

Living in a tent camp on the US/Mexico border: The experience of women and children in Matamoros, Mexico

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¹ www.projectadelante.org

Introduction

Recent changes to US immigration policy have resulted in a crisis on the US/Mexico border. In January 2019, the Trump administration launched a new immigration policy. The “Migration Protection Protocols” (MPP)—known as the “Remain in Mexico” program—sends asylum seekers arriving at ports of entry on the US-Mexico border back to Mexico to wait for the duration of their US immigration proceedings. Since then, more than 60,000 asylum seekers have been sent back to Mexico, where they live in poor conditions—many in makeshift tent camps, face violent crime and kidnapping, and depend on support from volunteers (Barnes, 2020).

The largest tent encampment is in Matamoros, Mexico. Matamoros sits on the southern bank of the Rio Grande directly across from Brownsville, Texas. It is the second largest city in the northeastern Mexican state of Tamaulipas, which the State Department classifies with the highest travel advisory. “Level 4: Do not travel” is the same classification as North Korea, Syria, and Afghanistan (*Mexico Travel Advisory*, 2019). Violent crimes such as murder armed robbery, carjacking, kidnappings, extortion, and sexual assault are common in Matamoros.



Just across the bridge that connects Brownsville to Matamoros, about 2,500 asylum seekers, mainly from Central America,² are living in a makeshift tent camp. The camp, which started to form spontaneously as asylum seekers were sent back to Mexico in the summer of 2019, is made up of hundreds of small donated tents meant for weekend camping. Many are filled with numerous family members or smaller families that join together for shelter. The camp started on an asphalt plaza right next to the bridge, bathed in the exhaust of passing vehicles and grew and spread over time. By early 2020, many camp residents had moved their tents along the river to a soccer field covered by a large canopy.

Although there have been improvements since the early days of the camp, resources are still very limited. For the 2,500 residents, as of January there were approximately 60 portapotties, 10 showers, outdoor sinks for washing dishes, and a small number of hand-washing and hand-

² Some are also from Mexico, Venezuela, Cuba, and other parts of Latin America.

sanitizing stations. Camp residents who want to leave the camp to return to their home country face additional challenges; most would either have to pay or be kidnapped in order to pass back through cartel-controlled territory to get further south.

Management of the camp has been mostly a grassroots effort, with no single organization in charge. From the beginning, informal aid groups (non-profits, church groups, and other volunteers³) have been crossing the border from the US daily with food, potable water, tents, and other supplies. Lawyers, through a non-profit (Project Corazon/Lawyers for Good Government) have rented space in a building adjacent to the plaza and scrubland where the tents are erected. A non-profit trauma and emergency medical group, Global Response Management, is also using space in the same building and providing basic health services. The Mexican government has provided portapotties, water, the large canopy over the soccer field, and handwashing stations. There was no international presence until UNICEF, UNHCR, and most recently ICRC, got engaged in early 2020. Because of the high risk of serious danger (kidnapping, murder, robbery and sexual violence as well as cartel gun battles), neither volunteers nor the inhabitants of the tent camp venture outside the immediate border area.

Women and children are particularly vulnerable in this precarious setting. The children, who have all experienced recent trauma due to the harrowing events that forced families to leave in the first place from their homes, dangerous journeys to the border, and the difficult current living conditions, have no adequate areas to play or learn. There is no formal schooling and only occasional access to a "sidewalk" school. The children and adult women are at risk for sexual and other violence due to the crowded conditions, lack of secure sleeping and living areas, and need to use the woods to relieve themselves.

Since there had been no systematic assessment of children and families' experiences in the camp, a team from the University of Virginia and Texas A&M, in coordination with local partners, developed a set of interview questions to better understand two separate but related questions:

- What are the migrants' concerns related to sexual and other forms of violence against children and women?
- How is the current living situation affecting the children? How is it affecting the adults' ability to parent?

This study was done in early 2020. Since formulating these questions and completing the research, the COVID-19 pandemic has hit and further threatens the population living in the camp in Matamoros. The unsanitary environment, close living quarters, and poor underlying health conditions make the camp ripe for disease transmission. And the limited response capacity makes containing the virus nearly impossible. Fears of COVID transmission have led to more draconian measures at the border including allowing border officers to block migrants without proper documents, including asylum seekers and unaccompanied children,

³ Key groups include Team Brownsville, Angry Tias and Abuelas, Catholic Charities of the RGV, Project Corazon, Resource Center, and many others.

from entering the US (Mirsa, 2020). Travel restrictions within the US and Mexico have drastically reduced the number of volunteers working to Matamoros; however, some of the key actors are still present and providing hygiene and medical services, food, and remote education activities. Therefore, it's important to interpret these results of this study as a representation of conditions in early 2020 and recognize that while some improvements were made, the overall situation is much worse because of COVID-19 and subsequent policies.

We hope these findings can contribute to rapidly develop strategies to support women, children and families living in this camp and elsewhere along the border. As a longer-term goal, we hope to begin developing strategies that could be rapidly deployed in future crises and inform how to conduct ethical research in challenging high-risk environments. Our focus is limited to improving conditions in the camp in Matamoros; however, we recognize that the camp is part of a much larger problem around humane immigration in the US. Until US immigration, particularly asylum procedures, conform to US and international law, the underlying problems will remain.

