

# Healing Ethno-Racial Trauma in Latinx Immigrant Communities: Cultivating Hope, Resistance, and Action

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Latinx immigrants living in the United States often experience the negative effects of systemic oppression, which may lead to psychological distress, including ethno-racial trauma. We define ethno-racial trauma as the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minority groups. This form of trauma stems from a legacy of oppressive laws, policies, and practices. Using an intersectionality framework, this article discusses the complex ways in which interlocking systems of oppression (e.g., racism, ethnocentrism, nativism, sexism) and anti-immigrant policies impact Latinxs individuals, families, and communities. The article also presents a framework to stimulate healing from ethno-racial trauma titled, *HEART* (Healing Ethno And Racial Trauma). Grounded in the principles of Liberation Psychology and trauma-informed care, the framework is composed of four phases. Each phase is accompanied by a goal to assist clinicians in helping individuals, families, and communities to achieve growth, wellness, and healing. The main objective of each phase is for Latinx immigrants to find relief, gain awareness, and cope with systemic oppression while encouraging resistance and protection from the external forces that cause ethno-racial trauma. Overall, our intention and hopeful expectation is that the content presented in this article serves as a call to action for psychologists to make psychology a *Sanctuary Discipline* by using and integrating intersectionality theory, trauma-informed care, and Liberation Psychology into policy, research, and practice with Latinx immigrants.

**Keywords:** intersectionality, immigration, Latinos, racism, trauma

*Without ceasing to be ‘the others’ in a white nation, Latinx<sup>1</sup> carry one of the most heroic and unknown histories of this century: that of their color, hurt and worked until it is made hope. Hope that cafe [Brown] will be one more color in the rainbow of the races of the world, and it will no longer be the color of humiliation, of contempt, and of forgetting. (Marcos, 2004, p. 434)*

Around much of the world, the United States is often called *A Nation of Immigrants*, a phrase that seeks to un-

<sup>1</sup> To include and center the broad range of gender identities present among individuals of Latin American descent, the term Latinx is used throughout the article.

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underscore the history of foreign-born populations in the country. This notion is expressed in many facets of American society, including history books, visual arts, and politics. In his 2014 speech on immigration, President Barack H. Obama stated that

... we know the heart of a stranger—we were strangers once, too. My fellow Americans, we are and always will be a nation of immigrants . . . Since the founding of our nation, we've weaved a tradition of welcoming immigrants into the very fabric of who we are. (Obama, 2014, para. 1)

While it is factually accurate to say that the United States has a long history of immigrants coming to its borders, this phrase renders invisible the contributions and experiences of Native American and African populations who were colonized, enslaved, and oppressed. The phrase also hides the experiences of violence, racism, ethnic oppression, and criminalization faced by many immigrant populations (e.g., people of Middle East and North African descent, Asia/Pacific Islanders, individuals of Latin American descent). Individuals and communities whom experience violence, racism, and ethnic oppression are at risk of experiencing psychological harm, including trauma (Blanco, Blanco, & Díaz, 2016; Comas-Díaz, 2007). For instance, Helms, Nicolas, and Green (2010) posits that

reactions to racism or ethnviolence alone or combined with other traumatic events may pose threats to the person's psychological and physical well-being that may be as psychologically debilitating as reactions to natural disasters or other types of physical and psychological engagement. (p. 16)

An assertion that is empirically supported (Ong, Fuller-Rowell, & Burrow, 2009).

The purpose of this article is twofold: (1) to examine the implications of ethno-racially oppressive immigration poli-

cies on Latinx immigrants as causes of, or contributors to, ethno-racial trauma, which we define as the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minority groups. (2) to present a framework of healing for Latinx immigrants affected by ethno-racial trauma that considers interventions at the individual, family, and community levels. Intersectionality theory, which was first introduced by Black feminists and Women of Color social justice activists and scholars (Grzanka, Santos, & Moradi, 2017), focuses on the ways in which systems of oppression (e.g., racism, ethnocentrism, nativism, sexism) impact individuals who hold membership in multiple socially constructed groups (Crenshaw, 1989), and provides a more nuanced understanding of ethno-racial trauma in Latinx immigrant communities, serves as the theoretical framing for the article. While intersectionality theory has primarily been used in critical legal studies, sociology, and Black Women's studies, a growing body of psychological literature is beginning to integrate this framework into theory, research, and practice (Adames, Chavez-Dueñas, & Organista, 2016; Cole, 2009; Lewis & Neville, 2015). Aligned with the three major formulations of intersectionality as (1) field of study, (2) an analytic disposition, and (3) a critical praxis of social justice proposed by Moradi and Grzanka (2017), Figure 1, provides a model of ethno-racial trauma that considers the ways in which Latinxs are impacted by racism, ethnocentrism, nativism, and other "isms." The model also depicts how ethno-racial trauma extends beyond individuals and families, with its impact also persecuting immigrant communities. Consistent with intersectionality theory, which posits that laws and policies help maintain systems of oppression (Crenshaw, 1989), the model integrates the ways in which crimmigration, that is, anti-immigrant laws and policies (Stumpf, 2006), contribute to ethno-racial trauma in Latinx immigrant communities.

### **Interlocking Systems of Oppression Impacting Latinx Immigrants**

Othring is the process by which individuals who are perceived as "different" in a given society are rejected and oppressed. In the United States, Latinxs are "othered" for multiple reasons, including differences in race, ethnicity, and immigration status. While race and ethnicity have historically been used interchangeably, the consensus among scholars in the social sciences is that they are distinct yet closely intertwined concepts (Alvarez, Liang, & Neville, 2016; Helms & Cook, 1999) that have an impact on the physical and psychological well-being of individuals and communities (Bryant-Davis, & Ocampo, 2005; Perilla, Norris, & Lavizzo, 2002). Thus, nativism, racism, and ethnocentrism contribute to ethno-racial trauma among Latinx



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immigrants, families, and communities (Blanco et al., 2016; Comas-Díaz, 2007; Helms et al., 2010; Salas, Ayón, & Gurrola, 2013). However, given the vast diversity that exists within the Latinx population (e.g., skin-color, ethnicity, immigration status), their experience is not universal.

