Sacar La Voz: A Manifesto For My Latinx Peers

Gabriela Nunez-Santiago
gabriela.alexandra1626@gmail.com

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the Social and Behavioral Sciences Commons

Recommended Citation
https://digitalcommons.lesley.edu/expressive_theses/73

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu.
Sacar La Voz: A Manifesto For My Latinx Peers

Capstone Thesis

Lesley University

May 5th, 2018

Gabriela A. Núñez-Santiago

Expressive Arts Therapy

Elizabeth Kellogg
Abstract

This thesis was originally concerned with the use of expressive arts therapy with Latinx survivors of domestic violence. As the author carried out the review of literature, she began to encounter fundamental issues in the way that the Latinx community is approached in research. Instead of carrying out a traditional review of literature, the author approached the literature through three main questions: "Who is the research about?," "Who is the research by?," and "Who is the research for?" Reductive generalizations, missing information, and disempowering assumptions were found. These problematic realities are presented as symptomatic of larger systemic issues, which the author connects to her experiences in formal education, as well as to relevant personal and professional experiences. The paper concludes by exhorting mental health counselors and expressive arts therapists to give up the idea of being apolitical because trauma work, especially with those experiencing compounded marginalization, is inherently political.
I want a Black, Brown, Latinx, Immigrant, Undocumented, Queer, Poor, and Differently Abled Expressive Arts Therapy. I want an Expressive Arts Therapy that is not afraid to be political. I want a curriculum built for my people and for me. I want a curriculum that bleeds, hurts, and weeps. I want a field that takes responsibility for its well-intended violence, erasure, and theft. I want leaders to understand that well intentions often give birth to harm. I want new leaders. I want Black and Brown leaders who are set up to succeed, and are respected and valued for the wisdom they inherently possess as a result of their experiences with marginalization. I want white expressive therapists to understand, acknowledge, and dismantle white supremacy and the constant appropriation that feeds the field. I want Black and Brown professors to be given absolute freedom to teach what they want. I want white professors to hold white liberal students accountable to their privilege. I want scholarships for Black and Brown students. I want full financial aid for undocumented students. I want undocumented students to feel free to say they are undocumented. I want my white peers to understand the gravity of working cross culturally without power analysis. I want racism to be called out without hesitation. I want us all to understand that being afraid of being racist enables us to continue to be racist. I want to see myself (and my family and my father and my friends and my lovers) in the assigned readings. I
want to relate to the work without leaving myself aside or behind. I want to succeed without assimilating. I want Black, Brown, Latinx, Immigrant, Undocumented, Queer, Poor, and Differently Abled students to be matched with adequate mentors who validate, uplift, and remind us of our power. I want Black and Brown and Latinx students to thrive. I want to move through the field while centering my truth. I am centering my Truth.

My Truth: As a queer Boricua Latinx woman who was born and raised on the island, I have been given access to both sides of things. I can navigate dichotomies well enough without ever truly belonging to either side. I can be passing but will never truly belong to Whiteness. I am Latinx but I am not an immigrant. I am a second-class citizen. My access to privilege is constant and conditional. Seeing both sides of things has strengthened my values and given clarity to my purpose. I am expected to bridge realities. I live in the in-between. I am exhausted. I am angry. I am energized.
Introduction

This thesis was originally concerned with the use of expressive arts therapy in service of Latinx survivors of domestic violence. It was the natural choice, as I have had the honor of spending the past couple of years working with Latinx survivors of domestic and sexual violence through my internship experiences and plan to continue to work in service of this population. I have undoubtedly been confronted with my camino con corazón. However, as full of love and power as this path has been, it has also been an isolating one, made up of spaces where I have been the only or one of the few Latinx, Spanish-speaking clinicians, and where I have consistently been the only expressive therapist. This isolation motivated me to want to use this
thesis as an opportunity to fill what I perceived as gaps in my knowledge. I was proud of what I thought was a straightforward, practical approach to selecting a thesis topic.

However, I got stuck along the way. ¿Y de qué forma! For a while, I did not understand why I could not focus, make any progress on my writing, or why I was so painfully uncomfortable. To this day, I still have not been able to fully comprehend the complexity of what was going on for me during that time of emotional turmoil. I was paralyzed and started to become very angry. My research brought up feelings of disgust, disempowerment, discomfort, and disappointment. I found myself wanting to scream and realizing I had no voice. When I wrote, I found it impossible to focus on my original topic without addressing everything else that was coming up for me. My thesis topic began to evolve.

This intense and inconvenient process had multiple levels, as most of the work of therapists does: the personal, the professional, and the intersection of the two. On one hand, diving deeper into the topic of domestic violence made me confront a reality of unhealthy patterns in my intimate relationships. I finally realized that being drawn to working with survivors was not merely something I wanted to do because I felt passionate about anti-oppression and women’s rights. It was not a choice based solely on political and philosophical alignment. I chose to work with survivors because abuse has impacted me on a personal level. I am a survivor.

On the other hand, I was forced to confront a plethora of painful realities. A shallow and reductive understanding of Latinidad often plagued the research. This was characterized by a portrayal of Latinx culture as a homogeneous monolith, fixed, and unchanging across class, ethnicity, race, and time. An underlying assumption of overarching, shared Latinx values emerged, unchecked and unquestioned. It was not uncommon to find research that claimed to
offer truths about the Latinx experience while having a very limited sample of Latin American nationalities. Should findings from a research study including participants from 3-4 Latin American countries be generalized to Latinx culture as a whole, when Latin America is made up 20+ countries, each holding an incredible amount of diversity within them? Probably not.