Methodology

This research was conducted in the tent camp in Matamoros, Mexico. A research team consisting of faculty from the University of Virginia and Texas A&M, as well as local translators, recruited individuals (male and female) age 18 or older who are asylum seekers living in the camp. Men were included if they were travelling with their children. Recruited individuals were encouraged to refer other respondents to participate. No written materials were provided about the study.

Interviews were conducted by local native speakers in a secure building that houses several volunteer groups supporting residents of the camp. Multiple forms of aid are available in this building and migrants regularly come to this building, thus adult women entering the visit for the interviews did not draw attention by the larger community. Using a private office, we conducted semi-structured interviews of approximately one hour in the language preferred by participant (Spanish or English). Participants provided basic demographic information (age, gender, country of origin, time in the camp), but no identifying information. Verbal consents were used to avoid collecting participants names. The interviews were piloted with about 10 women and modified slightly to improve clarity and follow up on certain points of interest. Subsequently, the rest of the study involved a total of 44 interviews.

Participants were asked about their perceptions about safety and health for women, men and children living in the camp. The safety concerns include general concerns about sexual and other forms of interpersonal violence within the camps and from the larger community victimization (sexual and other forms of violence by a partner, family member, other residents of camp as well as risk from larger community, and impact of safety concerns and current living situation on migrants' ability to parent and on health and well-being of adults and children in the tent city. The team chose not to ask specific questions about victimization in order to avoid gathering highly sensitive information that could place the participants at risk. Children older

than about age two were supervised in the waiting room so they would not hear potentially upsetting stories. The team provided in-kind incentives to participants in the form of food and snacks, based on preferences expressed by migrants.

The interviews were recorded to ensure interview data was complete and correct and transcribed with no identifying information (as none was collected). The transcripts were analyzed in Spanish for manifest content by the research team using the Dedoose qualitative analysis software.

Limitations to the study are related to the qualitative approach and conditions in the camp. The researchers' presence during some interviews may have affected the subjects' responses. While indicative of the experience of children and families in the camp, findings cannot be generalized to the larger population along the border where conditions and experiences may vary significantly. Some respondents were indigenous and spoke halting Spanish, so their stories could not be captured in as much depth and detail.

Findings

The main concerns raised about living in the camp were related to access to services, adults' safety, and the safety, health, and education of their children. A number of people highlighted fears of experiencing violence and universally described heightened anxiety due to general lack of security. Many also highlighted concerns about their children missing out on their education. This section presents findings from the interviews.

Key findings

- Ubiquitous reports of limited availability to sanitation and water services; those available were generally dirty and unsanitary
- Many reported feeling unsafe in the camp, especially at night
- The majority of respondents stated that their children's health had worsened significantly upon arrival at the camp
- The majority of parents said their children ate better at home than they do in the camp.
- Nearly all mothers of children under six months were breastfeeding, although a few mothers mentioned having lower milk supply than usual.
- Overall, women described living in a state of heightened anxiety and vigilance for their own safety and that of their children.
- Some women disclosed they had either witnessed partner violence or heard about incidents among camp residents. Even more common were fears of violence from those who live outside the camp, such as gang and cartel members in Matamoros
- Parents noted significant changes in their children's behavioral, emotional, and cognitive functioning while living in the camp
- The majority of parents shared the hope for a better future for their children.

Access to services

Respondents commented on the availability and quality services— most especially water and sanitation—in the camp.

Water and sanitation

The main concerns for water/bathing are the lack of potable drinking water, lack of available/clean facilities to wash/bathe, and the use of the river to wash/bathe when facilities are overcrowded or run out of water. The respondents volunteered this information even though they were not specifically asked about the hygiene infrastructure in the camp.

A majority of respondents cited the fundamental lack of available facilities to wash/bathe/use the bathroom. This results in long waits up to multiple hours, or even all day. Many respondents stressed the disproportionate number of facilities for inhabitants of the camp. Often, after waiting in the long lines, many found that the facilities were out of water, or that the water would only come from the facet in a trickle insufficient to brush one's teeth. This led many to wash in the river, which appears dirty and, according to Mexican officials, is unsanitary to wash in; many migrants use the river to go to bathroom, then bathe and wash their clothes in the same river.

“They put more bathrooms here, but those are also dirty. They don't care. As if we were animals. The water stops and we have to go to the river for more.”

“If you decide to go to bathe, you practically have to plan it a day in advance because there is a line and you get held up a lot because the water stops and there is none and if you go to bathe in the river, it seems to look very dirty to me. I went once to bathe my daughter and I left with many pimples and lice; I've never had those.”

“We used to go to the river to bathe but then they said that the river has dirty water and we couldn't bathe ourselves”

Nearly all respondents expressed their disgust at how dirty and unclean the bathrooms and showers are. This uncleanliness creates a fear of infection or illness among those in the camp. A few respondents said that the state of the facilities caused them to go without bathing for days.

“The bathrooms here are very filthy...they are disgusting”

“This is what contaminates the people. I contracted an infection several times, something I did not get very often.”

Further, several respondents noted that the available facilities were located far away from their tents. One noted the lack of soap available, as local shops ration their supply and refuse it to many people who ask for it.

“If you go near the store tent to ask for soap, they scold us and they don't give us any, they say that they have already given you and sometimes you don't have clothes to change, nor soap, nothing.”

When available, the majority of parents expressed that they prioritized their children's ability to bathe/wash themselves and use the bathroom facilities over their own needs.

“The bathrooms are too dirty and sometimes the children get sick because of this. The odor from the bathrooms reaches the tents. There is a little water and it is cold; it's hard to wash. The children are the priority.”