### **Nativism and Immigration Status**

**Nativism.** Nativism refers to the opposition toward ethnic minorities based on the belief that foreigners are “un-American” and are a threat to the purity of the national culture (Chavez, 2008). It also suggests a preference for those considered “natives” and antipathy to everyone else (Perea, 1997). Individuals with nativist ideologies hold several cultural stereotypes about Latinxs, including perceptions that they: (a) are immigrants who refuse to assimilate, (b) make little effort to learn English, (c) bring with them their inferior cultural values and practices, (d) contribute to budget deficits and higher taxes, (e) take jobs away, (f) abuse public social services, and (g) reside in the country without authorization (Anti-Defamation League, 2008; Chavez, 2008; Cornelius, 2002). Notwithstanding these commonly held stereotypes, the majority of Latinxs (65% or 36 million) are born in the United States. The remaining 35%, or approximately 19 million, are foreign-born (Migration Policy Institute, 2013). Out of the 19 million Latinxs who are immigrants, approximately half, or 8.8 million, reside in the country without documentation (i.e., have not been granted permission by to work/reside in the United States). Moreover, there are approximately 5.5 million Latinx children with at least one undocumented parent.

**Undocumented immigrants.** As a result of their immigration status, undocumented immigrants confront a host of

challenges that their documented counterparts do not often experience (Migration Policy Institute, 2013; Passel & Cohn, 2015), including susceptibility to exploitation, abuse, and deportation (Adames & Chavez-Dueñas, 2017; National Council of La Raza, 1990). Moreover, in recent years undocumented immigrants have become vulnerable to increased ethnocentrism and nativism in legislation, marked by aggressive and excessive enforcement of immigration policies (Migration Policy Institute, 2013). Such changes further contribute to the fear of deportation. Anxiety produced by the possibility of being forcibly removed from the United States may also lead Latinx immigrants to experience a diminished sense of psychological trust, safety, and security (Rojas-Flores, Clements, Hwang Koo, & London, 2017).

### **Racism and Ethnocentrism**

The concepts of race and ethnicity have evolved over time, contributing to the divergent ways in which they are used in the literature. In some instances, ethnicity has been used as a proxy for race (Helms & Cook, 1999). This conundrum is particularly evident when considering the U.S. Census Bureau’s history of categorizing Latinxs. For instance, in the 1960s Latinxs were classified as “Spanish,” in the 1980s as “Hispanics,” and in the new millennium as “Hispanics/Latinos” (Gomez, 2007). Latinxs were grouped as one race until the 2000 Census when, for the first time in U.S. history, individuals were allowed to classify themselves as belonging to any or more than one race (Taylor, Lopez, Martinez, & Velasco, 2012). The ways in which Latinxs have been categorized is an example of how race and ethnicity were used synonymously to classify this racially heterogeneous population, thus contributing to the erroneous notion that ethnicity equates to race. While race and ethnicity are different sociopolitical constructs, they both contribute to the othering of racial and ethnic minority individuals, resulting in racism and ethnocentrism (Carter, 2007; Smedley & Smedley, 2012).

**Racism.** Racism is an ideology used to justify harmful practices of inequity based on the belief that one race is superior to another based on skin color and phenotype (Carter & Pieterse, 2005). Conversely, ethnocentrism is a belief that one’s own ethnic group’s beliefs, values, and practices are superior to all others (Bizumic, Duckitt, Popadic, Dru, & Krauss, 2009). Hence, racism is associated with a belief in racial superiority, while ethnocentrism refers to the ideology that the culture (e.g., shared customs, values, language) of one group is superior. Beliefs about racial and ethnic superiority are detrimental to Latinxs; however, not every Latinx is impacted equally. Latinxs who are visibly othered (e.g., skin color, phenotype) are the most vulnerable.



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**Skin color and phenotype.** Latinx individuals can trace their racial heritage to three different racial groups: Indigenous, Black, and White (Chavez-Dueñas, Adames, & Organista, 2014). The mixing of these three groups in the period following the colonization of the Americas is often referred to as *mestizaje*, a term initially used to connote that all individuals of Latinx descent were racially mixed (Adames et al., 2016). Thus, Latinxs are socialized to not identify as racial beings and are implicitly encouraged to adopt *Mestizaje Racial Ideologies* (Adames et al., 2016; Adames & Chavez-Dueñas, 2017) despite living and experiencing the effects of the established skin color hierarchy in Latin America and in the United States. (Bonilla-Silva, 2014; Montalvo & Codina, 2001). A review of the few available empirical studies examining the effect of skin color differences among Latinxs suggests that being darker and having less European-phenotypic features can negatively impact mental health (Montalvo & Codina, 2001), educational attainment, and income (Arce, Murguía, & Frisbie, 1987). The pattern in the extant literature reviewed strongly suggests that individuals with darker skin and less European-phenotypic features also experience more racial oppression and psychological distress (Araújo & Borrell, 2006; Telzer & Vazquez Garcia, 2009).

### **Crimmigration: The Criminalization of Immigrants**

Evidence of ethno-racially motivated practices affecting Latinxs are abundant throughout U.S. history. From the lynching of Mexicans by White mobs throughout the Southwest (Gomez, 2007; Massey, 2007), to the segregation of Latinxs during the Jim Crow Era (Chavez, 2008) and the

Zoot Suit riots in Los Angeles, people of Latinx descent have a history of oppression and rejection that has extended to nativist laws, practices, and immigration policies. For instance, while immigrants from Latin America were not subjected to immigration quotas, they were specifically targeted by several pieces of legislation (e.g., Repatriation Act of the 1930).

Many individuals in the United States continue to hold the belief that they have the inherent right to live in the country because “their ancestors came ‘the right’ way [and] they assume that their ancestors ‘went through the process’” (Chomsky, 2014, p. 1). However, this belief ignores the fact that many immigrants settled in the United States before the current immigration laws were established, and that the concept of “illegality” was created and applied to unauthorized foreign-born individuals (Chomsky, 2014). The term *crimmigration*, coined by Professor Juliet Stumpf (2006), helps to illustrate the intersection between criminal and immigration laws. In the United States, *crimmigration* can be traced to several legislative acts, including *The Immigration and Nationality Act of 1965*, *Immigration Reform and Control Act* (IRCA), and the *Illegal Immigration Reform and Immigrant Responsibility Act* (IIRIRA; Chomsky, 2014). Together, these programs became the foundation of the Criminal Alien Program (CAP), designed to identify, detain, and deport immigrants with criminal convictions within federal, state, and local prisons (Ewing, Martínez, & Rumbaut, 2015). Overall, these laws and policies have served as additional legal structures that further contribute to the othering of Latinx immigrants by eroding feelings of stability, predictability, safety, and hope, leaving Latinx communities vulnerable to ethno-racial trauma.