In addition, research was often carried out by non-Latinx identified researchers who came into a community that was not their own and attempted to identify a set of truths, a process that results in the further “othering” of an already marginalized community. In addition, even when the researchers had a personal connection to the community, their approach was at times painfully Eurocentric and failed to be strength-based. This formula can lead researchers to arrive to the conclusion that cultural values are the cause of the immigrant’s suffering and the perpetuator of marginality, essentially pointing to deviation from whiteness as the root of all evils and offering assimilation as the ultimate cure.

Another source of frustration was the realization that most research I found was not written for the Latinx community or for Latinx practitioners. The general feeling that arose as I attempted to absorb information that would help me become a better therapist was that research papers were directed at white practitioners who are interested in learning how to best serve a group of Others. I have no interest in a white savior lens, other than calling out and dismantling it. My research approach was not leading to a deeper understanding of a community I identify as my own but to a deep frustration, followed by a critical analysis of how research is conceptualized and of my ability to identify sources of information truly meant to best serve my people.

My anger was bidirectional. I was angry with myself for allowing so many years to go by without being more critical and intentional about the sources of information that fed me. I was
angry with myself for all the times I trusted mentors who did not prioritize social justice and were not outraged by these power imbalances. I was angry with myself for devaluing my voice and ignoring my discomfort while allowing white people in positions of power to behave in problematic ways without calling them out, and worse, believing them. I was angry with myself for allowing the center to define reality. I was angry with myself for investing all this energy, time, and money on an education not designed for my community or me. My education was not developed with us, for us, or by us. I was angry with myself for not seeing or naming any of this sooner.

I was also angry with the institution and with the field. My navigation of these systems has always been and will continue to be shaped by my intersecting identities and overarching sense of belonging to the margins. It was clear that I could no longer ignore the shortcomings and the potential for harm. Connecting the research with the rest of my educational experience led to a rage that came at me like the huracán. All the aspects of my experience that I had put aside in a box for the sake of sanity started to effervesce. I could no longer see past the tokenization, erasure, exotification, and the theft.

It became clear to me that, as a Latinx woman seeking to serve Latinx communities and communities of color, the tools I needed were not going to be readily available or handed to me through my formal education. It began to feel irresponsible and ineffective to generalize tools that have been developed to reflect the needs of the center and apply them to those who are in the margins. What would it take to best serve communities who have been historically underserved when the tools I am receiving come from a place of evident and often overlooked, unchecked, and denied privilege? It came to the point where I lost sight of the powerful, the healing, and the useful and began to feel disconnected from the field and the professional community.
In sharing with a mentor, I told her I no longer wished to spend another ounce of my energy on something not meant for *mi gente*. She looked me in the eyes and told me, “Gaby, white people already take so much. Don’t let them take expressive therapies away from you.” The power of her statement moved us both to tears and, in that moment, I understood that turning away from expressive arts therapy was the easy way out. I knew it meant letting white supremacy have another victory. In that moment, I knew in my body that the healing power of artistic expression was always Ours to begin with. I also understood that I could not count on the leaders of the field to give Us that credit or to empower me in my process. I needed to reclaim expressive arts therapy for myself. It would be difficult and potentially lonely but at least I now had a better sense of my needs. I now understood what I needed to come back to life.

After having selected a topic that allowed for a potentially simple approach, I decided to restructure my goal because it is important. This thesis is my best attempt at unpacking and understanding the sources of my anger and disappointment, and to reestablish a sense of hope. I write from a place of deep frustration and dissatisfaction with the dominant narrative, which has often excluded, pathologized, and silenced those of us who live in the margins. I come forth from a place of ancestral resilience and carry an unwillingness to stay *de brazos cruzados*.

This thesis is dedicated to my Latinx peers, and to all students who may feel similarly unseen or displaced. Do not accept white mediocrity. Do not let their discomfort silence you. Your needs are valid. Your pain is valid. Your experiences are an invaluable source of knowledge. Reach out and co-create a community that replenishes your energy. Allow yourself to reshape and reclaim your acquired skills. Trust your voice. You are not alone.

"When the truth is finally recognized, survivors can begin their recovery." (Herman, 2015, p.1)
Literature Review

This is not a traditional review of literature. Instead of presenting an integrated summary of the literature, the information is grouped into three questions: who is the research about, who is the research by, and who is the research for?

Before diving into the literature review, a set of definitions is provided, taking into consideration that some of the concepts may be unfamiliar, particularly to those educated within the dominant narrative. Bell Hooks argues that when the radical voice speaks about domination, we are often speaking to those who dominate, which inevitably impacts the direction of our words (2009). I am doing my best to hold a balance between being understood and received by those in the center, and using a voice that is true and accessible to those I am hoping to serve. I recognize that while it is my plan to speak from my center, as unapologetically and vulnerably as possible, my desire to be understood by those occupying and constructing the dominant narrative is not eradicated. From this apparent contradiction, I am going forward.

