Tool I: Border Violence Wheel, to present a visual representation of the information covered.

***Promotoras* should explain that:**

- The Border Violence Wheel, adapted from the Duluth Power and Control Wheel, is a tool to visualize and identify the different forms of border violence in the community.
- The wheel contains useful explanations of border violence and provides a means for organizing the multiple factors that constitute violence in border communities.
- Around the wheel are institutions, individuals, families, communities, policies, resources, ideologies, culture, and structures to demonstrate that they impact and are impacted by border violence. The cyclical visual emphasizes the interconnectedness of each part of the wheel and how each factor shapes another.
- The issue of border violence is complex; therefore, the wheel is a complex figure that illustrates the multifaceted nature violence at the border.

***Promotoras* can ask:**

- *What are your reactions to the Border Violence Wheel and how it presents the different forms of violence in the community?*
- *Are there additional types of violence that you think should belong on the wheel?*
- *How do the different parts of the wheel affect and interact with each other?*



Border Violence Wheel



Adapted from:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802
218.722.4134

II. How Does Border Violence Affect My Community?

Effects of Violence

The effects of violence are far-reaching. While some violent acts are easily identifiable, other types of violence can be more subtle and suppressed by communities (Carl, 1999). The social-ecological model adapted from Dahlberg and Krug (2002) and Glittenberg (2008) demonstrates the different influences of violence and the interplay between the levels of influences that impact individual and collective experiences and perceptions of violence.

TOOL II: THE STRUCTURE OF VIOLENCE

As a way to help *promotoras* explain the structural influences of violence, Tool II presents the different dynamics of violence and demonstrates how border violence can pervade our communities (Dahlberg & Krug, 2002; Glittenberg, 2008). The model assists families and individuals to identify the structure of violence and organize the levels in which violence exists.

***Promotoras* should explain that:**

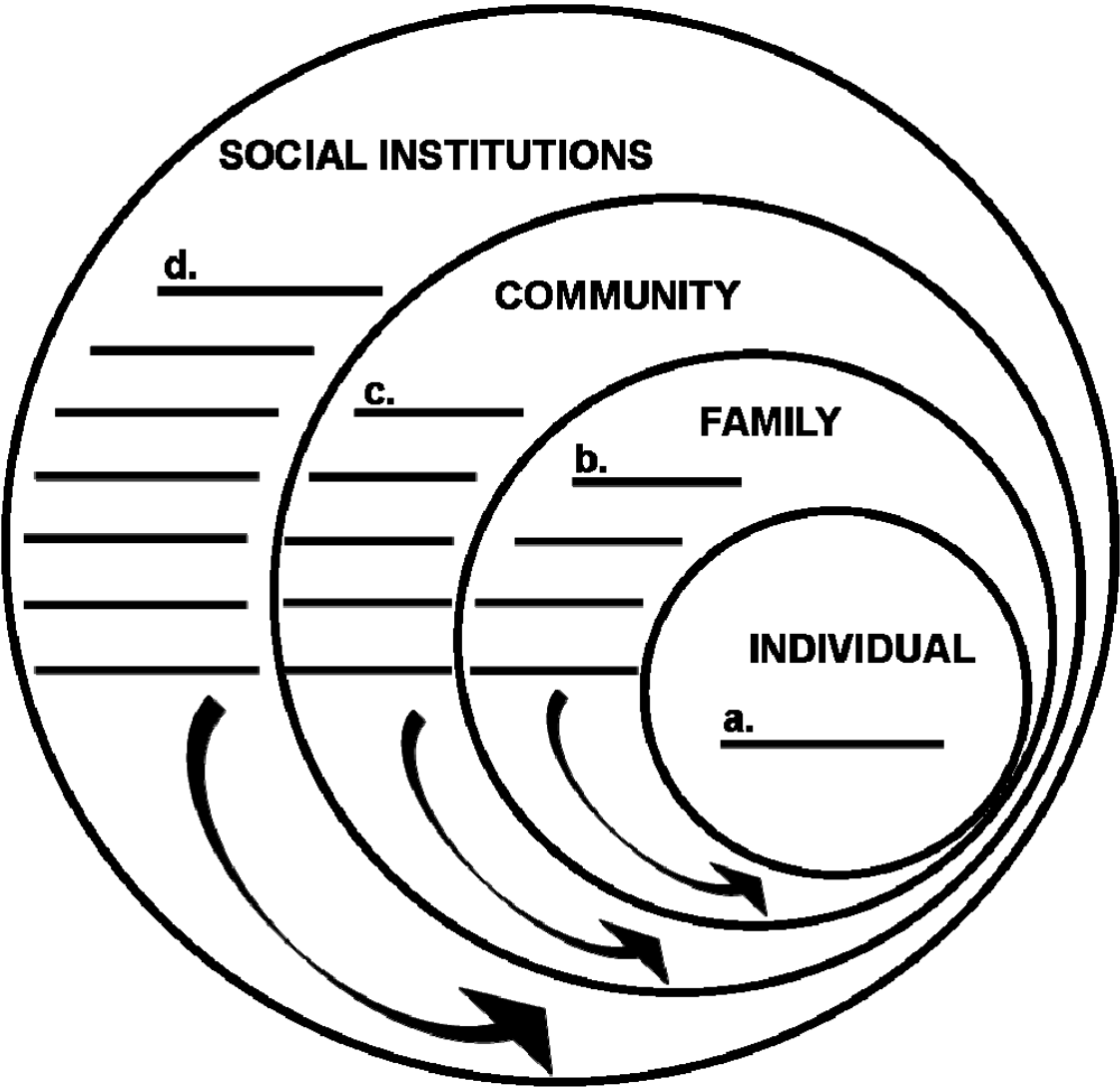
- The Structure of Violence tool is intended for individuals and families to map the multidimensionality of border violence by identifying the: a) individual, b) family, c) community, and d) social institutions that impact and are impacted by violence.
- This exercise presents the diversity and uniqueness of each community and encourages individuals to examine and identify how border violence spills across different systems.

***Promotoras* should ask:**

- *Why is it important to understand the different levels of violence?*
- *Why do you think violence spills across different systems?*
- *How can this model help us address border violence and prevent it from negatively impacting our lives?*



THE STRUCTURE OF VIOLENCE



Adapted from Dahlberg and Krug (2002) and Glittenberg (2008)

III. **Border Violence and the Links to Social Problems**

As violence impacts different systems, it can exacerbate and even lead to social problems such as alcoholism and substance abuse, homelessness, poverty, and disease (Glittenberg, 2008). *Fronterizos* and *fronterizas* (borderlanders), in particular, confront unique challenges that characterize border violence, including separation of families, policy-induced intimidation and increased enforcement and harassment (Staudt, 2009). All of these factors affect the quality of life at the border.

Increased violence implicates increased insecurity, higher crime rates, and corruption. These issues impact family and community life as well as the mental and physical health of individuals. By identifying the links between violence and other social problems along the border, we can better address and reduce the violence that creates fear and turmoil and understand how it affects other social crises that afflict our communities.

Social Problems on the Border

In addition to violence and high levels of crime, border communities, especially *colonias*, suffer from a variety of issues:

- One of the lowest rates of access to health care and health benefit coverage (Texas Health and Human Services, 2005)
- High numbers of deaths due to diseases such as hepatitis, diabetes and tuberculosis (Texas Health and Human Services, 2005)
- Lack of basic services such as drainage, paving and street lighting (Mier et al., 2008)
- High levels of poverty, unemployment and malnutrition (Arizmendi & Ortiz, 2004)
- Approximately one-quarter of the population in the U.S. counties bordering Mexico live at or below the poverty line. Mexican border states have an average poverty rate of 28%. (National Alliance, 2009)
- Low levels of educational attainment and high rates of illiteracy (Office of Border Affairs, 2010)
- One of the highest rates of adolescent pregnancies (Feldman & Pittman, 2008)
- Insufficient public transportation (Texas Health and Human Services, 2005)

TOOL III: ECOLOGICAL SYSTEMS MODEL

The repercussions of violence that are experienced or observed in the external environment are naturally carried into the home environment, and vice versa. Tool III: Bronfenbrenner's (1979) ecological model, explains this concept under the term *mesosystems*. Although the family is believed to be the primary contextual influence on the development of a child, outside influences such as school, community, or peer group nonetheless exert influence over the individual. This influence is then carried back into the home. Thus, each individual within the family carries the family system into his or her interaction with the external environment, and similarly brings external influences into his or her role within the family system. After explaining the different social problems on the border described above, *promotoras* can present the ecological model to families to explain how border violence is linked to these social problems, ultimately affecting the individual.

