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The Effects of Structural Violence on the Well-being of Marginalized Communities in the
United States

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Abstract

Structural violence refers to injustices embedded in social and institutional structures within societies that result in harm to individuals' wellbeing (Galtung, 1969; Farmer, 2004). Using the structural violence framework, our research proposes to investigate its impact on marginalized communities through an intersectional analysis. Traditional academic scholarship in psychology demonstrates notable absence of voices and stories of individuals from such communities due to the lack of linguistic, class and other privileges that provide opportunities for research participation. Our data will come from interviewing members from three communities, "undocumented" Latinos (as) immigrants, Muslims (immigrants and non-immigrants), and LGBTQ+ persons who have experienced incarceration. This paper introduces background scholarship and methodology of our Institutional Review Board (IRB) approved research proposal. We conclude by commenting on the implications of research findings in creating a complex intersectional narrative of experiences of structural violence on minority groups to add to activist-scholarship on social justice issues to promote solidarity across struggles. We hypothesize that in addition to countering reductive stereotypes the results will contribute to expanding clinical and theoretical frameworks in psychology.

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The Effects of Structural Violence on the Well-being of Marginalized Communities in the United States

The disproportionate distribution of resources, limited access to basic human rights systems (e.g., healthcare, education), and institutional policies that discriminate against marginalized communities have a significant impact on the wellbeing of individuals. Structural violence refers to such inequities and injustices embedded in social and institutional structures within societies (Galtung, 1969; Farmer, 2004). Using the structural violence framework, our research proposes to investigate its impact on marginalized communities through an intersectional analysis. We are a research team consisting of faculty, doctoral and masters' students at the University of Massachusetts, Boston, in the Department of Counseling Psychology doctoral program. The principal investigator, Rakhshanda Saleem, Ph.D., is a faculty at UMass Boston. She has previously completed a pilot project focusing on the structural violence experiences of low-income South Asian immigrant women as part of her Junior Faculty Research Fellowship Award at Lesley University (Saleem, 2015). She and her research team consisting of doctoral students, Akansha Vaswani, Emily Wheeler, Meredith Maroney, Marta Pagan-Ortiz, and Madeline Brodt are the co-authors of this paper. We are interested in investigating and documenting the negative impact of intersectional structural and institutional forces on the wellbeing of three marginalized

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communities with distinct social locations and identities. Despite the differences in the social locations and identities, due to the similarities in the systems and institution that contribute to inequalities and injustices, an intersectional perspective that promotes solidarity across struggles needs to be advocated. Through our IRB approved study we will be able to focus on an inclusive understanding of experiences that counters the prevalent negative and reductive stereotypes and rhetoric that is frequently used to justify and legitimize inequality in systems and policies can address such similarities. As activist-academics and psychologists with a commitment to furthering social justice, we will explore perspectives that contribute to humanizing communities impacted by a sociopolitical world saturated with anti-immigrant, xenophobic, and heterosexist rhetoric.

Structural Violence

Structural violence refers to injustices embedded in social and institutional structures within societies that result in harm to individuals' well-being. It results from societal resources being distributed unfairly, leading to gross disparities in income, literacy, education and access to health and mental health services (Galtung, 1969; Farmer, 2004). Pool and Geissler offer a definition of structural violence which they describe as referring to "the constraints on behaviour and options imposed by institutionalized inequalities in wealth and power on those who are underprivileged: namely women, the poor, those of colour" (Pool and Geissler 2005, p. 63). This creates conditions where symbolic structural violence is enacted indirectly by hierarchal structures and belief systems, which legitimize exclusion, prejudice and discriminatory practices (Benson, 2008). This legitimization can take a variety of forms including unfair laws and policies that in turn can influence popular beliefs and negative attitudes and behaviors toward targeted

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groups. Studying structural violence involves looking beyond concepts that can be easily measured for statistical analysis – concepts that are then identified as the “problem that needs resolution” (Fue et al., 2015, p. 226). It requires qualitatively examining the lived experiences of people with marginalized identities and making connections to the contexts of their lives. This approach must take into account the contemporary moment but also a historical understanding of how the constructs of neoliberalism and global capitalism lead to conditions of inequality (Coburn, 2004).