Definitions

**Latino/Hispanic.** As explained by Kat Lazo, the term Latino centers geography and is mostly used in the context of the United States to refer to those individuals who identify as having Latin American heritage or as being from Latin America (2015). It differs from the term Hispanic, which refers to those individuals whose native tongue is Spanish or those who have heritage from a Spanish-speaking country, privileges language, and centers Spanish descent. Within this model, people from Brazil are Latino but are not Hispanic. People from Spain are Hispanic but are not Latino.

**Latinx.** The term Latinx, pronounced "Latin-ex", is used throughout this thesis as the gender neutral alternative to the masculine-centered identifier "Latino" and the gender-inclusive
but binary alternative "Latin@" (Aja & Scharrón, 2015). The term was born out of queer spaces that have historically worked towards finding a viable solution to the shortcomings of a very gendered language. There is controversy surrounding the use of the term "Latinx." For example, Guerra and Orbea argued that the term is a form of linguistic imperialism (2015). Arguments against the use of the "x" as a gender neutral option in the Spanish language seem to take the dogmatic position that language is a sacred entity with fixed rules that cannot be bent or challenged, an idea seeping with elitist and conservative values that I have no interest in prioritizing. I will be privileging the term "Latinx" throughout this paper when referring to the community as a whole, as it is my priority to incorporate language that is inclusive, as opposed to language that bears no controversy. I will also use "Latina" and "Latino" when discussing research pertaining specifically to gender violence against women and femmes of Latin American descent.

**Domestic violence/Intimate partner violence.** The United Stated Department of Justice defines domestic violence as a "felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction" (2018). The National Domestic Violence Hotline adds the terms intimate partner violence (IPV), domestic abuse, and relationship abuse as interchangeable and expands the definition to mean not only crimes but "a pattern of behaviors
used by one partner to maintain power and control over another partner in an intimate relationship" (2018).

Even though the images generally associated with domestic violence are black eyes and broken bones, domestic violence includes more than physical abuse. The National Domestic Violence Hotline offers a list of warning signs divided into the categories of physical abuse, emotional abuse, sexual abuse and coercion, reproductive coercion, financial abuse, and digital abuse (2018). Others, like the Government of Newfoundland and Labrador in Canada and the Australian National Domestic and Family Violence Benchbook, include categories such as cultural and spiritual abuse (2018). Domestic violence can happen to anyone regardless of their identities, it looks different from relationship to relationship, and does not need to be physical in order to be legitimate and traumatic (National Domestic Violence Hotline, 2018). In fact, in my work with survivors, many have expressed that while their body was able to heal from bruises, broken bones, and other physical effects of violence, it has been more difficult to recover from the effects of emotional and psychological abuse.

**Expressive arts therapy.** Expressive arts therapy is a form of therapy that uses different forms of artistic expression within the therapeutic encounter in order to foster healing and change. Natalie Rogers, the founder and co-director of the Person-Centered Expressive Arts Therapy Institute in Santa Rosa, California, defined expressive arts therapy as a form of therapy that "uses various arts - movement, drawing, painting, sculpting, music, writing, sound, and improvisation - in a supportive setting to facilitate growth and healing" (2000, p.2). The International Expressive Arts Therapy Association offers a similar definition, stating it is a combination of "the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development. IEATA encourages an evolving
multimodal approach within psychology, organizational development, community arts and education. By integrating the arts processes and allowing one to flow into another, we gain access to our inner resources for healing, clarity, illumination and creativity” (2017).

Expressive Arts Therapy is a modality within the larger umbrella of expressive therapies or creative therapies. Other expressive therapies modalities include Art Therapy, Music Therapy, Drama Therapy, and Dance and Movement Therapy.

Who is the research about?

When I began my research on the use of expressive arts therapy with Latinx survivors of domestic violence, I found that articles claiming to offer information about the Latinx population in the United States are not always doing so in a responsible way. A common issue is the poor constructions of samples combined with reductive, overarching generalizations. The following section takes a careful look at whom the available research includes, as well as whom it leaves out.

Country of origin. Latin America is made up of 20+ countries throughout Central America, South America, and the Caribbean. Each of these countries has its own culture, set of traditions, its individual relationship to the United States, and its own history of colonization, slavery, genocide, migration patterns, and revolution. Research articles vary in the extent in which the authors recognize country of origin and/or nationality as an important factor to look at when studying Latinx communities in the United States. Most of the articles I came across mention country of origin in describing their sample. Some mention possible differences between Latinx survivors and/or perpetrators based on country and recognize that findings may not be generalized to a specific subgroup. Most, however, do not question or unpack the complexities of researching aspects of the Latinx community as a whole.
Edelson, Hokoda, and Ramos-Lira carried out research on the differences in effects of domestic violence between Latina and non-Latina women (2007). They are limited in their sample size and diversity, as well as in their willingness to unpack or address important identifying information within their sample. The authors refer to "Latina women" when discussing their findings. However, they describe their sample saying, "Fifteen women were recruited from an agency offering support groups and therapy for battered women and children in México City, and 29 women were obtained from agencies in southern California servicing Latina women exposed to domestic violence" (Edelson, Hokoda, and Ramos, 2007, p. 3). This statement suggests their sample is mostly made up of Mexican women. However, this is an assumption the reader has to make, as the authors do not provide any further information regarding the country of origin of their participants.