***Promotoras* should explain that:**

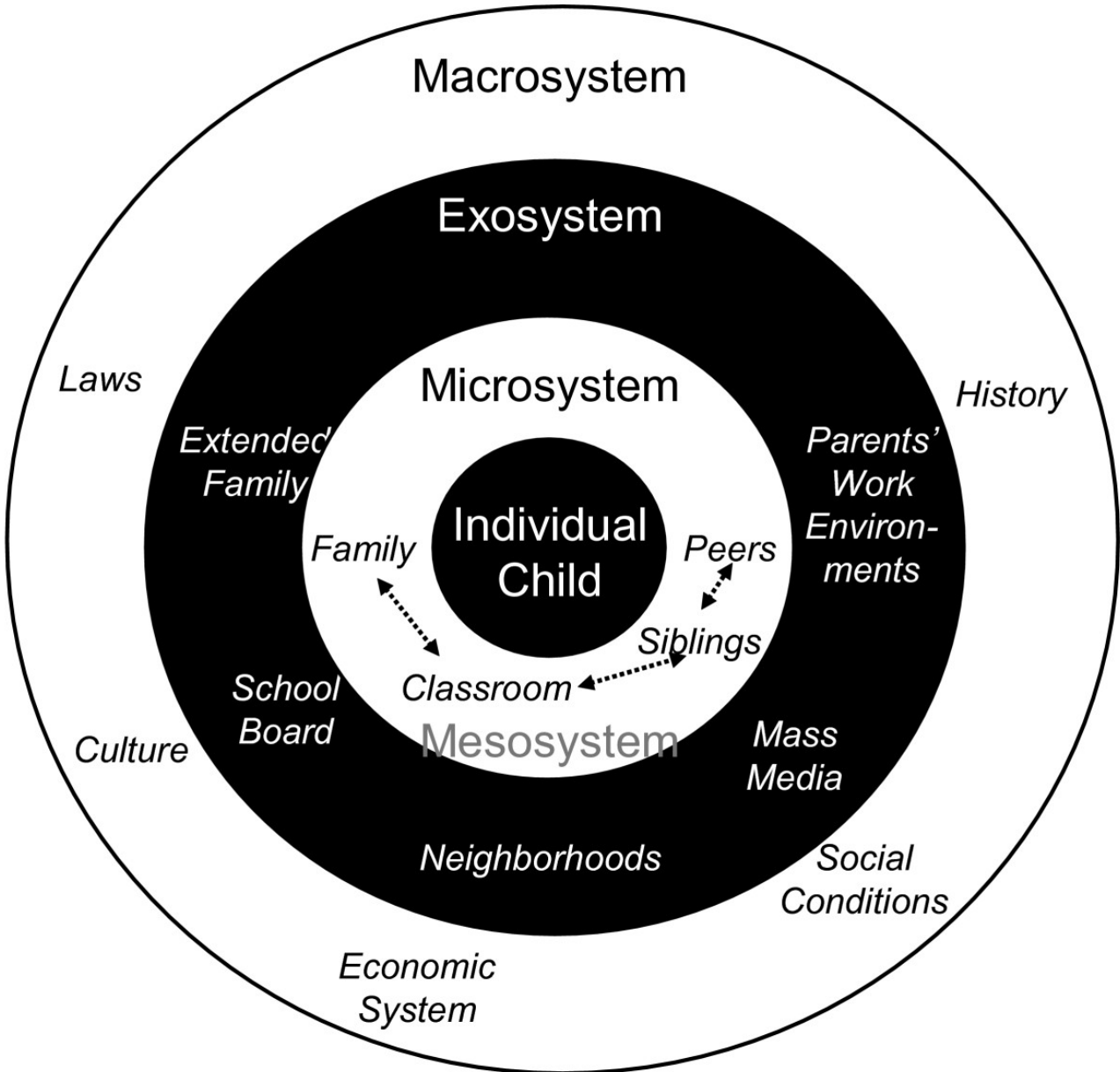
- The ecological systems model presents bi-directional arrows between systems. These arrows represent the reciprocal nature of all four systems that an individual encounters. The microsystem, mesosystem, exosystem, and macrosystem all work together to form the unique way in which each individual perceives the world.
- The microsystem involves the relationships and interactions with which the child has direct contact. The mesosystem is what connects the child with the different relationships in the microsystem. The exosystem is the larger social system in which the child does not have an active role. The macrosystem is the outmost layer in the child's environment and makes up the cultural context that the child experiences.
- If a child experiences or observes violence within the home, he or she will come to develop beliefs and values surrounding violence that he or she will then draw upon when confronted with conflict in the external environment. Conversely, the child's experiences and reactions to violence observed within the community will then influence how he or she perceives, interacts, and responds to the family system within the home.

Promotoras can ask:

- *Where would the different social problems linked to border violence fit on the ecological model?*
- *What does this model illustrate about our perceptions of violence and the social problems on the border?*



Tool III: Ecological Systems Model



Source: Bronfenbrenner, 1979

TOOL IV: BORDER VIOLENCE RESOURCES

The following list of resources provides *promotoras* with references, community agencies, departments, phone numbers, addresses and websites to access more information on border violence. This information can also be provided to families and individuals in the community.

a. Office of Border Health - M/C 1962

Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
Phone: (512) 458-7675
Fax: (512) 458-7262

b. The Borderlands Encyclopedia

www.utep.edu/border/inf.html

A web-based multimedia instructional resource on contemporary issues of the U.S.-Mexico border.

c. Texas Department of State Health Services

www.dshs.state.tx.us

Phone (512) 458-7111

d. Texas Department of Family and Protective Services

www.dfps.state.tx.us

Phone: 512-438-4870

Toll Free: 1-800-252-5400

e. Texas Health and Human Services Commission

www.hhsc.state.tx.us

Phone: 512-424-6500

MODULE II: The Impact of Border Violence

After introducing and defining border violence, Module II aims to demonstrate how border violence affects individuals, families and communities. *Promotoras* will explain protective mechanisms against border violence within the family structure and teach behaviors and skills to be utilized by parents in the promotion of healthy families.

In addition, Module II presents the role of drug and alcohol use within border violence in order to direct appropriate parental responses in relation to substance use. *Promotoras* should encourage effective communication within the family as a tool for understanding and preventing violence. After this module, individuals should be aware of the relationship between violence and the neighborhood organization and feel comfortable in addressing the different ways it can impact their families.

Competency Areas

Promotor(a) Community Health Worker (CHW) Competency Areas Covered

- *Interpersonal Skills*
 - Counseling Skills
 - Relationship-building
- *Organizational Skills*
 - Ability to set goals and plan
 - Ability to juggle priorities and manage time
- *Communication Skills*
 - Listening
 - Use language confidently and appropriately

Texas Department of State Health Services

I. Border Violence and the Family

The extent to which families are exposed to violence is in large part affected by the characteristics of the neighborhood (Osofsky, 1999). Given the nature of many border communities and their increased vulnerability to different types of violence, families in the border region must be aware of their roles in addressing and preventing violence and its effects.

How Does Border Violence Affect Our Families?

The diverse and ever-evolving typology of families along the border highlights the complexity of the border environment. Border families are faced with above-average unemployment rates and significant economic and educational disparities between White and Latino family achievement (Padilla & Argilagos, 2008). Nonetheless, the family unit continues to remain a form of strength and foundation within the border communities. Understanding the paradox of family resilience within the chaotic border environment can be vital in helping families weather the storm of violence and poverty inherent to border communities.

How Does Border Violence Affect Children?

While the type and severity of exposure to violence impacts children in diverse ways, many studies illustrate that witnessing and experiencing violence can greatly impact a child's social competence, emotional and behavioral regulation, physiological and psychological reactivity, and cognitive processes (Margolin & Gordis, 2000). As children's experiences of violence are also affected by their ability to respond to and cope with danger, parents and families are especially important in guiding children's responses and providing protection, support and information.

The Nature of Border Violence

Proximity

Proximity refers to the degree to which an individual is involved in or affected by a violent incident. Individuals who directly observe violence or are the victims of violence may have a more pronounced response than those who are not directly involved or affected by violence (Pynoos & Nader, 1988).

Figure 2 depicts the different levels of proximity to violence. The epicenter of the figure represents the violent act and the closest and most directly affected individual to the act is the victim. Then the next level of proximity is the indirect victim, which could include family members or friends of the direct victim. The responders can be found at the next level of proximity, which could represent law enforcement or mental health professionals, followed by community responders, which have the furthest level of proximity.

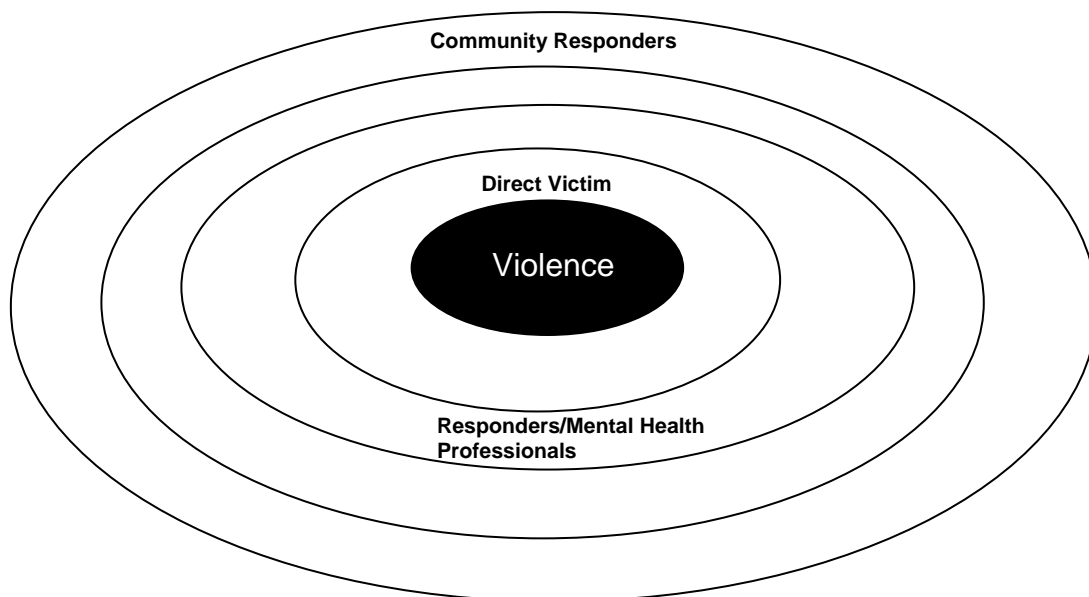


Figure 2. Different levels of proximity to violence

Type of Exposure

The World Health Organization defines violence in their 2002 World Report on Violence and Health as: *"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."*

Several aspects of this definition should be emphasized: 1) the emphasis on intention, 2) the inclusion of use of "power" to perpetrate violence, and 3) the broad range of possible impacts or outcomes that can qualify the use of physical force or power as violence.