Anthropological studies utilizing the structural violence framework have examined the effects of oppressive conditions on health inequalities (Farmer, 1996, 2004; Roberts, 2009; Singer and Castro, 2004). They have examined the narratives of people’s lives through methodologies of observation and from the vantage point of health inequalities. They have also made sense of their findings in ways that go beyond the conceptual framework of cultural relativism, and refuse to see the conditions of people’s lives as “natural”, “inevitable” or “normal”. Rather, they attempt to make causal links between lived experiences of suffering and structural conditions that have historical antecedents. Farmer (2004) for example, characterizes these experiences as adverse events including epidemic disease, violations of human rights, and genocide. Queseda, Hart & Bourgois (2011) argue that structural violence creates situations of structural vulnerabilities that force us to re-think our notions of agency “because it requires an analysis of the forces that constrain decision-making, frame choices, and limit life options” (p. 3).

A sample of other studies that have examined structural conditions’ effects on the everyday lives of marginalized include (1) an analysis of how the discourse of immigrants as

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“illegal” impacts health workers’ perceptions of who “deserves” universal access to healthcare (Vanthuyne Meloni, Ruiz-Casares, Rousseau & Ricard-Guay, 2013) (2) refugee claimants’ struggles linked to their ineligibility for subsidized childcare (Morantz, Rousseau, Banerji, Martin & Heymann, 2012) (3) the reduced likelihood of adults in same-sex relationships to have employer sponsored health insurance (Gonzales & Ortiz, 2015) (4) immigrant status as barrier for women in seeking help in cases of domestic violence (Reina, Lohman & Maldonado, 2014) (5) discrimination, forced choice, and lack of access to healthcare information as sources of structural violence in the lives of commercial sex workers (Basnyat, 2014) and; 6) the production of anti-immigrant discourses of U.S. based hate groups on websites (Gemignani & Hernandez-Albujar, 2015).

In the counseling psychology literature, Albee (1986) has pointed out that various forms of psychopathology can be linked to experiences of oppression, feelings of powerlessness, and social marginalization. Following these findings there have been calls for an expanded understanding of multicultural competencies based on principles of social justice which include prioritizing “an examination of social conditions and policies” (Vera & Speight, 2003, p. 270). This is essential for psychology to rise above the practice of maintaining a status quo that upholds unjust power differentials in society by presenting asocial and ahistorical portraits of individuals and communities (Prilleltensky, 1989). Thus, this study is an attempt bring to light the “the unique challenges, specific burdens, and systematic barriers or stressors that affect the mental health of disenfranchised or marginalized populations” (Motulsky, Gere, Saleem & Trantham, 2014, p. 1061). Beyond mental health analysis, we will also focus on the structural influences on wellbeing and will de-ideologize everyday experience (Martín-Baró, 1994) to get a

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sense of the experiences of marginalized groups of people from their perspective. This will facilitate not only in the *concientización* (Freire, 1970) or a transformation in participants' understandings of their social worlds, but will also contribute to the literature for practitioners in understanding how to work with groups in socially just ways that take into account their contexts, supports, and constraints.

We are choosing to focus on multiple groups that are marginalized and excluded from academic research due to their limited access to such institutional research. We intentionally chose groups with differing social locations and identities due to our hypothesis that there are structural conditions that are common across groups that contribute to, or detract from, their well being. Our analysis will thus highlight the intersectionality of the experiences of participants specifically the interaction of race/ethnicity, gender, class, immigration status, and sexual orientation. For the purpose of this study we will focus on three groups that have particularly marginalized identities given the current sociopolitical climate, 1) Latino individuals who are assigned the label “undocumented immigrants,” 2) LGBTQ+ persons who have experienced incarceration, and 3) persons who are members of the Muslim community from diverse backgrounds including immigrants from Somalia, Middle East, South Asia, North Africa as well as non-immigrant Muslims. A brief literature review on the challenges faced by each of these three groups that will clarify why they have been chosen as research participants for our study follows.