In another study, Belknap and Vandevusse used "listening sessions with groups of Latinas to develop a contextual understanding of the lives of immigrant women to inform program development and ultimately better serve the community’s needs for domestic violence services" (2010, p.337). They found themes including women's "Unmet Needs, Responsibilities, Goals, Achievements, Help-seeking, and Intimate Partner Violence (IPV)" (Belknap & Vandevusse, 2010, p.337). In general, they found participant's comments were family-focused and expressed many unmet needs (Belknap & Vandevusse, 2010). Belknap and Vandevusse acknowledge their study is limited by the aggregation of data from "women from different Spanish-speaking cultures" (2010, p.334). They also acknowledge that their sample was primarily Mexican and that it is possible that immigrant women from other countries may have differing perspectives" (Belknap & Vandevusse, 2010, p.334). Acknowledging that Latinas from other countries may have different perspectives is more than other researchers do. However, they
do not deconstruct "Mexican." It would be interesting to see how visions of help-seeking may vary within people from different parts of Mexico and from different immigration waves.

Belknap and Vandevusse also stated, "comparison of data from women in specific immigrant groups could be enlightening" (2010, p.334). Although a positive statement, it remains very general. Furthermore, their understanding of the broader issue is questioned by the fact that they included Puerto Rican Latina survivors in their sample without any statement of difference.

Zarza, Ponsoda, and Carrillo conducted a study on the predictors of violence and lethality among Latina immigrants, and the implications for assessment and treatment (2010). They stated:

Intimate partner violence (IPV) among Latinos is related to economic problems, acculturation stress, alcohol use, impulsivity, and trauma. Little is known of the role of abusive tactics to explain more severe acts of violence. This study, conducted with 73 Latina victims, aims to describe the role of emotional, physical, and sexual abuse on the escalation of violence, and find indicators to predict severe IPV and lethality. Analyses included bivariate correlations, multiple regressions, and analyses of variance (ANOVAs). Results indicate that emotional IPV is the gateway to more severe abuse (physical and sexual). Victims of sexual abuse are at higher risk. Victims’ fear of a partner is a useful indicator to assess the severity of IPV and the risk of lethality." (p.1)

In the methods section, the authors state “Seventy-three Latina immigrants, all victims of IPV, participated in the study. Most women (67.1%) resided in Trenton, New Jersey, at the time of the study. Participants were attending counseling, support groups, educational programs, and women’s educational and social groups within the collaborating CBOs/FBOs. Participants
ranged in age from 20 to 72 years (M = 36.4; SD = 9.2). Almost all (98.6%) women used Spanish as their primary language. The average number of years residing in the United States was 9 (SD = 1.3). Participants were born in Guatemala (35.6%), Puerto Rico (20.5%), Mexico (12.3%), Colombia (9.6%), Ecuador (8.2%), Dominican Republic (4.1%), Costa Rica (4.1%), and equal percentages (1.4%) in Bolivia, El Salvador, Peru, and Uruguay.” (Zarza, Ponsoda & Carrillo, 2010, p.5). This breakdown acknowledges that country of origin is a relevant issue in doing research with Spanish-speaking folks. In the limitations section, the authors acknowledge, “the small sample size and diverse group of Latino participants limits generalizability of these findings to any specific Latino subgroup (e.g., Mexicans vs. Cubans vs. Puerto Ricans vs. Guatemalans, etc.).” (Zarza, Ponsoda & Carrillo, 2010, p. 13). Here again, the authors are acknowledging that country of origin may well be important factors to consider.

Lipsky, Caetano, Field, and Larkin carried out a study on the role of intimate partner violence, race, and ethnicity in help-seeking behaviors (2006). They stated that "women experiencing intimate partner violence (IPV) have multiple health and social service needs but many, especially Hispanic, women may not access these resources" (Lipsky, Caetano, Field, and Larkin, 2006, p.81). Their objective was to "examine the relationship between IPV and health and social services utilization (help-seeking behaviors), with a focus on racial and ethnic disparities" (Lipsky, Caetano, Field & Larkin, 2006, p.81). Lipsky, Caetano, Field, and Larkin (2006) found:

Specific help-seeking behaviors were significantly associated with race and ethnicity among IPV victims, with non-Hispanic white and black women more likely to use housing assistance and emergency department services and black women more likely to use police assistance compared to Hispanic women. Among all Hispanic women, low
acculturation was associated with decreased utilization of social services overall and with any healthcare utilization, particularly among abused women. (p.81)

In their discussion, Lipsky, Caetano, Field, and Larkin (2006) concluded:

Social service and healthcare workers should be alerted to and screen for IPV among all clients. The need for increased outreach and accessibility of services for abused women in Hispanic communities in the USA should be addressed, with cultural and language relevance a key component of these efforts. (p.82).

In referencing a study by Bauer et al., Lipsky, Caetano, Fiels, and Larkin (2006) state:

A study by Bauer et al. (2000b), for example, revealed several social, cultural, and political barriers for abused Latina and Asian immigrant women, including social isolation, language barriers, discrimination, fear of deportation, dedication to family, shame, and cultural stigma of divorce. Ethnic minority women, particularly blacks and Hispanics (especially Mexican-Americans), may also face financial barriers that limit their access to physical and mental healthcare services (Department of Health and Human Services 2001, 2003; Vega & Alegría 2001). (p.83)

Here, the authors comment on Mexican-Americans as a specific subgroup within "Hispanics" that, according to research, experiences specific financial barriers. This is promising, because the authors are pointing to the idea that there are important differences between Latinx groups, which may impact their experience of domestic violence and help-seeking behaviors.