### **Impact of Racism, Ethnocentrism, and Nativism on Individuals, Families, Communities**

#### **Sociohistorical Context**

Currently, Latinxs are living through one of the most anti-immigrant periods in modern U.S. history, with a significant increase in laws and policies that disproportionately target this community. In 2005, there were approximately 300 anti-immigration bills in Congress; by 2015, this number had increased to 1,500 (American Immigration Council, 2015). Moreover, the number of anti-immigrant legislative acts enacted increased 500%, from 38 to 222, during that same 9-year period (American Immigration Council, 2015; Ewing et al., 2015). In addition to the CAP program, the last two decades have witnessed a rise in collaboration programs between local, state, and federal law enforcement agencies. These programs are used as strategies to enforce immigration laws using ethno-racial profiling and to identify and criminalize immigrants who often have only committed minor offenses (e.g., traffic violations, urinating in public,



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forgery, receipt of stolen property). In addition, Immigration and Customs Enforcement (ICE) employs a variety of methods to arrest, detain, and deport thousands of documented and undocumented immigrants each year (American Immigration Lawyers Association, 2011). The tactics used by ICE range from workplace raids to driving checkpoints, along with house arrests, all of which contribute to widespread fear of deportation within the Latinx community (Adames & Chavez-Dueñas, 2017). Scholars posit that ICE purposefully tries to instill fear in immigrants; in other words, to terrorize, to make them voluntarily deport themselves to their countries of origin (Sladkova, Garcia Mangado, & Reyes Quinteros, 2012). These fears were exacerbated by the anti-immigrant rhetoric of the 2016 U.S. Presidential campaign and the promises made by then-Presidential Candidate Donald J. Trump that included the construction of a wall between the United States and Mexico and an increase in ICE officials, and more aggressive enforcement of immigration laws (Chavez-Dueñas, Adames, & Organista, 2016). During the first month of his presidency, Trump signed an executive order giving federal immigration agents freedom to arrest and detain practically any undocumented immigrant with whom they come in contact (Kopan, 2017). The increase in immigration enforcement is evident in the number of immigrants arrested (22,000) during the first few months (January through mid-March 2017; Hesson & Min Kim, 2017). These numbers represent a 32% increase in immigrant arrests from the same period in 2016. During the same timeframe, the Southern Poverty Law Center (2016) reported 315 hate crime incidents against immigrants. Threatening, anti-immigrant rhetoric, coupled with the increase in both anti-immigrant policies and hate crimes, has cultivated a climate of

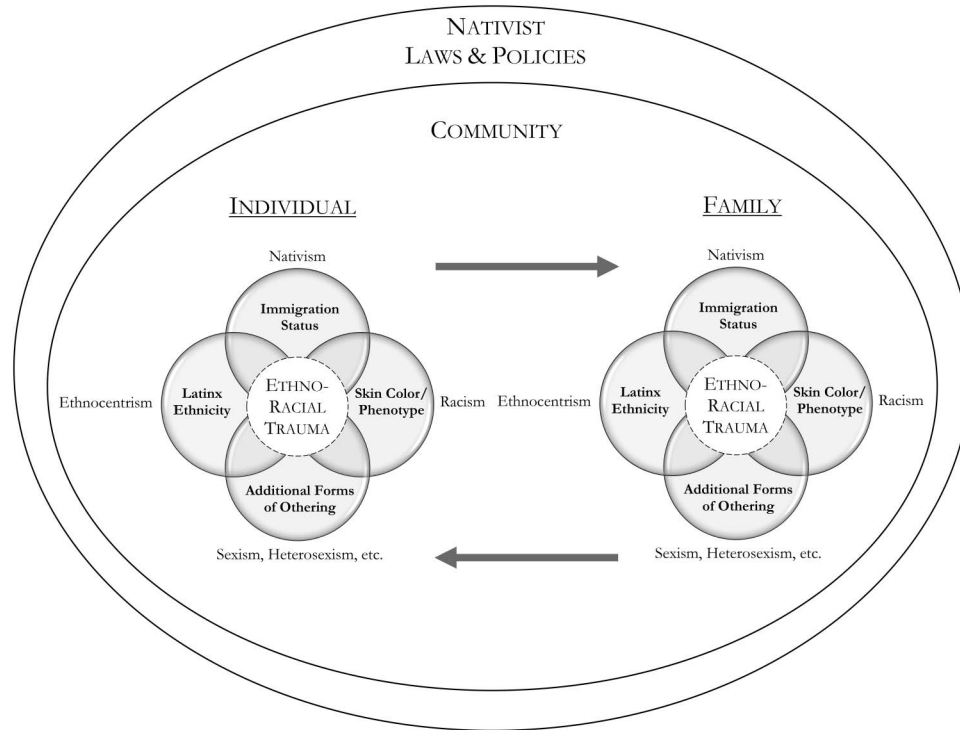
fear and terror which can lead to negative psychological effects for immigrants (Salas et al., 2013).

### **Ethno-Racial Trauma**

The American Psychological Association (APA) published a Presidential Task Force Report that explains how some immigrants may fair well while others are faced with a myriad of challenges (American Psychological Association (APA), 2012; Casas, 2014). The few available studies examining experiences of trauma among Latinx immigrants in the United States indicate that they are prone to experiencing traumatic events throughout the three different stages of the immigration process (Foster, 2001; Salas et al., 2013). For instance, while in their countries of origin, Latinx immigrants are likely to experience extreme levels of poverty, political persecution, natural disasters, kidnapping, rape, and sexual violence (Bowen & Marshall, 2008). During their journey to the United States, immigrants are at further risk of experiencing extortion, rape, robberies, kidnappings, physical injuries, and exposure to extreme temperatures resulting in hypothermia and hyperthermia. After their arrival onto U.S. territory, immigrants often encounter additional incidents that threaten their physical and psychological well-being such as poverty, exposure to community violence, racism, ethnocentrism, nativism, isolation, and fear of deportation (Aranda & Vaquera, 2015; Dreby, 2012; Foster, 2001). Exposure to traumatic events prior to their immigration and during their journey, along with the high levels of stress related to racism, ethnocentrism, and nativism in the United States, may result in and/or exacerbate ethno-racial trauma among Latinx immigrants, affecting their health, mental health, and everyday functioning.

