

LATINA/O PSYCHOLOGY TODAY

AN OFFICIAL PUBLICATION OF THE NATIONAL LATINA/O PSYCHOLOGICAL ASSOCIATION

VOL 2 ISSUE 1

SPRING 2015

ENDING VIOLENCE AGAINST LA MUJER: UNITING NUESTRAS VOCES

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FROM THE PRESIDENT

Dear NLPA members,

¡Bienvenid@s a tod@s! Welcome to the Spring 2015 issue of *Latina/o Psychology Today (LPT)*, edited by Dr. Hector Adames and Dr. Nayeli Chavez-Dueñas and assistant editors Ms. Jessica Pérez-Chavez, Ms. Mackenzie Goertz, Ms. Minnah Farook, and Ms. Silvia Salas-Pizaña. This issue marks the continuance of the newly revised publication of our newsletter, formerly known as *El Boletín*. Many thanks to Dr. Adames and Dr. Chávez-Dueñas and their team for their outstanding leadership in organizing this publication!

My name is Marie Lucía Miville, and I am honored to serve as NLPA's President for 2015. I am a faculty member and department chair in the Department of Counseling and Clinical Psychology at Teachers College, Columbia University. I have been a long-time member of NLPA, and continue to be amazed at the incredible work that our members (both professional and student) are engaged with on behalf of our many diverse Latina/o communities. One of the most striking and poignant aspects I have experienced as an NLPA member is the sense of *la familia y la comunidad* this organization provides for many of us in psychology. I was lucky enough to be present at the re-founding of this organization, and from that time, I have found NLPA to be good for the heart, mind, and soul. We share our stories (good and bad...), our hopes, and of course our dreams for transforming the state of our science and practice in mental health into a culturally informed and competent field that can benefit multiple individuals, families, and communities. As many of us experienced at the 2014 Conference in Albuquerque, NM, the people of NLPA help turn the DREAMS of many Latinas/os into realities.

Speaking of DREAMERS and the NLPA, I would like to thank once more Drs. Andrés Consoli and Cynthia Guzman and their conference committee for their outstanding efforts in organizing a highly successful and motivating conference! Since that time, Drs. Consoli and Guzman have put together a proposal outlining how a portion of the conference proceedings may be used to support the educational aspirations of undocumented NLPA members, such as funding for attending the NLPA 2016 conference, pursuing graduate study, (*continue on page 2*)



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and conducting research, including research that is internationally engaged. I am happy to announce that at our last monthly meeting, the NLPA Leadership Council (LC) approved this proposal. Also in line with the 2014 conference theme, the NLPA LC recently approved the *Guidelines for the treatment of unaccompanied asylum seeking minors: What mental health professionals and detention center personnel can do*. For more information about these guidelines, please see an article in this issue by Drs. Ivelisse Torres Fernandez, Nayeli Chavez-Duenas, and Andrés Consoli. Finally, we are beginning work on a policy statement/set of guidelines addressing undocumented students in the education pipeline.

As you can see by our growing list of LC members, NLPA is made up of Latinas/os who want to make a difference. In addition to our elected officers, there are many who have committed to do advocacy in a variety of ways, including for public policy (Dr. Manny Paris), psychological science (Dr. Edward Delgado-Romero), practice (Dr. Miguel Gallardo), education and training (Dr. Brian McNeill); fundraising (Dr. Liz Fraga), professional development (Dr. Ezequiel Peña); student development (Dr. Valerie Minchala); Membership (Dr. Tiffany Schiffner), training and networking (Drs. Alison Cerezo and Regina Jean Van Hell), liaising with the American Psychological Association (Dr. Evie Garcia), and leadership/mentoring (Dr. Brandy Piña-Watson and Dr. Alberta Gloria). We also have several Special Interest Groups (SIGs) focused on key issues affecting Latinas/os, including bilingualism, evidence-based practice, and neuropsychology.

Each and every one of these individuals has worked hard to promote Latina/o well-being in their area. For example, this February Dr. Manny Paris led a session of NLPA Presidents (including Dr. Milton Fuentes, Dr. Andrés Consoli, and myself) to meet with congressional staff members to begin to form a legislative agenda to promote cultural and linguistic competence among mental health professionals. Dr. Alison Cerezo and Dr. Esteban Cardemil together developed the first ever Continuing Education (CE) program online, and there are plans to develop more such CE programs, including ethics, bilingual supervision, and board certification. Dr. Regina Jean Van Hell, Dr. Valerie Minchala, and NLPA Student Representative Rachel Renders are developing a Mentoring Initiative for NLPA members. Dr. Liz Fraga is collaborating with Dr. César González, who has generously donated funds, to develop a scholarship for board certification through the American Board of Professional Practice (ABPP). The scholarship will benefit bilingual early career psychologists, particularly in the area of health psychology/clinical health psychology. The NLPA LC has agreed to provide matching funds for the first year of the scholarship, and Dr. Fraga is now working with ABPP leaders to provide additional matching funds. Lastly, the NLPA Leadership Council (LC) approved a SIG proposal submitted by Dr. Hector Torres, and in support of 2014 President Andrés Consoli's Presidential agenda, to focus on both "the challenges and opportunities of the internationalization of psychology" (H. Torres, SIG proposal).

2015 is going to be a very exciting year for NLPA! My Presidential Agenda for 2015 focuses on engaging in activities that promotes the health and welfare of Latina/o communities. NLPA is a member of the Alliance of National Psychological Associations for Racial and Ethnic Equity (or simply, the Alliance). The Alliance is made up of representatives from the four racial-ethnic minority psychological associations (EMPA), as well as the American Psychological Association (APA). A major purpose of the Alliance is to engage collaboratively as equal partners in projects of mutual interest. This year's project will focus on *community violence*, a topic that continues to be of poignant relevance to us all. We will be gathering information on violence as it relates to Latinas/os from which we ultimately would like to develop materials for both mental health providers and community members. We also are focusing on creating resources and links via the web. *Héctor Torres, Psy.D.*, Associate Professor at The Chicago School of Professional Psychology, and *Claudette Claudia Antuña, Ph.D.*, Federal Way Psychology Clinic in Seattle, WA, are serving as Co-Chairs of our NLPA Community Violence Project. Please contact Dr. Torres at htorres@thechicagoschool.edu or Dr. Antuña at antunaclau@aol.com if you would like to be part of this initiative.

I also am pleased to announce that plans for the 2016 Conference are already underway, under the strong and steady leadership of President-elect Dr. Melanie M. Domenech Rodriguez. Melanie has identified, and the LC has approved, our conference chair, Ms. Cristalís Capielo. The conference committee has met several times, begun identifying possible locations for the conference, and is developing the conference theme. More to follow on this in upcoming *LPT* issues...

As an organization, we remain committed to transparent, collaborative, and inclusive leadership. This translates into action as simply: if you are interested in helping us help others, please join us!! We welcome your suggestions, your commitment, and your passion.

Abrazos,

Marie L. Miville, Ph.D.

NLPA 2015 President

Associate Professor & Chair

Department of Counseling and Clinical Psychology

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Photo Credit: Deborah Feingold, *photographer*

OUR MISSION

To advance psychological education and training, science, practice, and organizational change to enhance the health, mental health, and well-being of Hispanic/Latina/o populations.

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QUE VIVAN LAS MUJERES: LIFE ROOTED IN LOVE, VISIBILITY, SAFETY, AND LIBERATION

HECTOR Y. ADAMES, PSY.D.^{1,2}

Editorial

It is with great enthusiasm that we bring you the second issue of *Latina/o Psychology Today*. LPT's open access format makes the content free and readily available to countless individuals, organizations, and institutions all over the world. LPT's unrestricted access and unrestricted reuse increases the publication's impact and reach, allowing countless communities to read and use the writings of clinicians, researchers, and educators to enhance the health, mental health, and well-being of Latina/o populations.

In the spirit of *compartiendo* [sharing] and visibility, we are thrilled to report that many of the articles published in the first issue of LPT are being used to help shape important documents such as the *Guidelines for the Treatment of Unaccompanied Asylum Seeking Minors* (Torres Fernandez, Chavez-Dueñas, & Consoli, 2015). Latina/o serving organizations, such as the *National Hispanic & Latino Addiction Technology Transfer Center* funded by Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), are using content from LPT in their published materials. With the continuing contributions and dedication of scholars and individuals from the community, we will collectively grow LPT while fostering a space that supports, affirms, and unites folks from the academy and beyond to advance the psychological health of our beloved Latina/o community.

The current issue centers on the theme: *Ending Violence Against la Mujer: Uniting Nuestras Voces*. Each of the articles in the issue was peer-reviewed and each offers a small glimpse into the challenges faced by many of our Latina *hermanas* while honoring their *fuerza, orgullo, determinación, y sabiduría* [strength, pride, determination, and wisdom]. The invited article for this issue is on Latina *bienestar* [wellbeing], authored by Dr. Lillian Comas-Diaz a renowned and proud *mujer* Latina Psychologist who has been a voice for Latinas in the U.S. In the article, Dr. Comas-Diaz eloquently weaves science, theory, and poetry to showcase how Latinas “alchemize trauma into growth.” The issue also includes other contributions on Latinas, research, and community centering on ending violence against la mujer. Lastly, the *Guidelines for the Treatment of Unaccompanied Asylum Seeking Minors* are published in this issue of LPT. Thank you to all reviewers and authors. Without you, LPT would not be the success that it is. ¡Gracias!

In closing, I truly hope that the content in this issue of LPT motivates both thinkers and doers to find ways of dismantling all types of violence against women in patriarchal societies. Collectively we can imagine and planfully find innovative ways to help women, children, and families live in ways that are not silencing but rooted in love, visibility, safety, and liberation.

¡ Juntos/as Podemos !

Hector Y. Adames
Editor

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LATINAS AVANZANDO

Despite Challenges
Still We Rise. . .

As of 2013, Latinas owned about
1 out of every 10
women-owned businesses.²



The Latina female
population includes
20.5 million,
which is 13% of the
total U.S female
population.¹



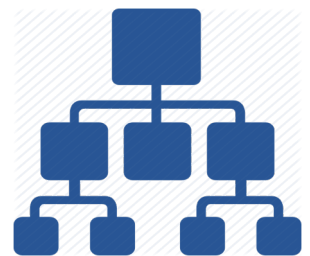
For the first time, Latinas are
exceeding non-Hispanic
females in college
enrollment.³



The modern U.S.
Latina is
BICULTURAL
able to navigate from
English to Spanish,
Latina to American
And back again.³



8.5% of Latina
women are in the job
category of professional
specialty **versus 20.7%**
of white women.¹



Latina women make .55 cents to
the dollar when compared to
white, non-Hispanic males. In
comparison, white women make
.78 cents to the same dollar.²

Fuerza

Orgullo

Determinación

Sabiduría

Sources:

1. Ameredia. (2012). Hispanic Women Profile.
2. Center for American Progress. (2013). Fact sheet: The state of Latinas in the U.S.
3. Nielsen. (2013). Latinas are a driving force behind Hispanic purchasing power in the U.S.

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BIENESTAR: A LATINA GROUNDED HEALING APPROACH TO TRAUMA

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INVITED ARTICLE

Caras vemos, corazones no sabemos [We see their faces, but we don't know their hearts]. Women have twice the risk of developing post-traumatic stress disorder (PTSD), suffer longer from the symptoms, and develop more sensitivity to trauma related stimuli (APA, 2015). Latinas are a high-risk group for developing PTSD (Cuevas, et al., 2010). Indeed, violence against Latinas is a serious problem among the Latino community (Vasquez, 1998).

Latinas in the United States (U.S.) are exposed to multiple intersecting forms of oppression. For instance, Latinas tend to experience significant amount of trauma related to sexual abuse, domestic violence, gender-coded racism, and sociopolitical distress. Unfortunately, precarious socio-economic and political conditions such as exploitation and ethnic and racial discrimination in the U.S. may lead some Latino males to develop aggressive survival skills, resulting in the abuse of their Latina partners (Facundo, 1991).

Latinas with PTSD are in need of effective mental health services. However when these women seek professional help, many encounter culturally irrelevant mental health services. To illustrate, culturally illiterate psychologists who work with Latinas tend to *see their clients' faces, but do not*

understand their hearts. As a consequence, such clinicians fail to effectively assess and treat trauma among Latinas.

In this article I advance the construct of *Bienestar* [wellbeing] as a gender-specific and culturally based trauma therapy. The components of *Bienestar* include mainstream trauma psychotherapy, Latino healing approaches, and Liberation psychology. To accomplish this goal, I first identify some sources of oppression and trauma among Latinas in the United States. A brief overview of diverse oppression-informed trauma therapies is then provided. The article concludes with a discussion on *Bienestar* as a gender and cultural informed trauma therapy for Latinas.

TRAUMA AMONG LATINAS: CONTEXT & SOURCES

As a trauma therapist, I work with a significant number of Latinas who experience oppression and subsequent trauma. My clinical practice mirrors the research findings on trauma. To illustrate, Cuevas, Sabina and Picard (2010) found that that 40% of Latinas in their study reported at least one experience of emotional trauma in their life, while 61% of these women experienced more than one trauma. Since power and culture play central roles in trauma among women (Brown, 2008), Latinas oppressive realities and cultural contextual lives frame these findings. Some of the powerless contexts impacting Latinas include: immigration, acculturation, cultural conflicts, poverty, and exposure to gender-coded

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racism. For instance, Castaneda-Sound (no date) identified the sources of trauma among Latinas as (1) immigration-related oppression, (2) intimate partner violence, (3) cultural barriers, (5) structural barriers, and (6) institutional barriers. Immigration-related oppression involves culture shock, acculturative stress, generational conflict, and language problems, among other difficulties. As previously mentioned, intimate partner violence is a significant problem for many Latinas, particularly immigrant women. A study exploring the experiences of abused Latina immigrants found that these women experienced social isolation, language barriers, discrimination, and for undocumented immigrants, fear of deportation (Bauer et al., 2000).

A special context among some Latina immigrants is their previous exposure to political violence. Political strife and armed conflict have achieved public health proportions in Latin American countries such as Brazil, Colombia, El Salvador, Mexico, and others. Sadly, Latinas who immigrate from politically repressive environments may reenact their trauma when they reside in low SES and/or violent neighborhoods (Crowley, Licher, & Qian, 2006). As a matter of fact, research showed that Latino immigrants with previous exposure to political violence were more likely to suffer from chronic medical illnesses and recognize the need for mental health services (Fortuna, Porche, & Alegria, 2008). Without a doubt, many Latinas are in need of trauma-focused mental health services.

TRAUMA-FOCUSED THERAPY MODELS

*Lo que bien se aprende nunca se pierde.
[What is learned well is never lost.]*

Trauma-informed mainstream therapies include Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Somatic Experiencing (SE). The use of learning principles is the basic framework of these models where clients reprocess the traumatic event(s) in order to re-establish a healthy mind-body connection. A brief overview of these three main psychotherapies is offered below.

Trauma focused CBT (Cohen, et al., 2006) is potentially a useful approach for many Latinas because it is consistent with their cultural value of viewing life as a learning experience. Within this perspective, life's setbacks are opportunities for growth and improvement. CBT fosters a collaborative therapeutic relationship, empowering

women of color to define their problems, delineate alternative solutions, and examine available options and alternatives (Lewis, 1994). Moreover, CBT offers techniques to alleviate gender and ethnic victimization, such as racial stress inoculation (a derivative of stress inoculation) and racial stress management (Comas-Díaz, 2007). CBT tools such as relaxation techniques, visual imagery, systematic desensitization, and stress management potentially may help Latinas develop a sense of agency and self-healing. However for effectively working with Latinas, trauma psychologists need to address the role of context, location, and their sociopolitical realities.

EMDR, a treatment specifically formulated for trauma, is potentially beneficial for Latinas. EMDR is an integrative approach that combines cognitive behavioral and dynamic techniques with eye movements to change emotional-cognitive processing of traumatic experiences. According to this therapy, trauma is fixated at the cognitive, behavioral, and neurophysiological levels, and is reprocessed by eye movements, desensitization, and transforming negative thoughts and beliefs into positive ones (Shapiro, 1995). This holistic orientation seems consistent with Latinas' perception of health as having both physical and mental components. Moreover, cultural adaptation of EMDR has been successfully used with a Latina (Rittenhouse, 2000).

Somatic Experiencing (SE) therapy aims to relieve and resolve symptoms related to PTSD by integrating the client's perceived somatic experiences into therapy. According to Levine (1997) trauma survivors can learn from animals' natural healing process, given that trauma results from a deregulation of the autonomic nervous system (ANS). Within this model, healing involves tapping into the ANS' natural ability to self-regulate. Similar to EMDR, SE is congruent with many Latinas' belief in the mind-body connection. Unfortunately, the above-mentioned therapeutic approaches have not been empirically validated for Latinas or for other people of color (Bryant-Davis & Ocampo, 2006).

TRAUMA THERAPIES FOR WOUNDS OF OPPRESSION

*No hay curva mala pasándola despacio.
[There is no bad curvy road,
as long as you pass it slowly.]*

Psychotherapeutic treatment approaches for trauma related to oppression are emerging. For example, Dunbar (2001) developed an approach to working with victims of racism, gender, ethnic, and/or religious hostility. He identified five phases including, 1) nurturance of safety, including event containing, 2) assessment of client-incident characteristics, 3) addressing diversity issues in the therapeutic relationship, 4) reduction of acute symptoms, and 5) identity reformulation. In addition to recovery, some models emphasize survivors' engagement in social action. For instance, Bryant-Davis and Ocampo (2006) proposed a model focusing on the therapeutic relationship, therapeutic process, and trauma history, where the therapists help clients to 1) acknowledge racist incidents, 2) share their trauma within a safe environment, 3) enhance safety and self care, 4) mourn losses, 5) examine shame, self-blame, and internalized racism, and 6) demand equality. Along these lines, I discussed an ethno-political approach to treat oppression-related trauma (see Comas-Diaz, 2007). In the 2007 article, I underscore the usefulness of focusing on the development of critical consciousness and engagement in social justice action in oppression-related trauma with people of color. In addition to promoting recovery, this approach fosters psychological decolonization, personal transformation, and sociopolitical change. In the following section I discuss *Bienestar*, a trauma informed therapy model designed to address the unique needs of Latinas.

BIENESTAR

*No hay mal que por bien no venga.
[Every cloud has a silver lining.]*

Bienestar is an empowering holistic approach designed to help Latinas heal from trauma. As a holistic model, *Bienestar* focuses on promoting physical, mental, and spiritual wellbeing. To achieve this goal, *Bienestar* mental health practitioners aim to integrate Latino healing into trauma-informed therapy.

As many Latinas with PTSD tend to culturally regress, a Latina healing approach offers a cultural holding environment, one that validates the importance of gender, racial, and ethnic meanings within the historical and political contexts of oppression. Many individuals reconnect with their cultures of origin, when confronted with distress. Therefore, *Bienestar* infuses Latino/a *sabiduria*

[wisdom] into oppression-informed trauma therapy. Within this perspective, Latino/a healing honors *La Cultura Cura* [Culture heals] principle while recognizing that *no hay mal que por bien no venga* [every cloud has a silver lining].

Bienestar clinicians subscribe to the premise that illness results from an individual's disconnection from their culture and thus from themselves. Consequently, a reconnection with the culture of origin can promote healing. *Bienestar* also fosters the use of Latino cultural healing traditions such as narratives, rituals, *remedios* [traditional remedies], and spirituality.

Narratives are indigenous approaches consistent with a sociocentric worldview. Since oppression frequently silences Latina voices, narratives are a preferred way to make meaning out of trauma. The narration and re-construction of Latinas' stories can be both healing and liberating. Retelling the trauma story with a positive outcome could prove beneficial. Moreover, story telling encourages Latinas to reconnect with their cultural roots and to claim their gifts of power.

A special type of narrative, *testimonio*, is a first person account of one's experiences with attention to experiences of loss, trauma, and oppression. Originated in Latin America, *testimonio* is valuable to women because it validates personal experience as a basis for truth and knowledge in an affirming and empowering manner (Aron, 1992). This approach is consistent with Latinas' relational orientation, since it addresses individual, collective, and multigenerational trauma. Finally, another form of narrative, *dichos* [proverbs], is a type of Latino flash therapy (Aviera, 1996). Incidentally, I have found *dichos* to be very effective in reprocessing Latinas' negative gender role expectations, such as martyrdom, *marianista* self-sacrifice, and others.

Remedios is another Latino healing tool. For instance, numerous Latinas use healing herbs in tea infusion for relieving *nervios* [nerves] and emotional distress. Some of these herbs are chamomile, lavender, peppermint, spearmint, lobelia, skullcap, linden flower, and valerian root among others. I urge therapists to examine Latinas' use of remedies to prevent negative interactions with medicines and or supplements (Comas-Diaz, 2012).

SPIRITUALITY

*Una buena acción es la mejor oración.
[A good deed is the best prayer.]*

Trauma affects individuals' spirituality (Brown, 2008; Walker, Courtois & Aten, 2014). Certainly, spirituality and religion are significant forces in the lives of many Latinas. To illustrate, a study on Latina/o immigrants found that 75% of the sample reported prayer to be a significant part of healing with 90% disclosing that they frequently pray for the health and their family and themselves (Ransford, et al., 2010).

Trauma therapists can foster faith-oriented Latinas to use spiritual coping against trauma. For example, Latinas can engage in altar making, pilgrimages, blessing ceremonies, walking labyrinth, and many other activities. However, in examining Latina spirituality, trauma psychologists need to differentiate healthy spiritual beliefs from unhealthy ones. For example, therapists can distinguish Latina negative cognitions, such as associating trauma with guilt/punishment, from healthy/functional cognitions. Moreover, clinicians can use the spiritual *dicho*: *Ayudate que Dios te ayudara* [Help yourself and God will help you] to promote Latina agency and mastery. Finally, familiarity with Latino healing traditions such as *curanderismo*, *espiritismo*, and *Santería* could prove helpful to trauma therapists. For instance, some Latinas could use folk traditions such as ritual baths, cleansing ceremonies, Guatemalan dolls for anxiety relief, and the like in their recovery from trauma.