The availability of potable drinking water was also an issue expressed by several respondents. While one noted that volunteers handed out small water bottles on occasion, a majority expressed the lack of available drinking water. Others mentioned that they drank the river water if no other water was available.

During the time spanned by data collection, the camp residents devised a system to address cleanliness. They developed a rota of teams (based loosely on countries of origin) responsible for cleaning the latrines and showers. Cleaning supplies were provided by the Resource Center. While the underlying problems of insufficient infrastructure, including water shortages, were not resolved, the portapotties became marginally cleaner as a result of this resident-led effort.

“It has already been a week that they haven't come to clean the bathrooms. We always clean them. We assign one cleaning to each country. For us Hondurans our turn is on Sundays, the Salvadorans take their turn on Mondays, but we don't have anything to clean the poop inside.”

Housing

The main housing concerns were about the availability of tents. Several respondents cited the need for more tents capable of protecting against weather conditions. A few respondents mentioned that Migration only distributed blankets and mattresses to those living under the metal roof installed, not those in tents.”

“Putting more tents to help with the dust and the rain would help.”

“The tent had something on top but the dew still came in. I asked for a canvas yesterday and it's better.”

“Only if you are under the canopy [over the soccer field] do they give you blankets and mattresses; if you're [elsewhere in the camp], they don't give any to you.”

Medical services

Beginning in September 2019, Global Response Management has provided free health management services to roughly 1,000 migrants each month, and more than 50% of patients are under age 15 (Perry & Sammon, 2020). The most common illnesses seen were consistent with typical encampment illnesses; nearly 50% of cases presented were respiratory illnesses, including asthma and influenza (Perry & Sammon, 2020). GRM responds to mental health issues but their response is constrained by limited psychological resources. Due to the developing situation of the Covid-19 pandemic, medical response is limited by lack of medical volunteers, however GRM established a 20-bed isolation tent for cases in the camp in March 2020.

Survey responses indicate that while medical services are generally known to be available, migrants faced issues in procuring medications due to financial constraints or issues with pharmacies. Respondents also stressed the mental health crisis in the camp and the limited resources available to address trauma.

Over two-thirds of respondents reported using medical services provided at the camp. The widest reported ailments that medical staff attended to were asthma, cough/pneumonia, skin conditions, fever, and flu. Many parents reported taking their children to health services, including some children with serious illness. Several parents reported receiving vaccinations in the camp for their children, including flu shots. Although the health services are offered free of charge, many respondents expressed concern at the cost of medication, including antibiotics.

“Here the doctors don’t give antibiotics. They give you medications for the temperature and body pains, but antibiotics, no. You have to go to the pharmacy to buy them, pay the consultant and pay for the medications you are prescribed. We went on walking.”

Another concern voiced was the lack of available psychological services, given the trauma many of the camp’s migrants suffer from.

“I would like if there were psychologists to help her because believe me that the situation that we have lived through in El Salvador, to suffer for wanting to get away from the violence, well we have come because of the very difficult circumstances there.”

Legal services

Only about half of respondents had utilized legal services at the time of interview. The main reasons for not using legal services were fear, lack of awareness that such services existed in the camp, and lack of interest.

“About the doctors, yes, I’ve seen that, but that about the lawyers I did not know [they were available]”

Of those who utilized legal services, the main services provided were aid in completing necessary documents, collating documents, and recording each migrant's past/reason for leaving their home country. Several respondents expressed the difficulty of reliving their past trauma when preparing to make their asylum case.

"I had my consult yesterday... I spoke with the lawyer who supposedly is going to take the case from there... I spoke and she made me remember my whole history, but for me it is very hard, in truth; to tell my whole story, how it began and how we were there ... I began to feel sick to my stomach, my back hurt, my head hurt, I felt nauseous... I didn't want to keep talking about that topic but she *insisted*."

Protection services

At least half of respondents do not know where they would go if they needed help or were in trouble. Most reported that they had no one in the camp to whom they would go for help. Some said they would seek out Migration officers for help, yet others expressed a clear fear of Migration and the police.

"Sometimes to go looking for help places you in more problems. As such the majority here are fearful. To run to the police makes us scared."

"First, [I would go to] Migration because in this case friends will not be able to do anything, and those from Migration already know... what to do; I could report it to them"

Furthermore, a significant portion of respondents reported a lack of security and vigilance from the police in the camp in the daytime and the nighttime, causing increased general fears for safety.

"There is no security in the night or in the day."

"There are no police, there is no security. When they threw us here from up there, they told us that there would be security, but there is no security."

Although irregular, one respondent reported mistreatment by the Migration officers. Another respondent detailed the indifference shown to her by a Migration officer when she asked for guidance.

"...they hit me here on the eye, they hit me here on the forehead, they treated me badly. So I have remained trembling, scared, and one is not safe in that tent."

When asking for help, Migration officers "told us what we were doing here and that we would return to our country, that was their response."

Respondents reported no knowledge of any services for women in the camp. When women described interventions related to violence, they were unclear about what had happened. “They came for the man and I don’t know what happened after that” is what one woman described.

Cell phone and internet

Almost everyone interviewed stated that they had a cell phone or that someone in their family group had a phone. They all had access to internet services on their phones. Everyone who possessed a phone stated that they would be willing to receive text messages with reliable information about services, health, safety, and/or legal matters. While they husbanded their cellular minutes for essential calls, they considered the cost of text messages to be trivial. One woman said, “Sometimes I don’t have minutes, but I can always ask a friend [about messages.]”