In describing their sample, Lipsky, Caetano, Field, and Larkin stated "among Hispanic women with available data, 87 (64%) of 136 reported Mexico as their country of origin, 10 cited Central or South America (the majority from El Salvador), and 39 reported the USA as their country of origin (data not shown)" (206, p.90). By naming country of origin, they show a
baseline awareness of the relevance of survivors' national identity. However, it is very odd that they make no comment on the fact that a significant portion of their sample (28%) names USA as their country of origin without further information. We can make inferences of what this means. For example, the question may not have been asked properly, there may not have been space for people to share information about their family's country of origin if they were born in the United States, their parents may have been immigrants, among others. These are spaces in which potentially useful information is lost.

There are daunting methodological challenges related to putting together research that properly reflects the ratio of country of origin or nationality of a Latinx group, particularly in terms of recruitment. While the acknowledgement of limitations is important, the blanket use of the umbrella term “Latinos” in the discussion is problematic unless it is repeatedly qualified by some acknowledgement of the likely dangers of the umbrella term.

Language. Language is one of the most obvious examples of heterogeneity within the Latinx community. Although Spanish is the language most commonly associated with Latinx folks in the United States, it is not even the only official language in Latin America. Information on Latin American languages is not readily available through scholarly articles. However, according to Wikipedia, there are a total of 5 official languages in Latin America: Spanish, Portuguese, Dutch, English, and French (2018). Portuguese, being the official language of Brazil, is actually the majority language in South America by a small margin (Wikipedia, 2018).

In addition to these 5 official languages, there are hundreds of Indigenous languages throughout Latin America. It is estimated that there are about 273 languages in Central America and 448 in South America (About World Languages, 2013). Some of these include Quechua, Guarani, Aymara, and Mam, among many others. None of the research articles I found
mentioned the use of any languages other than Spanish. If Spanish is the privileged language in a study of the Latinx community, it is important to understand that one version of the research tools may not be adequate or accessible for all participants, that the biggest country in South America is being wholly ignored, and that Indigenous Latinx folks throughout Latin America, an already marginalized subsection of the Latinx community, are being further marginalized and erased.

Even for Spanish-speaking Latinx folks, there is an immense amount of variability between and within countries. Words that may be familiar and acceptable to one Latinx person may be unknown or even offensive to another. When looking at research, especially research containing written tools like surveys and questionnaires, I wonder whether researchers have taken these issues into consideration, especially when it is not explicitly stated.

Belknap and Vandevusse mentioned something interesting regarding the language aspect of their research (2010). They stated, "Sessions were conducted in Spanish by bilingual bicultural volunteers who were trained and supported by the lead researcher and her research assistant, who was bilingual and bicultural" (Belknap & Vandevusse, p.339). This is good because, not only did they make sure their research tools were in Spanish, but they made sure to have the influence of a bicultural perspective in the design of the research. However, they don't acknowledge the existence of Non-Spanish speaking Latinas, specifically indigenous Latinas who may experience further marginalization due to language.

Zarza, Ponsoda, and Carrillo go somewhat further than most other researchers in the language aspect. They stated, “Research instruments (Zarza, 2001; Zarza & Froján, 2005) were developed in traditional Spanish and adapted to different Spanish language styles (Central America, South America, and the Caribbean) by three bilingual professional experts on IPV. In
order to ensure comprehension and improve the questionnaires, a pilot study (n = 13) was conducted at Latinas Unidas/YMCA in Trenton, New Jersey” (Zarza, Ponsoda & Carrillo, 2009, p.5). Rather than just having the influence of one bilingual and bicultural person, which is a label that can include people having different levels of expertise regarding language differences, the authors specifically selected three experts on domestic violence to translate into Spanish language styles based on broad regions. Here, the authors are acknowledging that differences in language meaning amongst people who speak Spanish matter and are offering a creative solution. However, this approach is also imperfect because these broad regions have a lot of variability amongst themselves. For example, in my personal experience, people from Dominican Republic use a different vocabulary than people from Puerto Rico, although both are located in the Caribbean.

I have had the experience of leading support groups for Spanish-speaking Latinx survivors including participants from Central America, South America, and the Caribbean, where the language difference was so intense that regular improvised interpretation has been required. In this scenario, communication has been possible through the group leader's additional labor in collaboration with the participants' generosity and understanding. I have also had the experience of being assigned to work with Indigenous Latinx clients (based purely on their country of origin or their self-identification as "Hispanic/Latin") whose first language is Quechua or Mam and have found myself unable to properly communicate with them, unable to access an adequate interpreter, and unable connect them to someone who can provide services in the appropriate language.

**The Values.** Something else that kept coming up as I was doing my preliminary research was the idea of a set of values the Latinx community is believed to share, regardless of country
of origin and other identifiers. Some of these values include familismo, machismo, marianismo, and respeto. This is not the first time I have been exposed to the idea of Latino values. The first time I learned about these was in a Social Psychology course during my undergraduate education. However, it is interesting to see how these values are often presented without being challenged or critiqued. Furthermore, the values are sometimes presented as the source of harm and the reason behind the suffering of the Latinx community.

For example, Edelson, Hokoda, and Ramos-Lira stated that Latina women tend to minimize domestic violence, may not consider it a problem that requires help-seeking behaviors, and are less likely to report domestic violence to law enforcement (2007). However, they attribute these tendencies to cultural factors, values, and beliefs traditionally attributed to Latinx communities.