In addition to this definition, the WHO further establishes a "typology of violence" that categorizes violence into three broad types: 1) self-directed (suicide/suicidal behavior), 2) interpersonal (family/intimate partner or community), and 3) collective (social, political, and economic). Violent acts are grouped into four categories: 1) physical, 2) sexual, 3) psychological, and 4) involving deprivation or neglect (WHO, 2002).

When considering the types of responses that individuals can have to border violence, promotoras can explore the type of violence exposure that the individual experienced or witnessed. Given this definition, promotoras should

question: What type of violence was the individual exposed to? Examples include: direct injury such as stabbing or beating, suicide, domestic violence, gang violence, kidnapping, rape, destruction of property, and natural disasters.

Severity

Border violence is not limited to one type of violence but rather can manifest as multiple types of violence. Given the multiple forms of border violence, mental health professionals should consider the “severity” or “intensity” of the violence exposure. Exposures with greater severity levels are oftentimes associated with greater levels of distress and clinical impairment. Of importance is the individual’s subjective assessment of the impact of the violence exposure on his or her life. Both the objective and subjective aspects of the violence exposure should be considered during assessment.

Duration

The duration refers to the length of time that the individual is exposed to or involved in the violence experience. For example, a kidnapping can last for a prolonged amount of time. In contrast, a shooting may be more discrete in that the exposure to the violence episode is more time limited. Promotoras can emphasize the need to consider the duration of violence.

Abruptness

When violence is unexpected, the victim often has their guard down and their reaction to the violence can be severe as a result. Promotoras should explain the importance of examining the abruptness of the violent act. Some questions to pose are:

- *Was the event sudden?*
- *Was the individual prepared?*
- *Was it anticipated?*

Violence and its Impact on Children

- **Physical health:** Physical injury, death
- **Risk for substance use/abuse:** Increased likelihood to confront drugs and alcohol
- **Safety**
- **Psychological adjustment:** Symptoms of anxiety, depression, PTSD
- **Social relations:** Avoidance, separation anxiety
- **Academic achievement:** High levels of arousal may disrupt academic pursuits and ability to concentrate (Margolin & Gordis, 2000).

- **Emotional/behavioral development:** Excessive irritability, sleep disturbances, emotional distress, immature behavior, hyper vigilance
- **World views:** Difficulty with trust, increased fearfulness or normalization of violence (Osofsky, 1999)
- **Self perception**

After *promotoras* explain the impact of border violence on families described above, they can begin to emphasize how the family can act as a protective measure against violence and serve as a vital foundation of stability and trust when faced with border violence. Much of the protective qualities within family systems are derived from clear and effective communication between family members. Thus, the following tools and activities focus on providing families with the skills to improve communication within the family.

Increasing Communication Skills with Children

With increased exposure to violence through the community and the media, children may not know how to comprehend or respond to the threatening and overwhelming environments they face. Communication within the family about border violence can strengthen bonds and help children cope and understand frustrations and feelings surrounding violence (Poussaint, 2010). Parent-adolescent communication about these issues should be an ongoing process. This encourages children to comfortably express concerns and can be a protective factor against the harmful effects of violence.

TOOL V: PARENT CHECKLIST WHEN DEALING WITH VIOLENCE

Since effective communication is an important feature of good family functioning, the parent checklist provides useful tips when dealing with children's potential involvement with violence. By promoting communication and encouraging parents to address the situation with their children, parents can feel better equipped to discuss the issues that may arise.

Promotoras should present the checklist to the parents as a list of tips that can be useful when parents must confront the issue of children's involvement with violence. The list is not exhaustive; rather, it touches upon important suggestions for parents who may be unsure about how to approach the issue.

Tool V: Parent Checklist when Dealing with Violence

1. Develop Open Communication

Providing an open and safe environment that encourages children to speak honestly is critical when dealing with violence. We provide strategies for effective communication in the following tool.

2. Monitor the Media

The topic of violence has pervaded the media, and subsequently, it has pervaded the lives of our children. By monitoring what your children see and hear, parents can better manage children's exposure to violence.

3. Acknowledge Your Children's Emotions and Feelings

As a parent, it is important to be aware of any changes in your child's behavior or attitude. If you notice a marked change in your child's responses or reactions to certain issues, make sure to acknowledge that change. By reassuring children of your awareness and concern, they may feel better supported and encouraged to talk about what is going on.

4. Take a Stand

Parents must be clear and consistent about the values that they want to instill in their children. You have the responsibility to assert the rules that your children must follow. If you stand firm in what is appropriate and acceptable in the home, children may be less likely to stray from the house guidelines.

5. Control your Own Behavior

When you learn about shocking information or approach a conflict with your child, it is important to examine and manage how you handle the situation. If you want your child to avoid violence, it is important that you model the right behavior for him/her.

Source: Children Now. (2009). Talking with kids about tough issues. Retrieved from: http://www.childrennow.org/index.php/learn/twk_violence

TOOL VI: PARENTAL STRATEGIES FOR EFFECTIVE COMMUNICATION

After presenting the parent checklist to families and discussing ways to handle issues of violence with children, *promotoras* can provide parents with Tool VI. The tool is a handout with strategies for effective communication.

***Promotoras* should explain that:**

- Parents can refer to the handout as a resource when opportunities for discussion arise.

***Promotoras* can ask:**

- *What are examples of situations or scenarios when you could implement these strategies?*



Tool VI: Parental Strategies for Effective Communication

EFFECTIVE COMMUNICATION

- **Maintain openness and honesty.** By sharing personal information regarding similar past experiences and decisions, caregivers are able to exhibit a sense of understanding and camaraderie while portraying a willingness to be open and receptive.
- **Remain accessible.** Showing and communicating to children that talking with them is a priority helps to emphasize the importance of the subject matter. Caregivers should remain as available and accessible as possible. If unable to sit with their children right away, a time to talk should be scheduled or incorporated into other activities done together.
- **Emphasize trust.** In order to maintain open and honest communication, it is important to have a shared understanding of trust and honesty. Caregivers should communicate that they trust that their children will share their thoughts about issues related to border violence, and that they in turn will be available to talk about these issues when their child is ready.
- **Remain calm.** Regardless of how strongly a caregiver feels about a subject, he or she should always stay calm when talking with children by trying not to shout or allowing a conversation to get too heated or emotional.
- **Use open-ended questions.** Ask questions that cannot be answered with a simple “yes” or “no”. By doing so, caregivers provide their children with the opportunity to expand upon their thoughts and beliefs.
- **Actively listen.** Caregivers should allow their children to speak un-interrupted. When their children are finished speaking, the caregiver can briefly summarize and repeat what they think they heard so as to make sure that all parties understand.
- **Put yourself in their place.** It is important to try and see things from the child’s point of view. When caregivers make an effort to put themselves in their children’s shoes, it shows that they care and are interested in their life.
- **Emphasize common goals.** By reminding their children that they are on their side, caregivers portray that they want the best for their children. Caregivers and children often want the same things, and reminding children of this reinforces a position of support.
- **Pay full attention.** Children and adolescents need to feel that they are receiving a caregiver’s full attention. Caregivers should indicate that they are paying attention and are interested by making eye contact and nodding their heads in understanding.

Source: Guilamo-Ramos, V., & Bouris, A. (2008).

I. Border Violence and Substance Use and Abuse

After presenting information on the impact of border violence on families, *promotoras* can focus on the issue of border violence and how substance use can potentially affect families. *Promotoras* should explain the prevalence of substance use along the border and provide families with the signs and symptoms of substance abuse. Then, *promotoras* can review potential treatment options that are available.

Adolescent Substance Use Along the Border

Compared to national and state averages, adolescents residing in border counties have increased rates of drug and alcohol use. In a Texas School Survey sampling of 12 counties along the Texas-Mexico border, 74 percent of adolescents in grades 7-12 reported using some type of substance in their lifetime (Liu, 2008). Fifty-three percent of the students had used tobacco, alcohol, and/or other illicit drugs within the past school year.