Child health

Some of the most prevalent health issues for young children are malnutrition, asthma, getting childhood vaccinations, and communicable diseases (colds, coughs, chickenpox, measles). Such health problems can have long term consequences beyond childhood, including a higher risk of disease later in life, poor bone development, stunted growth, underweight into adulthood, and multiple hospital admissions. Proper treatment of childhood health problems reduces the risk of long-term health issues.

Children’s health was one of the biggest concerns expressed in this study. The majority of respondents stated that their children’s health had worsened significantly upon arrival at the camp. The most common health problems are respiratory infections and intestinal problems, both of which are related to conditions in the camp. Mothers specified that “living in a tent, surrounded by moisture” and being surrounded by “so much dust and lashed by strong winds” exacerbated respiratory problems like sore throat, bronchitis, and cough. Several parents described their children as having “permanent flu.” Stomach problems, and especially diarrhea, are very common. One respondent explained: “this is not a place for children because we have to drink water from the river and that makes us suffer.” Others commented on the fact that unfamiliar food and food not suitable for young children caused stomach problems.

Many commented that when their children do get sick, they have limited options for accessing medicine. “Here there is so much sickness and there are no antibiotics,” said one woman. While some children have started to receive some vaccines, the majority have not and some parents are concerned about keeping up to date on their children’s vaccine schedule.

Finally, some respondents commented on the fact that any bit of rain creates conditions of thick, slippery mud that make people prone to falling and getting injuries.

Child nutrition

Nutrition is important for children's health and development and is particularly critical for children under two years of age, the period during which children's growth rates and, therefore, nutritional requirements, are highest. This is known as the "window of opportunity" because it is the time when malnutrition can be prevented; after the first 1,000 days of life, it is difficult to Malnutrition weakens the immune system, making children more susceptible to infection and disease and disease, in turn, is associated with a greater risk of malnutrition.

Several local groups in conjunction with larger food projects, such as the World Food Kitchen, provide food in Matamoros. Most migrants have access to 2-3 meals a day. Many respondents reported cooking at least one if not all meals on their own, or with their neighbors. However, some relied on charities for cooked meals. Basic foods and meals such as pre-packaged meals, rice, oil, and beans are distributed to camp residents by local and charitable organizations, but some migrants reported buying specified foods such as fruit, on their own from the store tent or other vendors.

The majority of parents said their children ate better at home than they do in the camp. A mother of a 7-year old encapsulated the overall sentiment: "She ate more at home and was better nourished." Many parents were concerned that their children had lost weight since arriving at the camp. "The children – and even I – have lost weight since we arrived, lost a lot of weight."

Global nutrition experts recommend exclusive breastfeeding until age 6 months. There is strong evidence that exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhea or pneumonia, and contributes to speedier recovery during illness.

Overall, breastfeeding in Matamoros appeared to be predominant. Nearly all mothers of children under six months were breastfeeding, although a few mothers mentioned having lower milk supply than usual. Some who usually give their children formula could no longer access it or not access enough. "Last night I made formula for my son, but it was only a tiny amount." Parents also expressed concern at finding potable water to mix with baby formula: "We use the water they have here [at the river] but also we have to buy a gallon because we give formula to the children and we have to prepare it with water. There are two concerns with formula. First, because powdered formula requires a dependable source of clean water, there is a risk that families in Matamoros will provide young children with contaminated formula. Second, with limited quantities available, parents may start diluting the formula to make it last longer. Drinking watered down formula can lead to malnourishment and serious illness.

While most families ate three meals a day, some that said could only get two meals a day and their children went to bed hungry. One mother aid, "In El Salvador, we had breakfast, lunch, and dinner. Here we only have breakfast and dinner. Two meals." Another mother said "sometimes there is no food. Sometimes I can get it and sometimes I can't and when I can't it's really hard." Another concern is that children "don't have access to snacks." Young children

have small stomachs and therefore, need to eat small amounts more frequently than adults with larger stomachs.

Beyond the quantity of food, many parents commented on the appropriateness of the available food for young children. For example, “the food is very strong and heavy for the kids,” “the diet is different from what we are used to in our country,” and the kids “don’t eat a lot here because the food here is...very different” and “the food hurts the kids. They are starting to eat more, little by little, but if they don’t like it, they don’t eat even if they are hungry.”

Parents are finding ways to make food more appealing to their children: “she doesn’t eat just anything. When I can, I prepare food the way she will eat it: with rice that they give us I mash it up so she can eat it or make soup out of beans.” Others are cooking their own food and choosing to prepare things they know their children will eat.

Child mental health

Children’s mental health is negatively affected by trauma at a young age. This has an enormous impact on the structural development of the brain and significantly worsens physical health, cognitive function, and learning both short and long term. Experiences at a young age create the mental foundations for the child’s entire life. In traumatic situations, stable and loving relationships with adults can help combat these effects.

Parents noted significant changes in their children’s behavioral, emotional, and cognitive functioning while living in the camp. The most common of these include sleep problems, fear, and sadness and depression. Other notable changes were loss of appetite, acting out, and dissociation, being distracted, unable to focus, overwhelmed/lost, numb or not present.

Of those that mentioned such changes, most talked about their children having sleep problems, including not being able to fall or stay asleep and being awoken by nightmares. They said:

“My daughter does not sleep well at night, she wakes up constantly. Sometimes it’s because of nightmares and sometimes because of the noise.”