Latino(as) labeled as “Undocumented Immigrants”

In 2012, there were an estimated 11.2 million “unauthorized” immigrants living in the United States (Passel & Cohn, 2014). Fifty-two percent of these individuals were born in Mexico, while

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another 26.4% came from Central America, South America, and the Caribbean, collectively. Out of the top 16 countries of birth with the largest numbers of “unauthorized” immigrants in the U.S., 10 are Latin American countries. These countries tend to have some of the highest rates of violence around the world and countries in Latin America and the Caribbean account for 13 of the world’s top 20 homicide rates (Luhnnow, 2014). The process of migration is propelled by structural and historical forces “that systematically weaken the ability of people to live in their home communities with safety and justice” (Vogt, 2013, p. 767). In the case of immigrants from Latin America, these forces may include the reasons for, and the experiences of, violent conditions in their country of origin.

Once in the U.S., violence does not stop being a part of undocumented Latino immigrants’ lives. Structural violence takes many forms in regard to undocumented Latino immigrants living in the U.S., including political exclusion and legal violence, such as the denial of means to meet their needs, access to public services and basic legal rights (Quesada, Hart, & Bourgois, 2011). These forms take part of their everyday lives, presenting themselves as income, food, housing, and healthcare insecurity (Menjívar & Abrego, 2012b). Many Latino immigrants settle in neighborhoods plagued by violence and poverty, adding to further physical and mental health struggles (Crowley, Lickter, & Qian, 2006). Despite the fact that the majority of Latino immigrants arrive in the U.S. as relatively healthy, the effects of unsteady, oppressive, and unsafe labor, compounded by acculturation stressors such as poverty, separation from family, and discrimination take its toll (Cavazos, Zayas, & Spitznagel, 2007). Status of documentation and “legality” regulates whether they have access to healthcare, housing, employment, and protection from crime (Menjívar & Abrego, 2012).

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According to Menjivar & Abrego (2012), legal violence occurs when the legal system creates laws and policies, which intend to protect the nation or particular groups of people, but have the less intended consequence of causing harm and violence to groups of people with shared characteristics (e.g. undocumented Latino immigrants). The legal system, for example, controls the process of allowing an individual to be “legal” or “undocumented”, and by creating these hierarchies, they are therefore economically disenfranchising groups of people, and allowing for significant social disadvantages. These policies have aggressive effects on immigrants’ mental and physical health – affected by housing segregation, deportations, violations of their rights, and the barring of access to education, basic healthcare, and means of employment.

Undocumented Latino immigrants live with a daily fear and distrust of the institutions of their host country (Jiménez & López-Sanders, 2011). They live in a society in which their identity is criminalized, and where they are devalued as individuals (Quesada, Hart, & Bourgois, 2011). A study conducted by Arbona et al. (2010) with both documented and undocumented Latino immigrants showed that the undocumented group reported higher levels of immigration challenges, such as language issues, separation from family, and traditional values. However, psychological research with undocumented Latin American is limited, likely due to researchers not asking about legal status in order to encourage participation (Arbona et al., 2010).

Members of Muslim Community

There has been a falsely negative perception of Muslims in the West, as well as stereotypical and prejudiced portrayals of Muslims for the past three decades (Shadid & van Koningsveld, 2002).

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This global trend depicts Islam as a violence-prone religion, with the dominant discourse depicting Muslims as extremists and terrorists, both in the media and academic discourse (Espiritu, 2015). Following recent current events that have been linked to Islamic fundamentalist groups, such as the ISIS threat, November 2015 Paris attacks, and the shootings in San Bernardino in December 2015, there has been a dramatic increase in attacks and threats against Muslims in the United States (Lichtblau, 2015; Stack, 2015). These attacks and the state of public discourse have created situations where innocent individuals and communities have been unfairly targeted for exercising their right to religious liberty (ACLU, 2015). This discourse has been further propagated by negative political attention towards Muslims through fanatical representations in campaign videos, proposals for a mandatory registry of Muslims in the U.S (Haberman & Perez-Pena, 2015), calls for barring Muslims from entering the U.S. (Graves, 2016), and immigration policies targeting Muslims (Afzali, 2014). This trend of discrimination and marginalization towards Muslims is not recent and in fact has been dramatically increasing for over a decade (Rousseau et al., 2015). Recent research found Muslims to be less accepted than other immigrants in most European countries, which may be indicative of pervasive Islamophobia in the West (Doebler, 2014). Some have argued that the socially constructed cultural antagonism of Muslim immigrants has created an ‘us versus them’ mentality, in which Muslims are viewed as other (Yilmaz, 2015).