BIENESTAR & SELF-HEALING

*Quien canta, sus males espanta.
[She who sings scares away her woes.]*

A central aspect of *Bienestar* is the promotion of self-healing. Latinas can utilize holistic mind-body-spirit strategies for self-healing. Some of these methods include guided imagery and creative visualizations such as a safe place imagery or healing visualizations. Indeed, the use of imagery is a central component of Latino healing. As an illustration, Latinas can spiritually invoke a divinity, guardian angel, Archangel, loving ancestor, and other non-incarnated entity as an ally in their healing journey. Moreover, Latinas can use EMDR techniques such as butterfly hug, body scan for identifying somatic sensations, and self-directed eye movements. These self-healing techniques can enhance self-efficacy and

self-reliance. Even more, Latinas can practice yoga as an adjunct treatment for trauma recovery (Emerson & Hopper, 2011). Within this perspective, they can use the light-stream exercise—a yoga guided imagery where a light beam (visualized by a color association with healing) enters the body to cleanse and heal.

To assist Latinas self-healing, trauma therapists can promote self-care activities. Some of these methods include physical activity (e.g., walking, dancing), meditation, mindfulness, contemplation, singing, painting, and other creative expressions. Self-healing and self-care are consistent with the *dicho*, *mente sana en cuerpo sano* [healthy mind in healthy body].

BIENESTAR & SOCIAL JUSTICE ACTION

*I change myself, I change the world.
~Gloria Anzaldua*

The ultimate phase of the *Bienestar* approach is the promotion of social justice action. Engagement in social action is necessary for Latinas' recovery because research has found that women who developed an understanding of the sociopolitical basis of gender discrimination, recovered sooner from gender victimization than those women who did not have such understanding (Landrine & Klonoff, 1997). Following this line of reasoning, a commitment to social justice is consistent with the Latin American legacy of humanism and liberation. As Latinas recover from trauma, they aim to transform their post-traumatic stress disorder into a post-traumatic growth. The concept of post-traumatic growth refers to the emergence of positive outcomes out of experiencing trauma (Tedeschi & Calhoun, 1996). Through this development of post-traumatic growth, Latinas can enter what Ana Castillo (1994) named a "collective state of being" that is, a consciousness of collective solidarity and social justice.

Latinas can personalize and define social justice action in many diverse ways. For instance, Latinas can engage in volunteer work in their community. Other activities include the promotion of human rights, becoming a *promotora*, and or running for public office. Needless to say, a simple way for a Latina to engage in social justice action is to "*change the world by changing herself.*"

CONCLUSION

I am the ember that blazes forever.
~Sonia Sotomayor

Bienestar is a gender-specific and culturally based trauma therapy. Grounded in clinical practice, research findings, and trauma-informed therapies, *Bienestar* was developed to assist Latinas recovering from trauma. To achieve this goal, the *Bienestar* approach integrates mainstream trauma psychotherapy, Latino healing, and Liberation psychology. In summary, major components of *Bienestar* therapy include the promotion of Latinas' self healing, personal transformation through post traumatic growth, and engagement in social justice actions. As Latinas alchemize trauma into growth, they nurture their "ember that blazes forever."

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LATINA/O YOUTH RESEARCHERS: RESPONDING TO VIOLENCE THROUGH RESEARCH & ACTION

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Often ignored in discussions about domestic violence are youth. Youth have a powerful voice and story to tell if only given the opportunity. In this entry, Latina/o youth and community-based researchers come together to share the story of *La Voz*, a group of youth researchers from Atlanta, G.A., who have over five years of experience conducting and disseminating domestic violence related research. The authors have written this entry to highlight the strengths in participatory action research (PAR) as a tool for emerging the natural strengths in Latina/o youth who have been impacted by violence; an instrument for developing the critical consciousness of Latina/o youth about domestic violence and other social forces; as well as a mechanism for action in systems change.

LATINA/O YOUTH & DOMESTIC VIOLENCE

Domestic violence (DV; also referred to as intimate partner violence) is a critical public health problem and human rights issue (Perilla, 1999). Domestic violence is defined as physical, sexual, and psychological harm that occurs between two partners in an intimate or romantic relationship (Saltzman, Fanslow, McMahon, & Shelley, 1999). At the national level, researchers estimate that one in every three women will experience violence from a partner in her lifetime (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014). Also unsettling, is that this violence may occur in the presence of children in the home. In fact, about 15.5 million youth (ages 0-17) in

the United States witness family violence in the home every year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Latina/o children who are exposed to domestic violence are at risk for a host of negative outcomes due to exposure to DV and other social level issues (Evans, Davies, & DiLillo, 2008). However, while the effects of domestic violence are undoubtedly deeply felt by child witnesses, there is evidence of incredible resiliency and growth (Martinez-Torteya, Bogat, Von Eye, & Levendosky, 2009). Latina/o youth witnesses of domestic violence are well aware of what is happening in their home as well as issues in their communities and society at large, but seldom have the opportunity to give voice to their observations, questions and concerns. Less of an opportunity is the chance for them to actively work to change the systems around them. PAR is a framework that was developed to fill this gap.

PARTICIPATORY ACTION RESEARCH

PAR is a research framework often used with marginalized groups that seeks to foster empowerment by encouraging communities to critically engage with issues that are important to their lives (Dworski-Riggs & Langhout, 2010). PAR also seeks to balance power in the researcher-participant relationship in order to address the underrepresentation of experiences from individuals with less power (Dworski-Riggs & Langhout, 2010; van der Velde, Williamson, & Ogilvie, 2009). This is especially key in working with Latina/o youth impacted by domestic violence as issues related to power and control are embedded within systems of violence and oppression in and outside of the home. In a way, PAR allows for a corrective experience between youth and adults in a balanced way that is different from what they may experience in other

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systems (e.g., school). Personally, as community-based researchers, we (Rodriguez and Serrata) have found that PAR has been useful for our community work with Latina/o youth and especially for challenging the oppressive structures that are traditionally established between researcher and participant.

Empirical evidence has begun to show that PAR can increase critical consciousness among those involved (Cerezo, McWhirter, Peña, Bustos, & Valdez, 2013; Foster-Fishman, Nowell, Deacon, Nievar, & McCann, 2005; Nelson, Ochocka, Griffin, & Lord, 1998). Critical consciousness has been conceptualized as the capacity in which “oppressed or marginalized people learn to critically analyze their social conditions and act to change them” (Watts, Diemer, & Voight, 2011, p. 44). Specifically, two components of critical consciousness, critical reflection and critical action, overlap with the PAR components of participation and action. A unique component of PAR includes the participation of the affected community members in all stages of the research process, from conceptualization to data analysis and dissemination (Langhout & Thomas, 2010). This process facilitates critical consciousness raising by encouraging participants to critically analyze and become aware of conditions that are affecting their lives (Foster-Fishman, Law, Lichty, & Aoun, 2010). Critical action may be achieved when PAR researchers disseminate the knowledge acquired to their own communities.

LA VOZ DE CAMINAR LATINO

Rodriguez and Serrata first came to know La Voz de Caminar Latino (La Voz) when volunteering at Caminar Latino, a cultural specific community based intervention for Latino families experiencing violence. Caminar Latino offers support for the entire family including men who use violence and youth witnesses (ages 0-24). They also offer community capacity work through a peer leadership program for survivors of violence and through La Voz. It is unique in that this program was formed and continues to evolve based on community knowledge and the influences of Latin American educators and social scientists (e.g., Martín-Baró, Aron, & Corne, 1994; Freire, 2000; Serrano-García, 1990). At Caminar Latino, the concept of critical consciousness is central to the process of both the family intervention program and for building community capacity (see Perilla, Serrata, Weinberg, & Lippy, 2012).

In 2006, members of the adolescent group at Caminar Latino became interested in exploring the issue of DV from their own perspective and experiences. This process was ignited when they overheard an infant asking an older sibling in regards to the family violence, “*Por Que*” or “*Why?*” They decided that if this small child was asking this question then the other youth must be also struggling with similar questions and they believed that they could find a way to answer them. The youth created their own research group along with community-based researchers who were affiliated with Georgia State University. They called themselves “*La Voz de Caminar Latino*” (The Voice of Caminar Latino). Since then, the youth have conducted five different studies about issues of relevance and interest to them. These studies have explored: youth strategies for staying safe when there were violent incidents in their home; youth’s experiences of law enforcement and child protective services responding to 911 calls related to DV; examination of Latino gangs in Georgia from the perspective of Latino youth and parents; an examination of childhood experiences of family violence with adult Caminar Latino participants; and the impact of immigration policy on Latino families affected by domestic violence.

Here, Aida, the third author of this paper, shares how she started with the group:

When I first got involved in La Voz I had no idea what I was getting myself into. I was 14 and had never once heard of PAR or even began to imagine the journey I would become a part of. I’ve been coming to Caminar Latino since I was 2 as a result of domestic violence. I started participating with La Voz when I was 15 because I just wanted to feel like I was a part of something. After the first presentation was over, I realized I enjoyed doing this kind of work.

– Aida

Holding true to a central piece of PAR, La Voz are actively involved in every aspect of the research project, from the formulation of key research questions, collecting and analyzing the data, to dissemination of results. Here, Reyna, the second author, discusses her process in the research group and what she has found important:

I’ve built great relationships with the other young adults; some are very close friends,

and others I view as a family away from home. They have all always made me feel welcomed and comfortable. Doing this kind of work and research was never easy, and as young adults we not only had to encourage each other but keep others accountable. The way we saw most fit to do so was by signing contracts, if we were going to be working together we were expected to be in for the long run. The contracts consisted of expectations, and consequences (i.e. can't get arrested, no school suspension, no violence etc.). Personally I think that this works great, it not only keeps us all in check, but it clearly outlines what is expected beforehand. Knowing each other and the expectations before hand makes it that much easier to make group decisions, we have learned to be very cooperative with each other over the years. I hope that the kind of work we do helps empower the community to speak their voices.

An important aspect of La Voz's involvement has been in the data analysis. This step - often overlooked in PAR studies - aids in empowering and raising critical consciousness for the youth researchers. By closely examining data for thematic meaning, youth researchers gain a deeper personal connection to understanding their questions of interest. The PAR researchers note,

Doing the research is the hardest part, but taking part in every step of the process really teaches me how to appreciate every one of the aspects of the result. The fun part of the whole process is coming up with what to do next. We as young adults have a countless amount of questions going around in our heads, and getting ideas out helps to see all the different points of views. - Reyna

The process of doing the research can become a little overwhelming at times, but I enjoy the entire process. From exploring ideas, to setting up interviews, asking questions, and separating all the conclusions into categories. - Aida

Another powerful aspect of PAR is where youth take action on key learning and disseminate their findings with the hope to share knowledge with

community members and possibly those in positions of power who can impact change. For La Voz, this has meant that they have been invited to present their findings at 11 different state and national trainings including the National Council of Juvenile and Family Court Judge Kids Conference and the U.S. Department of Education National Summit on Gender Based Violence among Young People. It was at these presentations where youth saw the impact of their work. For example, at one meeting they presented to judges and police officers on how utilizing Latina/o youth at the scene of a domestic violence incident or in court was harmful to Latina/o children and youth. This presentation stood out to Reyna:

Doing all the presentation has made me realize how oblivious all sorts of people are about DV in their communities. The presentation that has always stuck out the most to me was the one dealing with law enforcement responses to DV calls. It's unfortunate to hear about all the awkward and uncomfortable situations that law enforcement has put the participants [children] through. My strongest point during this presentation was never to use children as interpreters, and I always hoped that this would make an impact in the way that they respond to these situations. The biggest thing that I take away from every presentation is the reaction that we get from people that are willing to listen to our work, they are surprised that people our age are willing to do the work and go through with it.

On reflecting on her experience with providing presentations of their research findings, Aida reflects on their presentation related to Latino gangs:

After our community presentation related to gangs and drugs I realized many people have difficulty talking to their children about how to avoid or handle the [gang] situation. Many reasons for why they have these difficulties are because many work long hours or hours when the child is not home. Before I worked with La Voz, I was ignorant to how many people were unaware of the information provided in each presentation.

Knowing that their findings may impact the broader Latina/o community is particularly important to the Latina/o youth researchers. In this case, Aida describes what this means to her:

It is great to know that we have had an impact on the community; in my book there is no impact too small, all create a ripple effect, and begin bigger things or add to them. Now I can say La Voz has had an impact on informing those who did not know. Although not everyone wants to hear the truth it is good to get the word out, and give people something to think about with options on how to avoid finding themselves in a DV position, or their kids in drugs or gangs.

As can be read in their commentary, Aida and Reyna note the importance of their involvement in the research process from the beginning to the end. What is truly meaningful to them is the possible impact that their findings can have on and for their community. The connection to community fostered through PAR is a powerful thing.

The experience of participating in La Voz has impacted the youth researchers in many ways including connecting them with their natural strengths and internal resources. Here, the youth researchers talk about the impact La Voz has had on them:

Becoming a member of La Voz has given me the opportunity to voice the perspectives of the youth. The voices that are always being overlooked because we are too young to understand. It has allowed me to learn and understand different ideas, opinions, and perspectives. – Aida

...La Voz has given me countless opportunities to say what is exactly on my mind. As a teenager it's quite hard to get any opportunity like that at all. La Voz was first formed for a simple purpose, to answer the questions that the youth and the community had. This is a group of young adults who come up with some of the most asked questions that we would like answered. – Reyna

CONCLUSION

The narratives provided by the youth researchers have highlighted how PAR can be used as a tool of transformation. At the individual level PAR can be used to facilitate self-empowerment and the development of critical consciousness in communities affected by DV. The experiences the youth shared indicated that PAR overlaps with critical consciousness raising by increasing their ability to critically reflect on issues surrounding experiences of domestic violence in their families. Additionally, youth participated in critical action by presenting their results to the communities of which they are apart of and to communities that can have an impact on changing social structures. For example, local police officers have implemented La Voz's findings about the consequences of using children as translators into their training for police officers responding to domestic violence situations. The youth researchers narratives emphasize the strengths of youth who are often labeled at risk. Similarly, PAR may increase the relevancy of research agendas, methods, and subsequent interventions by including participant voices in every aspect of the research process. As community based researchers working with historically oppressed groups, PAR has offered us an approach to rebalance power in communities that are marginalized. Not only are PAR methods conducive to creating social change by building on the strengths of survivors but also, it is good science!

...I was lucky enough to have Caminar Latino because no matter how tough things seemed, I knew I had someone to talk to and to explain why it is normal to feel this way, as well as explain that it was not my fault... I understood there were more options for me, to go to college, to participate in a group, which can make changes within the community to inform others, that they too can do it. – Aida



Image: Youth researchers coding transcriptions.

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PARTNERING WITH COMMUNITIES TO END DOMESTIC VIOLENCE IN LATINA/O FAMILIES

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This paper offers a conceptual framework for building the capacity of Latino communities to end domestic violence (DV). The proposed framework is based on the work of Casa de Esperanza, a Latina domestic violence organization based in the twin cities area of Minnesota. With over 30 years of working alongside the Latina/o community, Casa de Esperanza is a leader in the efforts to prevent and end domestic violence (Sandfort, 2003). Through its national initiative (National Latin@ Network for Healthy Families and Communities (NLN)), Casa de Esperanza builds bridges among research, practice and policy to advance Latina/o-specific and community-based responses across the United States. The proposed framework is also influenced by scholarship that offers a nuanced understanding of how DV interacts with other social, cultural and historical forces unique to the Latina/o community (Gonzalez-Guarda, Cummings, Becerra, Fernandez, & Mesa, 2013; Sokoloff, 2005). As researchers and community-based practitioners, the authors are informed by their own experiences of working alongside Latina/o communities in collaboration with culturally specific programs nationwide. This community capacity framework draws upon a significant body of literature and practitioner expertise that indicate that community-level solutions are necessary and effective at creating social change

for individuals and the systems with which they interact (Martín-Baró, 1994; Wandersman, 2003). The authors offer an alternative framework that highlights the strengths in Latina/o cultures and embraces their capacity to end domestic violence in their own communities.

DOMESTIC VIOLENCE IN THE LATINA/O COMMUNITY

Domestic Violence (DV), also referred to as intimate partner violence (IPV), is a significant social issue that plagues individuals across socio-economic status, national-origin, ethnicity, gender expression, and sexual orientation (Perilla, Lippy, Rosales, & Serrata, 2011). Importantly, the experience of DV is influenced by these same complex socio-cultural influences (Perilla, Serrata, Weinberg, & Lippy, 2012). Similar to the definition of the Center for Disease Control, this paper refers to DV as emotional/psychological, physical and sexual abuse experienced by any member of a family including children, adults and elders (Saltzman, Fanslow, McMahon, & Shelley, 1999). Within the United States (U.S.), a recent report of a nation-wide study indicates that 1 in 3 (35.6%) women have experienced violence by a partner at some point in their lives (Breiding, Chen, & Black, 2014).

Within the Latina/o community, the latest national survey indicates that 1 in 3 (29.7%) Latinas have experienced violence from a partner in their lifetime, including physical violence, sexual assault and stalking (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014). Additionally, study findings indicate differences depending on foreign born versus U.S. born status, with 37.7 % of women born in the

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U.S. experiencing violence in their lifetime compared to 24.0% of foreign-born women (Breiding, Chen, & Black, 2014). These findings are consistent with other studies reporting differences in experiences of social and health issues depending on foreign-born status, often referred to as the immigrant paradox (Wright & Benson, 2010). Studies have shown factors that may uniquely impact immigrant Latina survivors of DV which include experiences of violence in their country of origin (Zarza & Adler, 2008), socio-political factors such as the current immigrant enforcement environment, (Rodriguez, Serrata, Rosales, & Perilla, 2012) and unique barriers to accessing help due to language access and documentation status (National Latin@ Network for Healthy Families and Communities, & National Domestic Violence Hotline, 2013). Other studies have documented elements of strength and resilience among Latinas/os when addressing DV. For instance, Latinas draw on cultural strengths when looking for help; they are more likely to look to family, neighbors and friends for support than to turn to traditional formal services (Zarza & Adler, 2008). These findings highlight some unique considerations for the Latina/o community as Latinas/os are very diverse and each sub-population includes unique challenges, strengths and opportunities to impact change.

TOWARDS ACTION ORIENTED APPROACHES OF ADDRESSING VIOLENCE AMONG LATINA/O FAMILIES

For Latinas/os, several scholars and practitioners have highlighted the critical need to utilize novel approaches that not only consider the historical, social and political context in which Latinas/os are immersed but also actively challenge these forces (Runswick-Cole & Goodley, 2013). Drawing from liberation psychology and community science, approaches seeking the eradication of DV must facilitate a self-empowerment process where survivors and their families are seen as agents of change rather than agents to be acted upon (Davidson, Ganote, Henrickson, Jacobs-Priebe, Jones, & Riemer, 2006; Martín-Baró, 1994; Rappaport, 1987; Zimmerman, Israel, Schulz, & Checkoway, 1992). These approaches become essential in underserved and minority communities living at intersections of multiple oppressive forces (Sokoloff, 2005). Additionally, efforts that centralize community voices and promote community

participation are critical to curbing DV and challenging oppression in all its forms (Montero, 2007). This perspective is reflected in the work of many Latina/o-specific grassroots organizations that have worked alongside community (e.g., Caminar Latino, Voces Latinas, Mujeres Latinas en Acción), for decades. These organizations and others have documented how important and effective a strategy based in and led by community is to making an impact on DV at many ecological levels (Bronfenbrenner, 1994; Michau, Horn, Bank, Dutt, & Zimmerman, 2014). Grounded in the expertise of these organizations and as recommended by liberation psychology, a nuanced approach must prioritize understanding of domestic violence in its sociopolitical (historical and cultural) context and actively engage Latina/o community members in change processes at the individual, family, community, and socio-political levels.

PUTTING THE WORK INTO THE HANDS OF THE LATINA/O COMMUNITY

Rooted in the knowledge base noted above, the proposed community capacity framework to ending DV in Latina/o families centers on the capacity of Latina/o communities to create their own change for DV and other social issues. Figure 1. represents how the essence of community capacity can influence all ecological levels when it is central to the work (individual, family, community and organizational, as well as socio-political and policy). The following sub-sections will explore each level of change that is affected by the community capacity framework.



Figure 1. Community Capacity Conceptual Framework

Individual Level Change

For the field of DV, traditional interventions have focused on the individual level (e.g., advocacy, shelter services and crisis centers). The authors have learned from Latina/o organizations and scholars that individual-level change is most relevant to their communities when coupled with other initiatives. Thus, the community capacity framework proposes that an organization's approach to their work with individuals must understand an individual and how they are influenced by other forces (socio-political, cultural, etc.); be grounded in self-empowerment, strengths, and respect (Perilla et al., 2012; Kasturirangan, Krishnan, & Riger, 2004; Prilleltensky, & Prilleltensky, 2006), as well as individual and collective well-being. For example, Casa de Esperanza (as described in the introduction) developed a Latina advocacy framework, which draws from cultural strengths and social connection in working individually with survivors. This perspective notes that it is important to meet the whole Latina/o needs, including their needs around personal and community relationships in addition to understanding their realities as they are embedded in other social systems (Serrano, 2004). For example, a practitioner must be aware of socio-political forces (e.g., immigration policies, language access barriers) that might significantly impact a Latina/o's ability to access services. Other strategies include, exploring Latina/o collective histories; including holistic healing (physical, social, emotional and spiritual well-being); supporting Latinas/os in learning to navigate unfamiliar institutions; providing opportunities for survivors to strengthen their natural leadership abilities; and providing support in the intersections of issues (e.g., HIV prevention with Latinas/os). Research has indicated that strength-based approaches to DV are effective at impacting the lives of survivors (Hamby, 2013). Our framework proposes that when one is working with an individual Latina/o survivor (either through advocacy or therapy), one must focus on cultural strengths and social capitals (family, chosen relatives, friends, and community support), as these are often disrupted in the situation of DV and other oppressive factors. In collaboration with practitioners, Latina/o survivors can explore violence and other forms of oppressions in their lives, build their critical awareness of the interaction of oppression with other social forces (e.g., immigration enforcement), and act to transform their lives.