**Impact on individuals and families.** Fear of a family member or close friend being deported is common among Latinx, with over half (i.e., 68%) experiencing worries related to immigration (Lopez & Minushkin, 2008). In addition to fear of deportation, studies indicate that at the individual level, immigrants report fear about being detained and treated like criminals while in detention (Pottinger, 2005). These fears are indeed justified. For instance, in a study by Sladkova and colleagues (2012), detained immigrants reported being denied their medication and access to basic human needs. Recent reports also indicate that being detained by immigration officials make immigrants feel more vulnerable and that they experience anxiety, isolation, and fear of going out in public (Mark, 2017), all of which impact occupational, educational, and interpersonal functioning. Fear of detention and deportation is also keeping immigrants from driving, taking their children to school, seeking medical care, and reporting crimes (Mark, 2017).

Empirical studies suggest that immigrants who are racially othered are at greater risk of experiencing race-based discrimination (Berry & Sabatier, 2010; Liebkind &



*Figure 1.* An intersectional model of ethno-racial trauma in Latinx immigrant communities. The model explicitly considers the ways in which intersecting historical and structural systems impact the well-being, health, and resources available to Latinx individuals, families and communities, underscoring social inequities, aggressive immigration policies, and power dynamics. The model can also be applied to other immigrant groups.

Jasinskaja-Lahti, 2000), which sequentially has a significantly negative impact on health and well-being (APA, 2012). For instance, Latinx (regardless of immigration status) who are visibly indistinguishable from European Americans (i.e., European phenotype) benefit from light-skin privilege, whereas Latinx immigrants that are visible ethno-racial minorities (e.g., darker-skin, Indigenous phenotype) are increasingly associated with illegality by law enforcement (Aranda & Vaquera, 2015; Downs, 2017). Hence, Latinx immigrants with European phenotype are less likely to be racially profiled and have a lower probability of being detained and deported (Aranda & Vaquera, 2015). The aggressive and excessive enforcement of immigration policies targeting Latinx immigrants can also have negative psychological repercussions on families, including fear of deportation, family fragmentation, individual and family symptoms of trauma, and economic hardship (Chaudry et al., 2010; Dreby, 2012). Unfortunately, children often bear the burden of anti-immigrant policies by experiencing increases in anxiety, fear of being separated from their parents, and post-traumatic symptoms (Brabeck & Xu, 2010). Such fears can negatively impact their functioning in school by making it difficult to concentrate and complete assignments (Brabeck & Xu, 2010; Dreby, 2012). Among Latinx children of parents who have been detained and deported, significantly higher

externalizing behavior and posttraumatic stress disorder (PTSD) symptoms have been reported by parents and clinicians, compared with children of parents without prior contact with immigration enforcement (Rojas-Flores et al., 2017). These symptoms may be exacerbated for children who witness their parents being arrested by immigration officials (Sladkova et al., 2012; Thronson, 2008), which may contribute to children's fear of the police (Brabeck & Xu, 2010). Fearing law enforcement, and experiencing the stigma associated with immigration, have been associated with children distancing themselves from their cultural heritage (Dreby, 2012).

**Impact on the larger community.** Immigrant communities are also negatively impacted by anti-immigrant rhetoric, policies, and practices leading to widespread fear and mistrust of government officials and agencies (e.g., police, health care providers). A qualitative study on a Latinx immigrant community from Lowell, Massachusetts, conducted by Sladkova et al. (2012) exemplifies how communities are negatively affected by workplace raids. Participants described that information about the raids had quickly dispersed, leading people to: (a) live in fear, (b) be more vigilant, and (c) have difficulties carrying on with everyday activities. For example, parents did not want to send their children to school, and many avoided seeking essential health services because of the fear and belief that health care

providers would report the family to ICE (Sladkova et al., 2012). Studies have also reported that fearing the police decreases the likelihood that immigrants will report crimes and collaborate with law enforcement (Silka, 2007; Tahirih Justice Center, 2017). For instance, immigrant Latinas who are survivors of domestic abuse and sexual violence are uniquely impacted by interlocking systems of oppression including sexism, ethnocentrism, nativism, and racism, situating Latina women in a place where they fear being arrested and deported if they make a police report. These realities of women in immigrant communities are exemplified by a survey conducted in April 2017, wherein 78% of legal advocates and attorneys who work with survivors reported that their immigrant clients had expressed explicit worries about calling the police because of fear of deportation (Tahirih Justice Center, 2017). Moreover, police chiefs in Los Angeles and Houston conveyed that Latinx survivors were reporting sexual assaults at lower rates because of the hostile, anti-immigrant rhetoric and policies targeting undocumented immigrant communities in their respective cities. The Houston City Police Chief indicated that the number of Latinxs reporting rape had decreased by 42% in 2016 from the same period in the previous year (Lewis, 2017). Given the unique ways in which Latinx immigrants are impacted by interlocking systems of oppression, healing from ethno-racial trauma requires them to have a sense of control over their own liberation.

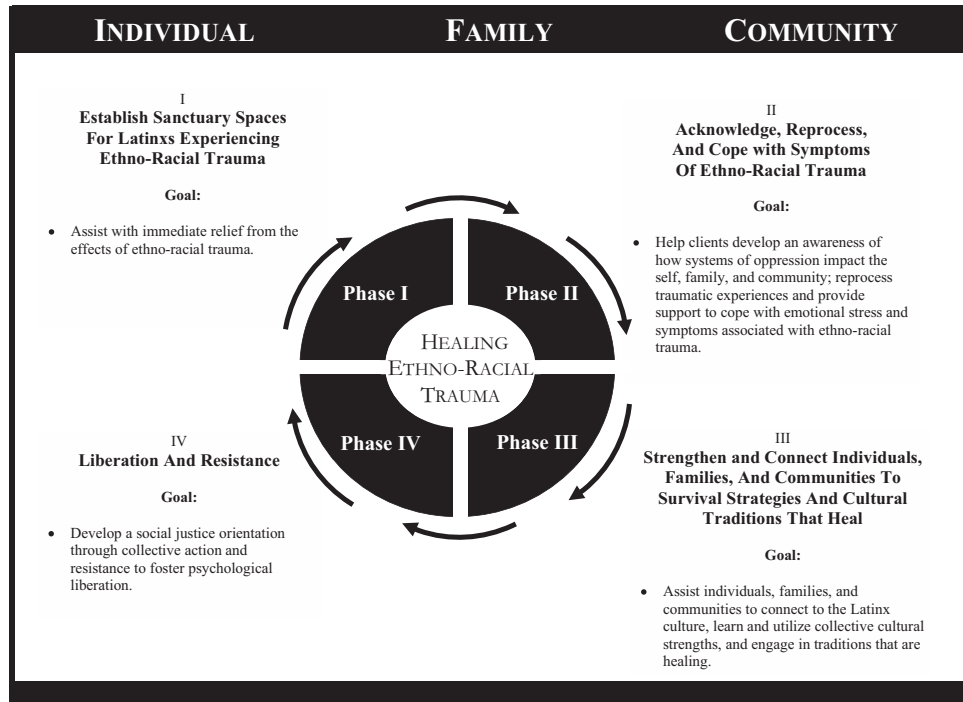
### **The HEART Framework: Healing Ethno-Racial Trauma**

