The American Dream: Racism towards Latino/as in the U.S. and the experience of trauma symptoms

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Abstract

In the United States, the Latino population is the fastest growing cultural group (Larsen, 2004). The Latino population grew 61 percent between 1990 and 2000, making up approximately 12.5 percent of the U.S. population (Ramirez 2004), and is expected to continue to grow at a similar rate in the years to come. Despite this evident increase, there remains a lack of mental health professionals available who understand the culture, language, and specific concerns for this group, leading to an absence of available treatment and lower quality of care compared to other groups (Rios-Ellis, 2005). As this growth continues, it is a necessity for mental health professionals to be familiar with the unique stressors and mental health concerns that are a part of the everyday experience for Latinos in order to provide the most culturally competent and effective services.
Keywords: Latina/os, racism, discrimination, trauma, mental health

El sueño americano: Racismo hacia los latinos/as en los EE.UU. y el sentir síntomas del trauma

Resumen

La población Latina es el grupo étnico de mayor y más rápido crecimiento en los Estados Unidos. Sin embargo, los/as Latinos/as constantemente enfrentan incidentes de racismo abierto y encubierto. La discriminación y el racismo han demostrado ser factores de la vida diaria que provocan estrés y que están asociados a resultados negativos en cuanto a la salud mental. Sin embargo, los profesionales de la salud mental no siempre están bien equipados para evaluar e integrar estos asuntos en el tratamiento. Este artículo examina el estado actual del racismo en los Estados Unidos y sugiere que este problema puede ser conceptualizado como un evento traumático, con una dinámica similar a las demostradas en otros tipos de trauma, tales como algunas formas de violencia interpersonal. Recomendaciones para la práctica son presentadas.
Palabras claves: Latina/os, racismo, discrimen, trauma, salud mental

Discrimination has been shown to be a chronic life stressor that is associated with negative mental health outcomes for Latinos in the U.S. (Moradi & Risco, 2006). This group has been identified to be at risk for mental health symptoms attributable to the additional stressors related to acculturation and discrimination (Rios-Ellis, 2005; Torres, 2010). Although research is available on the long-term effects of discrimination, few studies have focused on the unique experience of the Latino population and the cumulative effects of discrimination for this group (Torres & Ong, 2010).

This paper first discusses how racism has evolved while building a more comprehensive understanding of the pervasive racism experienced by Latinos/as. This paper will also argue that cumulative racism may result in the experience of trauma for this population. Finally, the authors will include implications for practice addressing racism as a traumatic event in therapy with this population.

Contextualizing Modern Racism

A uniform definition of racism has yet to be agreed upon. Researchers define this term from multiple perspectives, encompassing both distinct aspects and related features (Bonilla-Silva, 1997; Bryant-Davis &

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Ocampo, 2006; Constantine, 2006; Franklin, Boyd-Franklin, & Kelly, 2006; Smith, Stewart, Myers, & Latu, 2008). For the purposes of this article, racism will be defined as "the belief in the inherent racial and/or cultural inferiority and superiority of different groups" (Organista, 2007, p. 44) including the actions or inactions that follow. The term "discrimination" is used to describe these actions or inactions that stem from racism (Bonilla-Silva, 1997).

Immigrants have been fundamental to the history of the U.S. and yet these different groups have experienced continual racism. Examples of such racism can begin as early as the European colonization of the Americas with the eradication of Native American culture and people, and the era of African slavery. In fact, much of the growth of the current Capitalist economic system was built through exploitation, the use of inexpensive labor and unfair treatment of people (Traverso-Yepez, 2005).

There is an erroneous perception that racism does not exist anymore. However, hate crimes, lack of resources, and social disparities among minorities demonstrate the continuous presence of discrimination. Though still highly oppressive, the expression of racism has transformed to include a subtle quality, such as covert racism and microaggressions (Sue et al., 2007; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). These forms of racism have largely been ignored by present society, creating a barrier to fully removing racism and discrimination at all levels (Harrell, Hall & Taliaferro, 2003).

Latino/as' Experience of Racism in the United States

Latino/a immigrants move to U.S. in search of the American Dream in the Land of Opportunity. However, Latino/a immigrants face numerous challenges, including language barriers, separation from family, acculturative stress, unfair work conditions, and substandard living situations. Regardless of immigration status, Latino/as in the U.S. also face both overt and covert forms of racism. Factors such as the current U.S. economic situation, perceptions of undocumented immigrants overflowing the workforce, and a sensationalist media have contributed to an increase in negative sentiments towards Latino/as in the U.S. (Hwan & Goto, 2009). Pew Research Center found that 23% of Americans acknowledged that Latino/as are discriminated against in society today, and 32% of the Latino/as in that survey reported that within the past five years a family member or a close friend had experienced discrimination in settings such as school and the workplace (Pew Hispanic Center, 2009). Taking a closer look at housing and residential settings, the

education system, the legal system, and interactions with service providers allows for a better understanding of how discrimination and racism are silently affecting the Latino population on an everyday basis.