These stigmatizing messages are detrimental to Muslim community members – for example, they have been found to be related to negative social consequences among youth, and issues with belongingness and negotiation of their Muslim identity (Rousseau et al., 2015). Age, gender, religiosity, and length of time living in the United States were found to predict social

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stress, perceived discrimination stress, and process-oriented stress in Muslim Arab American adolescents (Goforth, Oka, Leong & Denis, 2014). In addition, a recent study using structural equation modeling to explore relationships between depression, substance abuse and discrimination, found that discrimination predicts higher levels of depression in Muslims ($N=265$), and that higher levels of spirituality directly predicted lower levels of depression and substance abuse (Hodge, Zidan & Husain, 2015). In another study in the Netherlands, Muslims in established communities who perceived higher discrimination were more likely to have higher mosque attendance and religious identification, which may have been related to increased boundaries between groups (Maliepaard, Gijsberts & Phalet, 2015), and strengthening the ‘us versus them’ mentality. Many researchers have noted the lack of culturally sensitive research on the Muslim community (Amer & Bagasra, 2013; Hodge, Zidan & Husain, 2015), which heightens the importance of research highlighting a counter discourse, one that showing the everyday lived experiences of members of the Muslim community.

Incarcerated LGBTQ+ Persons

LGBTQ persons face structural violence in a political-economic setting through the reinforcement of institutional and governmental policies (Padilla, del Aguila, Parker, 2007). Previous research has highlighted the relationship between anti-LGBTQ policies and significant increases in psychological distress and minority stress among LGB individuals (Rostosky, Riggle, Horne, & Miller, 2009). The current systems and policies contribute to increased disparities in mental health and physical health among LGBTQ individuals. For instance, persons in same-sex relationships of all ethnicities are less likely to have employee health insurance compared to white adults in opposite-sex relationships (Gilbert & Ortiz, 2015; Snapp, Hoenig,

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Fields, & Russell, 2015). The barriers stemming from heteronormative healthcare, and negative perception of care, negatively impact LGBTQ persons in the U.S. (Tanner, Reboussin, Mann, Ma, Song, Alonzo, & Rhodes, 2014; Sarkin, 2016). Finally, those who cannot obtain proper healthcare similarly cannot protect their rights, as most U.S. states do not have legal recourse if LGBTQ people are discriminated against (Murphy, 2001).

Another area where LGBTQ individuals face more discrimination and harsher treatment than others is the prison system. Experiences in prison have been related to later mental health issues, rather than pre-existing conditions – “it was a bad experience of prison that was, and that may place the individual at risk” (Williams, Taylor, Walker, Plant, Kisser, & Hammond, 2013, p. 247). The impact of solitary confinement has been well-documented including higher likelihood of developing a mental health problem (Andersen, Sestoft, Lillebæk, Gabrielsen, Hemmingsen, & Kramp, 2000), psychological deterioration (O’Keefe, Klebe, Metzner, Dvoskin, Fellner, & Stucker, 2013), preference for social withdrawal (Haney, 1993), higher levels of suicidal ideation (Bonner, 2006) and reliance on prison structure for social norms and behavior regulation (Haney, 1993, 2003). Although the research is clear about the negative impact of solitary confinement on overall well-being, LGBT people have historically been placed in isolation under the guise of their own protection (Robinson, 2011). The prison system also has a history of segregating inmates with HIV/AIDS, which has historically intersected with LGBT identities (Branham, 1989; Pagliaro & Pagliaro, 1992; *Prison Journal*, 1999). Incarcerated individuals with HIV describe their experience as a “double burden” as it negatively impacts their quality of life (Perez et al., 2006; Esposito, 2012).