Because of the close proximity to Mexico, many adolescents report easily obtaining alcohol by purchasing it across the border where drinking laws are loosely enforced. Adolescents living along the border have correspondingly high rates of alcohol-related risk behaviors, including binge drinking, drinking while driving, and riding in a car with someone who has been drinking (McKinnon, O'Rourke, Thompson, & Berumen, 2004).

Substance Use and Risk Behavior

Adolescents who use drugs or alcohol are more likely to partake in violence by late adolescence (Brady, Tschann, Pasch, Flores, & Ozer, 2008). Similarly, in Mexican-American adolescents, alcohol use has been shown to facilitate participation in peer violence (Tschann, Flores, Pasch, & Marin, 2005). Adolescents in violent communities list numerous reasons for seeking out and using drugs and alcohol, including sensation-seeking (McKinnon, O'Rourke, Thompson, & Berumen, 2004; Brady & Donenberg, 2006), coping from distress (Tschann, Flores, Pasch, & Marin, 2005; Brady, Tschann, Pausch, Flores, & Ozer, 2004), and ease of availability (McKinnon, O'Rourke, Thompson, & Berumen, 2004).

Substance Use as a Coping Response

Just as those who use drugs or alcohol are at an increased risk to partake in violent behavior, many adolescents who are involved in or witness violence are similarly more likely to use or abuse substances. Research has repeatedly shown the role that drugs and alcohol play in the aftermath of violence victimization or exposure. Oftentimes substances are used to escape or numb

feelings and symptoms associated with past traumatic experiences. The use of drugs or alcohol as a means of coping can precipitates the forming of habitual maladaptive coping responses. When substances are consistently relied upon as a response mechanism to exposure or participation in violent activities, substance *use* quickly turns into substance *abuse*.

Substance Use and Violence are Bi-directional

The relationship between drugs, alcohol, and violence is bi-directional (Brady, Tschann, Pasch, Flores, & Ozer, 2008), which highlights the unique dilemma of border communities. As noted previously, border communities exhibit high rates of both substance use and violence. Because each component has been shown to have a bi-directional affect on the other, disrupting this cyclical pattern often proves difficult. However, good family relations and a warm family environment with open communication have shown to serve as protective factors in facilitating youth resiliency (Cooley-Strickland et al, 2009; Gorman-Smith & Tolan, 1998).

Signs and Symptoms of Substance Use and Abuse

Children and adolescents work hard to hide their substance use from their families. Caregivers can attempt to intervene regarding suspected use quicker if they know what signs to look for.

Caregivers should voice their concerns openly and honestly. Discussions surrounding drug or alcohol use should only occur when the child or adolescent is sober.

It is important to remember that when a child exhibits a certain symptom or behavior, it does not necessarily mean he or she is abusing drugs or alcohol. The communication strategies outlined earlier in the module should be utilized to broach this subject with the child. A caregiver should resist making accusations or assumptions before allowing the child or adolescent to explain his or her behavior.

According to the American Council for Drug Education, the following are signs and symptoms of substance abuse to be aware of when dealing with an adolescent:

Physical Signs of Substance Abuse

- Loss of appetite, increase in appetite, any changes in eating habits, unexplained weight loss or gain
- Slowed or staggering walk, poor physical coordination
- Inability to sleep, awake at unusual times, unusual laziness
- Red, watery eyes, pupils larger or smaller than usual, blank stare
- Cold, sweaty palms, shaking hands
- Puffy face, blushing or paleness
- Smell of substance on breath, body or clothes
- Extreme hyperactivity, excessive talkativeness
- Runny nose, hacking cough
- Needle marks on lower arm, leg or bottom of feet
- Nausea, vomiting, or excessive sweating
- Tremors or shakes of hands, feet or head
- Irregular heartbeat

Behavioral Signs of Substance Abuse

- Change in overall attitude/personality with no other identifiable cause
- Changes in friends, new hang-outs, sudden avoidance of old crowd, doesn't want to talk about new friends, friends are known drug users
- Change in activities or hobbies
- Drop in grades at school or performance at work, skip school or is late for school
- Change in habits at home, loss of interest in family and family activities
- Difficulty in paying attention, forgetfulness
- General lack of motivation, energy, self-esteem, "I don't care" attitude
- Sudden oversensitivity, temper tantrums, or resentful behavior
- Moodiness, irritability, or nervousness
- Silliness or giddiness
- Paranoia
- Excessive need for privacy, unreachable
- Secretive or suspicious behavior
- Car accidents
- Chronic dishonesty
- Unexplained need for money, stealing money or items
- Change in personal grooming habits
- Possession of drug paraphernalia

As a caretaker, it is important to take note of the physical and behavioral signs of substance abuse. In the next section, we will explore substance abuse treatment options and learn about the different types of programs.

TOOL VII: CHOOSING A TREATMENT OPTION

After reviewing the information on substance use and risk behavior along the border, *promotoras* can present families with resources on how to respond or get treatment in the case that a family member is involved with substance use.

Promotoras should emphasize the importance of discussing the various options with each other and determining the options that are the best fit. Tool VII is a handout that explains the different options available.

***Promotoras* should explain that:**

- No single treatment option is best for everyone.
- Treatment does not need to be voluntary to be effective (Office of Safe and Drug-Free Schools, 1998).

Tool VII: Choosing a Treatment Option

SUBSTANCE USE AND ABUSE TREATMENT OPTIONS

Seek the Advice of Others

Many professionals within the community – regardless of whether they specialize in substance use – are knowledgeable about treatment options. Caregivers can seek the opinion of many individuals, including:

- Child's physician
- School social worker
- Local hospital
- Psychologist/Mental health worker
- Other caregivers in the community
- Church leader
- 1-800-662-HELP: U.S. Department of Health and Human Services Center for Substance Abuse Treatment hotline
- Texas drug rehabilitation hotline: 1-877-212-2070
- Promotora/Health educator

Self-help Meetings

Self-help groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) are anonymous groups designed to help an addict learn and gain support from other addicts. Oftentimes, self-help groups are used as a supplement in addition to other forms of drug or alcohol rehabilitation.

Outpatient Behavioral Treatment

Most outpatient treatment centers run programs in which an individual will attend the program at regularly scheduled intervals. Participants are able to live and sleep at home while attending treatment during the day. Treatment typically encompasses individual and group drug counseling. The substance abuse diagnosis is addressed first and foremost, but other mental health concerns are addressed as well. Many programs will require drug testing to ensure their participants are maintaining sobriety while in the program.

Residential Treatment Centers

Residential treatment programs are highly structured, inpatient programs designed for individuals with more serious substance abuse problems. Residential programs typically begin with a detoxification component, in which the individual completely rids his or her body of drugs and alcohol. Residential programs can range from 28 days to up to six months or more. As with outpatient programs, residential treatment programs use a combination of individual and

group counseling. Participants also typically learn and acquire the skills necessary to live a drug- and alcohol-free life.

Pharmacological Treatment

Medications can be used during the detoxification process to help with withdrawal symptoms, and during the recovery process to prevent relapse and diminish cravings. Medications are specified according to substance type. For instance, Methadone is often used for opiate addictions, while Disulfiram is typically used for alcoholics. However, it is important to note that many individuals go through the rehabilitation process without the assistance of medications. For many, ridding the body entirely of substances (including prescription medications) is necessary for the recovery process. In the next section, we will examine the positive influence of community and civic involvement and how it can serve as a protective factor against the violence and substance use and abuse of border counties.

ACTIVITY IDEAS

It may be useful to provide activities for families on the topic of substance use and abuse. We list potential activities that promotoras can use to ensure that families are aware of how substance and alcohol use can impact families.

1. Signs and Symptoms

Pass out a sheet of paper to each participant. Have each person list as many signs and symptoms of substance abuse covered in the section. Then, review everyone's list and determine which signs and symptoms were missed. This is a useful activity to reemphasize the signs and symptoms of substance abuse.

2. Substance Abuse in the News

Divide participants into groups of two or three and provide each group with recent newspaper articles. Have each group review the articles and search for any mention of substance use or abuse in the news. Then, engage in a discussion about risk behaviors and how substance use can be used as a coping response. What do the articles say about substance abuse? How easy or difficult was it to find mention of substance use in the news?

II. **Border Violence and the Neighborhood**

Not only does violence impact our families, but violence in communities has been shown to be associated with factors such as substance and alcohol use, low socio-economic status and residential instability (Sampson, Raudenbush & Earl, 1997). Violence varies within communities according to the context of the neighborhood; thus, through awareness of the structural characteristics of our neighborhoods and the significant factors that relate to high rates of violence, we can better understand its impact and methods for prevention.

TOOL VIII: MY NEIGHBORHOOD MAP

Promotoras can review the tools that go over the influences of violence and the ecological model while explaining the impact of border violence on the neighborhood. Since our neighborhoods are dynamic entities that change over time, as neighborhoods change, crime rates and the nature of violence within the community change (Fagan and Davies, 2004). Therefore, *promotoras* should present Tool VIII as a strategy to identify the safe and unsafe places in one's neighborhood. It may be helpful to keep a map of your neighborhood to monitor levels of violence and changes in the community.