Healing from the fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethnic and racial minority groups requires that individuals, families, and communities create and hold some level of control and power over the ways in which they are internally and externally oppressed (Nelson & Prilleltensky, 2010). Thus, healing ethno-racial trauma requires a focus on both the symptoms of the trauma (internal) and the interlocking systems of oppression (external) that cause and maintain psychological distress. Attending exclusively to internal symptoms of trauma and utilizing psychological interventions focused on the individual may drive clinicians and researchers to predominantly tend to subjective experiences, symptoms, and signs, hence missing the opportunity to consider and address how different systems of oppression (i.e., intersectionality) impact clients' presenting concerns. As an alternative, focusing solely on the impact of oppression on the lives of clients may miss the more nuanced and variable personal experiences related to psychological trauma. The combination of treatment models and interventions designed to address trauma (e.g., trauma-informed care), along with literature on systemic oppression (Bryant-Davis & Ocampo, 2006) such

as Liberation Psychology, may serve as a viable integrative framework to promote healing.

Trauma informed care seeks to understand, identify, and respond to the impact of trauma on the lives of survivors. It highlights the need to address: (a) physical, psychological, and emotional safety; (b) trustworthiness, (c) choice, (d) collaboration, and (e) empowerment (Fallot & Harris, 2009). Healing focuses on establishing safety, symptom stabilization, reprocessing, and reconnecting clients to self and others (Herman, 1992; Peck, 2012). Liberation Psychology, grounded in the work of Martín-Baró (1996) and Freire (1968), underscores the need to understand and address the sociopolitical structures that negatively impact the lives of oppressed and impoverished communities. Liberation Psychology draws upon the need for communities to (a) recover [rich] historical memory," which helps oppressed communities revive and employ methods used by their ancestors to survive, resist, and organize, and (b) strengthen cultural pride and traditions (Martín-Baró, 1996). Healing entails an explicit focus on active resistance rather than solely reactionary resilience. Thus, Liberation Psychology embodies four main acts of resistance: first, that members of oppressed groups view their oppression as a collective assault requiring a unified response (e.g., social organizing). Second, that clinicians conceptualize problems and interventions within a social-historical context. Third, treatment goals should be designed to promote self-determination. Finally, action toward change explicitly targets institutions and systems that create and maintain oppression (Utsey, Bolden, & Brown, 2001).

A healing framework of ethno-racial trauma grounded in trauma-informed care and Liberation Psychology, titled the *HEART (Healing Ethno And Racial Trauma) Framework*, is proposed (Figure 2). The acronym spells the word HEART, which in the Indigenous Aztec culture symbolizes the center of life—where the spirit and seed of humanity is housed (Davies, 1973). Similarly, the ancient African Kemet believed that the heart, rather than the brain, was the source of human wisdom, memory, and emotions (Parham, 2002). The integration of Indigenous and African beliefs represents an approach to healing from ethno-racial trauma that centers on cultivating and promoting self-determination which fosters hope and resistance. HEART is also grounded in the premise that healing results from individuals reconnecting, strengthening, or staying connected to their ethno-racial roots (Adames & Chavez-Dueñas, 2017; Parham, Ajamu, & White, 2010). HEART is designed to take place in spaces where ethno-racial minorities can feel heard, affirmed, and protected from external invalidation, threats, and hate that often contributes to psychological distress. Given that ethno-racial groups live in a society where their humanities are constantly under assault, the notion of "safe" spaces are unrealistic. Instead, the HEART Framework envisions healing taking place in spaces that have been designed as "sanctuaries." The word and concept of "sanctuary" derives directly from the immigrant community and describes places created to offer protection, affirmation, and validation to



*Figure 2.* HEART Framework: Healing Ethno And Racial Trauma Framework. The HEART Framework addresses the impact of racism, ethnocentrism, nativism, and other systems of oppression (e.g., sexism, heterosexism) on the Latinx immigrant community. The Seven Psychological Strengths of Latinxs identified and described by Adames and Chavez-Dueñas (2017, p. 29) mentioned in Phase III include: (1) Determination: the endless drive and courage to do what is necessary to survive, (2) Esperanza: faith, even during the most difficult situations, that things will turn out for the best, (3) Adaptability: the ability to adapt and thrive in a variety of different contexts, (4) Strong Work Ethic: valuing the importance of working hard, producing quality, and taking pride in one’s work, regardless of occupation, (5) Connectedness to Others: need and enjoyment of being emotionally, physically, and spiritually connected with others, (6) Collective Emotional Expression: the ability, need, and desire to share strong emotions with others, and (7) Resistance: the willpower and courage to stand firmly for one’s beliefs, ideals, and practices.

those who live in fear. “Sanctuary” evokes the sense of coping with hate on a community level.

More recently, the sanctuary movement in the United States has sought to create spaces of solidarity, affirmation, and security for undocumented individuals, families, and communities threatened by immigration laws and policies founded on ethno-racial hate. Sanctuary spaces allow for Latinxs to (a) authentically express themselves, be affirmed, and acknowledged; (b) reprocess and mourn the losses associated with ethno-racial trauma; (c) integrate experiences of ethno-racial trauma and connect to cultural elements and practices that heal; and (d) create strategies for protecting, liberating, resisting, and organizing for social action. Together these four phases are the foundational pillars of the HEART Framework. The first three phases are informed by the widely accepted principles (i.e., safety, grieving, reconnecting) of trauma care (Peck, 2012). The last phase is grounded in the work of Fanon (1967) and Martín-Baró’s (1996) Psychology of Liberation. Each phase is accompanied by a goal. Overall, the *HEART Framework* aims to promote healing from ethno-racial trauma for individuals as

well as families and communities. Below, we outline the goal of each phase and provide recommendations to stimulate healing for Latinx individuals, families, and communities.