Family-Level Change

In connection with the individual capacity, the depiction of the community capacity framework in this paper builds on Latina/o cultural values of familism (centrality of family) and respect (including respect for elders) by encouraging all family members to participate in prevention and intervention strategies to end DV. This includes utilizing strategies that engage youth witnesses of DV in addition to working with men who batter (Parra-Cardona, Holtrop, Córdova, Escobar-Chew, Horsford, Tam, & Fitzgerald, 2009). One exemplary program that has been recognized nationally for their work with Latino families is that of Caminar Latino [Latino Journey]. Caminar Latino is a culturally specific organization in Atlanta, Georgia that provides comprehensive prevention and intervention strategies for addressing DV. Guided by the voices of survivors, this organization grew to provide services for men (batterer intervention program) and youth (ages 0-24) affected by violence. Research from many fields has indicated the effectiveness of including family in intervention strategies for Latinas/os (Shapiro, 1996). Additionally, scholars have documented the effectiveness of working with men as part of the solution to ending DV (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). Through 25 years of experience, Caminar Latino and other similar Latina/o specific organizations have pushed the field of DV to actively engage ALL family members in building their critical consciousness of DV and other oppressive forces (e.g., discrimination, anti-immigrant sentiment); changing family norms around violence-related attitudes and behaviors; and building skills to combat these issues (Perilla, Serrata, Weinberg, & Lippy, 2012; Sitaker, 2007; Reyes & Elias, 2011). Built on this knowledge base, our community capacity framework asserts that in order to create change around DV, the entire Latina/o family must be actively and critically engaged. Therefore, the conditions should be created so the entire family can work together in combating violence and other social issues, such as dealing with collective trauma stemming from anti-immigrant sentiment (Rodriguez, et al., 2012). With this approach results are more likely to last across generations.

Community and Organizational Level Change

The Community and Organizational Level Change represented, as the third layer in the framework is key to putting community at the center. At this level,

power can be redistributed from the organization to the community in order to avoid recreating oppressive experiences that plague communities of color. Organizations that work from this approach provide opportunities to share power with communities by working alongside community members to create change (Evans, Prilleltensky, McKenzie, Prilleltensky, Nogueras, Huggins, & Mescia, 2011). This can be accomplished through community members engaging in both knowledge building and exchange. For example, one well-documented strategy for partnering with community is the *promotora* model (Swider, 2002). This model, which was developed in Latin America and hails from public health, engages community members in creating change by providing tools and resources for community members to become peer leaders. *Promotoras* have been used to disseminate information about a variety of issues including HIV, STDs, teen pregnancy, diabetes, physical health, mental health, prenatal care, tuberculosis treatment and access to primary care physicians (Swider, 2002). The use of *promotoras* or peer leaders for DV is growing. Preliminary studies indicated that such an approach can be utilized to increase awareness about DV in Latina/o communities (Kelly, Lesser, Peralez-Dieckmann, & Castilla, 2007) as well as to build the self-empowerment of immigrant Latina survivors (Serrata, 2012). Thus, the *promotora* approach crosses many ecological levels by impacting the community at large but also the individual *promotora* and the families for which they are embedded. Moreover, the *promotora* approach is an ideal example of how community members themselves can be effective in promoting positive change in attitudes and behaviors around a targeted issue, as well as increasing access to resources and knowledge of the topic for other community members (Swider, 2002).

Change at the Policy and Socio-Political Levels

As noted above, the community capacity framework is based in a collective understanding that multiple social and political forces (e.g., immigration policies) impact survivors' experiences of DV, their ability to access resources, and many other aspects of their lives in various ways. Thus, an approach at this level includes recognizing, emphasizing, and advocating for this reality across various systems including into social policies. For example, as part of the National Latina Network's policy work, the NLN in collaboration with the National Task Force to End

Sexual and Domestic Violence, a coalition of more than twenty-five national organizations and their affiliates, insisted that the reauthorized Violence Against Women Act (VAWA) in 2013 included important protections for vulnerable populations (Hidalgo, 2014). This action led to advancements in efforts to address violence against Native Americans, LGBT survivors and immigrant survivors, as well as it strengthened grant programs focused on underserved communities (Hidalgo, 2014). Other approaches at this level include identifying and building allies within various organizations working on issues that impact Latinas/os across various groups (e.g., Immigrant Rights, Women's Rights, Disability Rights, LGBTQ, Anti-Racism) and promoting change within other systems (e.g., partnering with an immigration rights organization to raise knowledge about the impact of immigration enforcement policies on immigrant survivors). Intervening at the socio-political and policy levels is key to a community capacity approach and instrumental to an empowerment process. Organizations utilizing this framework should provide opportunities where community members or program participants can advocate within policy systems as well. For example, through its prevention efforts, Caminar Latino supports a participant action research program with youth researchers. The youth researchers have had numerous opportunities to present their research to policy makers at the state and national levels on topics such as police response to DV, the impact of immigration enforcement policies on families impacted by DV and many others (Rodriguez, La Voz Juvenil de Caminar Latino, Nunan, & Perilla, 2013). Their work has not only impacted the youth themselves but engaging them in advocating for social change (e.g., change in immigration policies) has the potential to impact conditions for their families and communities at large, cutting across many ecological levels. In summary, organizations and practitioners should work at change within socio-political and policy systems while also engaging community members and providing the tools and training for them to do the same.

CONCLUSION

Latina/o researchers, practitioners, policy makers, and evaluators all have a critical role to play in ending DV. In order to do so, however, we must utilize the methods of liberation psychology which

challenges one to understand domestic violence in its sociopolitical (historical and cultural) context as well as to actively engage Latina/o community members in change processes. Thus we recommend for individual practitioners, organizations (DV-specific and non) working alongside Latina/o community members, policy makers and researchers to apply the community capacity framework in a way that transforms community without recreating oppressive systems. This article provides the conceptual framework as well as tangible examples for how one might engage in this approach at each ecological level. We must not forget that there is a strong willingness among Latina/o community members to create change using viable strategies to engage community members. If researchers, practitioners, policy makers, and the Latina/o community can work to bring the voice and participation of the community into the center of the work in meaningful ways, together we can all shift the attitudes, beliefs and behaviors that perpetuate violence and other forms of oppression more effectively, quickly and completely.

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EXPERIENCES OF PHYSICAL AND SEXUAL VIOLENCE AMONG LATINA SEXUAL MINORITIES: A BRIEF REPORT

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Over 53 million (44.6%) of all women in the United States (U.S.) have experienced interpersonal violence (physical and/or sexual) in their lifetime, with over a third (37.1%) identifying as Latinas (Centers for Disease Control and Prevention [CDC], 2011). Sexual orientation has been identified as an important but under-researched risk factor for victimization among women. Compared to heterosexual women, sexual minority women (SMW: women who identify as lesbian, bisexual, or non-heterosexual) generally report elevated rates of trauma, including stressful childhood experiences such as physical, sexual, and emotional abuse and neglect and differential rates of physical and sexual assault in adulthood (Austin et al., 2008; Balsam, Rothblum, & Beauchaine, 2005; Friedman et al., 2011; Lehavot, Molina, & Simoni, 2012; Moracco, Runyan, Bowling, & Earp, 2007; Saewyc et al., 2006; Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014; Stoddard, Dibble, & Fineman, 2009).

Experiences of victimization and violence have been linked to poor mental and physical health outcomes in both heterosexual and sexual minority populations (Balsam, Lehavot, Beadnell, & Circo, 2010). Among SMW specifically, experiences of victimization have been linked to higher rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicide ideation (Austin, Roberts,

Corliss, & Molnar, 2008), obesity (Smith et al., 2010), and hazardous levels of alcohol and other substance use (Drabble, Trocki, Hughes, Korcha, & Lown, 2013; Hughes, Johnson, & Wilsnack, 2001; Hughes, Johnson, Wilsnack, & Szalacha, 2007; Hughes, McCabe, Wilsnack, West, & Boyd, 2009; Matthews, Cho, Hughes, Johnson, & Alvy, 2013). Among women in general, reporting experiences of victimization to law enforcement and/or seeking medical or mental health services following a victimization experience are generally low (National Coalition of Anti-Violence Programs [NCAVP], 2014; Tjaden & Thoennes, 2000). To date, only a single study has examined reporting and help-seeking behaviors among SMW after experiences of violence. Similar to the extant literature, Bernhard (2000) found that reporting and help-seeking rates were low among non-Latina White SMW compared to White heterosexual women; the most frequent responses to violence were to tell someone they trust, to take no action, and avoid the perpetrator. Latina SMW may be even less likely to engage in reporting and help-seeking behaviors due to a range of cultural, access, and language barriers, thus representing a population at elevated risk for poor mental and physical health outcomes following victimization experiences.

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Table 1. Characteristics for Total Sample

Demographic Variables ^a	Total Sample N = 280	
	M	SD
Age (range 18-60)	33.43	10.44
	n	%
Education		
High school or less	41	14.6
Some college/technical/vocation	96	34.3
College degree	80	28.6
Graduate/professional degree	63	22.5
Ethnic identity		
Mexican	125	45.1
Puerto Rican	63	22.7
Other	89	32.1
Citizenship		
No	36	40.0
Yes	54	60.0
Sexual identity		
Lesbian	148	62.2
Bisexual	27	11.3
Other	63	26.5
Gender identity		
Butch	25	10.3
Femme	71	29.3
No label	82	33.9
Other	64	26.4
Relationship status		
Not in committed relationship	127	45.7
In committed relationship	151	54.3
Relationship length		
Less than 1 year	45	24.5
1-5 years	89	48.4
6-10 years	24	13.0
11-20 years	20	10.9
More than 20 years	6	3.3
Experiences of Violence	n ^a	%
No violence	51	23.1
Sexual violence only	23	10.4
Physical violence only	44	19.9
Both types of violence	103	46.6
No Violence versus Any Violence	n ^a	%
No violence	51	23.1
Any violence	170	76.9
Age of Occurrence	n ^a	%
Did not experience violence	51	23.5
Before the age of 18	35	16.1
After the age of 18	30	13.8
Before and after the age of 18	101	46.5
Actions in Response to Violence	n ^a	%
Took no action	86	51.5
Reported it to police only	26	15.6
Received treatment only	30	18.0
Reported and received treatment	25	15.0
No Action versus Action Taken	n ^a	%
Took no action	86	51.5
Took action	81	48.5

^aNumbers and percentages differ due to missing data.

The overall purpose of this cross-sectional descriptive study is to report rates of physical and sexual violence experienced by a diverse sample of Latina SMW and to examine reporting and help-seeking behavior in response to these events. The specific aims of our study are to 1) examine rates of childhood, adult, and re-victimization experiences, 2) describe the type of violence experienced by age, and 3) determine if actions taken in response to violence differ by type of violence (physical, sexual, or poly-victimization) and age of occurrence (before age 18, after age 18, or re-victimization). In this study, poly-victimization is defined as experiencing more than one type of violence, and re-victimization is defined as experiencing the same type of victimization prior to and after age 18.

METHODS

Study Design

The study is a descriptive cross-sectional study design. Data were collected in 2007-08 as part of a larger *Proyecto Latina: Discovering All of Us* study of Latina SMW.

Participants

Participants were self-identified Latina SMW living in a large Midwestern metropolitan city (N=280). Eligibility criteria included: age 18 and older, identified as non-heterosexual, ability to read and write in either English or Spanish, and ability to provide informed consent.

Study Instruments

A 299-item survey, offered in both English and Spanish, was used to collect information regarding demographics, health history, physical and sexual health behaviors, mental health, discrimination experiences, violence, parenting, and use of health and community services. For the purposes of this study, only questions focusing on demographic characteristics and physical and sexual violence were analyzed.

Sample characteristics. Demographic variables included: age, education, citizenship, relationship status, and relationship length.

Sexual identity. This was assessed by asking, "Recognizing that sexuality is only one part of your identity, how do you define your sexual identity?" Multiple-choice options included "lesbian, bisexual, queer, uncertain/questioning, and I do not use labels to identify myself." Due to small sample sizes, those

who chose the last three responses were combined and included in the analyses as “other.”

Physical and sexual violence. Physical violence was measured with the following questions: 1) Have you ever been physically attacked without a weapon; 2) Have you ever been physically attacked with a weapon; 3) Have you ever been physically attacked by a partner; and 4) Have you ever been physically abused by a parent or guardian? Sexual violence was measured with the following questions: 1) Has a stranger ever forced you into sexual activity; 2) Have you ever been forced into sexual activity by someone you know (not a partner or relative); 3) Has a partner ever forced you into sexual activity; and 4) Have you ever been sexually abused by a parent, guardian, or relative? If participant reported a history of physical or sexual violence, they were then asked the following four follow-up questions: Did the violence occur before age 18; Did the violence occur after age 18; Was it reported to the police; and Did you get medical or psychological treatment?

Data Analysis

Statistical analyses were conducted using SPSS (v. 21). An alpha level of .05 was used for all statistical tests. Descriptive statistics were used to summarize demographic characteristics. Chi-square analyses were conducted to examine differences by age at which the violence occurred and whether actions taken in response to violence varied by age and/or violence type.

RESULTS

Demographics

As shown in Table 1, participants’ ages ranged from 18 to 60. The mean age was 33.43 years (*SD*=10.44). The participants were highly educated; 85.4% had

more than a high school education. Study participants identified as lesbian (62.2%), bisexual (11.3%), and other non-heterosexual identities (e.g., queer; 26.5%).

Experiences of Violence

More than two-thirds (77.5%) of the sample (n=217) reported at least one lifetime experience of victimization. Forty-seven percent of the sample reported experiencing both physical and sexual victimization, 19.9% only physical, and 10.4% sexual violence only. Types of victimization experienced differed significantly by age [$\chi^2(9)=301.84, p=.001$]. As shown in Table 2, a higher proportion of sexual violence experiences occurred prior to age 18 compared to after age 18 (37.1% vs. 13.3%, respectively). Conversely, a lower proportion of physical violence experiences occurred prior to age 18 compared to after age 18 (37.1% vs. 56.7%, respectively). Poly-victimization (experiencing both types of victimization experiences, regardless of age) was equally likely to occur before and after age 18 (25.7% vs. 30.0%, respectively). Re-victimization experiences were common for physical, sexual and both types of violence (12.9%, 9.2%, and 84.2%, respectively).

Actions Taken in Response to Victimization

Fifty-two percent of our participants reported not taking any type of action in response to their victimization experience; 15.6% reported the victimization to the police only; 18.0% reported seeking medical or psychological treatment only; and 15.0% reported they reported the victimization to the police and sought medical or psychological treatment. In these analyses, reporting and help-seeking behaviors were combined into a single variable of “Took action”. As shown in Table 3, the age that the victimization occurred and the type of

Table 2. Types of violent experiences and the age at which the violence occurred, N=217

	Types of Violent Experiences									
	No violence (n=51, 23.5%)		Only sexual violence (n=20, 9.2%)		Only physical violence (n=43, 19.8%)		Both types of violence (n=103, 47.5%)		Total (N=217)	
Age at which violence occurred	n ^a	%	n ^a	%	n ^a	%	n ^a	%	n ^a	%
No violence	51	100.0	0	0.0	0	0.0	0	0.0	51	100.0
Before 18 only	0	0.0	13	37.1	13	37.1	9	25.7	35	100.0
After 18 only	0	0.0	4	13.3	17	56.7	9	30.0	30	100.0
Before and after 18	0	0.0	3	9.2	13	12.9	85	84.2	101	100.0

^aNumber of valid responses for variables; $\chi^2(9)=301.84, p=.001$

Table 3. Cross-tabulations of actions in response to violence by age and type of violent experience

	Actions in Response to Violence						X^2	<i>p</i> -value
	No action		Took action		Total			
Age at which violence occurred	<i>n</i> ^a	%	<i>n</i> ^a	%	<i>n</i> ^a	%	17.47	.001
Before 18 only	26	76.5	8	23.5	34	100		
After 18 only	19	65.5	10	34.5	29	100		
Before and after 18	39	38.6	62	61.5	101	100		
Total	84	51.2	80	48.8	164			
Type of violence experienced	<i>n</i> ^a	%	<i>n</i> ^a	%	<i>n</i> ^a		12.37	.002
Sexual violence only	15	68.2	7	31.8	22	100		
Physical violence only	29	69.0	13	31.0	42	100		
Both types of violence	42	40.8	61	59.2	103	100		
Total	86	51.5	81	48.5	167			

^aNumber of valid responses for variables

violence experienced were both significantly associated with whether women took any action in response to violence, $X^2(2)=17.47, p=.001$ and $X^2(2)=12.37, p=.002$, respectively. The women in our sample were more likely to report the violence to the police and/or get medical or psychological treatment if they experienced re-victimization (61.5%) or poly-victimization (59.2%).

DISCUSSION

The results of this study make an important contribution to the literature on violence and victimization among women and to the emerging literature on the role of sexual orientation in the occurrence of violence. For the first time, we are reporting on violent experiences among Latina SMW across the lifespan and the actions they took in response to these experiences. Consistent with the extant literature, rates of physical and sexual violence experiences were common in this sample of Latina SMW. Two-thirds of our study participants reported at least one victimization experience. This level is higher than in previous studies reporting that approximately half of all Latinas (Cuevas, Sabina, & Milloshi, 2012; Tjaden & Thoennes, 2000) and SMW (Koeppl & Bouffard, 2014) in the US have experienced at least one type of violence in their lifetime. Most alarming were the rates of re-victimization and poly-victimization. Research suggests that women who experienced violence in childhood tended to report experiencing the same type of violence in adulthood (Morris & Balsam, 2003; Tjaden & Thoennes, 2000) and our findings are consistent with prior studies in this area.

In this study, age played a mixed role in the likelihood of experiencing violence. Sexual violence

was more common prior to the age of 18 than in adulthood with rates of physical and combined types equally likely to occur in adolescence and adulthood. The elevated risk for sexual violence among younger individuals has been reported in both the general Latina population (Tjaden & Thoennes, 2000) and among SMW (Campbell, Greeson, Bybee, & Raja, 2008; Cuevas, Sabina, & Milloshi, 2010; Friedman et al., 2011; Morris & Balsam, 2003). Findings suggest the need for additional research to identify risk factors associated with sexual victimization at a young age and the development interventions aimed at both reducing the likelihood of sexual victimization and treating SMW who are survivors of sexual victimization.

A unique contribution of our study was the measurement of reporting and help-seeking behaviors. Among participants who reported a history of violence, reporting to the police (15.6%) and receiving medical or psychological help (18.0%) was alarmingly low. Based on the extant literature on reporting among women in general, reasons for low reporting rates among SMW may include fear of retaliation from their abusers, fear of police response, and lack of trust due to historic negative police experiences (NCAVP, 2014). Additionally, reporting practices and receiving treatment varied based on age and type of violence experienced. Participants who reported childhood victimization experiences were the least likely to engage in help-seeking. This finding is not surprising considering that people who experienced violence before the age of 18 are unlikely to have direct access to help-seeking opportunities (e.g., police and medical or mental health services). Based on national data, over half (61.6%) of the reports on child maltreatment were reported by professionals in law enforcement,

education, and social services; less than a fifth (18.6%) were reported by friends, neighbors, and relatives (U.S. Department of Health and Human Services, 2015). Although, consistent with prior research findings that Latinas are less commonly to formally report their violence experiences, factors associated with the lack of reporting among Latina adults are less clear (Sabina, Cuevas, & Schally, 2012). Ahrens and colleagues (2010) reported on barriers to reporting of violence experiences among Latinas. Identified barriers included a lack of community resources, the tendency to trust and prioritize the family's well-being above the individual, fear of violence, and taboos against talking about sex and abuse. Given the strong association between help-seeking and mental health outcomes, further research is needed to explore the general and unique barriers to help-seeking among Latina SMW. These barriers may include legal status, proficiency in the English language, acculturation level, and gender identity.

Limitations

Limitations to our study should be noted. First, the sample may not accurately represent the Latina SMW population because it was fairly homogenous in regards to education. Second, the data was gathered from a cross-sectional designed survey, so causation cannot be inferred from our findings. Victimization and reporting behaviors were based on self-report and may over or under-estimate actual rates of victimization in our sample. However, this potential reporting bias is similar to the majority of behavioral research on victimization among women. Additionally, the use of the term "forced" in the questionnaire assessing sexual violence may have potentially biased responses. Participants may have had experiences in which they felt they were sexually assaulted but not forced into any activity (e.g., she may feel tricked or that a consensual activity took a turn for the worse, but not that she was "forced"). Due to the way the help-seeking questions were phrased, we were unable to determine from the participants who experienced poly-victimization which of the two or more violent experiences were reported or received treatment for. Nor were we able to determine whether participants received medical or psychological treatments or both, and if they had encountered barriers to seeking and/or receiving services. The questionnaire also did not consider informal ways of taking actions in response to violence (i.e., seeking help from family,

friends, church, community). Lastly, our Latina sample size was too small to conduct within group analyses based on sexual orientation or country of origin. Additional research is needed to replicate the results reported here and to address acknowledged limitations.