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LGBT prisoners are also at heightened risk for violence while in prison, including sexual assault, as a result of their gender identity or sexual orientation (Human Rights Watch, 2001). Incarcerated LGBTQ individuals who are members of other marginalized identities face additional barriers and forms of structural violence as a result of their intersecting identities, which further exacerbates mental health issues and psychological distress. For example, transgender people may be placed in a men's prison despite their gender identity being female, because most prison systems determine where a prisoner should go according to their external genitalia rather than their gender identity (Transgender Law Center, 2010). This more harshly punishes those who may have chosen to not have sex reassignment surgery either out of personal choice, limited finances, or access to appropriate medical care (Transgender Law Center, 2010).

Method

Participants

A total of 24-30 participants will be recruited, with 8-10 participants from each of the three participant groups. The three communities for this project are a) Immigrants to the United States from Latin America with undocumented legal status, b) Individuals who are part of the Muslim community and c) LGBTQ+ persons who are within 6 months of release from incarceration. Participants will be 18 years of age or older and will positively identify with one of the three included communities. The diversity in samples in terms of gender, race, class, sexuality, immigration status, countries of origin, and other social locations will be ensured for an intersectional analysis within each group and across groups. These communities were identified based on their likelihood of experiencing structural violence and representing intersections of multiple marginalized identities.

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Procedure

The recruitment for participants will be facilitated by developing partnerships between the research team and community-based organizations that serve specific communities or respected community members. Recruitment will be aided by stakeholders in these organizations who can help in identifying potential participants. These partnerships will allow a greater depth of knowledge of these communities by the research team members and, conversely, assist in establishing trust of research team members within the communities. Participants will also be recruited through snowball sampling methods.

Once identified, electronic fliers, as well as face-to-face or phone contact will be used to communicate the details of the study to potential participants. Participants will be given the option to select a convenient location for them or travel to UMass Boston for the interview, and will be offered a \$35 cash incentive for their participation, contingent on funding.

Participants will be informed of study procedures, audio recording, and transcriptions in their preferred language during the informed consent process. Research team members with a range of linguistic skills (including Spanish, Hindi, Urdu, Arabic) will transcribe the interviews. Interview questions will be piloted with a community leader in each group prior to conducting final interviews to ensure sensitivity and appropriateness. Participation will include a one to two-hour audio-recorded, semi-structured interview with one or more of the research team members. While all participants will be asked the questions developed for the interview protocol, specific follow-up questions will vary based on participant responses. Credibility questions will also be asked in order to obtain feedback from participants about their experience of being interviewed and to assess for validity. Interviews will be transcribed by a professional transcription service

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and/or research team members. In accordance to IRB guidelines, data will be de-identified and stored confidentially.

Proposed Analysis

The interviews will be analyzed by the thematic analysis methodology as outlined by Braun and Clarke's (2006). Thematic analysis is a method for identifying, analyzing, and reporting patterns/themes through a theoretically flexible paradigm. Themes are patterns across data sets that are important to the description of a phenomenon and are associated to a specific research question. This method can also help interpret various aspects of the research topic by providing a rich and detailed, yet complex account of data.

Conclusion

We will investigate the impact of structural and institutional violence through an intersectional and qualitative analysis of interviews of individuals from three impacted communities. The flexible approach of a thematic analysis will be used to provide a nuanced understanding of the experiences of undocumented Latino (as) immigrants, Muslims and LGBTQ individuals. The implications of an intersectional analysis that encompasses gender, class, race, immigration status, sexuality, and ethnic origins factors include providing a complex counter narrative to the reductive stereotypes used to legitimize oppressive certain laws and structures that are anti-immigrant, xenophobic, and heterosexist. We hypothesize the results will facilitate advocacy work for the communities in their unique struggles for justice as well as promoting intersectional solidarity across struggles against systems and structures that target many communities. Through this analysis of individuals from marginalized communities impacted by the systemic and institutional inequities and injustices, our study will contribute to the activist-scholarship

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literature on intersectional social justice issues. Within psychology, we hope to contribute to an

expansion of clinical and theoretical issues and their impact on mental health and wellbeing.

Future expansion of this project will include additional marginalized communities.

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