“[Before] he slept well, he was calm. Now he will suddenly wake up and stare ahead [and not go back to sleep.]”

“He hardly sleeps and he says “Mama, we have been here for so long.”

“He does not sleep well. He says that he does not feel good here.”

Many parents described ways that their children manifested fear.

“My daughter became very depressed after the kidnapping. She went to bed crying, she woke up crying. She didn’t want to eat. She said she was afraid because bad people had her.”

“She says ‘let’s go home. I’m scared.’”

“He says, ‘Mama, I don’t go out because I am afraid that they will kidnap me, that they will do something that makes me do something bad, because Mama, that’s why we were fleeing home...’”

“My son said he wanted to cry, that he will cry and then he said “I am afraid that they will hurt us again.”

Another common change was increased indications of sadness and depression in children. Children from age one to 14 were described as crying all the time. Many children talked about wanting to leave the camp or go home.

“He [age 5] has been crying so much because he doesn’t want to be here... Every day he told me he wanted us to leave. He didn’t want to be here. He hardly ever plays with other kids. He always says that he misses where we came from...”

“I think it’s depression and anxiety. I wanted to take her [age 7] to a psychologist, but she said not to take her, that nothing could take away what she felt.”

“She has gotten so sad and wants to go home.”

“He has gotten sad here, he is hopeless.”

Although less common, some parents also noted that their children were acting out more than they had prior to living in the camp, a common reaction to stress and trauma. One explained, “she throws herself on the ground when she gets angry and she never used to do that.” Another said her child is now hyperactive.

Some of the older children are looking for ways to take care of their parents. A 12-year old boy who had been in the camp for one month told his mother: “I will go [across the border] because when I grow up I want to work to help you and I don’t want you to suffer anymore, like you are suffering now.”

Parental coping strategies

Parents are one of the most important influence on a child’s life, especially in the first few years. A loving, stable relationship between parent and child will promote lifelong relationships, and foster cognitive and emotional development. However, when parents are placed into traumatic situations, their own mental health issues, stress, and preoccupation with outward problems may significantly harm this developmental bond with their child.

Many parents are struggling to support their children in such difficult conditions. At least three respondents reported sending their children, as young as five years old, across the border

alone. And others reported knowing families that had made this decision. One said: “Sometimes I get sad and cry and I want to send my daughter to the bridge [alone] so she has a better life because I don’t want her to have to go through what happened to me.”

Despite the difficult circumstances, many parents are finding ways to help themselves and their children to adapt to life in the camp. Many use prayer to find strength. Others call loved ones either at home or in the US to get support. Some specifically commented on ways they talk to their children and engage them in joyful activities to pass the time and distract them from fear and anxiety.

“We [mother and father] play with her and tell her that we will only be here for a short time. We try to raise awareness. We play with her, run, play ball, play dolls.”

“When he has nightmares, I start to talk to him and tell him not to be afraid, that I am here with him and here to help him.”

“I talk with her, read. That helps me move on. We play, eat. If she doesn’t feel good, I feel worried.”

“I hug him and tell him he’s not alone, that he’s here with all of us.”

One mother talked about using planning as a coping strategy, saying it helps her to make “a plan and set an objective and think that I have to meet it and it will happen.”

Play materials

Play is important for the development and growth of children’s mental and physical abilities, as well as their bond with parents. Play not only positively affects children, but parents also report feeling better after play with their child.

Essentially everyone arrived in Matamoros without toys or other play materials for their children. Many respondents noted that children play imaginatively with whatever they can find in the camp, even if it’s not specifically a toy. One parent explained, “He hardly plays with toys. Instead he likes to play with dirt and water.” Another said, “She sees that I cook...she starts to play and pretends to make a soup.” Some were concerned about the safety of this kind of play: “I think the kids here play in the space that they have, but for us parents it’s hard because these aren’t optimal conditions for children.”

Others, however, reported that their children had lost interest in play since arriving at the camp. “I was very distressed and terrified because he did not even want to leave the tent to play with the other children.”

Almost all parents reported that play materials (including toys, art supplies, and books) were given out by local groups and volunteers⁴ in the camp. The play materials specified were: stuffed animals, dolls, jump rope, balls, crayons, picture books, and other toys. However, there was significant variation in which materials and how many each child received. For example, one parent said: “They come sometimes to give out toys, clothes. There are a lot of people, many children, but sometimes there is something left.”

Access to toys was much more common than access to books, with most respondents saying they did not have access to books for their children.

“They come to give toys to him, but not books.”

“We have some books, but they are in English. [Child] entertains herself painting, but she wants to read because she loves to narrate what she read in a book.”

Structured learning activities

Education is important not only for the sake of giving children opportunities to learn and expand their future opportunities, but also for providing a safe place and a sense of normalcy.

Parents expressed strong opinions about structured learning activities for their children. Some said their children participated in the *escuelita* (weekly gathering for learning and art) offered at the camp and loved it. For example, “My daughter is entertained at the *escuelita*. *Gringos* come teach them to paint.” And others mentioned English classes for children at the camp. “They don’t go to school. At home they did. But yesterday there were English classes given here.”

The majority said their children don’t participate in any structured learning activities – or not enough – and they want more.

“Here there is no school. There are no books.”

“He doesn’t do anything, only plays. Sometimes he has crayons for drawing, but if not, nothing. Here he is.”

“In Honduras, he went to kindergarten. Here he doesn’t study at all. He has always enjoyed being busy. If there was school for him, I would put him in.”