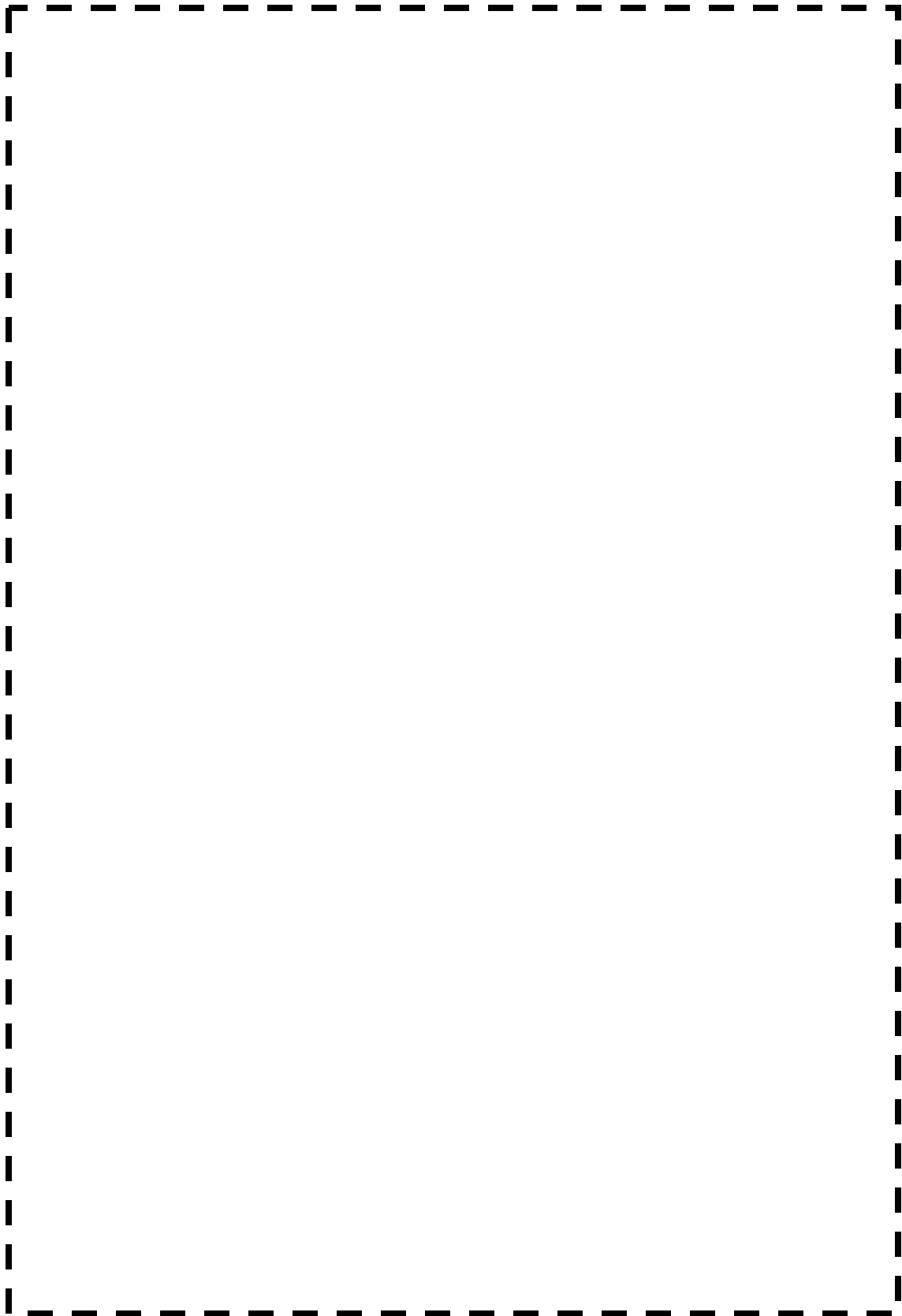
Promotoras should explain that:

- While maps of your neighborhood may already exist, you can create a more personal map that identifies areas and landmarks that are important to you and your family. A legend or key may be included.
- On the map, it may be useful to locate safe areas or places that can act as resources or refuge in a dangerous situation. In addition, you can mark areas that you feel are unsafe and hazardous for you or your children.
- Creating a map of your neighborhood is a simple and useful way to think about your community and the areas in which you feel safe or unsafe. It can be an informative and revealing process in assuring the safety of your family. The map is also a useful starting point for assessing community and family needs for preventing and addressing the issue of border violence.

Promotoras can ask:

- *How do you define your neighborhood?*
- *Who lives in your neighborhood?*
- *What are the boundaries of your neighborhood?*
- *What are the important landmarks in your neighborhood?*
- *Where do you feel safe or unsafe in your neighborhood?*
- *What are common routes that you take in your neighborhood?*
- *How frequently do you pass areas that you consider unsafe?*
- *What do you know about your neighborhood that outsiders would not know?*





MY NEIGHBORHOOD

III. Border Violence and the Border Region

After examining border violence and its impact on the family and neighborhood, *promotoras* can discuss the issue of border violence in relation to the border and border region. The border between Mexico and the United States has been emphasized as a violent region, especially in the media that often portrays it as a “threat” to the U.S. With increased violence at the border, it continues to be, for many, a manifestation of political opposition, oppression and fear. For families who live in the border region and consider the border their home, the meanings associated with the border and its assumed concept as a place of violence impact identity formation and one’s interpretation of the violence that he/she witnesses.

Promotoras should review with communities how border violence has separated families, created fear and caused various problems in the border region.

MODULE III: Assessing Community Needs

After reviewing the previous two modules, *promotoras* can help individuals and families begin to conduct a community assessment. A community assessment “refers to the collection of information about the nature and extent of violence in the community, community residents’ perceptions of violence and how they are affected by it, and information about the environment or conditions of a community” (Randall, 1997). Through this process, community members can determine the main problems of violence in their neighborhoods along with their “causes, effects, and the resources available to combat them” (Ibid).

Competency Areas

Promotor(a) Community Health Worker (CHW) Competency Areas Covered

- *Advocacy Skills*
 - Ability to speak up for individuals or communities and withstand intimidation
 - Ability to overcome barriers
- *Teaching Skills*
 - Ability to share information one-on-one
 - Ability to master information, plan and lead classes, and collect and use information from community people
- *Service Coordination Skills*
 - Ability to identify and access resources

Texas Department of State Health Services

I. Identifying Violence in the Community

The community assessment is an important process because it communicates that individuals and families can take ownership and responsibility for the future of their community. It emphasizes that they have the capacity to influence the changes that they want to take place.

TOOL IX: BORDER VIOLENCE COMMUNITY ASSESSMENT VENN DIAGRAM

A border violence Venn diagram can help individuals and families conduct a community assessment. *Promotoras* should help individuals identify instances of violence in their communities that they have experienced, witnessed and heard about in each circle. When instances overlap, they can write those experiences in the overlapping sections of the circle.

***Promotoras* should explain that:**

- The Venn diagram is an interactive tool that can help communities organize and assess the violence in their communities and how they have experienced it—whether it may be personally, indirectly, through a friend or family member, or through the media.
- The types and instances of violence in the overlapping sections may present more prevalent or more pressing types of violence in the community. Individuals and family members should engage in a discussion about what they fill out in their diagrams and about the experience of identifying the types of violence in the community.