Housing and residential settings. Evidence of racial discrimination in the housing sector in the United States can be found when looking at racial disparities in housing ownership and services (Advisory Board to the President's Initiative on Race, 1998). Troche-Rodriguez (2008) noted that Latinos are particularly at risk for experiencing housing discrimination based on their ethnicity and immigration statuses. Anti-illegal immigration ordinances have been placed in some communities in order to restrict the Latino population from settling in the area, which include penalties for landlords who rent property to undocumented individuals (Oliveri, 2009). In response to these ordinances, landlords are "likely to resort to shortcuts, such as discriminating based on accent, surname, appearance, or other ethnic markers" (Oliveri, 2009, p 57). These ordinances create racial discrimination in the housing sector for all Latinos, regardless of their documentation status. Statistics further reveal discriminatory practices in lending, as Latinos are 1.5 times more likely to receive high cost loans than Whites when applying for housing financing (Troche-Rodriguez, 2008). "Beginning with the home buying process, Latino families are restricted in the kinds of homes they can purchase by the real estate and banking industries, and more recently many have fallen victim to predatory mortgage brokers" (Troche-Rodriguez, 2008, p. 17). Despite laws set in place to protect Latinos and other minority groups in the housing market, practices that enforce segregation, such as zoning regulations to reduce affordable housing in specific communities, are currently in use. (Oliveri, 2009, Troche-Rodriguez, 2008).

Education system. Discrimination in the education system is also experienced by Latino/as. For example, one author witnessed teachers discouraging bilingualism, as they assert that using two languages can create difficulties and delays in learning. Mitchell (2005) points out that offering strictly English-only classrooms and discouraging bilingualism puts these students at a great disadvantage. When handled correctly, bilingualism and diversity in a classroom can serve to enhance the learning experience, as opposed to detracting from it (Llurda & Lasagabaster, 2010).

Another effect of discrimination in the education system is related to the performance of Latino/as based on the stereotypes and expectations from the teachers. Research has shown that differential treatment from teachers based on negative stereotypes and expectations of Latino/a students has negatively influenced their performance in school (McKown & Weinstein,

2008). Classroom microaggressions include assuming minorities to be unintelligent, invalidating the influence of race, culture or ethnicity in students' lives and as school topics, or presenting negative stereotypes (Sue et al., 2009). These microaggressions greatly decrease Latino/a and African American students'' self-efficacy, learning ability, and for academic performances, despite equal levels of intelligence (Constantine, 2006, Reynolds, Sneva & Beehler, 2010).

Legal system. Underrepresentation of Latinos in the government and the legal system is present in our current society, and through remaining unchallenged it implies that it is acceptable (Advisory Board to the President's Initiative on Race, 1998; Constantine, 2006; Falicov, 1998; Organista, 2007) "Minority representation at higher pay levels in federal agencies is necessary to ensure that the needs and interests of all employees are considered and that multiple viewpoints are integrated when policies, regulations and strategic directives are set" (Starks, 2009, p. 80). Underrepresentation of Latino/as in the government allows the issues and needs of this group to go unsupported in laws and policies (Malhotra & Raso, 2007). Individuals who hold positions of power in the legal system, such as judges and clerks, are predominantly of the majority group and are less likely to recognize the "prevalent, interpersonal and pernicious forms of discrimination that research suggests are encountered by members of disadvantaged groups" (King et al., 2010, p. 55). Underrepresentation and ignoring the issues faced by Latino/as allows the legal system to perpetuate discriminatory practices, illustrated in the disparities that correlate with ethnicity in the rates of incarceration, sentencing, and the use of the death penalty (Advisory Board to the President's Initiative on Race, 1998; Harrell et al., 2003).

Interaction with service providers. Racial and ethnic minorities confront unequal treatment and discrimination in medical settings (Institute of Medicine, 2002) and, although less documented, this also is likely to be the case in mental health settings (Guarnacia, Martinez, and Acosta, 2005). Providers may not be culturally competent and may lack the understanding of language or culture to properly serve cultural populations such as Latino/as, which is linked to findings of lower quality health care for individuals of color (Advisory Board to the President's Initiative on Race, 1998; Falicov, 1998; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Moreover, providers may actively engage in discriminatory acts and microaggressions while attempting to be caring and helpful (Sue et al., 2007). Constantine (2006) found that alliances between clients and therapists are greatly diminished when clients perceive microaggressions in the therapeutic setting, thereby reducing the effectiveness of services.