There are some major issues with this perspective. On one hand, the article has no mention of how participants' immigration status may be a stressor and potentially impact mental health, as well as a survivor's ability to leave an abusive situation. Within the current anti-immigrant political climate, domestic violence agencies have seen a decrease in reports of violence and abuse within Latinx communities. In a recent conversation with a victim witness advocate from Waltham District Court, he stated "Hemos encontrado la cura de la violencia doméstica aquí en Waltham. Se llama La Migra." ("We have found the cure to domestic violence here in Waltham. It is called Immigration and Customs Enforcement.") (César Mejía, personal communication, April 2017).

In addition, there is no critical approach to the pre-established idea of Latinx cultural values. The authors make an implicit assumption that these cultural values are in fact shared among Latinx cultures and mean the same thing to all Latinx Spanish-speaking folks, citing
research that is now over 20 years old. For someone who understands culture as something that is alive and dynamic, and believes Latinx culture to be a compilation of many cultures, the idea that there are a number of fixed cultural Latinx values that prevail across time, countries of origin, socioeconomic status, education, religion, among others, is offensive to say the least.

Edelson, Hokoda, and Ramos-Lira not only assumed these values to be shared across Latinx cultures, but they failed to inquire the ways they could potentially serve as protective factors (2007). For example, when describing familismo, they said "Latina women are socialized to believe that the family is of paramount importance. Many Latina women are taught that males are entitled to dominance and control within the family and that females are to serve as caretakers for others within the family system (Perilla, Bakeman, & Norris, 1994). These beliefs may result in Latina women deferring their own needs so that they can be seen as good wives and mothers" (2007, p.2). However, familismo, a value generally understood to mean the centering, over involvement, and prioritizing of immediate and extended family, could also play out in the context of domestic violence as the intolerance of any abuse to a family member, regardless of the witness' level of authority or legal responsibility over the victim.

Belknap and Vandevusse also made reference to these pre-established values, stating, "The primary commonality across the groups was women’s dedication to home and family. Their focus on home and family was consistent with what one would expect to see in a Latina population (Falicov, 1998) (2010, p.344). Is this truly different of what may be expected of other groups of women? What is assumed to be a result of cultural values may in fact be more directly connected to universal systems of power and gender oppression.

**History of violence.** Another aspect that is often not properly unpacked when referring to domestic violence within the Latinx community and Latinx mental health in general is the
individual's collective history of violence, particularly in relationship to country of origin. This is odd because it is likely that a survivor's experience with law enforcement, gang violence, government corruption, and war is going to affect their willingness to call the police and make use of government funded services. Immigrants from Argentina are not as likely to have experienced war or the dangers of gang violence, as are immigrants from El Salvador or Mexico. Therefore, Latinx survivors who come from different circumstances are likely to have considerably different trauma profiles. The extent and type of prior trauma is known to have an impact upon the response of abused women to the trauma of IPV

In their introduction and discussion of variables, Zarza, Ponsoda, and Carrillo, made several good distinctions. They stated, “Global oppression and violence against women throughout the world is one of the most commonly known social predictors of violence. Intimate partner violence (IPV) appears to be particularly severe in countries with extreme power inequities between genders (Heise, Raikes, Watts, & Zwi, 1994). This oppression is then manifested in acute socioeconomic disparities, rigid gender roles, and social tolerance towards violence and domination of women (Frías, Corral, & Castell, 1998; Kalmus & Straus, 1982; Perilla, 1999; Torres, 1987; Zarza & Adler, 2008; Zarza & Froján, 2005). Heise et al. (1994) argued that in many Latin American countries it is socially acceptable for a man to emotionally or physically “punish” his wife” (Zarza, Ponsoda, and Carrillo, 2009, p.2). In this quote, the authors are acknowledging that oppression, broadly defined, and its links to social norms, may not be the same across all the national identities that constitute Latin America.

Here, I am referring to the sentence, “Heise et al. (1994) argued that in many Latin American countries it is socially acceptable for a man to emotionally or physically “punish” his wife” (Zarza, Ponsoda, and Carrillo, 2009, p.2). This oddly constructed sentence at least
acknowledges that there may be differences in social norms. However, as a suggestion for further research, it might be helpful for researchers to specifically attempt to account for the particular impact of the different cumulative experiences in terms of civil war, gang warfare, and colonialism.

In their analysis, Zarza, Ponsoda, and Carrillo mentioned a large number of possible variables (2009). I am going to focus on cognitive and mental health issues among perpetrators. They stated, “In addition to family violence, other traumatic experiences are not uncommon among Latinos whose countries have a history of colonization, oppression, devastating civil wars, torture, crime, and prosecution (Carrillo, Goubaud-Reyna, Martinez, & Tello, 1998)” (Zarza, Ponsoda, and Carrillo, 2009, p.3). The awkward phrasing “are not uncommon,” at least gestures towards recognition that different historical experiences amongst Latinx communities matters.

**Immigration status.** Asking about participants' immigration status and country of origin, paying close attention to how these intersect, and including them as factors in the research should be fundamental. If a Latinx survivor is undocumented, they are highly likely to have much greater fear of becoming involved with institutions such as the criminal justice system. For example, undocumented immigrant Latinx folks are likely to be concerned that they and or their abuser may be deported.