Implications and Conclusions

Our findings have several implications. First, the current study suggests that outreach efforts are needed to raise awareness about the prevalence of violence within the Latina SMW population. More information and resources are needed for this population to overcome any potential shame or stigma that may result from having experienced violence. Clinical providers working with adolescent and adult SMW should, in a culturally competent manner, assess for and address histories of victimization in this population. Education and awareness programs are needed to inform child and adolescents about the importance of reporting experiences of violence and making children and parents aware of available resources. Additionally, efforts to create and make available culturally competent outreach and victim advocacy services are needed to address the lack of actions taken by Latina SMW who have experienced physical and/or sexual violence. Finally, research is warranted to obtain a better understanding of risk and protective factors for various types of victimization experiences among SMW, especially among Latinas and other women of color. In summary, the current study findings should serve as a clear "call for action" for educators, clinicians, and researchers in the field of violence and victimization to address the needs of a highly vulnerable and under-served population of Latina women.

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BASTA YA CON LAS MICROAGRESIONES: EXPANDING NOTIONS OF VIOLENCE FOR LATINAS

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Violence against women is a worldwide public health concern of endemic proportions (World Health Organization [WHO], 2013), defined as “the intentional use of physical force or power, threatened or actual, against another person, group, or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Dahlberg & Krug, 2002, p. 5). In the United States (U.S.) alone, more than half (53.6%) of *mujeres* Latinas have experienced at least one type of violence (i.e., physical, sexual assault, threat of violence, stalking, witnessing violence) in their lifetime with 66% of those victimized experiencing multiple types of victimization (Cuevas, Sabina, & Milloshi, 2012).

Scholars call for comprehensive conceptualizations of violence (Cuevas, Sabina, & Milloshi, 2012; Grych & Swan, 2012), impacting marginalized groups that are inclusive of various physical, psychological, and verbal manifestations (Helms, Nicolas, & Green, 2012). In fact, Helms et al. (2012) posits that ethnviolence, defined as “violence and intimidation directed at members of ethnic groups that have been marginalized and stigmatized by the dominant or host culture because their inability or unwillingness to assimilate threatens the dominant group’s entitlement to society or community resources” (Brubaker & Laitin, 1998 as cited in Helms, Nicolas & Green, 2012, p. 67)

conceptualizations facilitate culturally-responsive research and clinical care. For instance, an ethnviolence lens does not limit activation of trauma to direct (e.g., disastrous events exacerbated by threats of and/or actual assaults, hate crimes) or vicarious witnessing of catastrophic events (e.g., observing group member victimization in the media), or racial/cultural microaggressions. Instead, any and all forms of ethnviolence may distinctly or cumulatively activate historical recollections of trauma (Helms et al., 2012). Consistent with violence defined by WHO, the continuum of expressed ethnviolence may vary. From policies of cultural/racial genocide to individual experiences of microaggressions, the consistent message of ethnviolence cultivates the subordinate status of people of color, including Latinas as women of color. (hooks, 2000; Perry, 2002).

MICROAGGRESSIONS AS ETHNOVIOLENCE

Microaggressions represent a facet of the ethnviolence continuum as they are “brief and commonplace daily verbal, behavioral, and environmental indignities whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to a target population or group” (Sue et al., 2007, p. 72). Ranging from blatant direct, verbal or physical acts of ethnviolence including racism, sexism, and/or heterosexism to nebulous, implicit, (non)verbal, and environmental messages, the potency of microaggressions lies in their lasting impact on the physical and emotional well-being of recipients (Sue, 2010). Readers are referred to the thriving microaggressions research literature for definitional

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and thematic information (see Nadal, 2011; Sue et al., 2007; Sue, 2010; Sue & Sue, 2013).

Our intention in this article is not to minimize, nor to remove deserved attention from more prevalent, egregious forms of violence faced by Latinas and other women. Instead, we propose that it is incumbent for mental health professionals, researchers, clinical supervisors, and social justice advocates to hold expansive conceptualizations of violence, its many forms, and the impact on marginalized individuals including Latinas. With extensive delineations and awareness of our own susceptibility to microaggress, we strive to enhance our attunement to ethnoviolence and therefore responsiveness within and outside of counseling/therapy.

Microaggressions Happen Everywhere

From mass media to interactions with strangers, co-workers, employers, friends, and family, microaggressions are ubiquitous. Although comforting to believe that mental health professionals are immune, microaggressions emerge in most human interactions, including clinical encounters (Sue, 2010). As microcosms of societal climates, including racial and cultural tensions, psychotherapeutic relationships are fertile grounds for recapitulating microaggressions onto marginalized clients (Comas-Diaz, 2012; Constantine, 2007; Owen, Tao, & Rodolfa, 2010; Owen, Imel, Tao, Wampold, Smith, & Rodolfa, 2011; Sue, 2010). In fact, female and minority psychotherapy clients who perceived microaggressions from their therapists (regardless of therapists' race, gender, sociodemographics) also reported ruptured working alliances, impaired psychological well-being, and decreased satisfaction with psychotherapy outcomes (Owen et al., 2010; Owen et al., 2011). As products of their socialization experiences, mental health professionals and social justice advocates may also manifest ethnoviolence by microaggressing, even when clients are matched with therapists based on demographic variables such as race and/or gender. Denying the prevalence of microaggressions within our professional activities fosters nuanced messages that maintain the subordinate status of people of color, particularly women of color. Acknowledging that unique socialization experiences place everyone at risk to microaggress can open opportunities for contextualized, empathic understanding, and "real"

dialogue about microaggressions including their pervasiveness and impact on marginalized clients.

CONTEXTUALIZING MICROAGGRESSIONS FOR MUJERES LATINAS

Although Latina/o-specific research findings are up-and-coming, literature pertaining to women of color sheds light upon microaggressions experienced by Latinas. Regardless of endeavors to create more equitable conditions, many women carry the larger burden of domestic duties and parental responsibilities; experience more poverty and lower wages; and encounter greater barriers to their career advancement (Sue, 2010). Within one interpersonal interaction alone, Latinas and other women of color may be called racial or sexual epithets, treated as perpetual foreigners, and advised that their intellect or work ethic is inferior (hence justifying their lower pay scales). At home they may be told that domestic chores are "a woman's duty," and that women are objects for male sexual gratification (Sue, 2010). The impact of a single, multiple, or cumulative series of ethnoviolence may vary; however, targets of microaggressions often experience mistrust of self, others, as well as having a sense of inferiority and/or the triggering of the (re)traumatization of soul wounds (Comas-Diaz, 2012; Helms et al., 2012; Sue et al., 2007). Consequently, cumulative forms of sustained, daily hassles, and traumatic stressors such as microaggressions often manifest as higher risk factors for depression, anxiety, poor body image, and eating disorders for women (Sue, 2010).

Although higher educational attainment may buffer the effects, Latinas generally experience microaggressions more frequently than their male counterparts, particularly within work and school settings (Nadal, Mazzula, Rivera, & Fuji-Doe, 2014b). Investigators conjecture that Latina intersectional identities may intensify microaggressions due to the multiple and simultaneous forms of discrimination, particularly racism, sexism, exoticization, the perpetual foreigner, and being viewed and treated as intellectually inferior (Nadal et al., 2014b; Rivera, Forquer, & Rangel, 2010).

The inherent cultural diversity of Latinas may range widely from their ancestral roots, racial phenotypes, nationalities, migration histories/statuses, language preferences, and socioeconomic statuses to their gender expression and sexual orientation (Chavez-Dueñas, Adames, &

Organista, 2014). Coined by Black feminists to highlight the racial and socioeconomic segregation from white feminists, intersectionality captures the confluence of multiple, simultaneous marginalized self-identities faced by women of color (hooks, 2000; Cole, 2009). The inseparable intersections of various marginalizations place women of color at risk for manifestations of ethnoviolence and discrimination (e.g., sexual, racial, heterosexist, sexist, socio-economic) and ultimately subordinate positions of power (hooks, 2000; Cole, 2009). Correspondingly, Chicana/Latina feminists extended the intersectionality literature with the concurrent tensions and strengths formed from traversing disparate cultural collisions or borderlands of marginality “cradled in one culture, sandwiched between two cultures, straddling all three cultures and their value systems” (Anzaldúa, 1987, p. 78). Approaches that honor the struggle, yet (re)activate strengths are promising to facilitate Latina empowerment to navigate microaggressions and their risks.

CLINICAL IMPLICATIONS

The actual definition and impact of microaggressive stressors rests on the client’s subjective interpretation of single, multiple, or cumulative episodes of ethnoviolence (e.g., number, threat level, exposure length) (Helms et al., 2012). Broader conceptualizations of violence and their consequences align mental health professionals for attunement with and ultimately validation of their clients’ experiences. More attunement and awareness of the ways in which we all microaggress, even as mental health professionals, may facilitate the intentional choice to break patterns that perpetuate ethnoviolence so as to become channels of empowerment for the Latinas we serve.

A contextualized, strengths-based understanding of clients facilitates provision of culturally competent care via empathy and emotional validation as Latina clients disclose their microaggressive experiences. Although deceptively simple, it requires various complex processes for clinicians including introspection and awareness of self, others, and self-in-relation to others to apply culturally-responsive interventions with Latinas (Comas-Diaz, 2012).

Culturally competent care includes acknowledgment that counseling relationships are formed by cultural and racial beings with inherent

power differentials that impact clinical interactions (Cook & Helms, 1999). In working with Latinas facing ethnoviolence via microaggressions, competent mental health professionals use countertransference reactions (e.g., self-protection from unresolved guilt and shame for microaggressing, feelings of defensiveness and inadequacy from their own stunted racial/cultural identity development, ignorance of their own and other cultural-socio-historical contexts) to propel advancement in their growth and self-exploration (e.g., research, read, consult, immersion, power analyses; Comas-Diaz, 2012). For instance, a culturally-responsive clinician working with a Latina client who is microaggressed by her co-workers and boss would explore the salience and levels of acculturation (e.g., acceptance, rejection, change, and overall preference for her native versus dominant U.S. values, customs, language(s), migration history experiences) and ethnic identity development (e.g., attitudes, feelings, beliefs about her own racial and ethnic group memberships relative to dominant group members culture; Arredondo, Gallardo-Cooper, Delgado-Romero, & Zapata, 2014). The dire need of culturally competent care rests on findings that conditions for optimal healing potential in diverse counseling dyads rests on whether clinicians hold advanced levels of consciousness (i.e., progressive) versus underdeveloped racial/cultural awareness. Helms & Cook (1999) suggest that therapists with underdeveloped racial/cultural awareness potentially can be harmful in the therapeutic context. Negligence of these factors impedes health-giving potentials from clinical work and dampen demonstrations of genuine empathy (Comas-Diaz, 2012; Sue, 2010). Clinicians are reminded that cultural competence is a lifelong, (re)cyclical endeavor that includes taking ownership of their contribution to microaggressive violence toward women, regardless of their racial/cultural group memberships.

Within the therapeutic relationship, demonstrating cultural competence includes knowing and acknowledging when Latina and other minority psychotherapy clients are microaggressed by their therapists. Although the client may note damage to the relationship, a robust working alliance may aid in weathering and exploring the therapeutic rupture (Owen et al., 2010; Owen et al., 2011). Therapists’ attunement and responsiveness to clients’ perceptions of microaggressions are most crucial to

the therapeutic process of providing culturally competent care (Comas-Diaz, 2012; Owen et al., 2010; Owen et al., 2011). For instance, addressing the cultural ruptures due to ethnoviolence in session requires the therapist to constructively process the experience, take a non-defensive stance, acknowledge that a microaggression was committed, and emotionally validate the client (Comas-Diaz, 2012; Owen et al., 2011). Such an approach may expedite “real” dialogues of Latina/marginalized clients’ past and present experiences of microaggressions and generate accurate assessment of culturally-based differences in reporting symptomatology and help-seeking (Helms et al., 2012). As noted above, examining power differentials in the therapeutic dyad may foster consciousness of how clinical settings recapitulate societal structures to sustain marginalization so as to further repair the therapeutic working alliance and “bounce back” when therapists microaggress their marginalized clients (Comas-Diaz, 2012; Owen et al., 2011).

COPING WITH MICROAGGRESSIONS A LA POSTMODERNISM

Coupled with expansive notions of (ethno)violence, contextualized cultural and racial self-other empathic understanding, postmodern-informed approaches may further mobilize Latina empowerment. Postmodern therapeutic approaches require clinicians to imbue attitudes of “clients as experts on their own lives” to inform culturally-responsive interventions. These (re)activate clients’ strengths (e.g., resiliency resulting from the multiple challenges of navigating their unique intersectionality) so that ultimately microaggressed Latinas can choose if, when, and how they will address microaggressions (Oliver, Flamez, & McNichols, 2011; Zamarripa, 2009). Helping Latina clients gain the capabilities, consciousness, and skills to cope with microaggressions fosters a sense of liberation for determining how and when *basta ya con las microagresiones* [enough is enough with the microaggressions] comes into play. Marginalized individuals, such as Latinas, can then make culturally congruent decisions of how, when, and with whom to use their voices (Oliver et al., 2011). Additionally, the respect and empathy intrinsic within postmodern approaches of narrative and solution-focused psychotherapy align with Latino

cultural values of *respeto* and *personalismo* (Sabol, 2006 as cited in Oliver et al., 2011).

Postmodernism may inform culturally-responsive interventions with narrative and solution-focused techniques. From the narrative approach, counseling clients may benefit from retelling the *cuentos* [stories] of their unique experiences as accurate and valid illustrations (Oliver et al., 2011). Acknowledgment of the skills and competencies used to navigate these narratives may uplift and encourage Latinas with knowledge. Also, solution-focused approaches may include asking a Latina client to “suppose that one night while you were asleep, there was a *milagro* [miracle] and this problem was solved.” For instance, after validating Latinas’ subjective experience of microaggressive interactions (e.g., being racially profiled for seeming suspicious, told she is intellectually inferior due to her accent, deserving of substandard pay), therapists may then process by using the miracle question to externalize the abuse from oppressive social structures that maintain the status quo. By posing questions such as, “When the *milagro* [miracle] solved this problem, how would you know? What would you do differently?” the therapist facilitates efforts to decrease the risk of (re)blaming and (re)marginalizing the internalized oppression these women experience. Similarly, the therapist instills hope in the client for change and opportunities to focus on her solution-saturated ideas (Oliver et al., 2011; Zamarripa, 2009). Lastly, consciousness-raising through psychoeducation about the pervasiveness of microaggressions and their toxic impact may allow Latinas to “name” and know that they are “not alone,” so as to externalize the structures that exacerbate their distress (Nadal et al., 2014a). Clinicians may provide clients with an interpersonally safe place of “sanity checks” that the microaggressions are “real” so as to (re)stimulate abilities to cope with microaggressions on cognitive, behavioral, and emotional levels (Nadal et al., 2014a).

Ultimately, when mental health professionals and social justice advocates conceptualize (ethno)violence and its impact on Latinas as expansive and ubiquitous, they broaden their attunement to and responsiveness within and outside of their mental health practice. As professionals and individuals who walk on this earth, we may opt to own our vulnerability to microaggress in our everyday lives so as to foster empowerment.

The choice is ours to say *Basta ya con las microagresiones!*

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EN NUESTRAS VOCES HAY FUERZA, ADELANTE QUE TU PUEDES: COMMUNITY, STRENGTH, AND RESILIENCE

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VOCES DEL PUEBLO ARTICLE

Voces Del Pueblo is a new & ongoing section of LPT, which provides a space for individuals from the community to become active participants in the construction and dissemination of knowledge regarding Latina/os.

“...Sometimes people try to destroy you, precisely because they recognize your power — not because they don't see it, but because they see it and they don't want it to exist” (bell hooks, 1996, p. 149).

Although much of the literature on violence against women describes them as survivors, there is a lack of research focusing on their resiliency and strengths. This article seeks to fill this gap in the literature by telling the stories of Latinas whom have experienced violence as a way to highlight their strengths, as well as the strengths of service providers who work with them. Through the narratives of Latina women, this article also underscores the resiliency and strength factors that facilitate the healing process for women whom have survived intimate partner violence. The names of those quoted in this article have been changed to protect the women's identity.

WHAT IS VIOLENCE AGAINST WOMEN?

It was not until 1993 that a formal definition for violence against women was published. The definition was presented in what is known as the

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Note: Various aspects of the individuals interviewed in this article, including the specific cultural background and history, have been altered in order to protect the anonymity of the interviewee.

Declaration on the Elimination of Violence Against Women, a United Nations (U.N.) document that addresses violence against women. The U.N. defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993, para. 14). This definition is often used to define violence against women because it is able to encompass many forms of violence. In the following section, narratives from women who work with survivors of violence, as well as those who have endured the pain of violence, are used to underscore their *fuerza y sabiduria* [strength and wisdom].

VOCES DE DOLOR, SABIDURIA, Y FUERZA: VOICES OF PAIN, WISDOM, & STRENGTH

On the Southside of Chicago, Linda, an advocate for women who experience intimate partner violence, says that her definition of violence has expanded over time. Her agency provides counseling, case management, and legal services to women. According to Linda, she was aware of the physical violence her clients were experiencing, but stated that other types of abuse against women were not as apparent. "I later learned about psychological, religious, sexual, and financial abuse." Linda described working with women who, like her, had a very narrow view on what violence against women looked like. Linda believes that physical violence is the most recognizable form of violence against

women because it is the most visible. She adds, that violence can also come from the legal system that often fails to protect women. She talks about the courthouse that issues orders of protections as an example:

Unless they [survivors] have a lot of history or a log of text messages, the court won't give them orders of protection if they were not physically abused.

Another form of abuse that Linda has witnessed in the Latino community is financial abuse against women. According to Linda, a lot of the women she works with have no control over the finances of the family, leading them to be completely dependent on their partners for any necessary spending. Not having an active role on the family's spending is yet another way of exerted control over women.

Women are not in any of the [bank] accounts, they do not know where the money goes, what bank the money is at, or how much money the other person makes. Some will get an allowance. Bottom line is that is how they take control.

Though not often discussed or recognized as a form of abuse, financial control is a way for men to establish and enforce dominance over their spouse in a relationship. Financial abuse can also include the willful deprivation of economic resources needed for basic physical and psychological well-being, such as food and health care.

Individual & Community Strengths

Despite the abuse and violence Latinas face, many do share their stories to help others a *salir adelante* [to survive]. Latinas explained that they *salieron adelante* [survived] despite the violence by learning how to utilize the social support available through the community and gathering the necessary resources to leave the abusive relationship. Their narratives highlight how part of the healing process includes sharing their stories with others, forgiving, and seeking services and professional counseling.

Keeping Hope Alive: Lo Unico Que Pensaba es Que Iba a Ver un Dia Cuando Todo Se Iba Acabar

Eliza, a survivor who experienced physical, psychological and verbal abuse from her husband, described how she would write letters about the abuse and send them to her sister. These letters were the only way she was able to stay connected to someone, since her husband prevented her from seeing her family. Additionally, she reported that the letters she would receive from her sister, whom had also experienced violence, gave her a lot of strength. She explained that the letters would console her and often included *oraciones* [prayers], that she could use when in need of hope. Although the pain she was experiencing, due to the abuse, was constant, she had faith that one day her sister and her would be able to live a life free of violence and *dolor* [pain]. They would continue to support one another through the darkest moments by writing until a brighter day came.

Adelante Que Tu Puedes: Finding Meaning and Courage to Support Other Survivors

Eliza is now passing on the hope to other women who experience violence. As members of the Latino community seek ways to support each other, one of Eliza's friends connected her with a woman whom was experiencing physical violence. Eliza shared her story with the young woman, who she said is a mother to four children, and advised her, *adelante, que tu puedes* [keep strong, because you can do this]. The survivor hopes that her experience and guidance will aide the woman in overcoming the obstacles she is currently facing.

Remembering the strength she gathered from the letter exchange with her sister, Eliza learned the importance of moral support and empathy. She also learned the importance of *su voz y su historia* [her voice and her story]. She now uses this to support other women.

She admitted that, at times it is painful to share her story, but said that if her story can bring strength to other women, then it is worth the pain. As she wiped her tears with her hand, she stated that she has found a sense of purpose by sharing her story with other women who experience violence. In addition, Eliza said that even the counselors who have worked with her have learned from the stories and as a result they may be better equipped at providing services to other Latina survivors. Eliza's

narrative demonstrates that when women are strong enough to share their stories with others, they are able to heal themselves. Her story also shows that Latinas may also use *sus voces y su historia* [their voices and their story] as a tool to help other women heal and help providers learn how to offer better services to Latina survivors.

Linda, the advocate for women, also believes that the women she works with show and gain strength from sharing their stories with her. "Once I get their trust, and trust is built, communication becomes one of their biggest strengths. They can identify what they want to do and how to fight for it." Thus, women are able to regain control of their own lives by speaking for themselves and making their own decisions.

Finding Ways to Heal: Uno Supera, y Saca lo Que le Hace Daño Adentro

All of the women survivors that were interviewed reported that they are currently speaking to a professional about the trauma resulting from violence and abuse. They talked about therapy as a necessary step they made in order to continue healing.

One woman said that seeking professional counseling has helped her forgive the perpetrator and has brought her inner peace. She emphasized that forgiving was not meant to benefit the perpetrator in any way; instead, it was a part of her own healing process. If she had not forgiven the perpetrator, she would have held onto the resentment and hatred for many years, which she believed, would have had a negative impact on her life.

Lo Hice Por Ellos: Strength From Our Children

Another service provider, Emilia, gives her opinion on a vital strength she has witnessed while working for a child welfare agency. The women she works with draw their strength from the "need to care and protect their children, as well as the women in their lives who they look up to or admire." Several providers agreed that many women seek help in order to keep the children safe and away from the abuse. Emilia remembers working with a mother who permanently moved in with a relative when the violence had escalated to a point at which she feared for the lives of her children. "A lot of the women who face violence are also mothers and so their inner strength is centered around their children."