### **Phase I: Establishing Sanctuary Spaces for Latinxs Experiencing Ethno-Racial Trauma**

*Speaking and listening is how humanity learns to walk. It is the word that gives form to that walk that goes on inside of us. Speaking, we heal the pain. Speaking and listening, we accompany each other. (Marcos, 2002, p. 76)*

Working with survivors of ethno-racial trauma requires that providers develop an in-depth understanding of the phenomenological experience of Latinx people in the United States, including the impact of racism, ethnocentrism, nativism, and additional forms of othering on individuals, families, and communities. Mainstream, trauma-informed care suggests that clinicians working with survivors of trauma “must believe strongly that recovery from traumatic experience cannot take place without sufficient stability to be able to remember the



past without becoming overwhelmed by it and thus re-traumatized” (Fisher, 1999, p. 1). In addition to stability, trauma-informed care also describes physical and emotional safety as a central component in the treatment of survivors of any kind of trauma. However, “sufficient stability” may not be attainable for survivors of ethno-racial trauma who experience insidious and ongoing attacks on their personhood. Moreover, developing a sense of physical safety among undocumented Latinx immigrants and their families is complex and may also be unattainable given the reality that they could be detained and deported at any time and for any reason.

While creating a sense of physical and emotional safety in society may not be possible, a sanctuary space can be created by developing a sense of physical safety within the context of treatment. Organizations and providers can ensure that in their spaces, the experiences and stories of Latinxs immigrants are respected, validated, and affirmed. Overall, while safety and complete stabilization may not be feasible for Latinx immigrants, focusing on assisting individuals, families and communities gain immediate relief from the effects of psychological distress caused by ethno-racial trauma is possible. Phase I in Table 1 describes some recommendations to help providers and organizations achieve this goal.

### Phase II: Acknowledge, Reprocess, and Cope with Symptoms of Ethno-Racial Trauma

*We need to bear witness to what we have lost: our safety, our sense of belonging, our vision of our country. We need to mourn all these injuries fully, so that they do not drag us into despair, so repair will be possible. (Diaz, 2016, para. 4)*

Vast amounts of research exist regarding effective treatments for symptoms of psychological trauma, with Trauma-Focused Cognitive–Behavioral Therapy (TF-CBT) being the intervention recommended most (Seidler & Wagner, 2006). TF-CBT utilizes various techniques (e.g., visualization, talking, thinking about the traumatic event) to help clients process traumatic experiences in an environment they deem safe. However, trauma-informed interventions have not been empirically investigated for symptoms related to ethno-racial trauma (Bryant-Davis & Ocampo, 2006). Instead, models of treatment adaptations are proposed by scholars to explicitly address trauma resulting from experiences of racism, ethnocentrism, and oppression (Bryant-Davis & Ocampo, 2006; Comas-Díaz, 2007; Dunbar & Blanco, 2014). Following a treatment adaptation practice, Phase II seeks to integrate elements of TF-CBT with the process of *concientización*, a core element of Liberation Psychology. *Concientización* is the process whereby individuals locate their experiences within a historical context of oppression and marginalization, which serves as a way for clients to give themselves permission not to self-blame for experiencing symptoms that result from living in an oppressive environment. This approach also helps clinicians shift their conceptualization of trauma by explicitly considering the con-

textual factors that may be contributing to the problems that Latinx immigrants experience. In general, Phase II aims to help clients to (a) acknowledge the impact of ethno-racial trauma, (b) process the experience in a sanctuary space (consistent with TF-CBT), (c) develop culturally responsive ways of coping, and (d) contextualize their distress by challenging assumptions about the source(s) of their difficulties (e.g., racism has been part of this country since its foundation, many of the problems that Communities of Color face are structural and not internal to the individual). Recommendations on how to assist Latinx immigrants to acknowledge, reprocess, and cope with ethno-racial trauma are provided on Phase II of Table 1.

### Phase III: Strengthen and Connect Individuals, Families, and Communities to Survival Strategies and Cultural Traditions That Heal

*And while we’re doing the hard, necessary work of mourning, we should avail ourselves of the old formations that have seen us through darkness. We organize. We form solidarities. And, yes: we fight. To be heard. To be safe. To be free. (Diaz, 2016, para.5)*

Developing a healthy racial and ethnic identity grounded in cultural strengths is important across the life span. To this end, Phase III focuses on assisting Latinxs to strengthen their connection with their culture, or build a connection if one does not exist. Evidence suggests that a negative relationship between racial identity status and race-based traumatic stress exists (Carter et al., 2017), underscoring how developing a more mature racial identity status could serve as a protective factor against ethno-racial trauma. Similarly, being anchored in traditional cultural values, practices, and strengths can help Latinx immigrants build psychological armors to survive, cope, and heal from the ongoing attack on their humanity (Alvarez-Rivera, Nobles, & Lersch, 2014; Rumbaut, 2008). This goal is particularly important for Young Immigrants of Color who are susceptible to internalizing racist and ethnocentric messages.

While Latinx immigrants are currently facing numerous challenges related to nativism, ethnocentrism, and racism, which can result in psychological distress related to ethno-racial trauma, they are also the descendants of remarkably resilient groups of people who, despite being colonized, dehumanized, and oppressed, have developed strategies to survive, resist, and thrive (Adames & Chavez-Dueñas, 2017). From the combination of their history and collective survival strategies, *Seven Latinx Psychological Strengths* have been identified by Adames & Chavez-Dueñas (2017, p. 29), which include: *Determination, Esperanza, Adaptability, Strong Work Ethic, Connectedness to Others, Collective Emotional Expression, and Resistance*. Mental health providers can use these seven psychological strengths to aid in developing a strength-based treatment approach to help clients cope and heal from ethno-racial trauma. Recommendations for how to assist clients in