Some parents noted that there are no learning opportunities for younger children. One reason they gave was that the classes were offered during times that young children nap. Another was that “there is an *escuelita* for big kids, but not for the young ones.”

⁴ By local groups, volunteers, etc.

One of the gravest concerns that parents raised, especially for school-aged kids, was the fear that their children, who were studying and on track in their home country, are falling behind in their education.

“He studied at home. I don’t want him to be here because there are kids who have been here for nine months and they haven’t studied yet and they should be going into seventh grade already.”

[Both children went to school at home] “My son was in kindergarten and my daughter, too. Here they go to the *escuelita*, but I don’t know if it’s worth it. What worries me most is my daughter’s education.”

“My older [9-year-old] daughter cries because she is missing her classes. We left in October before she took her exams. For her, the greatest pride is the score of a 9 or 9.5. And when she gets a 9, she says ‘It can’t be! What am I going to do?’ Right now, she worries because she knows that classes have already started and then she starts to cry. She likes to paint a lot, but she needs her classes.”

“There are children who come, who had been studying [at home]. But the children here are helpless. They are only fighting amongst themselves. All I want for them is to have a place where they can play, where they can study and learn so they don’t lose what they have learned. The most important thing is that the children don’t forget.”

Women’s reproductive health

Access to quality reproductive health services plays a vital role in women’s wellbeing, especially in adverse conditions, with implications for families and the community at large. In situations like the camp in Matamoros, access to reproductive health services is limited, increasing the risk of unintended pregnancy, risky pregnancy complications, disease, and death.

Women interviewed in this study were almost all of reproductive age. They described a range of attitudes toward birth control, with many stating that they would use it if available. Some specifically told the interviewer that they did not want to become pregnant because of their situation in the camp. Others wanted to keep building their families. One woman stated, for example:

“For us, it is different. I am here with my husband. We asked God to have a son more or less when our daughter was this age, but we don’t know what will happen. If I get pregnant, it’s okay for us because our daughter is already big and she asks for a baby.”

Some women stated that they had heard others talk about getting pregnant deliberately in order to avoid being returned to Mexico under United States policy. Some seemed to believe that pregnancy would help their case, but none told the interviewer they were actively trying to get pregnant for this reason.

Experiences or exposure to violence and trauma

Experiences of and/or exposure to violence and trauma have both short- and long-term consequences for survivors, ranging from minor injuries to broader health issues, including unintended pregnancy, sexually transmitted infections, and mental health problems. The women and children living at the camp are vulnerable to violence and abuse. Some women disclosed they had either witnessed partner violence or heard about incidents among camp residents. One participant said:

“I recently watched when a man grabbed a woman by the hair and threw her to the ground, but then ... and then later when I was going for dinner I saw her being taken and she was all beaten around her face.”

Even more common were fears of violence from those who live outside the camp, such as gang and cartel members in Matamoros. Many participants described witnessed or rumored kidnappings within the camp. One woman graphically described the kidnapping attempt she and her son experienced.

“I am in great danger here. Because on [date redacted] here in the camp my son was kidnapped. I was here at the entrance and because my son was hungry I went out to buy him something to eat. I left him in the tent and saw that they entered and they wanted to take him away but I wouldn't let go for anything. They wanted to put me in the car, too, but I started kicking the man in his private parts until he released [my son]. When I went to the second [immigration] court I told the Immigration officers but they said that it was not enough reason for me to stay in the United States. I never feel calm, I feel desperate.”

Many more women described hearing stories of attempted kidnapping around the camp. Women also worried about sexual molestation of children. No one directly described this happening to their child, but expressed anxiety about it occurring while living closely among strangers.

Safety strategies

Safety and security are critical necessities for camp residents, particularly for the most vulnerable children and women. Women described being constantly vigilant both for themselves and their children, keeping their children near them, staying in places within the camp they consider safer, and using various other strategies to enhance their safety.

Because of the stories of kidnappings, anxiety ran high. Women described the fear when children would be briefly missing: “We were afraid, but he had just run after his ball, thank God.” Some women said that they did not let their children out of their sight. Others restricted themselves and their children to very small areas of the camp, usually a small circle of tents

shared with others from their same region. When asked how she stayed safe, one woman replied, "I stay in my tent." For some, this was nearly literal and limited their access to camp resources. For example, a participant described eating only two meals a day to avoid having to go out. When asked if she ever ate the donated meals to stretch her food supply, she said she did not feel safe venturing to get the donated meals. It was too far and required her to stand among a crowd of strangers.

Women described certain areas of the camp feeling less safe than others. For some it was under the bridge, where they would venture to collect firewood. Others said that they stayed away from the riverbank. A concerning minority reported that the portapotties and shower areas felt unsafe and that they avoided their use, or used them only with trepidation. One woman said she had been assaulted there and another said her friend had been groped. Others reported hearing rumors of attempted assaults near the showers.

Nighttime raised anxiety for many. They often did not feel entirely safe inside their tents and described various ways they closed the tents to feel more secure with strong cord and elaborate knots. A mother tearfully recounted allowing her young daughter to cross the border alone because the daughter was afraid of sleeping in the tent. Some said they used a buddy system at night if they needed to use the facilities or simply avoided needed to go to the portapotties at night.

In addition to the concerns about safety from violence, women also described keeping themselves and their children safe from injury. They particularly worried about drownings and kept their children from the riverbank as a result. Several women described seeing burns on children from playing near the open fires or falls because of the slippery mud and described increased vigilance as a result.