Undocumented Latinx folks also do not have the same access to resources such welfare, which will shape their sense of what options they have in terms of leaving an abusive relationship. Even when an undocumented survivor should technically have access to certain government assistance services, regulations tend to be unclear and many people fear that requesting assistance will put them on the radar for deportation. Zarza, Ponsoda, and Carrillo
acknowledged this tension in their summary of previous research by stating that Latina survivors are restrained in reporting abuse due to familismo, fear of retaliation, and deportation (2009).

Latina survivors that come from communities where the police and government were not safe to become involved with may bring those similar perspectives to their experience in the United States. A study like the one by Edelson, Hokoda, and Ramos-Lira did not even consider immigration status as an important variable and instead concluded that Latina survivors' unwillingness to call the police or leave an abusive relationship is due to cultural norms (2007).

There are also examples like the study by Belknap and Vandevusse, where the authors showed a baseline level of awareness regarding the potential differences between countries of origin but failed to mention the implications of having the second largest subgroup be Puerto Rican survivors (2010). Puerto Ricans, as American citizens, certainly have differences in awareness and access to resources when compared to Latinx immigrant groups. The authors are presuming that the experiences of Puerto Ricans are similar enough to other Latinx groups that they don't even have to mention that Puerto Ricans, despite belonging to Latinx, are not in fact immigrants. Understanding of access to resources and help seeking behaviors are inevitably going to be influenced by Puerto Rican's access to citizenship. A Puerto Rican survivor will not face the risk of deportation as a result of help seeking behaviors. A Puerto Rican survivor is not going to fear calling the police over the risk of being deported. They may fear calling the police for other reasons, which are potentially shared with other Latinx subgroups, including fear of police brutality and abuse due to racism, but never because they are afraid of being deported.

**Indigenous erasure.** None of the articles I found on serving Latinx survivors of domestic violence mentioned indigenous folks. Although not surprising, this is extremely disappointing
and scary. Indigenous communities, who are marginalized within the context of Latin America are even more marginalized when in the context of the United States.

For instance, the Mam people in Guatemala had to endure the violence of colonization and then the continued marginalization by non-Mam Guatemalans. My personal experience serving Mam domestic violence survivors in the context of the United States, has made clear to me the extent to which specific cultural identity and language within the geographical unit of Guatemala matters in both terms of experience of intimate partner violence and access to survivor services.

Indigenous communities also have their own set of socio-structural arrangements that will inevitably have an effect on gendered power structures, gender roles, and on gender-based violence, among others. This is an area of research that desperately needs attention.

**Who is the research by?**

Apart from unpacking the question of who the research is truly referring to, and who gets left behind, I have become increasingly interested in the identities of those who decide to carry out research and write about the Latinx community, for a variety of reasons. Specifically, I am interested in how researchers' identities, the biases and prejudices that are inevitably attached to navigating the world with such identities, and the researchers' relationship to the dominant narrative impact their approach to the research.

What does it take for a white Anglo researcher to go into a Latinx community made up of Others without causing harm? What is the motivation behind their research? Are they in it out of curiosity? Are they assuming the role of "white savior?" Are the researchers actively aware of the power differentials in place? Are they committed to dismantling the systems of oppression
that have caused the Latinx community to remain marginalized and underserved? How may the answers to these questions influence how they draw conclusions from their findings?

On the other hand, I am in no way trying to imply that Latinx researchers are somehow exempt of causing harm. As a Latinx student and practitioner, I can recognize ways in which I have internalized a Eurocentric approach to research as a result of my formal education and academic experiences. For example, in a conversation with my thesis professor, I was telling her that I was having difficulty finding research on the use of expressive therapies with Latinx survivors. She then asked me if I had tried looking for articles in Spanish. The truth was this had not even occurred to me because I was taught to carry out academic research in English, even during my undergraduate education, which I completed in a public university in Puerto Rico.

However, these are complicated questions to examine because traditional research does not usually allow space for researchers to insert themselves into the research, much less in order to unpack their identities or discuss how their life experiences led them to any particular research interest. In an ironic attempt at being objective, researchers fool themselves into believing that by staying removed or depersonalized, they will somehow remain unbiased.

Of the research I encountered, the only ones who addressed researcher identity were Belknap & Vandevusse (2010). They write, "The lead nurse researcher, an Angla with Spanish language skills, had several years of clinical and research experience in the area of IPV as a counselor with Latinas at a rural domestic violence shelter" (Belknap & Vandevusse, 2010, p.338). They then stated, "sessions were conducted in Spanish by bilingual bicultural volunteers who were trained and supported by the lead researcher and her research assistant, who was bilingual and bicultural" (Belknap & Vandecusse, 2010, p.339).
This is interesting for a couple of reasons. The acknowledgement of the lead researcher's ethnic identity offers transparency and referencing her experience with Latinas implies that they are aware of the potential limitations of having a white woman doing research with Latinas. On the other hand, both their inclusion of bilingual/bicultural volunteers and a bilingual/bicultural research assistant, as well as naming this inclusion, implies that the authors have an understanding of the importance of reflecting the population being in the identities of the researchers and practitioners. However, these are assumptions the reader has to make, as there is no further unpacking of why these choices were made or why it is stated in the article.

**Who is the research for?**

The final question that kept arising for me as I attempted to carry out what I thought would be a simple research paper was "Who is this research actually for?" Does it allow the Latinx practitioner to gain a deeper understanding of a population they understand as their own? Or is it meant for the intake of white therapists who are interested in learning how to help a group of others? Does it fall somewhere in between? Is it possible to fulfill both of these needs at the same time?