COMMUNITY

Linda and Emilia are part of a larger community of service providers who dedicate their time to women who experience intimate partner violence. Thanks to this community of service providers, many women are able to find support. Results from the 2010 National Census of Domestic Violence Services showed that 70,648 survivors were able to receive in-person assistance from domestic violence programs across the U.S. In addition, local and state providers answered 22,292 hotline calls made by survivors (National Network to End Domestic Violence, 2011).

Unfortunately, domestic violence programs were unable to meet everyone's needs and requests due to the lack of resources. Linda talked about the limitations of her own agency and the waiting list that exists for women and families. She spoke about one of her clients who is a Creole speaker and how even though she had a translator, the translator did not have any training in domestic violence issues. "A lot gets lost in translation, her services are even more limited." According to Linda, the Latino community also faces similar language barriers. "In our agency, we only have two counselors that are bilingual," she reported. The 2010 National Census of Domestic Violence also hinted at this challenge in services since only 33% of programs provided bilingual advocacy for survivors.

Despite the funding cuts that programs reported and the reduction in staff, community organizations continue to support and work with survivors of violence. Many service providers work on the weekends and after hours to meet with survivors and help them find stability. The survey reported that 6,092 people volunteered at domestic violence programs (National Network to End Domestic Violence, 2011). Linda confessed that her job has become a big part of her life and that she often volunteers her time after hours. Linda volunteers her time to the women and children from her community because she feels that it is a way she can continue to show her love and support.

Emilia also works past her 8-hour shift, and talks about why she invests a lot of her time in bringing awareness to not just the women, but also to the men who are often not held accountable.

[We] need to engage and enlighten both men and women about the issues of domestic violence...getting aggressors...to understand

the cycle of violence and take responsibility for their actions.

One of Emilia's strengths is her ability to direct women and their children to organizations and service providers that are competent and credible.

Credibility of programs is important because if a client is extending themselves and taking a leap of faith to get community assistance then the program should be encompassing all aspects of life, additional resources, shelters, therapy, legal counsel, and possibly transitional housing. Our clients cannot be convinced to seek out violence prevention services, it is something they unfortunately have to do on their own accord and our job as advocates is to support them through the process.

Moreover, service providers understand that women will seek services when they are ready and when it is safe. This is something that Linda does not think society fully understands and needs to become more educated about. According to Linda, when women make a change in their lives and relationships (i.e., leaving the relationship), they are at most risk of their aggressors retaliating. Linda reported that the first six months of the change are the most dangerous because there is no way of knowing how the aggressor will react in order to regain control. Research shows that when survivors of intimate partner violence try to leave the relationship, the violence can escalate (American Psychological Association, 1996). As a community, it is important to acknowledge that for Latina women who are members of multiple oppressed groups (gender, ethnicity, etc.), the decision to leave an abusive relationship is very complex. Thus, providers who are able to understand that leaving the perpetrator is a difficult decision, which can only be made by the survivor, are better able to connect with and provide services to Latinas.

CALL TO ACTION & ADVOCACY

Today, our Latina mothers, sisters, aunts, cousins, and friends continue to experience unprecedented levels of violence in various forms. It is our responsibility as a Latino/a familia of all genders to find ways to become involved in the prevention of violence and access to resources for survivors that

offer them *una esperanza de vivir sin violencia* [hope to live without violence]. It is also important for Psychologists and service providers that work with Latinas to become more educated about the different forms of violence women experience in order to find ways to support their clients. Lastly, communities play a vital role in offering space for women to heal. It is critical for everyone to recognize and highlight the strengths that our Latina women survivors possess and the resiliency factors that have allowed them to keep hope alive. Table 1 depicts these strength and resiliency factors gathered from the Latina narratives collected for this article.

"The road to education, peace and equality is long, but we will succeed if we walk together" (Malala Yousafzai, 2014).

Table 1. Community and Survivors' Strength and Resiliency

Survivors' Strength and Resiliency
<ul style="list-style-type: none"> • Becoming knowledgeable about community resources • Resourcefulness • Courage • Love for their children and families • Ability to keep hope alive • A sense of agency and advocacy for self and others despite the abuse • Being able to forgive but not forget • Finding creative ways to survive the day to day while gathering the strength to leave
Community's Strengths
<ul style="list-style-type: none"> • Social support from friends, family, and agencies • Networks that can refer women to different resources and/or service providers • Providers committed and dedicated to working with women survivors • Providers that are compassionate and empathetic • Providers who have a good understanding of the cultural factors impacting Latinas • Providers that are knowledgeable about competent services for survivors

KNOWING NUESTRA HERSTORY:
LAS HERMANAS MIRABAL

“ . . . it is a source of happiness to do whatever can be done . . .
it is sad to stay with one's arms crossed . . . ” ~Minerva Mirabal



Patricia, Marie & Minerva Mirabal
Photo Credit: Mirabal Family

The Mirabal sisters, also known as *Las Mariposas* [The Butterflies] were natives of the Dominican Republic who stood up against violence against women. “ On December 17, 1999 the United Nations General Assembly designated November 25th (the anniversary of the day of the murder of the Mirabal sisters) as the annual date for the International Day for the Elimination of Violence Against Women in commemoration of the sisters. This day also marks the beginning of the 16 days of Activism against Gender Violence. The end of the 16 Days is December 10, International Human Rights Day ” (Department of Homegirl Security, 2009, para. 12).

KNOWING NUESTRA HERSTORY: SUBCOMANDANTA RAMONA

“ I want all women to wake up and plant in their hearts the need to organize because if we remain with our arms crossed, a Mexico that is free and fair for everyone cannot be built ”



Subcomandanta Ramona
Photo Credit: Yuriria Pantoja, October 1996

Subcomandanta Ramona, born in Chiapas Mexico was a Totzil Maya woman who became a leader of the Ejercito Zapatista de Liberacion Nacional (EZLN). She advocated for the rights of indigenous women including having access to “birth clinics, childcare centers, spaces for women’s artisanal work and selling, as well as access to education and family planning resources for indigenous women. Her struggle was very intersectional: challenging traditional gender norms within rural Chiapas communities and at the same time pushing for indigenous rights within a larger country context” (Latina Feminista, 2013, para. 4).

KNOWING NUESTRA HERSTORY:

DOLORES HUERTA

“ ¡ Sí Se Puede ! ”
“ Yes We Can ”



Photo Credit: La Vida Magazine, 2013

Dolores Huerta is a civil rights activist who was a vital member of the United Farm Workers (UFW). She has received numerous awards for her advocacy, community involvement, and leadership in fighting for rights of workers, immigrants, and women. Huerta has received numerous distinguished awards including the United States Presidential Eleanor Roosevelt Award for Human Rights and most recent the Presidential Medal of Freedom Award. (Dolores Huerta Foundation, 2015).

SONIA SOTOMAYOR

“ The Latina in me is an ember
that *blazes* forever. ”



Photo Credit: Supreme Court.gov 2015

Sonia Sotomayor is the United States' first Latina Supreme Court Justice. She earned a B.A. in 1976 from Princeton University, graduating summa cum laude and receiving the university's highest academic honor. In 1979, she earned a J.D. from Yale Law School where she served as an editor of the Yale Law Journal (U.S. Supreme Court, 2015). In various public speaking engagements, Justice Sotomayor has discussed being proud of coming from the housing projects of the Bronx.

KNOWING NUESTRA HERSTORY:

LATINAS IN PSYCHOLOGY CREATING PATHWAYS THROUGH ADVOCACY, LEADERSHIP, & SCHOLARSHIP

“ I am a woman, and I am a Latina. Those are the things that make my writing distinctive. Those are the things that give my writing power. ”

-Sandra Cisneros



Martha E. Bernal, PhD was the first woman of Latina/o descent to successfully complete a PhD in Clinical Psychology. She earned her doctoral degree in 1962 at Indiana University. “In 1979, Bernal received a National Research Service Award from NIMH to study how psychologists prepared for work with multicultural populations. She published the results that showed APA-accredited programs had few multicultural curricula for psychologists, and a scarcity of students and faculty of color. That same year, she helped establish the National Hispanic Psychological Association and later served as its second president” (APA, 2015, para. 3).



Patricia Arredondo, EdD served as the 2005 President of the American Counseling Association, (ACA). Dr. Arredondo was ACA’s first Latina President. She was also the Founding President of NLPA.



Melba J. T. Vasquez, PhD served as the 2011 President of the American Psychological Association (APA). Dr. Vasquez was the APA's first Latina President.



Lillian Comas-Díaz, PhD played a pivotal role in creating Division-45 of the American Psychological Association (APA). Dr. Comas-Díaz was the Founding Editor-In-Chief of *Cultural Diversity and Ethnic Minority Psychology*, the APA journal of Division-45.



Azara Santiago-Rivera, PhD is the Founding Editor of the *Journal of Latina/o Psychology (JLP)*, the APA journal of NLPA. Dr. Santiago-Rivera was the second President of NLPA and a past President of the Counselors for Social Justice (ACA).

GUIDELINES FOR THE TREATMENT OF UNACCOMPANIED ASYLUM SEEKING MINORS: WHAT MENTAL HEALTH PROFESSIONALS AND DETENTION CENTER PERSONNEL CAN DO

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Although much has been documented about immigration from Central America, little attention has been given to the number of minors, including children and adolescents, who travel to the United States (U.S.) escaping violence and poverty (APA, 2012; Suárez-Orozco & Suárez-Orozco, 2001). Since the summer of 2014, the story of children and adolescents who are crossing the border without an adult family member or guardian has received significant coverage in the media (Chavez-Dueñas, Adames, & Goertz, 2014). These minors referred as “unaccompanied asylum-seeking minors” differ from immigrant minors as they are seeking asylum status in the U.S. Therefore, the legal process they undergo is different from that of immigrant minors who may or may not be applying for a permanent residence status in the U.S. The arrival of

unaccompanied asylum-seeking minors is not a new phenomenon though recent years have shown a significant increase in their overall numbers. For instance, from 2004 until 2011, immigration officials at the U.S. Mexico border apprehended approximately 6,800 unaccompanied asylum-seeking minors (NIJC, 2014a). During 2012 and then 2013, the number of unaccompanied asylum-seeking minors detained doubled to 13,000 and 24,000 minors respectively. Finally, in 2014, it is estimated that approximately 90,000 unaccompanied asylum-seeking minors will attempt to enter the U.S. without proper documents (NIJC, 2014b).

Unaccompanied asylum-seeking minors often leave their home countries escaping violence and poverty and therefore they do so with a number of unmet basic needs including proper nutrition, shelter, safety, and stability. While in transit to the U.S., these children and adolescents may also endure multiple traumatic experiences such as accidents, violence, robberies, assaults, and extortions. Moreover, upon arrival to the U.S., many of these minors experience judgment, discrimination, rejection, and re-traumatization. These events coupled with the experiences of trauma the traveling minors have endured, may not only threaten their sense of safety and security but are also likely to create extreme levels of physical and psychological distress. Numerous advocacy and civil rights groups (i.e., Mexican American Legal Defense and Educational Fund, National Council of La Raza, American Civil Liberties Union) have discussed the importance of ensuring that the basic needs of unaccompanied asylum-seeking minors are met while they are under the U.S. government’s custody. In addition to the basic physical needs of minors, the

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The authors wish to acknowledge the feedback provided by Joseph M. Cervantes, PhD; Hector Y. Adames, PsyD; J. Manuel Casas, PhD; Patricia Arredondo, EdD; Roy Aranda, PsyD; Melanie Domenech-Rodríguez, PhD; Maritza Gallardo-Cooper, PhD; Claudia Antuña, PsyD; Giselle Hass, PsyD; and Megan Strawsine Carney, PhD to an earlier draft of this document.

mental health community is interested in the psychological well-being of unaccompanied asylum seeking children. Unfortunately, there is the dearth in the mental health literature examining the impact of the complex trauma experienced by unaccompanied asylum-seeking minors on their mental health. Neglecting the mental health of minors who are likely to have experienced complex trauma before coming to the U.S., during their journey, and upon arriving at the border, can have significant negative consequences for their psychological and physical well-being. As such, the mental health of unaccompanied asylum-seeking minors needs to become a priority for any professional working with this population.

The National Latina/o Psychological Association (NLPA), its Leadership Council, and its members are concerned about the challenges unaccompanied asylum-seeking minors from Central America are facing upon their arrival to the U.S. In the spirit of solidarity and advocacy, the following guidelines have been developed for mental health professionals and detention center personnel who provide services to unaccompanied minors. In order to facilitate their use, the guidelines are organized by areas that contribute to the overall mental health and well-being of minors while in detention.

GUIDELINES FOR MENTAL HEALTH PROFESSIONALS

Mental Health Needs of Unaccompanied Minors

General guidelines. Mental health screenings need to be conducted in order to determine the presence of any pre-existing mental disorders once unaccompanied asylum-seeking minors are in the custody of the U.S. government. This screening can also assess for any mental health concerns stemming from any violence and other traumatic events the minors might have endured during their journey to the U.S. mental health providers should also note that by the time practitioners are allowed to conduct mental health screenings, the unaccompanied minors would have already been interviewed multiple times about their lives and experiences. Thus, it is paramount for professionals to be sensitive to the impact that recounting traumatic events is likely to have on minors.

1. The mental health screening should specifically assess for:

- grief, loss, symptoms of depression, suicide risk, and suicidal ideation,
- exposure to violence and other traumatic events prior to immigration as well as during the journey,
- symptoms resulting from such trauma.

2. Along with mental health screenings, mental health personnel assisting unaccompanied asylum-seeking minors might be required to conduct more comprehensive clinical evaluations. Although there is not a specific assessment protocol geared toward unaccompanied refugee minors (Aranda, personal communication, November 23, 2014), mental health professionals should strive to follow best practices regarding assessment of culturally and linguistically diverse populations published by the American Psychological Association (APA, 2012). In order to provide accurate mental health diagnoses, mental health professionals must be aware of the role that culture, language, and stage of development plays in the assessment process.

3. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to keep in mind that minors who have been exposed to violence and other traumatic events for extended periods of time may have difficulties trusting adults and other individuals. As such, professionals need to be very patient and empathic. Children and adolescents may express lack of trust in adults as oppositional behavior (e.g., refusal to cooperate and/or follow instructions). Some ways to elicit minors' cooperation while being empathic include:

- Demonstrate genuine interest in the minor's current situation and well-being.
- Help minors to predict what will happen while in custody. For instance, develop a schedule with clear routines and expectations.
- Follow through with promises made and provide explanations when things and schedules are changed.
- Demonstrate warmth and respect.
- Try not to take the behavior of minors personally but rather as response to trauma,

- distress, and/or uncertainty. Moreover, strive to put minors' behavior in the context of their historical and current situation.
- Use active listening skills and avoid making judgments or interpretations of the stories being shared by minors.
4. Mental health services provided to unaccompanied asylum-seeking minors would ideally be delivered by highly qualified professionals with expertise in culturally responsive interventions for trauma and grief (APA, 2012). These professionals should not only be well versed in culture-specific treatments and adaptations, but they should also possess command of their clients' preferred language (e.g., Spanish, Ki'Che). In cases where bilingual professionals are not available, professional interpretation services should be made available. To affirm and protect the best interest of all children, and consistent with ethical and professional practices in providing interpretation services, unaccompanied asylum-seeking minors should never be used as interpreters.
 5. It is also recommended that mental health providers have specific training and experience assessing trauma in asylum-seeking children and adolescents. This expertise will facilitate the delivery of effective and evidence-based treatment strategies for this particular population.
 6. Considering the complexities surrounding the immigration of these minors to the U.S., it is of utmost importance that mental health services are provided by professionals who are committed to advocacy and social justice. Scholars have offered the following recommendations for professionals to use their knowledge, power, and privilege in the benefit of unaccompanied asylum-seeking minors (Chavez-Dueñas et.al., 2014):
 - advocate for the provision of mental services,
 - the respectful treatment of unaccompanied asylum-seeking minors,
 - the promotion of a welcoming environment,
 - the education of the community regarding ways to support these efforts.
- Furthermore, the commitment to social justice advocacy needs to go beyond the perception of "helping the least fortunate" to a social justice stance that embraces and promotes empowerment, self-efficacy, and instills hope in these minors (Torres Fernandez, 2014).
7. When providing mental health services to vulnerable populations, clinicians need to be mindful that the development of a strong sense of belonging has been identified as a critical protective factor in children and adolescents (Suárez-Orozco & Suárez-Orozco, 2001). Thus, it is important that minors are provided with spaces to connect with each other and share their stories. For example, providing circle or story telling time will allow children and adolescents opportunities to offer validation, support, and empathy to one another while they share their stories of survival. Realizing the commonalities between their stories could serve as a powerful tool not only to normalize their experiences but also to empower minors and instill hope. However, it is important for clinicians not to pressure minors to share information they do not feel comfortable or ready to share.
 8. Family therapy approaches may also be helpful in treating unaccompanied asylum-seeking children, many of whom may have traveled with siblings detained in the same facility. Family system approaches offer many advantages. For instance, it may assist in effective bonding processes, securing more trusting relationships, and allowing children to process their feelings and support each other. From a cultural perspective, *familismo*, or the value placed to family connections (immediate or extended) is considered a protective factor. In other words, using family members as a source of support and comfort can buffer the effects of trauma, provide comfort, and sense of security.

9. We recommend that clinicians be open and honest about the limits of confidentiality within the detention centers. Clinicians are asked to provide such explanations in developmentally appropriate ways and to keep in mind that the minors may not understand the different roles of all the adults professionals with whom they interact. The following recommendations are made regarding specific information that should be provided to children regarding confidentiality:

- Mental health providers are encouraged to be truthful with children regarding the specific information that will be included in a mental health record (e.g., DSM-V diagnoses, clinical interviews/intakes, progress notes, treatment plans).
- Clarification should be offered about who will have access to the records, where they will be kept, and for how long.
- A description of how detailed progress notes will be is also encouraged. This is important not only to maintain the confidentiality of the minor, but also in light of psycho-legal issues that could ensue in the future.
- Specific information about professional agencies and/or governmental officials who have access to data information that is gathered from each minor should be made available to the children.
- The use of clear informed consent forms that are sanctioned by both professional psychological associations (e.g., NLPA & APA) and developed specifically for unaccompanied asylum-seeking minors is also encouraged.

Guidelines for Specific Mental Health Conditions

Unaccompanied asylum-seeking minors are likely to experience a range of mental health difficulties including trauma related disorders, grief and loss, and depression. However, these are not the only ways in which children express intense psychological distress; thus, mental health professionals need to be mindful that other

symptoms and behaviors may have the same root on trauma and loss. Therefore, service providers must be trained in the best practices for treating this vulnerable yet resilient population presenting with such difficulties. The services should take into consideration not only the severity of trauma experienced but also the uniqueness of each experience. In other words, unaccompanied asylum-seeking minors who have endured similar experiences may cope, react, and make meaning of these experiences differently. Thus, treatment that is tailored to the individual needs of each child and adolescent is highly encouraged. Furthermore, a comprehensive approach that combines elements of liberation psychology, narrative therapy, and trauma-focused interventions is necessary to honor the complexities of the historical, social, political, and psychological nuances involved in these minors' lives and symptoms (Torres Fernandez & Torres-Rivera, in press).

The use of liberation psychology principles can assist in recognizing the role that oppression, discrimination, and marginalization has played in these minors' lives. This is imperative considering that the way in which trauma is experienced and dealt with varies according to the social-political context in which trauma occurs. Furthermore, liberation psychology provides a framework in which active listening, paying-attention, and identifying inner and community resources are utilized to empower and promote change. Lastly, this approach acknowledges the power of cultural and social capital as pre-requisites of effective treatment and intervention. Narrative therapy can also be helpful since it views children as experts in their own lives. Thus, narratives are considered a reflection of the child's interpretation of the events through the lens of their culture, values, and beliefs. This approach is an excellent fit considering children are innate storytellers. Lastly, there is strong research support for the use of trauma-focused interventions, particularly Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This approach combines elements of cognitive, behavioral, narrative therapies, along with a family component. Considering that minors are different, the tailoring of treatment to each minor is highly recommended. In cases where minors will be detained in the shelters for short periods of time, the use of brief, strength-based, solution-focused therapy is recommended.

Grief and loss. Unaccompanied asylum-seeking minors may experience complex grief and loss resulting from: (a) separation from their immediate family and for those traveling alone, mixed feelings about leaving loved ones behind; (b) parental separation (in some cases parents are already living in the U.S. and thus, they left their children behind; as a consequence, a strong desire for family reunification might have propelled the immigration of the minor); (c) while on their journey to the U.S., they may have been separated from relatives or companions (increasing feelings of fear and isolation). These experiences may lead to grief and bereavement reactions that, if chronic, may benefit from mental health attention. Specific guidelines for addressing these concerns among unaccompanied asylum-seeking minors include the following:

1. Although bereavement is an expected emotional response to loss, mental health professionals need to be mindful of other emotional reactions that may accompany bereavement, which can include: emotional shock; regressive behaviors (e.g., thumb sucking, bed wetting); impulsive behaviors (e.g., behavioral outbursts, throwing things, fighting), and helplessness. These symptoms should be addressed by helping minors to express and process their feelings. For example, allowing minors to have a “memorial wall” in which they may hang mementos, pictures, drawings, and other things that remind them about families that were left behind could be comforting and powerful. Another helpful strategy is to encourage minors to draw a heart and then write about all the feelings they are experiencing.
2. Additional guidelines for interventions that can be useful when assisting grieving minors include: (a) create a safe space in which minors express and share their stories; (b) be mindful of the fact that an understanding of death and loss varies by developmental stage. As such, emotional reactions to loss through death will differ by child. For instance, some unaccompanied asylum-seeking minors may act out while others will keep their feelings inside; (c) provide minors with the time and space they need to cope with the emotional aftermath of the loss. Keep in mind that forcing minors to resume “normal” activities can make matters worst; (d)

offer minors accurate information and invite them to ask questions; (e) be attentive to how minors are feeling and how they are coping, emphasizing pro-social alternatives (e.g., expressing their feelings verbally, through art, in writing); (f) include religious and/or spiritual elements in the treatment of minors who grew up with such elements as they can facilitate their coping; and (g) keep in mind that grief is a long lasting and complex process.