Overall, the women described living in a state of heightened anxiety and vigilance for their own safety and that of their children.

Hopes for the future

The main hopes people have for the future are getting into the US to a place of safety, reuniting with family, and providing a better life for their children.

More than half of respondents expressed their desire to arrive safely in the US. One said, what I want is "What I don't have, the permission to be there." Many talked about the need to be in a safe place, free from violence. Many mentioned that they want to set up a normal, modest life and work hard.

"My goal is to cross and set up my house as in my country because we have nothing now. I want to buy some land and made my house."

“If there was a chance to be in a better place, more comfortable, then of course I would...because we are only here out of necessity.”

“I wish God would touch the President’s heart so he would let us enter and work and earn an honest living and give our family a better future.”

“[I hope to] go forward and be in a place where there is no danger.”

The majority of parents shared the hope for a better future for their children. For one this meant mere survival and for others it meant good health. The largest number of people specified educational opportunities for their children.

“The goal I have is that they [children] stay alive because if I return to my country, they will kill us.”

“I look at my daughter and there is the reason [we came]. It motivates me to see her healthy and not sick. I want us to move ahead. And if the doors open up to me, well that’s good.”

“The hope is that my son, that he has a chance to study.”

“Hopes for my son are that there he can study and be in a safe place.”

“Give them [children] a better future. This was the reason for coming here – to give them a better life with education.”

“The truth is that we want a better future for him. We left our country because gangs were threatening my husband and we were afraid that the same would happen with him.”

“Give my children a better life, that they can study to be great. The US is a place that gives you opportunities for everything – to work and to study.”

About a quarter of respondents talked about reuniting with family they had been separated from, whether family members had crossed into the US before the MPP policy was enacted or children had crossed unaccompanied since MPP.

“I can’t lose faith because I have another child in the US with his father and I want to see him again. I have not seen him for seven months and it’s difficult to talk about this because my hands begin to sweat.”

“I pray to God I can reunite with my daughter because my husband and my daughter, they are worried about the situation I’m in. He tells me that he can’t work, or sleep or eat for thinking about the danger that we are in here. My daughter is always crying.”

Discussion

Services and support available in the Matamoros camp are insufficient to match the need demonstrated by migrants living there, especially by parents and their children. However, rather than return to their home countries, migrants remain in these camps, awaiting their court proceedings in the United States. Many respondents indicated that their sole hope for the future was to finally reach the United States so that they may escape the living conditions in their home countries and create a life for their families. Yet while they wait, migrants are forced to endure the harsh realities of the dirty and dangerous camp which particularly lacks the critical support systems needed by women, parents, and children.

These stories about children's and parents' experiences in the Matamoros camp reveal significant hardship that has consequences for physical and mental health, as well as child development and learning, both in the short- and long-term. Research shows that experiencing repeated trauma is associated with long-term physical and mental health problems. Specifically, there is higher risk of illness (e.g. cardiovascular, digestive, and respiratory), mental health issues (e.g. anxiety, depression, and post-traumatic stress disorder).

The impact of trauma is particularly powerful for young children, during the first few years of life when more than 1 million new neural connections form every second. Repeated childhood exposure to traumatic stress—defined as severe, prolonged adversity without adult support—affects brain development, which in turn affects health, behavior, and learning. Nurturing, stable relationships with caregivers and other adults can provide a buffer against the effects of toxic stress and helps children build social, emotional, and cognitive skills (National Scientific Council on the Developing Child, 2014).

In Matamoros, children are displaying effects of trauma and toxic stress and parents are struggling to provide support. There were numerous examples of children having regular nightmares, acting out, or withdrawing. While caregivers are trying to provide the nurturing relationships that children need, conditions in the camp, where adults are experiencing trauma and fear themselves, make it difficult to effectively care for children. Furthermore, there are no resources to support parents and caregivers to nurture their children in these difficult conditions. When symptoms like sleep, depression, anxiety, etc. go untreated, a history of trauma is associated with increased risk of psychological re-traumatization.

Young children were at risk of health and nutrition problems because of insufficient quantity and/or quality of food. Because young children have small stomachs, they need regular small servings of food to stay nourished. When first starting to eat adult foods, young children need soft, nutrient-rich foods. There is an opportunity to modify the food provision at the Matamoros camp to better serve young children's nutritional needs. For example, a micronutrient-fortified papilla (soft porridge) could be available for children 6-24 months and small snacks (like fortified crackers, fresh fruit, etc.) provided for children.

One of the most common complaints was the lack of educational opportunities for children in the camp. Education is important not only for the sake of giving children opportunities to learn and expand their future opportunities, but also for providing a safe place and a sense of normalcy. There are numerous models for providing education services to children in similar camp situations, from play spaces for young children to informal and formal schools.

With regard to services access, need is particularly concentrated in the availability of showers, toilets, and water. Nearly every respondent cited issues with the overflowing, filthy facilities and reported waiting in line for hours—often starting to line up at 5 or 6 am—just to bathe themselves. Some even resorted to bathing and going to the bathroom in the river, severely increasing risk of disease, especially for children. Parents also expressed concern for health service availability as children get sick very frequently in the camp, and mental health services are minimal. Lack of protection results in women limiting their movement and de-incentivizes parents from allowing free play and in-person schooling.