The lack of access to equal resources within the housing, educational, political, and public service sectors results in compounded negative effects for members of the Latino population. Each of these examples are forms of covert racism and discrimination, for although it is not directly communicated to Latinos that these unfair services are based on ethnicity, the underlying message of inequality is firmly communicated. Covert racism in one area of an individual's life affects opportunity and success in other domains, as each is closely linked.

Racism and Trauma Symptoms

There is longstanding evidence pointing for the negative impact prejudice and internalized oppression can have on a person's psychological development and wellbeing (Allport, 1954; Clark and Clark, 1947). Racism and discrimination can result in psychological and physical symptoms requiring professional attention (Franklin et al., 2006). Mental health and physical health are closely related, and are often compromised for many minorities due to insufficient medical care or lack of insurance. In addition, people of different racial or ethnic backgrounds may have already endured a high level of stress related to their family history or personal history, some of which can be categorized as psychological trauma (Ford, 2008).

Minorities who have experienced racist incidents have conceptualized those experiences as persistent stressors in their lives (Moradi & Risco, 2006). Perceiving discriminatory events as threatening or stigmatizing can cause great psychological harm. Racism can lead an individual to develop a sense of identity confusion and lowered self-worth, feel powerless about their future, and separate from the larger society (Aponte, 1999). Latino/as who encounter discrimination have reported higher likelihood to experience psychological distress on a daily basis, including nervousness, sadness, hypervigilance, anxiety, clinical depression, suicidal ideation and tend to report an overall lower quality of life (Bryant-Davis & Ocampo, 2006; Hwang & Goto, 2009; Utsey, Chae, Brown & Kelly, 2002). Therefore, racial discrimination is likely to seriously affect mental health and should be addressed in therapy (Masko, 2005).

A deeper look at the vulnerabilities and symptoms associated with racism shows a similarity to those associated with the experience of a catastrophic event (Sanchez-Hucles, 1999), traumatic impact (Bryant-Davis & Ocampo, 2006; Franklin et al., 2006; Harrell et al., 2003), and complex trauma (Franklin, 2006). In particular, there is a strong parallel between the experiences as individuals attempt to cope with either racist or traumatic events. The negative effects on self-

concept and interpersonal relationships caused by both complex trauma and marginalization are closely linked to the healing impact of validation of one's traumatic experience. In disclosing information about traumatic events, such as a rape or discriminatory experience, individuals may confront disbelief and denial of their reality by others, often by the people whom are closest to them. For example, a child who is sexually abused by a family member may confront the disbelief of other family members. Similarly, a Latino/a may receive a greater sentence in court due to their ethnicity, but, when communicating such experience with others, they may dismiss or minimize it. Societal messages, such as, "you wanted this because you dressed provocatively," and "racism is a historical problem that has been addressed," communicate disbelief about the client's allegations and negate the client's reality. Such denial of the victim's reality can result in psychological damage. Compounding this, the perpetrators are often people that the victim trusts, and the coping with trauma may challenge cultural, religious or societal values, such as the need to respect and honor family, or the national narrative that portrays the U.S. as the Land of Opportunity.

Individuals who engage in racist practices and those who are perpetrators of abuse usually possess power over the victim, whether they are part of a dominant group, stronger or older, or in positions of authority. They face few incentives (if any) to become accountable and give up their power over the victim. Those in power usually have an interest in maintaining the status quo and have great difficulty giving up power for justice.

Lived Experience of Racism as Trauma: Maria and Manuel's Stories

The previous discussion can be illustrated through the cases of Maria and Manuel. Maria was sexually abused by her mother's boyfriend when she was six. She told her mother about the abuse two years later, when she feared that the same thing was happening to her sister. Maria's mother was shocked and immediately confronted her boyfriend. He adamantly denied the allegations, and reminded Maria's mother about Maria's tendency to lie. Maria's mother called her own mother, and Maria went to stay at her house until things could be worked out. Maria's grandmother does not believe the allegations due to Maria's seemingly comfortable and happy relationship with her mother's boyfriend. Shortly thereafter Maria recanted her allegations.