Depression. For many unaccompanied asylum-seeking minors, the reality and complexities of their legal situation may not be fully understood until they have already arrived to the U.S. Many minors might have believed that they would promptly be reunited with their family and would begin a new life in the U.S. However, their hopes may begin to vanish once they are detained and placed in a detention center or shelter. Symptoms of depression may be observed once the reality of their situation begins to settle. These symptoms can include: loss of appetite, sleep disturbances, extreme crying, loss of interest, and low energy. Young children may demonstrate irritability, mood swings, aggression, and hyperactivity.

1. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to assess for the presence of a mood disorder in order to offer effective mental health interventions. The use of screening measures may be helpful to determine the presence of a major depressive episode. However, when using screening measures it is important to keep in mind the ways in which depressive symptoms may be expressed across cultures and developmental stages (Perez & Muñoz, 2008).
2. Since unaccompanied asylum-seeking minors experiencing symptoms of depression are often held in shelters and other facilities where access to mental health professionals may be limited, group therapy approaches might be a more realistic alternative than individual or family therapy services. Support groups where minors of similar ages can process their experiences and learn coping strategies may be effective in these situations. For example, the use of strength-based psycho-educational groups can be effective in promoting the development of skills such as feeling identification, strategies for

emotional regulation, and problem-solving skills. In addition, the use of liberation psychology principles can be effective in empowering minors to identify their inner strengths and resources and developing a positive outlook on life.

3. Considering that most minors will spend a limited amount of time in these shelters or detention centers, the use of brief therapy techniques should be considered. For example, the use of solution-focused or cognitive-behavioral techniques can assist minors to gain a better understanding of their thoughts and feelings, how these are related, and how they may be managed effectively. Additionally, the use of mindfulness-based interventions can be helpful in this regard.

Trauma. The likelihood that unaccompanied asylum-seeking minors might have experienced violence and other traumatic events before, during, and after their journeys to the U.S. is very high (Kennedy, 2014; Women’s Refugee Commission, 2012). These events can include criminal victimization, physical, verbal, or sexual abuse, as well as vicarious traumatization. While these experiences may vary in intensity and pervasiveness they are often severe enough to warrant close examination and psychological treatment.

1. We recommend that mental health professionals working with unaccompanied minors assess for trauma symptoms that may meet criteria for a trauma and stress-related disorder such as Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD). In doing so, mental health professionals should be mindful of the role that stage of development and culture can play in the diagnostic process.
2. Unaccompanied asylum-seeking minors who have been exposed to violent events for prolonged periods of time are likely to suffer impairments in their daily functioning, including: somatic symptoms (e.g., headaches, stomach aches), psychological distress, difficulties with focused attention and concentration as well as social and academic difficulties. Thus, mental health professionals are encouraged to assist minors in developing pro-social coping strategies. Some of these

coping strategies can include feeling identification, strategies for emotional regulation (e.g., thought stopping, relaxation techniques), and problem-solving skills. For example, providing minors opportunities to draw, paint, or talk about their feelings is imperative.

Furthermore, the use of social narratives can be a powerful tool to help minors develop empathy and problem-solving skills.

3. It is important for mental health professionals working with unaccompanied asylum-seeking minors to keep in mind that the effects of exposure to violence and other traumatic events can be exacerbated by additional stressors such as persistent fear, uncertainty, and instability which may be experienced while in detention. Moreover, immersion in unfamiliar surroundings coupled with the lack of familiar people is also likely to be significant stressors. Thus, we recommend that mental health professionals offer affirmation and validation when minors share their stories. For example, while sharing stories minors should be allowed to use puppets, toys, or art to express their emotions since engaging in these activities takes the attention away from the child and allows the child to feel a sense of control over how the story is unfolding and how it will end.
4. Unaccompanied asylum-seeking minors are likely to experience the treatment by immigration officials and border patrol as harsh, particularly when they are handcuffed. These experiences are not only humiliating and traumatizing, but they may result and/or intensify feelings of fear, hopelessness, and helplessness. Thus, we recommend that minors be offered opportunities where they can openly discuss their feelings and concerns. For example, while discussing the negative experiences related to their migration experiences, minors should be encouraged to develop a counter-story that will allow them to develop a sense of hope in the future. A strategy that can help to begin this process is the use of the “*miracle question*” in which minors are encouraged to think about how things will be different if their current situation did not exist.
5. As highlighted previously, many unaccompanied asylum-seeking minors have endured numerous traumatic events during their journey.

Additionally, many minors are re-traumatized while in U.S. custody. Prolonged exposure to trauma not only contributes to feelings of oppression but can also intensify feeling of isolation, fear, and hopelessness. The application of liberation psychology principles provides an excellent fit for working with unaccompanied asylum-seeking minors who may feel that they were silenced in the process of being victimized directly and/or vicariously (Torres Fernandez & Torres-Rivera, in press). In the context of working with these minors, it is imperative to understand that their realities are very different than ours. However, by empowering minors to see the alternative realities, to become aware of their personal strengths, and to reflect on those experiences through a different lens, they may be able to “liberate” themselves from those realities. The underlying assumption is that with new understanding comes new knowledge and therefore, new possibilities.

6. Narrative therapy approaches that are inclusive of play therapy and art therapy can provide an excellent outlet for unaccompanied asylum-seeking minors to express and process their traumatic stories in a less threatening environment. These approaches are more likely to allow minors to regain a sense of control (Rogler, 2008; Torres Fernandez et al., 2012). The basic assumption underlying narrative therapy is that minors are the experts on their lives, and the narratives constructed through a range of expressions are a reflection of their understanding of traumatic event via the lens of their culture, values, and beliefs (Bennett, 2008; Cattanach, 2009; Friedrich, 2008; Torres Fernandez & Torres-Rivera, in press).
7. Considering that minors who have been victimized often experience difficulties trusting others, the following guidelines are offered to build rapport: (a) listen carefully to the stories before intervening or imposing limited views or opinions; (b) assess for immediate needs and prioritize; (c) develop a realistic treatment plan that takes into account the unique social, political, and historical context of these minors; (d) build on minors’ strengths rather than focusing on what is “wrong.” The use of deficit models, not only perpetuates oppression and marginalization, but also demoralizes and disempowers minors; (e) understand that you are a “stranger,” thus, if you want to earn the trust and respect of these minors, your actions, and not your words should demonstrate it; (f) be humble (Torres Fernandez, 2014). Remember it is a privilege to serve and learn from these resilient minors. You are there to help them move forward.
8. In addition, to the above stated guidelines, the use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is considered an evidence-based treatment for severe trauma including children who have been exposed to different types of abuse, refugees, and other types of traumatic events. In working with these minors, TF-CBT can assist by providing a three-stage treatment protocol that emphasize (a) the need to stabilize symptoms by providing coping skills/strategies; (b) the provision of safe spaces to retell and process their trauma stories; and lastly, (c) relapse prevention by combining family therapy with the provision of additional coping strategies to enhance safety and control.

Recommendations for the Self-Care of Mental Health Professionals

1. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to be mindful about the impact that vicarious exposure to trauma and stress may have in their personal and professional lives. Therefore, it is imperative that clinicians are afforded opportunities for self-care and to process feelings related to their work with these minors.
2. Furthermore, mental health providers should be provided with on going supervision to ensure they receive appropriate feedback and support. Having access to supervision and/or opportunities to process vicarious trauma might prevent burnout, which if left unaddressed may lead to impairment over time. Moreover, supervision can facilitate and further professional development.

GUIDELINES FOR DETENTION CENTER PERSONNEL

Physical Needs

1. Extreme poverty that often leads to malnutrition and health concerns has been identified as one of the main reasons that propel migration among children and adolescents (Kennedy, 2014; NIJC, 2014a). These problems can be exacerbated by the journey since unaccompanied asylum-seeking minors often do not have access to food and other basic necessities while traveling, resulting in starvation and dehydration. In order to prevent medical complications, it is imperative that once in U.S. custody, these minors receive proper nutrition.
2. The journey from Central America to the U.S. is over a thousand miles long and it can take anywhere from a few days to over a month for these minors to arrive at their destination. Many children and adolescents make the journey on top of cargo trains. It is not uncommon for unaccompanied asylum-seeking minors to suffer injuries due to accidents, violence (e.g., assault, kidnapping, rape), walking for long periods of time, and exposure to extreme temperatures (Catholic Relief Services, 2009). As a result, once in U.S. custody, it is recommended that each child receive a thorough physical exam to determine the need for immediate medical attention.
3. Most unaccompanied asylum-seeking minors leave their home countries with very little money, belongings, and often times they are robbed during their journey. As a result, by the time they are detained, many have worn the same clothes for long periods of time. As basic human right for all minors, we invite detention centers to consider the provision of clean, civilian clothes (not uniforms) appropriate for age and climate. This will assist minors to regain some sense of dignity in a context that can be scary and stressful.
4. It is imperative that unaccompanied asylum-seeking minors be treated with dignity and respect, and not like criminals. Detention centers should not be considered a substitute for correction facilities.

5. Detention facilities should also provide appropriate temperatures and lighting to minimize additional stress. Extreme temperatures (e.g., too cold or too hot) and extreme lighting (e.g., bright lights, or no lights) are not only uncomfortable but may also be scary for the minors, prevent them from sleeping, and may trigger traumatic memories.
6. Any detention that extends beyond two weeks should involve periodic screenings for negative psychological consequences brought about by the long detention. Moreover, justification should be made for why a minor continues to be detained.

Developmental Needs

1. A careful consideration of developmental needs should be made prior to placing children in detention. It is important to note the needs of minors are specifically related to their stage of development (e.g., children under the age of 12 need constant monitoring, a regular feeding schedule, time to play). Moreover, the potential consequences of keeping children in detention are also associated with their stage of development (e.g., separation from parents and family can lead to attachment difficulties).
2. We recommend that children under the age of 12 under no circumstance be separated from parents/relatives or other significant adults (e.g., adults that are not related by blood but have other culturally acceptable relationships akin to sibling or caregiver) and placed in detention on their own. If they are detained unaccompanied, every effort should be made to reunify children with family as soon as possible.
3. For older children/teenagers who are detained unaccompanied, regular contact with family members/relatives should be allowed. Moreover, we recommend that if at all possible, siblings to be placed in the same facility.
4. We also recommend that detention centers and long-term shelter facilities provide age/developmentally appropriate spaces such as playgrounds and recreational equipment, toys,

and furniture. The provision of such spaces creates a welcoming environment for minors and may assist in building safety and trust.

safe and protective environment. Moreover, they need to know that they matter and that their situation is being seriously considered.

Mental Health Needs

1. Safety is an important mental health need for all minors, but particularly for those who have experienced severe trauma. It has been documented that a significant number of unaccompanied asylum-seeking minors leave their home countries fleeing insecurity, violence, and pervasive conditions that threaten their safety, creating a high degree of vulnerability that must be acknowledged (Kennedy, 2014; NIJC, 2014b). Therefore, it is imperative that unaccompanied asylum-seeking minors are treated with respect, empathy, and compassion.
2. Another important safety consideration relates to gang members coming with the minors and engaging in bullying behaviors within detention centers and shelters. Therefore, it is imperative that children with histories of violent or out of control behaviors should be separated from the other children in order to avoid the perpetuation of the cycle of violence.
3. Considering that many unaccompanied asylum-seeking minors have not experienced stability in their young lives, it is critical that they are given some sense of stability once in U.S. custody. Stability could have different meanings however, in this context, we recommend that unaccompanied asylum-seeking minors are offered the following: (a) daily routines so they know what to expect from the adults who are caring for them; (b) consistent and accurate information in a developmentally appropriate manner regarding their legal situation and the steps that will be taken to assist them; (c) a safe environment in which their stories are heard, their strengths and resilience are honored, emotional support is provided, and where coping strategies are emphasized.
4. One of the most significant mental health challenges unaccompanied asylum-seeking minors face once they arrive in the U.S. is fear. Thus, they need reassurance that the adults who are caring for them understand their circumstances and will do their best to provide a
5. One of the most basic human rights of minors is the right to grow up in a safe environment that is free from any type of abuse. This right should be safeguarded while the minors are in U.S. custody. Hence, detention facilities should ensure that minors are protected from all types of abuse including verbal, physical, emotional, and sexual abuse. This is of particular importance given the complaints made by unaccompanied asylum-seeking minors regarding alleged verbal, sexual, and physical abuse while in detention (Usova, 2014). Most unaccompanied asylum-seeking minors do not speak and/or understand English when they arrive in the U.S. Furthermore, they might be unaware of cultural norms and expectations. Thus, they should be given access to bilingual workers with whom they can communicate in their native language. Minors who are around individuals with whom they can communicate may feel safer and be more cooperative. If no bilingual personnel are available, professional interpreters who are fluent in the minors' native language should be made available (APA, 2012). Thus, considering the cultural and linguistic differences, multicultural-Latino sensitive training to staff is highly recommended.
6. In the midst of this humanitarian crisis, it is important for everyone to remember that children and adolescents are not adults. As a vulnerable population, unaccompanied asylum-seeking minors deserve not only to be protected but also to be treated with dignity and to be informed about their legal situation. It is also important to keep in mind that some unaccompanied asylum-seeking minors may lack the cognitive ability to understand the complexity of their legal situation, may have limited knowledge about how to navigate the system, and may lack awareness regarding the implications of seeking asylum in a different country. In order to facilitate minors' understanding, all information provided to unaccompanied minors should be presented in developmentally sensitive manner. To this end,

detention personnel need to be mindful of developmental differences on how children and adolescents process information.

they express themselves in front of minors so as to minimize the potential for further stigmatization.

Educational and Recreational Needs

1. While in U.S. custody, unaccompanied asylum-seeking minors should have access to books, educational materials, and teachers who speak their native languages and are sensitive to their cultures of origin. Taking into account the educational needs of unaccompanied asylum-seeking minors is not only a human right, but it will also facilitate their adaptation and success in the U.S. (APA, 2012; Suárez-Orozco & Suárez-Orozco, 2001).
2. Unaccompanied asylum-seeking minors should be given access to recreational opportunities while in detention centers or long-term shelters. Access to organized sports, exercise, and other playful activities can facilitate coping with the stressful circumstances experienced by these minors.

4. Detention center personnel are also encouraged to engage in activities that promote respect and appreciation of cultural traditions. Isolation, nostalgia, and other feelings associated with adaptation to the U.S. can be ameliorated by preparing meals that are familiar to these minors, celebrating or acknowledging holidays, birthdays, and other special days, and organizing activities (such as games) that promote sensitivity to cultural differences.

Social Needs

1. Significant social needs are likely to be experienced by unaccompanied asylum-seeking minors once they arrive in the U.S. For instance, overtime minors will begin to miss their country, family, and traditions making their adaptation more difficult. Authorities and personnel working at detention centers are encouraged to facilitate communication and contact between unaccompanied asylum-seeking minors and their families of origin; this can help minors reduce their feelings of nostalgia and isolation.
2. Overcrowding conditions at many detention centers can further complicate the adaptation of unaccompanied asylum-seeking minors. Thus, personnel working at detention centers and shelters are encouraged to proactively manage crowding conditions by instrumenting sequential shifts with respect to eating, hygiene, and recreational activities.
3. It is also important for detention center personnel to be mindful that they function as role models for these minors. As such, they should be thoughtful of the manner in which

Spiritual Needs

1. Spirituality and religion play an integral role in the lives of many minors in Central America. For many of these minors, their faith in *Dios* and *La Virgen* is an important source of support and strength in times of fear and uncertainty (Torres Fernandez et al., 2012). Hence, we encourage detention center personnel to provide minors access to clergy for emotional support and attention to their spiritual needs.
2. To the extent possible detention centers and shelters should provide opportunities and spaces where minors can engage in religious/spiritual practices such as praying, reading scripture, or participating in alternative cultural healing practices.

CONCLUDING REMARKS

The plight of the unaccompanied asylum-seeking minors in the U.S. is a complex sociopolitical issue that cuts across borders and political parties. More importantly, it is a matter that deserves the closest of attention not just from governmental and legal authorities but also from the mental health field and the professionals who are part of it. The National Latina/o Psychological Association in its commitment to embody its mission to enhance the overall wellbeing of Latina/o populations through advocacy and social justice makes this document available to detention facilities, the professional community, and the community-at-large as a way to raise awareness and offer specific guidelines for the humane treatment of unaccompanied asylum-seeking minors. It does so for the express purpose of

seeking to ameliorate the suffering experienced by these minors by summarizing the existing literature and articulating guidelines for mental health professionals and detention center personnel. We invite the reader to help us improve the document by contacting the authors and providing input.

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Descansa en Paz y Amor

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NLPA 2014 Distinguished Professional Career Awardee

Dr. Jose Toro-Alfonso was a clinical psychologist, professor, researcher, and administrator in the Department of Psychology at Río Piedras Campus, University of Puerto Rico where he worked full time since 1998 until his unexpected death in 2015. From 1983-1998, Dr. Toro-Alfonso founded and served as the Executive Director of the AIDS Foundation of Puerto Rico, where he developed programs of care for people with HIV and primary prevention programs for vulnerable communities. He consulted for numerous HIV/AIDS programs, funded by international agencies such as USAID, the Dutch embassy in Central America, and UNAIDS, among others. Dr. Toro-Alfonso published in English and Spanish over fifty articles in peer-reviewed national and international journals, and over 10 books as author, co-author and editor. Throughout his publications, he focused on gender, masculinity, LGBT individuals, HIV prevention, domestic violence, and health.



Dr. Toro-Alfonso was extensively involved in organized psychology, locally and internationally. He held several leadership positions including being the president for both the Puerto Rico Psychological Association and the Interamerican Society of Psychology. In addition, he oversaw the Interamerican Society of Psychology Central Office for six years. Among the many other distinctions received by Dr. Toro-Alfonso, he was elected fellow of Division 44: Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues of the American Psychological Association in 2010, received the Interamerican Psychologist award in 2009, and was awarded the Distinguished Professional Career Award by the National Latina/o Psychological Association in 2014.

Dr. Toro-Alfonso was father to two daughters, and very close to his only grandson. He was an exceptional father, grandfather, leader, professor, community leader, mentor, and friend. He will be remembered for his prolific academic work but also for his courage, intelligence, generosity, and big heart.

“...con la
esperanza de un
mundo que nos
incluya a todos y
todas...precisamente
por las diferencias.”

-José Toro-Alfonso, PhD



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The recent publications of NLPA members are listed in this section as a service to the membership, and with the intent of facilitating the exchange of new information among Latina/o professionals and individuals interested in Latina/o mental health.

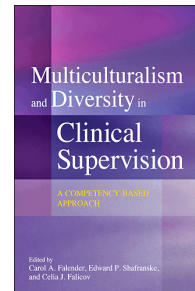
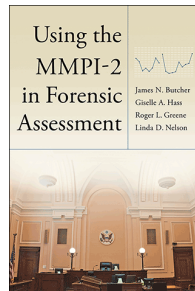
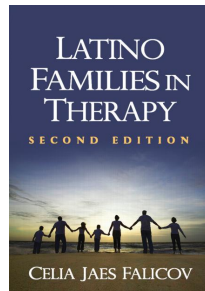
It is LPT's policy to include in this section all submissions by members that (1) have been published since the last issue of the bulletin, and; (2) can be best described as books, full chapters in edited books, or articles in peer-reviewed publications.

BOOKS

Butcher, J.N., Hass, G.A., Greene, R.L., & Nelson, L.D. (2015). *Using the MMPI2 in forensic assessment*. Washington, DC: APA.

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BOOK CHAPTERS

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#NLPA2016

Stay Tuned For More Information !

Ms. Cristalís Capielo

2016 Conference Chair

CONFERENCIA



CONGRATULATIONS

APPOINTMENTS, AWARDS, TRANSITIONS, & PROMOTIONS

Patricia Arredondo, Ed.D.

was appointed to serve as the 2015 Chair of the APA Board of Professional Services. Dr. Arredondo was also invited to serve on the *MBA Diversity Magazine* Advisory Board based in Chicago.

Ignacio D. Acevedo-Polakovich, Ph.D.

accepted a position in the Department of Psychology at Michigan State University. Dr. Acevedo-Polakovich will start his new appointment in the Fall of 2015.

Gregory Benson-Flórez, Ph.D.

was appointed Assistant Professor in the department of Clinical Psychology at The Chicago School of Professional Psychology, Chicago campus.

Maritza Gallardo-Cooper, Ph.D.

is the recipient of the 2015 *Compadrazgo/Comadrazgo Award* from the Association for Multicultural Counseling and Development (AMCD) of the American Counseling Association (ACA). The award is to honor a professional in their mentoring of Latina/o counseling students and professionals, and who demonstrate commitment to multiculturalism, social justice, and leadership.

Veronica Bordes Edgar, Ph.D., ABPP-CN

was appointed Assistant Professor of Psychiatry at the University of Texas Southwestern Medical Center where she sees patients in the Center for Autism and Developmental Disabilities. Dr. Bordes Edgar became Board Certified in Clinical Neuropsychology through the American Board of Professional Psychology in April 2014. In terms of service, she was appointed to be on the Board of Trustees for the American Board of Professional Psychology and elected as Secretary to the Hispanic Neuropsychological Association. She begins her term in January 2015.



LEADING & INSPIRING: CELEBRATING OUR NLPA PRESIDENTS



We Asked Our Presidents to Complete the Following Statement:

Leadership Is . . .

(In Order of Presidency From Left to Right)

Patricia Arredondo, Ed.D.

...*Liderazgo del alma* is about empowering individuals, groups, and communities to channel their values and talents to the benefit of humankind.

Azara L. Santiago-Rivera, Ph.D.