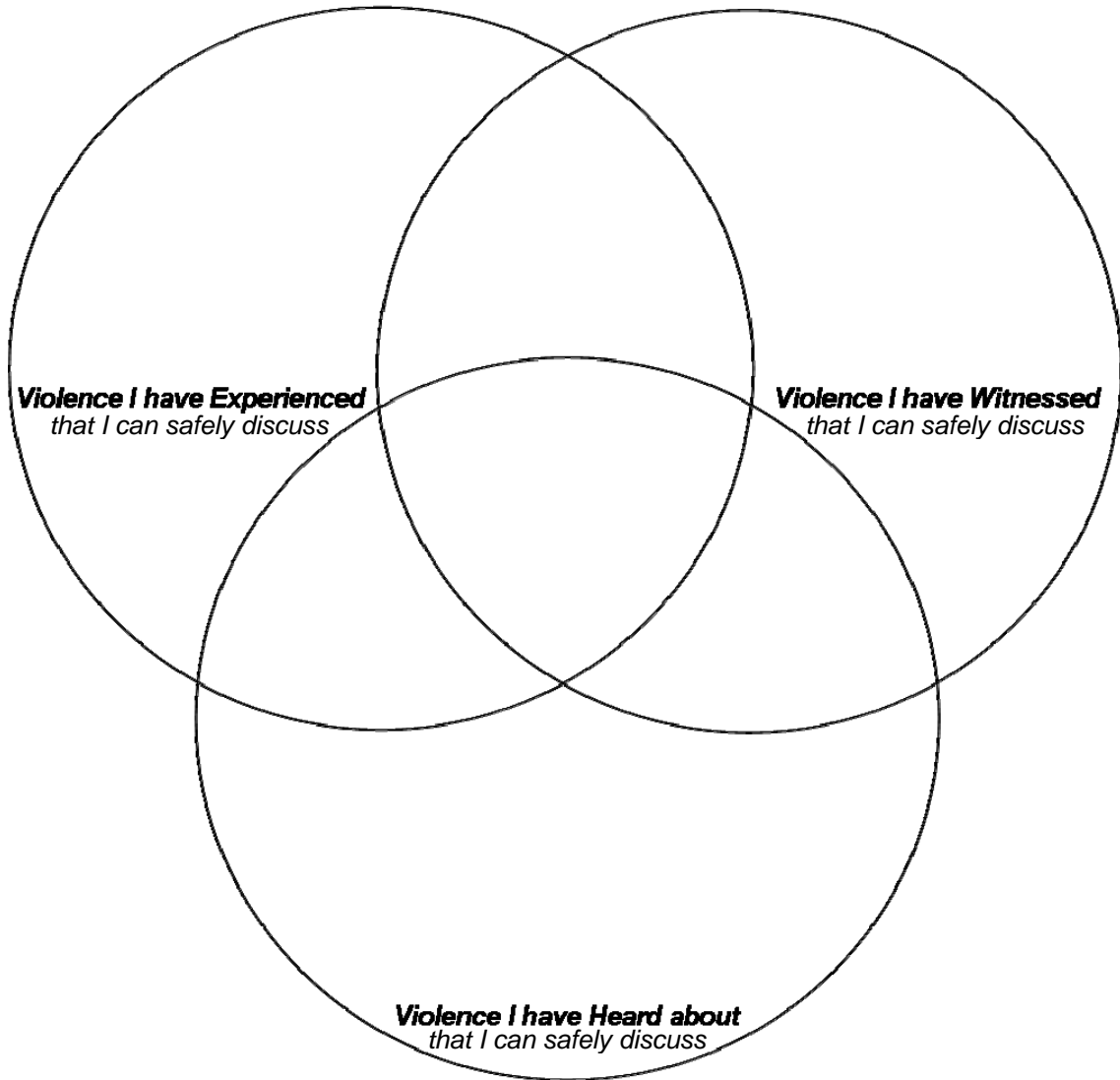
***Promotoras* can ask:**

- *In which section of the Venn diagram do you experience violence the most?*

Promotora Note:

When conducting the border violence Venn diagram activity, it is important to be aware of the sensitive content involved in this exercise. If issues arise that require additional referrals or assistance, it is critical that the trainer handle the case appropriately. It may be necessary to talk to individuals separately and confidentially after the activity. In addition, the trainer should emphasize that participants need to share only what they feel comfortable about sharing.

COMMUNITY ASSESSMENT BORDER VIOLENCE



Community Strengths and Resources

After identifying the types of violence present in the community, it is important to assess the community's strengths and resources. The incorporation of a strengths-based perspective in assessing needs emphasizes and utilizes the assets of a community. The level of community involvement and support are important when assessing community strengths.

The strengths of a community may be viewed on a number of different levels. Building a stronger community involves bringing these strengths together:

- **Individuals**
- **Associations:** Residents' associations, Chambers of Commerce, school groups, church groups, youth groups, sporting clubs, service clubs, special interest groups
- **Institutions:** Schools, local businesses, churches, health facilities, library, neighborhood centers
- **Physical characteristics:** Land features, water bodies, parks, buildings, historical landmarks, transport and infrastructure
- **Local Businesses**

Source: Central Coast Community Working Party, 2003

TOOL X: IDENTIFYING STRENGTHS WITHIN OUR COMMUNITIES

As a way to assess community strengths, *promotoras* can engage in a brainstorming session of the assets and resources that exist in the community. This can be a collaborative and motivating process that can excite individuals and families to think about ways to address border violence through their communities' strengths.

***Promotoras* should explain that:**

- All communities have unique strengths and resources.
- Focusing on positive assets can build the community and give residents hope and a positive vision for themselves (Central Coast Community Working Party, 2003).

***Promotoras* can ask:**

- *What are the strengths you identified that you did not recognize before the brainstorming session?*
- *Why is it important to identify strengths when dealing with the issue of border violence?*



Tool X: Identifying Strengths within our Community

BRAINSTORMING OUR COMMUNITY STRENGTHS

Think about

Individuals
Talents
Skills
Knowledge of people

Identify

Community Associations
Faith Based Community Organizations
Institutions
Businesses
Organizations

Explore

Our environment
Waterways
Open spaces

Examine

Community perspectives
Community history

Tip: Choose a member of the brainstorming group to write the comments and ideas on a large paper or white board. By visually presenting the strengths for everyone to see, the group can recognize the impact and importance of each strength and asset in the community.

II. Community Interventions and Strategies for Violence Reduction and Prevention

An important factor in promoting child and family health in the context of border violence is the ability to utilize available community resources. After identifying the community's strengths, *promotoras* should explain that a community's resiliency can be improved with increased knowledge and strategies for reducing and preventing border violence. Community mobilization and capacity building are some of the important ways to reduce and prevent violence.

The complex nature of violence demands comprehensive approaches. Thus, *promotoras* can emphasize how multiple, rather than single, isolated factors of border violence place our families and children at risk of becoming victims or perpetrators of violence. Therefore, to be effective, programs must address multiple risk factors in a variety of settings (SafeYouth.org, 2007).

The following prevention strategies developed by SafeYouth.org can assist *promotoras* explain the different ways to prevent violence. *Promotoras* should clearly review the three levels of prevention with individuals and families and be able to respond to any questions regarding the strategies.

Primary Prevention: Creating Safe Environments

Primary prevention looks at root causes, conditions, and environments for ways to proactively eliminate the possibility of disease or injury. Primary prevention attempts to serve those individuals who are not yet part of the problem, and strives to build skills and resiliency so that the problem will not develop. These strategies can range from individualized programs such as conflict resolution training or mentoring, to public information campaigns designed to reach the general public. Job training programs, adequate housing, community development and improvement initiatives, parenting training, and after-school recreational programs for youth are additional examples of primary prevention programs.

Secondary Prevention: Reducing Risk

Secondary prevention addresses attitudes and behaviors, focusing on early identification and intervention to reverse a disease/injury process or reduce its impact. By targeting individuals at high risk for violence or who have displayed some form of antisocial or delinquent behavior, secondary prevention aims to keep these individuals from engaging in violent activity. Secondary prevention, such as anger management and family strengthening programs, typically focuses on the individual and his or her relationships.

Tertiary Prevention: Managing Crisis Situations

Tertiary prevention relates to reactive efforts and interventions that correct or treat a problem. Tertiary prevention is designed to serve those individuals who have already become violent or chronic offenders and emphasizes punishment and rehabilitation. The objective is to help prevent future violent activity.

MODULE IV: Disaster Planning

A disaster is an event resulting in great loss and misfortune via natural or man-made processes that impact society and the built environment. Given the dangers on the border described in the previous modules, Module IV presents important information on disaster planning. *Promotoras* should emphasize the need to be prepared and ready for any type of disaster. By presenting families with the potential disasters that can occur and providing the tools to prepare and respond, *promotoras* can build healthier and more conscious communities on the border.

Competency Areas

Promotor(a) Community Health Worker (CHW) Competency Areas Covered

- *Capacity Building Skills*
 - “Empowerment”—Ability to identify problems and resources to help clients solve problems themselves
- *Interpersonal Skills*
 - “Ability to work as a team member
- *Organizational Skills*
 - Ability to set goals and plan
- *Knowledge Base on Specific Health Issues*
 - Knowledge of health and social service systems
 - Ability to find information

Texas Department of State Health Services

I. Disasters on the Border

Disasters take many forms and can also be referred to as calamities, catastrophes, emergencies or crises. Some examples of disasters that can potentially occur on the border include:

- Public unrest
- Terrorism
- Hurricanes
- Wildfires
- Tornadoes
- Floods
- Droughts
- Public health emergencies
- Blackouts
- Fires
- Loss of utilities
- Thunderstorms
- Extreme heat

- Carbon monoxide poisoning
- Building collapses and explosions
- Chemical spills, hazards and emergencies

Disasters can potentially result in loss of life and property, as well as the disruption of daily routines. Some disasters occur with much warning, while others come from seemingly out of the blue.

Promotoras can discuss the different types of disasters that families or individuals have experienced. Which disasters are more common in our communities or neighborhoods? Are other disasters not included on the list that should be mentioned?

II. How to Prepare for a Disaster

Promotoras should explain that people can prepare to some extent for every disaster. Since all families and communities are different, it is essential that families make a plan that is unique and appropriate for them. Although we cannot prevent the weather or prevent disasters from occurring, every family can take the steps to minimize risks from known hazards. Through preparation, families can save lives and reduce dangers.

TOOL XI: FAMILY PREPAREDNESS GUIDE

The following tool is a family preparedness guide developed by the Texas Department of State Health Services. It provides information on how to get informed, make a disaster plan, increase family communication and prepare a disaster supplies kit. *Promotoras* should review the guide carefully with families and ensure that they understand the steps and procedures during a disaster.

Family Preparedness

Developed by Texas Department of State Health Services

Disasters can strike at any time. Is your family prepared?

We cannot control the weather or prevent disasters from happening, but there are steps you and your family can take to help minimize risks from known hazards. Planning now can help save lives later. Here's what you and your family can do:

1. Get informed: Texas is prone to disasters of all kinds – from severe weather events to industrial accidents. Terrorism also is a threat. Find out what hazards are common where you live. Is your community susceptible to wildfire, drought, flooding, tornadoes, ice storms or hurricanes? What about hazardous materials incidents or other types of accidents?

