

Centering

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Assessment and Treatment of Traumatized Latinas

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The experience of traumatized Latinas often differs significantly from that of main-stream American women with the same history of victimization. There is wide variation among the experience of individual Latinas as well. One can, however, begin to conceptualize the experience of traumatized Latinas as reflecting complex psychological, social and environmental factors.

The mental health problems of Latinas are embedded in complex sociocultural contexts, immigrant status, cultural differences, social status, and economic limitations. Burdened by the effects of cumulative trauma and continued stresses and oppression, some traumatized Latinas may develop a sense of avoidance to deal with past or present abuse. Day-to-day issues can take priority over focusing on symptoms or talking about the history of their own victimization. Financial, migration, and other concrete problems are often brought to therapy with the expectation that the therapist will actively help solve these problems. Apparent hesitancy on the part of a Latina client to find a solution to a realistic problem, such as obtaining food stamps, may reflect real-life limitations, such as having an undocumented immigration status. Further, use of the client's preferred language is very important, where possible, to enhance the therapeutic alliance and help increase the client's openness.

It is also important for the mental health provider to recognize the strong influence of family loyalties for Latinas, and how this involvement may impact problem-solving strategies. It is often useful to utilize a directive therapeutic stance; the therapist can take into account the

environmental and social difficulties of the client and provide direct help concerning these matters without losing sight of trauma-related issues. Enlisting family support and helping the client to expand her social network can be useful for identifying concrete steps that can be taken to solve a specific problem. Acculturation is another issue relevant for trauma therapy with Latina clients. Whether the client immigrated within her lifetime or is a second or third generation Latina, identification with the culture of origin is retained for many generations and conflicting cultural demands are usually prominent in her experience. The therapist needs to help the client negotiate conflicting cultural demands as she deals

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with change. The therapist can serve as a bridge between the familiar values and the new ones, between traditional perspectives and new adaptive behaviors. For instance, traditional gender roles and values are often entrenched within Latinas even when more egalitarian values are verbalized on the surface. The dynamics involving male-female relationships among Latino couples are complicated and deceiving. The power interplay is not always apparent and, in some cases, women enjoy a certain degree of power despite their outward submissiveness. Not surprisingly, some culturally ascribed feminine behaviors considered problematic by the therapist may serve important purposes to the client or to her relationships and are therefore not easily abandoned. However, the therapist may be able to assist the

traumatized Latina to identify the deleterious effects of stereotyped gender role behaviors and help her negotiate a more balanced role, one which will provide greater control over her life and thus further her ability to protect herself and her loved ones.

For traumatized Latinas, help-seeking behaviors and treatment expectations are often different than for other groups. In general, Latinas tend to connect physical and emotional concerns. Strong emotions are believed to cause physical illness, and somatic concerns are reported often as a means of expressing affective needs and enlisting the support of significant others. At other times, diagnostically known symptoms and syndromes can often present themselves differently or have a different meaning for a traumatized Latina. Culturally sanctioned symptoms such as anxiety ("nerves") can be reported or experienced to signify many different things, such as agitation, stress, depression, anger, emotional lability, and even flashbacks. A body/mind perspective is needed, especially when considering diagnoses.

In spite of the importance of these issues, it is necessary to avoid generalizations; not all Latinas are alike. Differences are often due as much to socioeconomic level as to nationality. Backgrounds, symptom-presentations, personality dynamics, and solution-seeking behaviors can differ widely. The mental health professional needs to be not only a therapist, but also an educator, adviser, and advocate who can assist his/her clients beyond the presenting mental health problems associated with trauma.

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