Let us now consider the case of Manuel, who is a 23-year-old first generation Mexican American man. He attends community college and is studying to be a nurse. At times he feels that, in study groups, his com-

ments are overlooked and other team members do not seek his opinions. Manuel has evaluated the situation, and believes that these omissions are race related. He has spoken about this with two of his friends and his mother, and they have all questioned his assessment of the situation. Manuel begins to question his judgment, blaming himself for problematic study habits in high school.

In both cases, similar issues are at play regarding the disclosure of "the problem." Maria and Manuel's cases illustrate the taboos that continue to exist about talking about the issues of racism and sexual abuse. Both show the vital importance of receiving validation and support for one's reality. Both also show that loving and well-intentioned family members or associates may have developed beliefs and coping mechanisms that require them to see the situation in a completely different way, one that invalidates or calls into question the victim's reality. The question for us, as therapists, is how these factors are integrated into our practices. Fortunately, trauma therapy for sexual abuse has evolved to the point that these dynamics are well integrated into treatment modalities. However, these same dynamics are often overlooked or only examined superficially when families are navigating their way through covertly racist incidents. When this is the case, sessions repeat the dynamics that were present during their original "disclosure."

Recommendations for Clinical Practice

Effective multicultural therapists understand and appreciate their client's worldview, and in order to do so they must first understand their own worldviews (Sue and Sue, 2007). Therapists must acknowledge the significance of day-to-day covert racism and become aware of their own biases and possible discriminatory behavior when working with Latino/a clients. Specialized training on how to work with Latino/a clients is necessary to assist therapists in learning about the difference in the culture and recognizing perceptions of what is offensive to members of Latino groups. Multicultural group supervision has shown to be effective, helping counselors in training develop personal awareness and to recognize their limitations (Torres et al., 2007). Although therapists may not consciously engage in microaggressions and discriminatory acts, regardless of intentionality these acts can have a negative impact on the client and the therapeutic relationship (Sue et al., 2007). Ultimately, therapy should be a safe space, free of racist and discriminatory incidents.

When working with Latino/a clients it is essential to integrate Latino cultural values, such as familismo, respeto, and simpatía, in order to increase engagement

and adherence to treatment (Antshel, 2002). Furthermore, following a culturally responsive clinical model, such as the Latina/o Skills Identification Stage Model (Gallardo, Yeh, Trimble, & Parham, 2012), will greatly support the therapist's ability to focus and respond to core issues. The L-SISM attends to specific needs and issues of Latino/a clients, highlights specific skills, and focuses on a culturally responsive process.

It is interesting to note that most assessment tools for trauma do not specifically address the issues of racism or marginalization. The negative consequences from racism should be recognized as a valid mental health concern and directly assessed in therapy (Carter, 2007). The field of trauma is recognizing that exposure to multiple types of trauma can result in increased negative outcomes in physical and psychological health (Felitti et al., 1998; Finkelhor, Ormand & Turner, 2007). Hence, it is necessary to do a comprehensive screening for all types of trauma, regardless of whether the presenting problem is limited to one particular trauma. In the case studies, Maria, who presents for sexual abuse, would also be screened for other types of trauma, including exposure to racism. Likewise, it would mean that Manuel, along with addressing exposure to racism, would be screened for exposure to other types of trauma such as exposure to family and community violence. A question such as, "Many Latino/as have had racist incidents or felt marginalized in this society, what has your experience been?" can provide the opportunity for Latino/a clients to address their racism related trauma when existent.

Advocacy efforts are necessary to decrease current racial disparities and address policies that perpetuate racism. Advocacy work must also come into the therapy session, with therapists acting as advocates and/or referring their clients for appropriate advocacy services to address issues in employment, housing, education and within other institutions. Finally, research exploring the effectiveness of models and interventions to address the effect of racism is extremely necessary to continue growing in this area.

Conclusion

Despite the message that racism is no longer existent in the United States, there is abundant evidence that racism continues to be present at interpersonal, societal, and institutional levels. Although racism is less visible than it has been in the past, it is not any less hurtful or harmful. The experience of discrimination throughout an individual's life can result in psychological distress, often with the intensity and symptoms similar to those of chronic and/or complex trauma. Invalidating and unsupportive reactions from family members, friends, and society to the experience of racist-based trauma compounds its negative effects, which is again highly similar to the experiences of individuals who have undergone traumas such as rape.

Racist-based incidents require the same attention, validation, and competence as any other type of trauma (Bryant-Davis, 2005; Carter, 2007). Culturally competent therapists must be able to assess for trauma related to discrimination, and be prepared to address this issue throughout treatment. As well, therapists must be aware of their own behaviors and how the interaction within the therapeutic setting may include unintentional microaggressions.

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