When severe weather threatens, tune in to local radio, television or get information online from the National Weather Service about NOAA Weather Radio. Learn the difference between a watch and a warning. A watch means that dangerous weather is possible. A warning means it's about to happen; seek shelter now.

2. Make a family disaster plan: All families are different, so make a plan that fits your family. Each member needs to understand the plan and know which tasks he or she will be asked to do. Here are some things to consider:

- **Escape routes:** You need to know

escape routes from each room in your house as well as from your neighborhood.

To establish escape routes from your home, draw up a floor plan. Each room should have two exits. Select a meeting site where everyone will gather after they have left the house.

Be sure to conduct a practice drill with all members of the household. To establish escape routes from the neighborhood, draw a map that shows all the streets and their names so that when authorities provide evacuation instructions, you will know where to go.

- **Family communication:** It is important to plan how family members will contact one another if they are separated during an emergency. Complete an emergency contact card for each family member listing the phone number of an out-of-town contact and other important numbers. Everyone should keep a card in a wallet, purse or backpack.

If you are injured because of an accident or disaster, you may be unable to speak with emergency medical technicians. In these cases, paramedics and other emergency response personnel often turn to a victim's cell phone for clues to his or her identity and emergency contact.

You can make their job much easier by adding an entry in the contacts list of your cell phone: ICE.

ICE stands for "In Case of Emergency." Add an entry, label it ICE, and enter the name and phone number of the person the emergency services should call on your behalf. Adding this entry takes only a few moments, but it can save time for the emergency personnel who can contact your loved ones quickly. Paramedics know what ICE means, and they look for it immediately.

- **Utility shut-off and safety:** For some types of disasters, you may need to disconnect utility services to your home. Natural gas leaks are the number one cause of fires after a disaster.

Be sure that responsible family members can turn off the gas, electricity and water supplies. Contact your local utility company for proper shut-off procedures and to find the location of shut-off valves and switches.

CAUTION!: Never turn gas service back on by yourself. Service should be restored only by a trained professional.

- **Insurance and vital records:** Make photocopies of your important documents and secure them in a safe place away from your home. Here's a list of some documents you might want to copy:

- List of medications
- Insurance policies
- Driver's license, passport or other photo ID
- Bank account information
- Credit card information
- Financial records
- Inventory of home possessions
- Cash and travelers checks

- **Prepare a disaster supplies kit:** If

you are forced to shelter in place or evacuate your home, you may not have time to gather all the necessities for keeping your family safe and comfortable. Assemble a kit now with enough supplies to take care of each family member for at least three days.

It is best to store your supplies in airtight, portable containers, but something as simple as plastic trash bags or a backpack will work. Be sure to check your kit regularly and replace items that expire such as batteries and food. A basic kit should include:

- **Water:** Pack enough bottled water to last three days. Each person requires one gallon of water a day.

- **Food:** Choose foods that you know your family will eat and that require no refrigeration, preparation or cooking. Examples include protein or fruit bars, dried fruit, nuts, peanut butter, crackers and canned juices. Also pack a hand-operated can opener and disposable eating utensils.

- **Clean air items:** If there is an explosion, you may need to create a barrier between yourself and the airborne contamination. Pack nose and mouth protection masks (N-95 rating), plastic sheeting and duct tape.

- **Extra clothing:** Gather one complete change of clothes, a pair of sturdy shoes and a blanket for each person.

- **First aid kit:** Include two pairs of sterile gloves, sterile gauze, soap, antibiotic towelettes, antibiotic ointment, burn ointment, adhesive bandages, thermometer, prescription medications and prescribed medical supplies.

- **Emergency items:** Pack a battery-powered radio, flashlights, extra batteries, a whistle, shovel, basic tools,

baby wipes, garbage bags, toilet paper and a state map.

Special needs items:

- If there is a baby in the family, you will need to pack formula, diapers, bottles, powdered milk, medications, baby wipes and diaper rash ointment.
- For adults with special needs, consult with the doctor about storing prescription medications such as heart and high blood pressure medicines, insulin and other prescription drugs.
- Include supplies for dentures and contact lenses.
- Include emergency supplies for your pet. Have medical and current vaccination records, pet medications, first aid kit, leash and carrier/crate, 3-day supply of food and water, current photos in case you are separated, pet beds and toys, cat litter and box, paper towels, plastic bags and bleach to properly handle pet waste

BARRIO EXERCISE

After reviewing the family preparedness guide, promotoras should explore the additional considerations that may need to be taken for families at the border. In addition, some of the tips may not necessarily be applicable for all families. Thus, the barrio exercise is meant for promotoras and participants to discuss how the family preparedness guide relates to their own barrios and examine if there are additional steps and concerns that should be taken in regards to their current living situations.

Questions to Consider:

- 1. How does the family preparedness guide relate to our families and neighborhoods?**
- 2. What are additional steps that we can take to ensure our preparedness during a disaster?**
- 3. Are there skills that I need to learn in case a disaster strikes my neighborhood?**

TOOL XII: FAMILY EMERGENCY HEALTH INFORMATION SHEET

After reviewing the information on family preparedness, *promotoras* can provide families with Tool XII. The family emergency health information sheet, developed by the Texas Department of State Health Services is a useful reference in the case of emergency.

Promotoras can encourage families to fill out the information so that essential phone numbers and health information is easily accessible during a disaster. This information can be helpful for medical staff and other technicians in a situation where an individual may need immediate help. Inform families to put this information sheet in a location that is easy to remember and reach.

Tool XII: Family Emergency Health Information Sheet

FAMILY EMERGENCY HEALTH INFORMATION SHEET

Create a family emergency health plan using this information. Fill in information for each family member in the space provided.

1. Family Member Information

Family Member	Blood Type	Allergies	Past/Current Medical Conditions	Medications and Dosages

1. Emergency Cards

Make sure your family has a plan in case of an emergency. Fill out these cards and give on to each member of your family to make sure they know who to call and where to meet in case of an emergency.

DIAL 911 FOR EMERGENCIES

If you are in Mexico, NOTIFY US IMMEDIATELY: For emergencies, call the Embassy at 01-52-33-3080-2000, press "1", and ask the switchboard operator to connect you to the duty office.

MEXICAN CONSULATE: BROWNVILLE: 361-92-4493
MEXICAN CONSULATE: MCALLISTER: 361-686-0249

Rio Grande Valley Council, Inc.
RBI5586C

Family Emergency Plan Cards

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT OF TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
NEIGHBORHOOD TELEPHONE NUMBER: _____

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION

FOLD
HERE

DIAL 911 FOR EMERGENCIES

If you are in Mexico, NOTIFY US IMMEDIATELY: For emergencies, call the Embassy at 01-52-33-3080-2000, press "1", and ask the switchboard operator to connect you to the duty office.

MEXICAN CONSULATE: BROWNVILLE: 361-92-4493
MEXICAN CONSULATE: MCALLISTER: 361-686-0249

Rio Grande Valley Council, Inc.
RBI5586C

Family Emergency Plan Cards

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT OF TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
NEIGHBORHOOD TELEPHONE NUMBER: _____

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION

DIAL 911 FOR EMERGENCIES

If you are in Mexico, NOTIFY US IMMEDIATELY: For emergencies, call the Embassy at 01-52-33-3080-2000, press "1", and ask the switchboard operator to connect you to the duty office.

MEXICAN CONSULATE: BROWNVILLE: 361-92-4493
MEXICAN CONSULATE: MCALLISTER: 361-686-0249

Rio Grande Valley Council, Inc.
RBI5586C

Family Emergency Plan Cards

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT OF TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
NEIGHBORHOOD TELEPHONE NUMBER: _____

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION

FOLD
HERE

DIAL 911 FOR EMERGENCIES

If you are in Mexico, NOTIFY US IMMEDIATELY: For emergencies, call the Embassy at 01-52-33-3080-2000, press "1", and ask the switchboard operator to connect you to the duty office.

MEXICAN CONSULATE: BROWNVILLE: 361-92-4493
MEXICAN CONSULATE: MCALLISTER: 361-686-0249

Rio Grande Valley Council, Inc.
RBI5586C

Family Emergency Plan Cards

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT OF TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
NEIGHBORHOOD TELEPHONE NUMBER: _____

ADDITIONAL IMPORTANT PHONE NUMBERS & INFORMATION

TOOL XIII. DISASTER INFORMATION RESOURCE GUIDE

After reviewing the family preparedness guide and instructing families how to prepare for an emergency, *promotoras* can provide families with a list of important websites that give further information on disaster emergency preparedness. The list was created by the Texas Department of State Health Services.