Table 1  
*Recommendations for the HEART: Healing Ethno-Racial Trauma*

Phases	Community	Family	Individual
Phase I	<ul style="list-style-type: none"> <li>• Create a mission statement that underscores nondiscrimination related to immigration status</li> <li>• Make materials available in languages spoken by Latinxs</li> <li>• Train staff to demonstrate care and empathy</li> <li>• Participate and lead organized activities to advocate for immigrants' rights</li> <li>• Provide "know your rights" workshops for immigrants</li> <li>• Administer information about psychological and behavioral symptoms associated with ethno-racial trauma</li> <li>• Provide resources and referrals for mental health treatment</li> <li>• Provide crisis intervention teams in-house or on-call for clients to stop by in times of need (e.g., following raids), or inquiry</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen, maintain, and/or repair attachment disruption caused by ethno-racial trauma by assisting immigrant caregivers in:               <ol style="list-style-type: none"> <li>(a) maintaining stability in the home by creating a regular schedule</li> <li>(b) having consistent expectations and limits for children</li> <li>(c) dedicating family time for children to express their emotions in ways that are prosocial through their expressive preference (e.g., verbal, nonverbal, drawing, play)</li> <li>(d) building networks with other families for support</li> </ol> </li> <li>• Develop safety plans in the event of deportation including:               <ol style="list-style-type: none"> <li>(a) identifying a guardian for minors who may be left behind</li> <li>(b) communicating the plan to all members of the family, including children</li> <li>(c) openly discussing fears and reactions related to the possibility of deportations</li> <li>(d) connecting clients with legal resources</li> </ol> </li> <li>• For families where a member has been detained:               <ol style="list-style-type: none"> <li>(a) assist families with immediate needs, such as finding the detention center where a family member has been sent; the online Detainee Locator System provides information about people who are in ICE's custody</li> <li>(b) connect family members to legal representation at low or no cost</li> <li>(c) provide psychological First Aid to children who witnessed detainment</li> <li>(d) help family make decisions and plan for the future</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• For immediate short-term relief of symptoms, implement traditional methods of crisis intervention. The following questions may be helpful:               <ol style="list-style-type: none"> <li>(a) Has the client just experienced a racist event?</li> <li>(b) Are they in immediate risk of deportation?</li> <li>(c) Has someone in the family been detained?</li> </ol> </li> <li>• Connect with the client by integrating Latinx cultural values while communicating (e.g., respect, <i>personalismo/simpatía</i> [caring, pleasant, harmonious interactions], and <i>dignidad</i> [treating the person with dignity])</li> <li>• Demonstrate empathy and care in ways that are culturally congruent, for instance:               <ol style="list-style-type: none"> <li>(a) offer water or tea</li> <li>(b) engage in small <i>plática</i> [small talk], utilizing active listening skills</li> <li>(c) use welcoming and friendly nonverbal behavior</li> </ol> </li> <li>• Normalize, address, and challenge self-blaming statements; correct cognitive distortions (e.g., I deserve to be treated this way)</li> <li>• Assist client in developing a self-care plan to cope with intense traumatic emotions               <ol style="list-style-type: none"> <li>(a) Include high-energy activities such as exercise</li> <li>(b) Promote lower energy activities (e.g., meditation) that can help decrease hyperarousal</li> </ol> </li> <li>• Teach grounding, centering, and other body-focused coping skills</li> <li>• Help clients learn when and how to take breaks from talking about traumatic experiences</li> <li>• Provide psychoeducation regarding the biological and psychological impact of psychological stress</li> </ul>
Phase II	<ul style="list-style-type: none"> <li>• Create psychoeducational programs where members of the community can learn about the history of different oppressed groups</li> <li>• Provide creative ways (e.g., workshops, presentations, panels, art exhibits, and movie screenings) to disseminate information about White supremacy, oppression, and its impact on communities of color</li> <li>• Create and open sanctuary spaces designed for Latinxs to reprocess traumatic experiences related to immigration (e.g., crossing the border, being detained by ICE)</li> <li>• Establish access to mental health professionals to provide emotional assistance and support when necessary</li> <li>• Provide concrete information to members of the community that will help them become aware, process, and cope with symptoms related to ethno-racial trauma, such as fact-sheets, toolkits in various languages and mediums (e.g., <i>fotonovelas</i>, infographics), describing information about symptoms of trauma, and how to seek additional resources (e.g., psychotherapy)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide psychoeducation regarding the symptoms and impact of trauma on families</li> <li>• Assist the family unit in processing the effects of ethno-racial trauma</li> <li>• Re-label survivor behaviors such as opposition, aggressiveness, and passivity as examples of people's determination to survive and endure challenges resulting from systemic oppression</li> <li>• Assist the family unit in learning prosocial and culturally-congruent ways to modulate and cope with the range of emotions and distress associated with ethno-racial trauma</li> <li>• The Latinx culture offers a variety of ways for families to cope with stress including:               <ol style="list-style-type: none"> <li>(a) connecting with spiritual guides and traditional healers (e.g., <i>curanderas</i>, <i>sobadores</i>, <i>yerberos</i>)</li> <li>(b) seeking social support from extended family and friends</li> <li>(c) expressing emotions through art</li> <li>(d) watching and playing sports as a family</li> <li>(e) attending social events that promote collective emotional expression such as singing, dancing, and/or laughing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Clinicians should be knowledgeable of literature on Latinx psychology, oppression, liberation psychology, and psychological trauma</li> <li>• Assess ways clients cope with ethno-racial trauma and aid in their acquisition of additional skills that will help them identify, modulate, and cope with the intense emotions that result from ethno-racial trauma in healthy ways</li> <li>• Be willing and able to bear witness to the intensity of emotions and experiences that may be described by clients in therapy</li> <li>• Provide affirmation, validation, and support as clients share their stories</li> <li>• Be mindful that not all clients may wish to provide detailed accounts of their traumatic experiences</li> <li>• If clients wish to express and describe detailed narratives of traumatic experiences:               <ol style="list-style-type: none"> <li>(a) allow them to do so without rushing or asking too many questions</li> <li>(b) accompany the client through their journey while providing comfort</li> <li>(c) remind the client to take breaks</li> </ol> </li> <li>• Keep in mind that some Latinx immigrant clients may wish to process their emotions in the language in which the trauma took place; hence, the assistance of a translator may be necessary</li> </ul>

Table 1 (continued)