...the ability to communicate & implement shared goals, collaborate with others, see the best in people, & create opportunities for them to thrive.

Joseph M. Cervantes, Ph.D.

... the assembly of personal awareness, moral courage, and resilient strength to seek guidance before action from both trustworthy allies, and from the voices of ancestors upon whose shoulders we stand.

Edward A. Delgado-Romero, Ph.D.

...balancing tradition & the future while not losing sight of the present.

Milton A. Fuentes, Psy.D.

...the conduit through which goals are accomplished, dreams are realized, connections are established, justice is ensured, differences are respected, unity is pursued, process is honored, losses are mourned, and *exitos* [triumphs] are celebrated!

Lynda D. Field, Ph.D.

...having the courage to speak up & share your point of view while also respecting the views of others, the willingness to make personal sacrifices in order to work for something you believe in, and the ability to inspire others to do the same.



Marie L. Miville, Ph.D.
2015 President

...engagement, empowerment, and expression that facilitates centralizing the voices of our marginalized communities and increasing our capacities for learning, understanding, and advocacy.



Melanie M. Domenech Rodríguez, Ph.D.
2015 President-Elect

...accurately & effectively embodying a collective consciousness usually achieved by listening, learning, & using power/privilege responsibly.



Andrés J. Consoli, Ph.D.
2014 Past-President

...the capacity to persuade people to believe that we are better off sharing, collaborating, & co-constructing.
¡La unión hace la fuerza!

WHAT'S THE 411?

CONTINUEING EDUCATION, MENTORING INIATIVE, & NLPA's SIGs

The following information was collected and drafted by: Regina Jean Van Hell, Ph.D.

NLPA CONTINUING EDUCATION ONLINE

Title: Clinical Work with Latinas/os Integrating Research into Best Practices (2.5 credit hours)

Instructor: Dr. Esteban V. Cardemil

Cost: \$40 NLPA members; \$62 Non-NLPA members.

Register by visiting: <http://ce-psychology.com/mblatinos.html>.

For technical assistance contact Eric Melendez, Alliant International University: Email emelendez@alliant.edu
Phone 415-955-2029. Toll Free 800-457-1273

INTERESTED IN BEING A MENTOR OR MENTEE?

Dr. Valerie Minchala (Student Development Coordinator), Ms Rachel Reinders (Student Representative), and Dr. Regina Jean Van Hell (Training and Networking Committee Co-Chair) are working on a “**Mentoring Initiative.**” If you are interested in being a **Mentor** or **Mentee** please send an e-mail to: NLPA.trainandnetwork@gmail.com and we will send you a questionnaire in order to match you with a mentor or mentee. We will be offering training and support for mentors and mentees.

NEWS FROM OUR SPECIAL INTEREST GROUPS (SIGs)

NLPA Neuropsychological SIG

Mr. Eduardo Estevis from the NLPA Neuropsychological SIG attended the International Neuropsychological Society (INS) Conference in Denver, Colorado in February 2015. Eduardo's goal for is to recruit more members for this initiative and to start discussions with current NLPA Neuropsychologists that work with Latina/o (s) to share experiences and resources. In addition, Eduardo Estevis and David Gonzalez are working on a project called “ The psychometric properties and utility of neuropsychological assessments used with bilingual and Spanish speaking individuals.”

NLPA Bilingual Issues in Latina/o Mental Health SIG

This SIG conducted its first webinar on May 27, 2014 titled *The Diversity of Bilingual Spanish Speakers* with the purpose of introducing the concept of a linguistic identity. The SIG co-chairs, Drs. Dianna Marisol González and Elvia Lorena Navarro suggested that the term bilingual be expanded to include differing identity labels that account for the diversity of Spanish speakers, such as Heritage Spanish Speaker, Spanish Language Learner, and Native Spanish Speaker. Dr. González provided an overview of these terms in the context of identity development, thereby integrating psychological and linguistic concepts and theories. Guest speakers Dr. Ezequiel Peña, Dr. Laura Côté González, and Dr. Ivelisse Torres Fernandez each spoke about their linguistic experiences and identities. They further discussed the socio-political factors associated with their respective linguistic identities. This SIG also held a meeting during the NLPA conference (October 2014) that assisted in identifying goals for the upcoming 2015 year which are: 1) Continue advocacy for creating a space for multilingual/bilingual professionals and professionals-in-training within APA; 2) Identify an online space to upload resources and events in Spanish; 3) Present a webinar on how to conduct an initial assessment in Spanish. Join us by e-mailing us at: bilingual_issues-subscribe@yahoogroups.com.

Proposed NLPA International SIG

As a result of Dr. Andrés Consoli's presidential initiative, Dr. Hector Torres submitted a proposal for a NLPA International SIG. To join this initiative please contact Dr. Torres at HTorres@thechicagoschool.edu



Type of Membership (Check One):

New Membership

Membership Renewal

By signing you acknowledge to have reviewed NLPA's bylaws (visit www.nlpa.ws/bylaws) and agree to obey to them while a member of NLPA. **Signature:** _____

Contact Information

Name: _____ Degree: _____ Year: _____

Title/Position: _____

List any Professional License/and or certificate: _____

Institution/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Fax: _____ Ethnic Self-Identification (Optional): _____

Clinical, Research, & Teaching Interests:

Fees (Please visit the association's website for description of membership category. Check all that apply):

Undergraduate Student \$30

Community Member \$30

Graduate Student \$50

International Member \$50

Early Career Psychologists \$75
Within ten years receipt of
doctorate degree

Institution \$100

Professional \$95

Life Time Member \$800

Allied Professional \$95

Voluntary Contribution, please specify amount \$ _____

Would you like to be included on the NLPA Listserve?

Yes

No

Have you ever been convicted of a felony, expelled from a professional organization on ethical or professional grounds, or had your license to practice revoked? Yes _____ No _____ If yes, please add additional documentation explaining the circumstances around the conviction, expulsion, or revocation. E-mail documents to info@nlpa.ws

Would you like to join any of the following Special Interest Groups (SIG) and be included in their communications? See descriptions on SIGs at www.nlpa.ws/special-interest-groups Select up to three:

BIL

Bilingual Issues in Latino/a Mental Health

CAF

Latino/a Child, Adolescent, & Family Psychology

EBP

Evidence Based Practice with Latino Populations

LGBTQI Orgullo

Latino/a: Sexual Orientation and Gender Identity

ML

Mentors y Lideres: Apoyando a Futuros Profesionales

NEURO NLPA

Neuropsychology

Mail form with payment payable to NLPA

Attn: Ricardo Aguirre

**ABRAZO Multicultural Marketing & Communication
229 E. Wisconsin Ave Suite 800, Milwaukee WI 53202**



National Latina/o
Psychological Association

Asociación Nacional de Psicología Latina

2014 Annual Report

Prepared By:

Andrés J. Consoli, Ph.D.
NLPA 2014 President

NLPA 2014 ANNUAL REPORT ¹

This document is made of my end of term report in my capacity of NLPA's 2014 President, where I take stock of our accomplishments for the year and express deep appreciation to all of you for your contributions to our association. It is complemented by brief summaries of the activities accomplished by our elected and appointed officers to constitute the annual report required by our Bylaws. I have been privileged to witness the dedication that our members bring to the association; we are all better because of them. ¡Muchísimas gracias a tod@s!

NLPA Leadership Council

NLPA's 2014 Leadership Council (LC) has had an extremely busy year and agenda and I have been blessed by their company and support this entire year. Their dedication to our association is matchless. Per our bylaws, NLPA's leadership is made of elected and appointed officers. The elected officers for 2014 included Andrés Consoli, Ph.D., President; Lynda Field, Ph.D., Past-President; Marie Miville, Ph.D., President-Elect; Lisa M. Edwards, Ph.D., Secretary; Fred Millán, Ph.D., Treasurer; Megan Strawsine Carney, Ph.D., Early Career Representative (term started in August, 2014); and Rachel Reinders-Saeman, MA, Student Representative (term started in March, 2014). These seven officers constitute NLPA's Executive Board. The appointed officers for 2014 included Cynthia E. Guzmán, Ph.D., Conference Chair; Liz Fraga, Ph.D., Fundraising/Development Chairperson (term started in April, 2014); Héctor L. Torres, Psy.D., International Liaison, & 2014 Presidential Initiative; Azara Santiago-Rivera, Ph.D., Journal Editor & Senior Advisor; Tiffany Schiffner, Ph.D., Membership Chairperson (term started in May, 2014); Héctor Y. Adames, Psy.D., Newsletter Editor (term started in April, 2014) & Social Media Communication; Ezequiel Peña, Ph.D., Professional Development Coordinator; Alison Cerezo, Ph.D., (also CLDI Fellow 2013-2014) & Regina Jean Van Hell, Ph.D., Training and Networking Committee Co-Chairs; Brian McNeill, Ph.D., Psychological Education Issues Advocate & Historian; Miguel Gallardo, Psy.D., Psychological Professional Practice Issues Advocate; Edward Delgado-Romero, Ph.D., Psychological Science Issues Advocate (term started in October, 2014) & Senior Advisor; Manny Paris, Psy.D., Policy Issues Advocate (term started in October, 2014); Patricia Arredondo, Ed.D., Senior Advisor; Valerie Minchala, Ph.D., Student Development Coordinator; Alberta Gloria, Ph.D., CLDI Mentor; Brandy Piña-Watson, Ph.D., CLDI Fellow 2014-2015; Y. Evie Garcia, Ph.D., CLDI Representative, APA Council of Representatives Delegate; and Dianna Marisol González, Ph.D. and Eduardo Morales, Ph.D., co-chairs of the 2014 Awards Committee. These elected and appointed officers constitute NLPA's Leadership Council. I am pleased to report that by year's end every single position in the LC was successfully filled. I thank all the LC members for their dedicated and selfless service. I also thank the chairs and co-chairs of our Special Interest Groups (SIGs) for their work throughout 2014, especially *Orgullo* and Undocumented Student and Immigrant Family Allies (USIFA), and for their meaningful presence and contributions to our conference.

NLPA's LC held monthly meetings throughout the year, and two additional meetings with our members, one at APA and one during NLPA's conference. I particularly appreciate the LC's support of my efforts towards transparency and inclusiveness by approving the dissemination of our meeting minutes together with brief reports by LC officers, which are now posted in the "Members Only" section of NLPA's website. Thanks a lot Lisa for all the minutes throughout 2014! Similarly, throughout 2014, I invited our members to submit agenda items for the LC meetings. Thanks a lot to all of you who responded to the invitations.

After ample consultation we updated our logo to a version that reflects more clearly our inclusive and affirmative stance; I want to thank Ms. Serenity Sersecion and Dr. Héctor Adames for their help with this process. Dr. Ezequiel Peña organized multiple *charlas* and Dr. Regina Jean Van Hell instrumented an event termed Meet Our Members throughout 2014. Thanks a lot Ezequiel and Regina! In 2014 we successfully completed an election to one position, that of president for 2016. Thanks Lynda Field for orchestrating the election and Patricia Arredondo and Ed Delgado-Romero for serving on the elections committee.

In 2014 NLPA received multiple requests for endorsement by APA presidential candidates. In light of the requests and considering our Bylaws, an endorsement policy was developed, input was sought from our members, and a policy was adopted. The policy was utilized during the 2014 APA elections.

We instrumented the process of amending our Bylaws that resulted in the authorization of the following changes:

1. The president-elect consults with NLPA's LC regarding NLPA's Special Interest Groups.
2. NLPA's publication known as "*El Boletín*" was renamed "*Latina/o Psychology Today*" and the type of publication has been changed from "Newsletter" to "Bulletin."
3. The timeframe used to define an Early Career Professional (ECP) was extended from 7 years to 10 years since earning the corresponding doctoral degree.

We owe much gratitude to Dr. Fred Millán, our Treasurer, for his dedication to our financial health. I am happy to report that we started the year with ≈\$61,000 in our accounts and ended the year with a balance of ≈\$105,000. This significant growth was due in part by the ≈\$34,000 net income from the conference, the ≈\$36,000 brought in through membership fees, and the ≈\$20,000 from our job board. We were able to cover our operating expenses including our contract with APA to publish and distribute our journal, as well as the contract with *Abrazo* Marketing, the company that maintains our website and membership database. Thanks a lot

¹ Submitted on 1/25/15. I ask for your forgiveness if I forget to acknowledge somebody; please do not hesitate to bring any omission to my attention so that I can properly honor that person as well.

Fred for your work and service to NLPA! I take advantage of this opportunity to thank Ricardo Aguirre from *Abrazo* as well. Ricardo has been extremely helpful to NLPA throughout the year and particularly during our conference.

NLPA Membership

We committed ourselves to building our membership and I am happy to report that we surpassed the 500 members mark, an unprecedented milestone. This couldn't have been done without the commitment of our membership chair, Dr. Tiffany Schiffner; thanks a lot Tiffany! The need to develop some membership analytics based on collected membership has become evident, and Melanie Domenech Rodríguez, our 2015 President-Elect and I will be working on analyzing the available data as well as procuring more information about our members (for example, language abilities, etc.).

NLPA Publications

We have had our first full year of publication for our outstanding *Journal of Latina/o Psychology*, with four sophisticated issues. JLP is edited by NLPA's senior advisor and past president Dr. Azara Santiago Rivera, together with associate editors Consuelo Arbona, Esteban Cardemil, Edward Delgado-Romero, and Andrea Romero. Thank you Azara, Consuelo, Esteban, Ed, and Andrea as well as all the anonymous reviewers and the authors who selected NLPA's JLP as the outlet for their scholarship.

We had the first issue of *Latina/o Psychology Today* (formerly *El Boletín*) published in October 2014. LPT is edited by Dr. Héctor Adames together with associate editor Dr. Nayeli Chávez-Dueñas, and student editor Ms. Jessica Pérez-Chávez. Thanks a lot Héctor, Nayeli, and Jessica as well as all the contributors to this first issue.

NLPA Biennial Conference

We celebrated NLPA's 6th Biennial Conference, which took place October 23rd through 26th, 2014 in Albuquerque, New Mexico at the Hotel Albuquerque in Old Town and was chaired by Dr. Cynthia Guzmán. Thank you Cynthia for all your work! The theme of the conference was DREAMers, Immigration, and Social Justice: Advancing a Global Latina/o Psychology Agenda/*DREAMers, Inmigración y Justicia Social: Avanzando una Agenda Global de la Psicología Latina*. We had over 200 presentations and over 400 participants. Cynthia and I would like to thank the members of the Local Arrangements Committee: Kee Straits, Melinda Garcia, Tai Paquin, and Tom Chavez; the members of the Scientific Program Committee: Elizabeth Vera, Melissa Morgan Consoli, and Cristalís Capielo and all the proposal reviewers; and the members of the Sponsorship Committee: Liz Fraga, and Julien Almonte. We thank our keynotes Drs. Isaac Prilleltensky and Carola Suárez-Orozco and activist Gaby Pacheco for their pro-bono participation in our conference. We thank author Ana Castillo for blessing our conference with her presence and contribution. We want to thank NLPA's Student Development Coordinator, Dr. Valerie Minchala, who coordinated the donation for student scholarships and all the donors who gave freely to raise sufficient funds to provide multiple scholarships to support students in attending NLPA's conference. We thank Drs. Milton Fuentes and Héctor Adames, organizers of NLPA's 2012 conference, for their guidance and responsiveness to our inquiries.

We partnered with our colleagues from the New Mexico Psychological Association and held consecutive conferences at the same venue; Cynthia and I want to thank Dr. Ricardo Gonzales, NMPA's president elect, and Amelia Meyer, NMPA's Executive Director, for their collaborative spirits and commitment to address cultural competence among mental health practitioners. During the conference we welcomed the CNPAAEMI Leadership Development Institute (CLDI) where the newly appointed fellows representing each ethnic minority association, as well as APA's Division 17 and 45, met with their CLDI mentors and advisors. We also welcomed the retreat meeting of the Alliance of National Psychological Associations for Racial and Ethnic Equity, which brought together the presidents and representatives of the four National Ethnic Minority Psychological Associations and of the American Psychological Association.

We want to thank all the sponsors, including the major supporters of the conference: the Chicago School of Professional Psychology; Teachers College, Columbia University; and the American Psychological Association. We want to also extend our gratitude to Division 45 Society for the Psychological Study of Culture, Ethnicity, and Race, Division 17 Society of Counseling Psychology, the Buros Center for Testing, the Morgridge College of Education at the University of Denver, the Society for Personality Assessment, the Department of Counseling & Educational Psychology at New Mexico State University, the National Latino Behavioral Health Association, the Gevirtz Graduate School of Education of the University of California in Santa Barbara, the Latino Psychological Association of New Jersey, www.LatinosinHigherEd.com, and the Department of Psychiatry of the University of New Mexico in Albuquerque. Cynthia and I are delighted to share that thanks to everybody's participation and contribution, coupled with our shared commitment to raise funds for NLPA, our association received approximately \$34,000 in net income. Cynthia and I made some recommendations on ways to use a portion of the profit to honor the theme of the conference and the LC is currently looking into the recommendations in the larger context of our finances and fiscal health.

Cynthia and I wrote multiple articles about the conference in order to attract attention to it and then to report back on the outcome of the conference. These articles have been published in outlets such as *Focus*, the newsletter of APA's Division 45; the *Boletín Interamericano*, the newsletter of the Interamerican Society of Psychology; and *Comunicqué*, the news journal of the Office of Ethnic Minority Affairs.

NLPA Awards

We successfully instrumented an awards call and selection mechanism during 2014 and granted the awards during NLPA's 2014 conference. I want to thank the co-chairs of the 2014 Awards Committee, Drs. Dianna Marisol González and Eduardo Morales and the jurors who participated in the process: Luz Argelia Gómez, Jeanett Castellanos, Janice Elena Castro, Luz Maria Garcini, Mayra

Sanchez, and Lisa Sánchez-Johnsen. Congratulations go out to the 2014 award recipients Ms. Anahi del Carmen Collado, Cynthia de las Fuentes Dissertation Award; Dr. Marlen Kanagui-Muñoz, Outstanding Dissertation Award; Ms. Rebecca Rodriguez, Distinguished Student Service Award; Dr. Pierluigi Mancini, Star Vega Distinguished Service Award; Dr. Hector Y. Adames, Distinguished Professional Early Career Award; and Dr. José Toro Alfonso, Distinguished Professional Career Award. In 2014, the Distinguished Elder/Pioneer award was replaced with the Distinguished Madrina/Padrino Recognition for Outstanding Lifetime Achievements. The recipients of the Madrina Recognition were Drs. Patricia Arredondo and Martha Bernal (posthumously), while the recipients of the Padrino Recognition were Drs. René Díaz-Lefebvre and Manuel Ramírez III. ¡Felicitaciones a tod@s!

NLPA Initiatives

Dr. Héctor Torres led the Presidential Agenda for 2014 focusing on understanding Latina/o identities across borders and international engagement. Héctor and his team published the results of an NLPA members' survey on international matters in an article in LPT. Moreover, Héctor and I held a meeting of the International Workgroup during NLPA's conference as well as a roundtable discussion. One of the outcomes of those meetings is proposing the creation of a new NLPA's Special Interest Group focused on international engagement. Finally, Héctor has led the development of an NLPA position statement on the affirmation of human rights and the importance of adhering to the ethical principles of psychologists while taking a stance against the use of torture. ¡Muchas gracias Héctor!

Dr. Ivelisse Torres Fernández, Co-Chair of NLPA's SIG USIFA, Dr. Nayeli Chávez-Dueñas, and I joined forces to respond to the crisis of the unaccompanied immigrant minors. We developed two sets of Guidelines, one directed at detention center personnel and another at mental health practitioners. A draft of the guidelines were sent out to our members and we received extensive feedback from Drs. Manny Casas, José Cervantes, and Patricia Arredondo; thanks a lot Manny, José, y Patricia. We also received feedback from Drs. Héctor Adames, Claudia Antuña, Roy Aranda, Melanie Domenech Rodríguez, Maritza Gallardo, Giselle Hass, and Megan Strawsine Carney; thank you all! Ivelisse, Nayeli, and I worked on a revised version of the guidelines that incorporated the thoughtful and thorough feedback received. The revised versions of the Guidelines were adopted by NLPA's Leadership Council in January 2015 and are being disseminated accordingly. They are available on NLPA's website at www.nlpa.ws/publications. ¡Mil gracias Ivelisse y Nayeli! The APA's Government Relations of the Public Interest Directorate supported our work, particularly Dr. Judith Glassgold, Associate Executive Director, and Mr. Ben Vonachen, Senior Legislative Assistant. Furthermore, thanks to Judith and Ben we were approached by the *APA Monitor* and were interviewed on the matter. The article with our contributions will appear in the February 2015 issue of the Monitor.

I reached out to the leaders of our SIG *Orgullo* to see about responding to the invitation for feedback to the *Guidelines for Psychological Practice with Transgender and Gender Non-Conforming Clients* that had been developed by a joint task force of Division 44 and the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns. Johanna Malaret, co-chair of *Orgullo* agreed to spearhead this effort. Johanna developed a draft of the response with important input from Alison Cerezo, and then distributed it via NLPA's listserv for further input. NLPA then submitted its final response to the Task Force, accentuating important cultural issues on the matter. Thanks a lot Johanna!