- **Governor's Division of Emergency Management**
<http://www.txdps.state.tx.us/dem/pages/publicinformation.htm>
Public Information and Education page on an all-hazard emergency information site for the State of Texas. Includes hurricane preparedness and planning for emergencies for Texans with disabilities and special health-care needs.
- **Preparedness Today**
http://www.redcross.org/preparedness/cdc_english/home.asp
The possibility of public health emergencies arising in the United States concerns many people in the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza. The American Red Cross and the Centers for Disease Control and Prevention (CDC) have teamed up to answer common questions and provide guidance on steps you can take now to protect you and your loved ones.
- **Texas Homeland Security**
<http://www.texashomelandsecurity.com/>
Information on current terrorist attack threat level, emergency preparedness (including the development of a family safety plan and assembling an emergency supply kit); and how to help make your home, community, and state safer. From the Texas Office of the Governor.
- **Ready America**
<http://www.ready.gov/america/index.html>
The U.S. Department of Homeland Security promotes individual emergency preparedness through the Ready Campaign and Citizen Corps. The campaign is designed to educate Americans to prepare for and respond to emergencies, including natural disasters and potential terrorist attacks. Includes information on family emergency plans, family communications plans, emergency supply kits, and building a shelter. Also sections for older Americans, people with special needs, and pet owners.
- **CDC Emergency Preparedness and Response**
<http://www.bt.cdc.gov/>

TOOL XIII. DISASTER INFORMATION RESOURCE GUIDE (cont'd)

- **TexasOnline**
<http://www.state.tx.us/portal/tol/en/emergency>
Texas Emergency Portal. Includes information on: preparing for storms, getting assistance for special needs, evacuating to safety, and accessing government resources.
- **“Are You Ready?” An In-depth Guide to Citizen Preparedness**
<http://www.fema.gov/areyouready/>
FEMA’s source on individual, family, and community preparedness. Information on how to develop and maintain an emergency communications plan and disaster supplies kit. Other topics covered include evacuation, emergency public shelters, animals in disaster, and information specific to people with disabilities. Provides in-depth information on specific hazards. You can download the full document or click on links to separate sections. Also available in Spanish.
- **Texas Extension Disaster Education Network (EDEN)**
<http://texashelp.tamu.edu/index.php>
Provides information relating to disaster preparedness, response and recovery for individuals, families, and urban and/or rural communities.

CONCLUSION:

After completing the four modules, *promotoras* should sense that families understand the need to address border violence at all levels of their communities. Individuals should be equipped with the knowledge and tools to keep their families well and safe through strategies to address and prevent border violence and its impact. The last module should end with an opportunity for questions and discussion.

References

- Arizmendi, L. G. & Ortiz, L. (2004). Neighborhood and community organizing in *colonias*: A case study in the development and use of *promotoras*. *Journal of Community Practice*, 12(1/2), 23-35).
- Barnes, H.L., & Olson, D.H. (1985). Parent-adolescent communication and the Circumplex model. *Child Development*, 56, 438-447.
- Brady, S., Tschann, J.M., Pasch, L., Flores, E., & Ozer, E.J. (2008). Violence involvement, substance use, and sexual activity among Mexican-American and European-American adolescents. *Journal of Adolescent Health*, 43, 285-295.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Campo-Flores, A., & Campbell, M. (2008) Bloodshed on the Border: Life in Juarez, where drug violence has created the equivalent of a failed state on our doorstep, *Newsweek*.
- Carl, E. *Violence in our lives: Impact on workplace, home, and community*. Needham Heights, MA: Allyn & Bacon.
- Castillo, D. A., Gudelia, M., Gómez, R., Solís, A. R. (2010). Violence and transvestite/transgender sex workers in Tijuana. In H. Domínguez-Ruvalcaba & I. Corona, *Gender violence at the U.S.-Mexico border: Media representation and public response* (pp.15-34). Tucson, AZ: University of Arizona Press.
- Cooley-Strickland, M., Quille, T.J., Griffin, R.S., Stuart, E.A., Bradshaw, C.P., & Furr-Holden, D. (2009). Community violence and youth: Affect, behavior, substance use, and academics. *Clinical Child Family Psychology Review*, 12, 127-156.
- Dahlberg L.L. & Krug, E. G. (2002). Violence: A global public health problem. In *World report on violence and health* E. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, R. Lozano (Ed.). Geneva, Switzerland: World Health Organization.
- Domínguez-Ruvalcaba, H. & Corona, I. (2010). *Gender violence at the U.S.-Mexico border: Media representation and public response* H. Domínguez-Ruvalcaba & I. Corona (Ed.). Tucson, AZ: University of Arizona Press.
- Erfani, J. A. M. (2009). Crime and violence in the Arizona-Sonora borderlands: NAFTA's underground economy as a source on in/security, with comparisons to the EU. In K. Staudt, T. Payan, & Z. A. Kruszewski, *Human rights along the U.S.-Mexico border* (pp.63-84). Tucson, AZ: University of Arizona Press.
- Feldman, J. B. & Pittman, S. (2008). Adolescent pregnancy along the Texas-Mexico border: A systematic analysis of risk and resiliency in a Mexican American population. *Social Perspectives*, 10(1), 29-52.
- Fagan, J. & Davies, G. (2004). The natural history of neighborhood violence. (2004). *Journal of*

Contemporary Criminal Justice, 20, 127-147.

- Fuentes, M. L. (2006). The regularization of undocumented migrants as a mechanism for the 'emerging' of the Spanish underground economy. *Working paper*. Madrid: Unidad de Políticas Comparadas.
- Glittenberg, J. (2008). *Violence and hope in a U.S.-Mexico border town*. Long Grove, IL: Waveland Press.
- Guilamo-Ramos, V., & Bouris, A. (2008). Parent-Adolescent communication about sex in Latino families: A guide for practitioners. The National Campaign to Prevent Teen and Unplanned Pregnancy, Washington, D.C.
- Jackson, S., Bijstra, J., Oostra, L., & Bosma, H. (1998). Adolescent's perceptions of communication with parents relative to specific aspects of relationships with parents and personal development. *Journal of Adolescence*, 21, 305-322.
- Jasper, W. (2010). Escalating chaos on our border. *The New American*, 26(7), 17.
- Liu, L.Y. (2008). *Texas school survey of substance use among students: Grades 7-12*. Texas Department of State Health Services: Austin, TX.
- Lowy, J., Vice, D., Steinlaug, R., Koulousias, A. McLemore, S., & Zlotoff J. (2009). Exporting gun violence: How our weak gun laws arm criminals in Mexico and America. Washington D.C.: The Brady Center to Prevent Gun Violence.
- Margolin, G. & Gordis, E. B. (2000). The effects of family and community violence on children. *Annual Review of Psychology*, 51, 445-479.
- Martínez, O. J. (2006). *Troublesome border*. Tucson, AZ: University of Arizona Press.
- McKinnon, S., O'Rourke, K., Thompson, S., Berumen, J. (2004). Alcohol use and abuse by adolescents: the impact of living in a border community. *Journal of Adolescent Health*, 34(1), 88-93.
- Mier, N., Ory, M. G., Zhan, D., Conkling, M., Sharkey, J. R., & Burdine, J. N. (2008). Health-related quality of life among Mexican Americans living in colonias at the Texas-Mexico border. *Social Science & Medicine*, 66, 1760-1771.
- National Alliance of State & Territorial AIDS Directors. (2009). HIV/AIDS en la frontera: U.S.-Mexico border epidemiologic profile. Washington D.C.
- O'Leary, A. O. (2009). In the footsteps of spirits: Migrant women's testimonies in a time of heightened border enforcement. In K. Staudt, T. Payan, & Z. A. Kruszewski, *Human rights along the U.S.-Mexico border* (pp.85-104). Tucson, AZ: University of Arizona Press.
- Osofsky, J. D. (1999). The impact of violence on children. *The Future of Children*, 9(3), 33-49.
- Padilla, Y.C. & Argilagos, A.M. (2008). A demographic profile of children and families in the

- U.S.-Mexico border region. In R.R. Marquez & H.D. Romo (Eds), *Transformations of La Familia on the U.S.-Mexico Border*. Notre Dame, IN: University of Notre Dame Press.
- Poussaint, A. F. (2010). Keeping your children safe: Communication skills & tools to prevent youth violence. Retrieved from:
<http://www.childfun.com/index.php/parenting/general/999-communication-skills-a-tools-to-prevent-youth-violence.html>.
- Randall, V. (1997). Violence as a public health issue. Retrieved from:
<http://academic.udayton.edu/health/syllabi/violence/index.htm>. University of Dayton.
- Ruiz Marrujo, O. T. (2009). Women, migration, and sexual violence: Lessons from Mexico's borders. In K. Staudt, T Payan, & Z. A. Kruszewski, *Human rights along the U.S.-Mexico border* (pp.31-47). Tucson, AZ: University of Arizona Press.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violence crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918-924.
- Staudt, K. (2009). Violence at the border: Broadening the discourse to include feminism, human security and deeper democracy. In K. Staudt, T Payan, & Z. A. Kruszewski, *Human rights along the U.S.-Mexico border* (pp.1-27). Tucson, AZ: University of Arizona Press.
- Texas Health and Human Services. (2005). Evaluation of the Health and Human Services Commission's colonias initiative in Del Rio and Eagle Pass. Texas Health and Human Services Commission Strategic Decision Support.
- Tschann, J.M., Flores, E., Pasch, L.A., Marin, B.V. (2005). Emotional distress, alcohol use, and peer violence among Mexican-American and European-American adolescents. *Journal of Adolescent Health*, 37, 11-18.