Phases	Community	Family	Individual
Phase III	<ul style="list-style-type: none"> <li>Organize events for the community to learn about experiences of ethno-racial trauma (e.g., lynching of Mexican Americans, segregation, the Zoot Suit riots) endured by the group to which they belong. Such events can include:               <ol style="list-style-type: none"> <li>Documentaries, and movie screenings (e.g., <i>Zoot Suit</i>, <i>the Head of Joaquin Murrieta</i>)</li> <li>testimonies from members of the community who have experienced ethno-racial trauma</li> <li>Reading books written by people who have experienced ethno-racial trauma or have written about it (e.g., <i>The Brief Wonderful Life of Oscar Wao</i> by Junot Diaz, <i>Dying to Cross</i> by Jorge Ramos)</li> <li>Following events, community leaders and/or experts can facilitate discussions regarding how the Latinx community coped, survived, and resisted ongoing oppression</li> <li>Facilitators are encouraged to be familiar with the Psychological Strengths of Latinxs (see note in Figure 2 for descriptors of strengths)</li> <li>Encourage the community to reflect on the strengths they already utilize and ways to incorporate additional ones</li> </ol> </li> <li>Connect communities to their culture by planning events that celebrate the richness and beauty of the Latinx heritage</li> <li>Invite traditional healers to describe and discuss holistic strategies of healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Assess how each member of the family system copes with stress associated with ethno-racial trauma</li> <li>Suggest/teach additional coping strategies that may be practiced individually or as a family. Utilize case studies from historical events and/or Latinx figures to help families identify the challenges members of their communities have faced and how they have survived</li> <li>Encourage families to utilize dinners or other meals as a communal space where daily discussions reduce stress while strengthening relationships in the family system, modeling in action the traditional value of familism to children</li> <li>Encourage and reinforce families' maintenance of their cultural traditions (e.g., <i>quinceañeras</i>, <i>aguinaldos</i>, <i>carnavales</i>, <i>desfiles</i>, <i>Día de Los Reyes</i>, <i>Day of the Dead</i>)</li> <li>Assist families in learning and integrating the psychological strengths of Latinx by:               <ol style="list-style-type: none"> <li>suggesting that families identify, name, discuss, and celebrate their cultural strengths</li> <li>helping families internalize the strengths of their culture, which may buffer the effects of ethno-racial trauma</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Assess client's stage/status of racial and ethnic identity</li> <li>Examine which specific aspects of the client's presenting difficulties are associated with ethno-racial trauma</li> <li>Create opportunities to dialogue about the impact of external and systemic factors on the client's current symptoms</li> <li>Help clients contextualize the challenges and symptoms they face</li> <li>Role model appreciation and importance of maintaining a connection to culture of origin</li> <li>Create treatment goals designed to help clients develop an appreciation of their race and culture by:               <ol style="list-style-type: none"> <li>teaching cultural knowledge</li> <li>practicing cultural traditions</li> <li>learning about and celebrating cultural strengths to abate effects of ethno-racial trauma</li> <li>encouraging healthy cultural distrust (suspicion of white supremacy and the people and systems that reinforce it)</li> </ol> </li> </ul>
Phase IV	<ul style="list-style-type: none"> <li>Assist individuals, families, and communities to develop a social justice orientation by:               <ol style="list-style-type: none"> <li>engaging in power-analysis which in turn produces critical thinking and generates ways of organizing, solving problems, and identifying decision-makers</li> <li>exploring causes they are passionate about and where they would like to create change</li> <li>identifying ways to engage and contribute to systemic change</li> <li>finding activities and roles that engage in social action such as:                   <ol style="list-style-type: none"> <li>volunteering in social agencies that advocate for the rights of immigrants</li> <li>participating in marches and rallies</li> <li>becoming active on social media as a way to raise awareness about the challenges experienced by Latinx in the United States</li> <li>running for different leadership positions within their communities (e.g., parent-teacher association, public office)</li> </ol> </li> </ol> </li> </ul>		

*Note.* The recommendations outlined in this table were generated by integrating a number of sources including the following: (a) authors' clinical experience with immigrant communities, (b) consultation with immigration advocacy groups and organizations, and (c) elements of trauma-informed care and Liberation Psychology.

developing or strengthening their connection to the Latinx traditional culture are provided in Phase III of Table 1.

#### Phase IV: Liberation and Resistance

*We know that by fighting, against all odds, we who had nothing, not even our real names, transformed the universe. Our ancestors did this with very little, and we who have more must do the same.* (Diaz, 2016, para. 7)

Phase IV focuses on promoting a social justice orientation among Latinx immigrants and is guided by a Liberation Psychology paradigm, which encourages oppressed groups to view their struggles through a collectivist lens, thus requiring collective social action. From this perspective, healing takes place when people (a) gain awareness of the systemic roots of the challenges, and (b) learn strategies to act in ways that resist

oppression and lead to social change. From the perspective of Liberation Psychology, healing that incorporates a social justice component prepares individuals "to confront pressing community problems and shift from individual blame to a consciousness of root and systemic causes of personal problems" (Ginwright, 2010, p. 16). Engagement in social justice work has been associated with positive mental health and faster recovery from presenting problems for People of Color (Comas-Díaz, 2015; Szymanski & Lewis, 2015). To this end, the primary task for social justice-oriented organizations and providers is to help assist in "restoring liberty to the oppressed" (Utsey et al., 2001, p. 326) so they can act on their own power in ways that promote liberation for themselves and others. Alleviating oppression through social justice work becomes a vital compass that collectively heal. Phase IV on Table 1

describes some ways to assist in these endeavors. Overall, social justice work provides ways for Latinx to create meaning from their struggles while nurturing the strength of hope

to have at last, the opportunity to decide our [their] own destiny. The hope that democracy, liberty, and justice become more than the subject of speeches and textbooks. The hope that they become reality for everyone, but above all, for those who have nothing. (Marcos, 2004, p. 81)

### Future Considerations: Making Psychology a Sanctuary Discipline

In this article, we examined the implications of oppressive immigration policies on Latinx immigrants and provided a framework that integrates intersectional theory, trauma-informed care, and Liberation Psychology to address ethnoracial trauma. Overall, our intention and hopeful expectation is that the content presented serves as a call to action for psychologists to use research, policy, and clinical practice to make psychology a *Sanctuary Discipline*. As a discipline, psychology's largest organization, the American Psychological Association, can engage in various actions that demonstrate support for and solidarity with immigrant communities. Such activities can include (a) the development of a rapid response team dedicated to writing and publishing position statements related to laws and policies that negatively impact the wellbeing of immigrant communities; (b) making immigration issues a top lobbying priority; (c) applying psychological knowledge to the development of reports, social media campaigns, and information sheets that highlight the mental health implications of aggressive immigration policies across the life span.

Attention also needs to be paid to psychological research with immigrant communities. For instance, while intersectionality theory focuses on understanding the effect of both the interlocking systems of oppression as well as how individuals and communities resist and engage in social action, research on immigrants has predominately focused on the impact of oppression at the exclusion of understanding how communities survive their subjugation. We encourage scholars to integrate a sanctuary research framework whereby the voices, wishes, and expert opinions of the people who have survived and resisted dehumanizing and aggressive immigration policies are intricately woven into all phases of research. In closing, it would be fruitful for psychologists to collaborate with colleagues from across the sciences (e.g., anthropology, sociology, nursing, medicine) and internationally to test the effectiveness of the HEART framework and other models that address ethno-racial trauma in immigrant communities.

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