The overwhelming feeling I got when I was reading about providing services to Latinx communities was that the articles were written for someone else. However, this question is even more difficult to address because authors do not explicitly address their articles to whomever they are meant to teach. Perhaps this is because they are hopeful that their research can be useful to anyone interested in the topic, regardless of their identities and experiences. Perhaps it is because academia was built and continues to function in service of those who inhabit the center, so those falling in the margins are not even considered at the moment when researchers choose their voice, and inevitably, their audience.
Unpacking this question would require an analysis of both voice and content. For example, in an article about what she calls "Latino Healing," Lillian Comas-Díaz states, “To increase their cultural competence with Latinos, therapists need to become familiar with collectivistic constructs such as familismo, personalismo, and others. In addition, they can complement mainstream psychotherapy with ethnic psychological approaches, such as dichos, testimonio, and Latino spirituality. Furthermore, when deemed appropriate, collaboration with folk healers could prove useful” (2006, p.449). Comas-Díaz is a Puerto Rican clinical psychologist and feminist healer of color who received her formal education in Puerto Rico and Massachusetts. She has dedicated much of her life to the researching and teaching of culturally competent mental health care of Latinos in the context of the United States. In this statement, it seems that she is directed towards a practitioner who does not participate in Latinx culture firsthand. The use of dichos and testimonios, among other ways of communicating that are deemed characteristics of Latinx folks come naturally to me as a Latinx practitioner. It is not something that I would need to learn, rather than something I would need to affirm or defend in the face of Eurocentric teachings that deem these communication styles as unprofessional or inappropriate.

However, a concrete and easily identifiable aspect related to this question is the language the article is written in. The articles I used for purposes of this paper were all written in English, even though all the participants were almost always Spanish-speaking. My attempts at finding research in Spanish led me to research carried out in Latin America, which would be interesting to look at in the future but would add the complexity of an entirely different context. Therefore, an obvious yet perhaps overlooked reality is that these articles were all written for those who are
able to read English. Even though not always explicitly stated, it is possible to assume that many of the research participants would not be able to access what has been written about them.

**Discussion**

This thesis is the beginning of an exploration of the ways that research and academia continues to perpetuate systems of power and oppression, particularly against Latinx folks. It is my attempt at pinning down some of the things that have felt off and harmful. It is the beginning of my intentional process of healing from the ways that academia has wronged my communities and me. It is a declaration that going forward I will trust my voice, resist anything that does not center and uplift my people, and will be very intentional about the kinds of information I ingest.

I am left to wonder if there is ever truly a way of carrying out this research responsibly if the goal is to generalize findings to Latinx folks. Are Latin American cultures similar enough in order to be studied as one? In a general sense, any research that focuses on any question which uses the umbrella term Latinas, Latinos, Latinx, or even Hispanics, is going to have to weave into every aspect of their study the idea that subpopulation differences among Latinx groups matter, and if it doesn't, they need to be explicit as to how and why. I am not denying that there are important commonalities that unite us as a group. For example, Comas-Díaz points to Spanish colonization, experience of uprooting, separation, or immigration, and exposure to oppression as unifying factors for Latinos (2006). However, even these unifiers will vary in important ways based on the Latinx person's intersections. Repeat after me: Latinx communities are not monolithic.

The way research is constructed, particularly its shortcomings around the conceptualization of the Latinx community as whole, is symptomatic of bigger issues that are perpetuated by formal education and academia. Why should it be enough to problematically
make our way through a Power, Privilege, and Oppression class? How can we continue to hold each other accountable? How do we convince those who have never shifted from the center that this is important?

Broadly stated, it is apparent that the counselor has a responsibility with social justice that is often being minimized and even overlooked. Comas-Díaz stated, “Decontextualized and apolitical psychotherapy (characterized by the absence of sociopolitical analyses) may lead some Latinos to assume that they are the sole cause of their distress” (2006, p.439). Herman stated, "The systematic study of psychological trauma therefore depends on the support of a political movement" (2015, p.29). She added, "Without the context of a political movement, it has never been possible to advance the study of psychological trauma" (Herman, 2015, p.32). Counseling and therapy, especially with trauma survivors, especially with survivors who experience compounded oppression due to intersecting identities, should not be apolitical. The counselor and the expressive arts therapist cannot be afraid of being political if we want to be responsible and effective. Simply put, this is political work.

We all have choices to make. For example, I can decide to leave academia for a while and come back only after regaining my strength to attempt to dismantle its systems of power from the inside. I can decide to part ways for good, taking with me the bruises and the teachings, in order to create something that makes me come alive. I can put this whole experience behind me and never look back, letting it become nothing more than a difficult memory. I can heal, disrupt, demand visibility, y sacar la voz.

How you respond to my vocalization will be your choice. You can minimize my experience, excuse your behaviors, and blame me for being weak or generally unfit for this world. You can hold the same patterns of an abusive partner. You can also listen, learn about the
experiences of people of colors and those who are marginalized, and begin to work towards change.

However, know that that change is happening and it will continue to happen with or without you. Your choice comes down to which side of history you wish to be on.

"But when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides. It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering" (Herman, 2015, p7).
References


doi:10.1080/10926770802616423