In late 2014, the matter of torture and psychologists' involvement with torture came up again. There has been much controversy surrounding actions engaged in by government officials and contractors in the context of the campaign known as "the war on terror." There have been questions about APA's involvement in such "war," and about the controversial APA's PENS 2005 report, which has since been rescinded. Moreover, the accusations contained in James Risen's latest book about APA's involvement have prompted APA to hire an independent investigator to look into the claims. Most recently, Diane Feinstein's Senate Intelligence Committee Study on the CIA Detention and Interrogation Program has underscored the involvement of two psychologists mentioned in Risen's book, who led interrogations of detainees that amounted to torture. These events, among others, prompted me to reach out to Dr. Héctor Torres, who, as previously indicated, chaired the 2014 presidential initiative on international engagement, to ask him to lead in crafting a position statement by NLPA on the matters at hand. The spirit of the position statement is to condemn torture, to emphasize the importance of investigations of the accusations with justice being served following the outcome of those investigations, and to underscore our commitment to ethical principles in our work as psychologists. This matter is of significant importance in a global, internationally engaged, Latina/o psychology committed to the affirmation and advancement of human rights. Many of our brothers and sisters in Latin American countries have endured unlawful detainment, have been subjected to cruel and unusual punishment while in custody that amounted to torture, and hundreds of thousands have been killed, collectively referred as "l@s desaparecid@s." I reached out to NLPA members to ask to join Héctor in collaborating on the drafting of such position statement. I want to acknowledge Melanie Domenech Rodríguez, Roy Aranda, and Cristalís Capielo who responded affirmatively and collaborated with Héctor and I in developing the initial draft of the position statement which, after the consent of the Leadership Council it was sent out to the NLPA membership for input. Jesús Aros, Robert Cook, Antonio Perez, and Megan Strawsine Carney provided input on the first draft. After incorporating the input from NLPA's members, the final version of the position statement was adopted by NLPA's Leadership Council in January 2015 and is being disseminated accordingly. It is available on NLPA's website at www.nlpa.ws/publications. Thanks a lot Héctor, Melanie, Roy, and Cristalís as well as Jesús, Robert, Antonio, and Megan!

In late 2014 I corresponded with César Gonzalez who indicated a desire to give back/donate some monies to NLPA in the form of a scholarship over five years, for a bilingual early career psychologist who has the goal of becoming board certified through the ABPP in clinical health psychology. The funds would be used to pay for the application/examination fee and/or travel to the oral exam, and perhaps membership fees to the Association of Psychologists in Academic Health Centers. I included Marie Miville for

continuity purposes and, most recently, Liz Fraga as NLPA's fundraising chairperson. César, Liz, Marie, and I have been working on the details of the proposal to be presented to the LC.

Also in late 2014, I received a request in my capacity of president of NLPA for input by Lilliam Rivera, a writer for *Cosmo for Latinas* magazine who was working on a story on Latinas and Suicide. I put her in touch with Luis Zayas, Andrea Romero, and Brandy Piña-Watson in light of their knowledge on the topic. Ms. Rivera interviewed me as well on warning signs of suicidality, survivors' guilt, and community interventions. The resulting article featuring our members' input will be published in the January issue of the magazine.

Representing NLPA and Networking with other Organizations

Throughout 2014, I reached out consistently and on behalf of NLPA to other organizations, locally, nationally, and internationally, to collaborate on projects and matters relevant to NLPA's mission. To this end, I attended the International Counseling Psychology Conference in Atlanta in March, the Psychology of Men Conference in Fullerton, California in June, the Interamerican Society of Psychology in El Salvador in July, the American Psychological Association Convention in DC in August, our Conferencia in October, as well as the Alliance meeting after our Conferencia, also in October in Albuquerque, New Mexico. In September 2014, I represented NLPA at the American Psychological Association Education Leadership Conference, in Washington, DC. I received training in reaching out to members of Congress to advocate for the Graduate Psychology Education (GPE) program and then carried out four visits to Capitol Hill, meeting with staffers from the offices of Dianne Feinstein, Barbara Boxer, and Lois Capps and meeting with congresswoman Judy Chu. I am pleased to report that the Fiscal Year 2015 Consolidated and Further Appropriations Act (known as the Omnibus Resolution) includes a \$1 million increase to the GPE program. I would like to underscore that my participation on all these activities were done at no cost to our association. At these meetings I disseminated information about NLPA either through presentations or distribution of flyers, and encouraged people I met who were Latinas/os or allies to join NLPA. Moreover, I consistently and systematically distributed information from and about NLPA to sister organizations such as the San Francisco Latino Psych group, California Latino Psychological Association, the Latino Network of the Association for Multicultural Counseling and Development, APA's Division 45, and the Interamerican Society of Psychology. I also distributed information from and about NLPA to APA's Divisions 17 and 52, to the Association for Counselor Education and Supervision, to the Society for the Exploration of Psychotherapy Integration, and to the Society for Psychotherapy Research.

Also during 2014, I represented NLPA at The Council of National Psychology Associations for the Advancement of Ethnic Minority Interests (CNPAAEMI) meetings that took place Eugene, Oregon in June and in Washington, DC in August. I participated in the CNPAAEMI Leadership Development Institute fellows' April meeting as a guest speaker representing NLPA. Together with Lynda Field, we represented NLPA at the Alliance of National Psychological Associations for Racial and Ethnic Equity. On behalf of the Alliance I submitted a presentation proposal that was accepted for and delivered at the NMCS 2015 in Atlanta, Georgia, in January, 2015. Through the Alliance's involvement, we responded proactively to the request of joining the efforts by the National Congress of American Indians to eliminate mascotry in the National Football League. The matter was presented to the LC, which gave its approval to include NLPA's name as a cosigner of a petition to that effect.

In late 2014, I responded to a request from ABPsi asking for the endorsement of their statement on the killing of Michael Brown in Ferguson, Missouri, by reaching out to the LC for input and possible endorsement of ABPsi's statement. The LC responded immediately and endorsed the statement unanimously. In the meantime, prompted by the cumulative recent events, ABPsi's inquiry, the inquiry by one of our members, Ignacio D. Acevedo Polakovich, and the willingness of Manny Paris, our public policy advocate, Manny and Ignacio agreed to take the lead in crafting a position statement by NLPA concerning the lives of African Americans and the use of force by police. After input from NLPA's members on an initial draft, the position statement was adopted by NLPA's Leadership Council in January 2015 and is being disseminated accordingly. It is available on NLPA's website at www.nlpa.ws/publications. ¡Muchas gracias Manny e Ignacio!

I thank you all for having given me the privilege to serve as NLPA's president during 2014.

Con respeto y aprecio,



Andrés J. Consoli, Ph.D.
NLPA 2014 President
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Additional Summary of Activities by NLPA's 2014 Leadership Council Officers

The following brief summaries of the activities accomplished have been provided by the corresponding officers in NLPA's Leadership Council.

ELECTED OFFICERS

Lisa M. Edwards, Ph.D.
Secretary

Over the past year my Secretary responsibilities have focused primarily on the accurate and timely development of Leadership Council meeting minutes. This work entailed developing minutes, gaining approval from the LC for the minutes, and developing a new copy of minutes for the NLPA membership in consultation with the President. In addition to the meeting minutes, I have also supported the President with various smaller tasks, including gathering information for the LC retreat, requesting contact information and pictures from appointed and elected officers for the NLPA website, sending reminders to the LC regarding upcoming meetings, and responding to members who post job openings to the listserv with information about our NLPA job board.

Fred Millán, Ph.D.
Treasurer

The Association had an auspicious year financially as revenue from the biennial conference, job bank fees and membership dues doubled the amount held in checking to **\$84,776.12** by December 31, 2014. The total in our account, including savings, is **\$105,391.36**. Please see below for the annual increase amounts:

	Checking	Savings	Totals
Dec 31, 2014	\$84,776.12	\$20,615.24	\$105,391.36
Dec 31, 2013	\$40,458.36	\$20,608.69	\$61,067.05
Total Increase	\$44,317.76	\$6.55	\$44,324.31

The Leadership Council is currently working to ensure that the Association's finances will not only be self-sustaining through its various ongoing activities, but support expanded services and programming for members. Toward that end, we are developing a two-year budget that will take into account the cyclical nature of the biennial conference's increased income, the NLPA Journal expenses (and potential future income), and other potential income generators (e.g., possible socially responsible investment options to increase growth on savings). The Leadership Council is committed to the responsible growth and management of the Association's finances in order to better fulfill our mission.

Megan Strawsine Carney, Ph.D.
Early Career Representative

I became the Early Career Representative this summer after returning from maternity leave. Since beginning my term I've reached out to previous representatives to learn more about the role and needs of Early Career members. Many of us gathered for dinner at the conferencia, which I organized to facilitate conversations and relationships. I also identified sessions for the conferencia program that may have been of interest to Early Career members. This year we had many outstanding applicants for the CLDI Fellow and CNPAAEMI Leadership Institute; I've been helping those who we were unable to select find other opportunities to develop their leadership skill within NLPA. Additionally, I am working to identify current topics of interest for future NLPA Charlas or Webinars and finalizing an Early Career committee to make more progress in the upcoming calendar year!

Rachel Reinders, M.S.
Student Representative

The focus of 2014 for students was on developing connections between students and with professional members of NLPA both at the conference and through online webinars. The conference events, such as the student meeting, which provided a forum for students to network and discuss ways to get the most out of the conference, and the student dinner, gave students a space to connect with each other. Other projects included student webinars in order to give students a chance to connect outside of the conference. Ernesto Lira successfully organized a webinar to discuss the internship application and interview process, which was very successful in giving students the opportunity to talk with site directors about their questions and concerns. In the coming year, we are hoping to implement a formal mentoring program within NLPA to provide students at all levels of training with opportunities to connect with other more advanced students or professionals.

APPOINTED OFFICERS

Tiffany Schiffner, Ph.D. **Membership Chair**

In preparation for this role, I had several meetings with the previous Membership Chair and reviewed the website as well as materials in DropBox to acquaint myself with the position. I learned that the membership chair is committed to recruitment and retention of membership for NLPA. In this effort, invitations to potential new members have been sent out regularly, mass emails were sent on a monthly basis to those who have not renewed membership so to provide a friendly reminder to renew, and recognition emails to those who have joined and/or renewed were sent as well. Questions and concerns that members have about membership and/or membership related issues (e.g., payment, membership status, etc.) were addressed. I also worked collaboratively with the LC to address all other issues related to membership (e.g., website concerns, updating forms, etc.).

A new membership committee was developed. These members volunteer their time to assist with all matters related to membership. The committee has monthly meetings so to discuss relevant and current membership issues for the association. We developed a brainstorm list of ideas and action plans as to how to better recruit and retain members. The membership committee assisted with the Holiday Member Drive. There is also interest to participate in the upcoming new membership form subcommittee.

Hector Y. Adames, Psy.D., Editor **Latina/o Psychology Today (LPT)**

The 2014 Leadership Council (LC) proposed an amendment to the NLPA Bylaws regarding *El Boletín*, “the official news outlet and/or media exchange instrument of NLPA.” Specifically, they proposed two changes. One, naming the publication a “bulletin” throughout our bylaws instead of a “newsletter.” The main rationale for this change is to support members in academia when seeking retention, tenure, and promotion given that some committees do not give credit for newsletter entries but do so for bulletin publications. Two, changing the name of the publication from “*El Boletín*” to “*Latina/o Psychology Today*.” The main rationale for this change is to signify the difference between a newsletter and a bulletin while aligning the publication with the name of the association’s journal. The membership voted and approved the two proposed changes.

The first issue of LPT was published in September 2014. The first invited LPT article was authored by NLPA member and distinguished professional, Dr. J. Manuel Casas. The second issue of LPT will be published in Spring 2015.

Volume 1 Issue 1: Theme--*Dreamers, Immigration, & Social Justice*, which aligned with the 2014 biennial conference.

Volume 2 Issue 1: Theme--Ending Violence Against la Mujer: Uniting Nuestras Voces (scheduled to be published Spring 2015)

Thank you to the following members for their unwavering support to the launch of LPT:

- Nayeli Y. Chavez, Ph.D., Associate Editor
- Regina Jean-Van Hell, Ph.D., SIG Column Coordinator
- Jessica Perez, Student Editor
- Mackenzie T. Goertz, Student Editor
- Andrés Consoli, Ph.D., 2014 NLPA President

Hector Y. Adames, Psy.D. **Social Media Communication**

In its second year, the association’s social media outlets continue to experience high traffic compared to the 2013 social media launch. As of December 18, 2014 NLPA has 170 followers on Twitter and 391 on Facebook.

Announcements, recruitment messages, exposure to the journal’s table of content (done quarterly) and LPT, web-events and the like are continuously posted on both social media sites. Many of the events and announcements associated with the 2014 biennial conference were also shared through the association’s social media accounts.

Below please find some exemplars of our social media ‘traffic’ during 2014.

- Announcement of our President-elect, Dr. Melanie Domenech Rodriguez's TED-Talk: seen by 331 individuals
- First published issue of LPT: seen by 378 individuals
- Professional development Charla with Drs. Andrés Consoli & Cynthia Guzmán: seen by 268 individuals
-

Valerie Minchala, Ph.D. **NLPA Student Development Coordinator**

Student Committee (SC)

2014 SC: Rachel Reinders (Student Rep, beginning March 2014), Marvyn Arevalo Avalos (Student Rep Jan-March 2014), Ernesto Lira, Mohena Moreno, Samuel Nunez, & Karina Ramos.

The SC met throughout the year to plan various events for students, including a conference proposal webinar, the Student Leadership presentation at the conference, student socials at the conference, and an internship interviewing webinar. For the most part, the SC was stable throughout the year (consisting of members who joined in 2013), with the only exception being the change in Student Representatives (from Mr. Marvyn Arevalo Avalos to Ms. Rachel Reinders) early in the year. However, this process was facilitated by Mr. Avalos's recognition of a need to step down from the position, and Ms. Reinders ability to step into the position after experience as the Interim Student Representative last year. As such, the transition was a fairly smooth one. Due to where several of the SC members are with regard to their training programs, I will be following up with them regarding their availability to continue with the SC. Depending on the results of these discussions, new SC members may be added for next year.

Student Services

In an attempt to maintain student involvement prior to the conference, two events were made available to students. The first was an interview with Dr. Nadya Fouad, conducted by Rachel Reinders, on how to write successful conference proposals, which was later posted to the website. The second was an internship interviewing webinar in which Drs. Manny Paris and Diane Hayashino served as training director panelists and responded to questions submitted by student attendees. This webinar was attended by ~13 students.

This year, a goal of the SC was to increase student visibility on the website. As such, a student-specific section was created on the website as a resource to students for NLPA student members. Here, we posted the newsletter maintained by one of the SC members, posted interviews, the training directory, information regarding the STS, and information regarding the student Facebook page.

Latina/o Internship Training Directory

I checked in with the original developers of the directory to assess their interest/availability to continue working on it. One expressed interest in continuing to be involved in this project, while the second recognized she did not have the necessary availability to continue. Identified student volunteers to create a committee to create a more comprehensive draft of the directory. The committee then followed up with those programs included in the initial draft for updated information and to assess interest in continuing to be included in the directory. The 2nd draft of the directory was posted in early November, with the goal of continuing to update it as information is received from training sites. Additionally, as a result of it being posted, I was contacted by psychologists at various sites not included in the directory who expressed interest in being added. Survey questions were subsequently sent to those training directors.

2014 Conference

I began working with the SC early this year to identify ways in which to best meet the needs of the students. Upon the suggestion of the SC, the idea was developed to hold a Student Leadership presentation during the conference, with this being a requirement of attendance for STS recipients. With the assistance of Drs. Consoli and Guzmán, a session time was set aside for such a presentation. As a result, Drs. Patricia Arredondo and Ignacio Acevedo-Polakovich were contacted about facilitating such a presentation; they both agreed to do so.

In addition to this presentation, several student socials were also organized by the SC. The first of these was held prior to the *Bienvenida* on the first night of the conference, as an informal meet-and-greet meeting that also served to provide students with an "orientation" to the conference. A follow-up informal social was held later that evening, followed by a student dinner on the 2nd night of the conference. Feedback regarding the first two gatherings indicated these events were successful; however, there appeared to be mixed results with the dinner due to small amount of contact available between students. While it appeared that a good number of students attended (though not all who RSVP'd), many attended for only brief periods of time, minimizing students' interactions with each other. Additionally, it was suggested that as the number of spots that were made available to students increased in an attempt to be as inclusive as possible (from 20→30→40), the consequence was a decrease in the intimacy of the group, also affecting students' ability to interact with one another. Finally, to assist the conference planners, I spent time pricing ribbons to identify a variety of groups during the conference.

Student Travel Scholarships (STS)

STS applications for the 2014 conference were made available in mid-May, both via the listserv and the NLPA website. To allow applicants to be fully informed when making decisions about applying for the scholarship and travel arrangements, they were all notified of the expected timeline for announcements. I began fundraising efforts for this year's STS in early May, with the goal of matching the number of scholarships awarded for the 2012 conference. As part of these efforts, I requested "testimonials" from previous recipients, many of whom offered words regarding the benefits of receiving scholarships for previous conferences. Fundraising continued throughout the summer, ending at the end of September, with a resulting 16 scholarships that were awarded in the amount of the regular student member registration of \$230. Scholarship announcements were made in early October. In addition, I also recruited 9 volunteers to review STS applications. Volunteers were recruited from STS donors, previous STS recipients (who did not apply for the scholarship this year), and the general membership.

New Student Scholarship

Last year, I began working with Miguel Angel Cano regarding his proposed scholarship. I followed up with him this year to check in regarding the progress on this scholarship, offering feedback regarding his proposed timeline. At this time, the new scholarship is on hold, as we have not had the opportunity to continue discussion about it.

Mentorship

A new idea that is being developed in conjunction with Dr. Regina Jean Van Hell and Ms. Rachel Reinders is that of a mentorship program for the association. This idea was one that was raised during the LC retreat at the conference, and one for which there appears to be much energy in developing. At this point in time, this is still in the early stages of development.

Héctor Torres, Psy.D.
International Liaison & Presidential Initiative

The focus of NLPAs presidential agenda for 2014 was on Latina/o identities across borders and international engagement. As a first step to advance this agenda, NLPAs Leadership Council approved the creation of an “International Liaison” position and the appointment of Dr. Héctor Torres to that position through the end of December 2014. Dr. Torres first task was to establish an International Workgroup, which is composed by Gregory Benson-Flores, Alex Miranda, Claudette “Claudia” Antuña, Ezequiel Peña, Rosario Costas-Muñiz, Ruth Zuniga, Regina Jean Van Hell, Alyssa Ramirez Stege, and Andrés Consoli. The accomplishments of this group for 2014 included: (a) the development of an internationalization strategic plan to serve as a guide to follow in subsequent years; (b) the development, distribution, and report of a membership survey on International issues; (c) a contribution to *Latina/o Psychology Today's* first issue; and (d) a symposium, two round tables, and an international work group meeting at the biennial conference. Next steps include the proposal of an International Special Interest Group (SIG). This group will be able to continue working on several projects including a webpage to provide NLPAs members with information, resources, and contacts concerning international engagement.

Brandy Piña-Watson, Ph.D.
CNPAAEMI LDI Fellow for NLPAs (August 2014-2015)

In the position of Leadership Development Institute Fellow for NLPAs, Brandy has attended the LDI Retreat, which was held in October along with the other LDI fellows from other CNPAAEMI organizations. Since this meeting the fellows have met weekly via videoconference to plan a project that will meet overlapping needs of the six represented organizations.

Elizabeth D. Fraga, PhD
Fundraising Development Chair

As this is a new leadership council position of NLPAs, I spoke with fundraising chairs at other associations (e.g., Asian-American Psychology Association, Division 44 and Division 45 of American Psychology Association, Winter Roundtable, and National Multicultural Conference and Summit) to inquire as to the goals of the role of Fundraising Development Chair. Additionally, I gathered supplemental information regarding the role from several current and past NLPAs leadership council members. Consequently, the Fundraising Development Chair role is to focus on assisting the association in increasing funds for conferences, scholarships, and student development. In this regard, I worked closely with Cynthia Guzmán and Andrés Consoli to recruit sponsors through email and phone contact for the 2014 Conference in New Mexico. Furthermore, I worked collaboratively with Andrés Consoli and Marie Miville to establish the NLPAs Integrated Behavioral Health Scholarship with preliminary funding provided by César González. In the future, I hope to increase the funds for the NLPAs Integrated Behavioral Health Scholarship. I also will continue to work on recruiting sponsors for the upcoming 2016 conference and solicit donations for NLPAs.

It has been a wonderful, heartfelt experience to be a part of the LC. It is inspiring and empowering to be part of a group of individuals that is so dedicated to furthering the Latina/o community and social justice for all.

Alison Cerezo, Ph.D.
Regina Jean Van Hell, Ph.D.
Training and Networking Committee Co-Chairs

Alison Cerezo has developed a CE Training Workshop featuring Esteban Cardemil for NLPAs. This work was initiated in summer 2013. Alliant International University is the CE sponsor and will be handling the administrative details of the training (registration; issuing completion certificates). The training is complete and online, and will be made public in late January 2015.

Regina Jean Van Hell has been in charge of the Networking Committee section and organized in 2014 a “Meet Our Member’s” webinar with Dr. Celia Jaes Falicov. Dr. Falicov talked about her book *Latino Families in Therapy*. This webinar was recorded yet needs final approval from Dr. Falicov. The intent of these webinars is to expose our members to the various specialties of our members and their work. In the future we would like to have these webinars available through NLPAs website. As a result of these webinars, we needed to develop for NLPAs a video release authorization. Various LC members forwarded samples of video release authorizations and a form was created called the “NLPAs Video/ Recording Release Authorization” which was reviewed by LC members, Andrés Consoli, and Roy Aranda, our legal advisor. This form is ready for use and we need to decide where it will be placed for NLPAs LC members to have access to it.

At the NLPAs 2014 Conference in Albuquerque and as a result of the daylong LC meeting, Valerie Minchala, Rachel Reinders, and Regina Jean Van Hell have decided to work together to begin a mentoring program for NLPAs members because many members attending the conference voiced the need of a mentor. Regina has volunteer to work in this project because she has had previous experience at Boston College and at Lesley University managing mentoring programs. Currently, we are developing a questionnaire for mentors and mentees. We plan to train mentors and mentees by using the Internet and to monitor these relationships.