Although not common, one of the most serious problems raised in these interviews was that of parents sending their children—even those as young as five-years-old—across the border alone. These decisions were never easy and parents were often devastated afterwards. A mother who sent her ten-year-old son across the border alone described what happened afterwards: “he wanted to be with his mom; I didn’t want to let him go” and began to cry. Another mother who had just sent her five-year-old son alone across the border described it as being the most difficult decision she’s ever had to make. She explained that she did it to give him a better life. “He was miserable in the camp—not eating well, scared—and I did not see how things could get better for him. Now my family is angry at me saying, ‘how could you do that?’ but I just did the best I could do as a mother.”

The dire choice to separate from one’s child is the expression of utter helplessness. Parents felt there was absolutely no way to give their children a better life so, instead of keeping their children by their side, they set them off unaccompanied into the unknown, most likely never to see them again. The consequences of this action could be calamitous for children, who will lose the caregiver relationship, may experience additional trauma, and possibly not find a safe and reliable adult connection for some time. It is essential to improve conditions for caregivers and children in the camp in order to strengthen families and help keep them together.

The women described having little respite from the fears about their own safety and the safety of their children. They also described the ways that concerns about safety, whether it was concerns for themselves or their children, circumscribed where they went and how they accessed services. Simple trips to the portapotties, the placement of living spaces, how and when they used free services, were all bound with considerations about safety. No one identified any particular place within the camp as “safe.” Women are also managing this stress within a context of cumulative trauma, having fled violence and experienced multiple traumas during their journeys in addition to their camp experiences.

Recommendations

Below are a series of recommendations based on the findings of this study.

Increase availability of basic services

The greatest need is availability of water and sanitation facilities, and this is even more important under conditions of COVID-19. To improve water and sanitation facilities, more portapotties, showers, and fresh water stations are needed to meet high demand. Also, these facilities must be cleaned on a more regular basis so camp residents do not revert to using the river to bathe, use the bathroom, and even drink water.

Improve conditions for children and their caregivers

Given the lifetime consequences of child trauma and adversity, it's critical to expand support to children and their caregivers in the Matamoros camp. Evidence indicates that in times of crisis, providing services for young children, accompanied by support for parents and other caregivers, can mitigate the negative effects of trauma on young children and promote resilience and well-being. There are a number of approaches that have been used in refugee settings to promote child development and support caregivers (*Early Childhood Matters: Young children and families in crisis and displacement*, 2015-2019), including child-friendly spaces where children can feel protected and safely engage in play, early learning activities, trauma recovery, play therapy, and mindfulness practices for children.

Children's learning and mental health

Many groups are developing or expanding their digital programming in light of the social distancing requirements for COVID-19. There are many relevant resources in Spanish on early learning, psychosocial support, health and hygiene, etc. that families could access since cell phone access is so high in the camp. While some of these approaches are new, there is evidence that educational television can improve children's outcomes.⁵ Children age two and up can benefit from age-appropriate and trauma-informed educational content, such as culturally appropriate music, stories, and games to build social-emotional and cognitive skills. Two sources of resources for children and adults are Sesame Workshop's Cuidándonos Uno al Otro⁶ and the Mexico Ministry of Health's website section for kids, among others.⁷ Additional approaches that could help reach families in the family are radio and WhatsApp messages.

Nutrition

Given the importance of meeting young children's nutritional needs in order to prevent malnutrition and its long-term consequences, it's recommended to tailor the food provision at

⁵ A meta-analysis by Sesame Street found positive impacts on cognitive outcomes, including literacy and numeracy, health and safety knowledge; and social skills (Mares and Pan, 2013).

⁶ <https://sesamo.com/cuidandonos>

⁷ <https://coronavirus.gob.mx/ninas-y-ninos/>

the Matamoros camp to better serve young children's nutritional needs. For example, a micronutrient-fortified papilla (soft porridge) could be available for children 6-24 months and small snacks (like fortified crackers, fresh fruit, etc.) provided for children.

Caregiver support

Caregiver programming could include parenting and self-care resources, with concrete actions and resources related to caregiving, understanding children's behavior, and providing necessary support, etc. As mentioned above for children, some resources in Spanish are already available via radio, video, and WhatsApp and others could be developed and shared.

Protect women from violence

Migrants expressed fear of authorities and uncertainty as to where it was safe to report a crime or seek crisis assistance. There should be increased communication as to where migrants can report, whether internally within the camp or to law enforcement or crisis services. Also, various environmental changes, such as more lighting and increases in portapotty access, could improve the perception of safety.

Safe spaces for women and adolescent girls, which can be implemented in a variety of ways, have also been widely used in refugee settings. For example, female-centered spaces for respite as well as information sharing can ease the burden of constant vigilance and lifetime trauma. An increase in availability of services for women would also benefit those experiencing sexual violence, threats to their safety, and concerns of women's health.

Digital platforms can provide trustworthy information about services, legal information about basic rights, and timely, relevant public health information. Women could, for example, opt-in to messaging about children, identify kinds of information most relevant to them (such as indicated ages of children or the need for reproductive health information in order to receive more targeted resources). Women could also receive information about safety strategies and trauma support services. Additionally, technology can be used for mapping and reporting. Obtaining information about violent incidents, for example, could assist in identifying the types of safety infrastructure and allow for safety mapping of resources and safe spaces.

Looking ahead

These recommendations are limited to improving conditions in the camp in Matamoros; however, the camp is part of a much larger problem around humane immigration, violence, and inequality. The current response—closing the border and shuttering immigration courts—leaves asylum-seekers in ever worsening conditions with few options for a better life. We hope lessons from this study will inspire deeper understanding and action.

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