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Human Rights and Latina Feminisms: Implications for Clinical Practice with the Latine Diaspora in Anti-immigrant Times

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Abstract

In the anti-immigrant context, the Latine community experiences particular challenges as they are prime targets of racism and xenophobia. The social construction of immigrants as a "threat" and "criminals" shapes political responses to migration and allows for the use of extreme practices, such as long detention periods, inhumane conditions, and other violations of human rights. As clinical social workers, a focus on the political and social context means that interventions can both be tailored to the individual or family's particular lived experience and focus on changing the structural conditions that create trauma. This article highlights several theoretical and global perspectives necessary for clinical social workers to adequately meet the needs of Latine service users in the United States. These perspectives recognize and leverage the strengths of the Latine community and consider how the social context may impact individuals and families. Specifically, clinical social work practice grounded human rights, ethics, critical theories including an intersectional Latina feminist perspective, and an understanding of historical trauma will be discussed.

Keywords: anti-oppressive social work, Latina feminism, historical trauma, human rights, borderlands, global social work, critical clinical social work

Human Rights and Latina Feminisms:

Implications for Clinical Practice with the Latine Diaspora in Anti-immigrant times

The Latine[1] population is a the second fastest growing racial or ethnic group in the U.S. reaching 59.9 million in 2018 and making up 18% of the U.S. population (Krogstad & Noe-Bustamante, 2019). It is estimated that by 2050, Latines will make up about 30% of the population (Cárdenas & Kerby, 2012). Furthermore, Spanish is the second most common language spoken in the United States after English. Despite this growth and the importance of Latines in shaping the U.S. economically, culturally, and politically, significant disparities remain in areas such as health care, education, and economic well-being (Cárdenas & Kerby, 2012; Maldonado et al., 2023).

In the current anti-immigrant context, the situation for many Latines is even more precarious, and impacts even those who are U.S. citizens due to the racialization processes and the mixed status of many Latine families (Lacayo, 2015; Rubio-Hernandez & Ayón, 2016). The anti-immigrant climate can be considered a form of state violence (Solis, 2003) and contributes to the feeling of marginalization among Latines as they are challenged to construct their social identities in the midst of this hostile social context (Villarreal Sosa, 2011). The social construction of immigrants as a "threat" and "criminal" shapes political responses to migration and allows for the use of extreme and illegal practices, such as long detention periods, inhumane conditions, and other violations of human rights (Palmary, 2019). As clinical social workers,

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[1] The term Latine to describe individuals and communities with Latin American ancestry. The term Latine is a gender inclusive alternative to the commonly used masculine "Latino" to refer to the community. Latine was created by non-binary and feminist communities in Spanish-speaking countries. I used this term because it aligns with the values of inclusion, equity, and justice. The term promote inclusion to those who have been marginalized by gender binaries and colonization. The term also acknowledges intersectional identities. See this website: https://elcentro.colostate.edu/about/why-latinx/ and Call Me Latine: https://callmelatine.wordpress.com/ for further information about this terminology.

using frameworks that account for the political and social context means that interventions are responsive to immigrant's lived experiences, and lead us to challenge the policies and narratives that lead to the trauma in the first place (Palmary, 2019).

Within the U.S., the lack of knowledge about the historical context of Latines, their racialization experiences, and critical theories have been among the limitations of social work training and professional development (Maglalang & Rao, 2021; Meza, 2020; Villarreal Sosa, 2019). Some scholars have critiqued the focus on evidence-based practice, leading to reproduction of dominant frameworks and discourse (Herz & Johansson, 2012). Critical theory, a common foundation in Latin American clinical social work (see Reyes Barría, 2019 for example) is offered as one way to transgress hegemonic practices and therefore ground clinical social work within a social-scientific framework that accounts for intersectional identity and is both ethical and reflexive. This lack of critical perspectives fails to address issues of power, racialization, and the social context of immigrants (Herz & Johansson, 2011; Villarreal Sosa, 2019). As Reyes Barría (2019) states, clinical social work in Chile merges the dichotomy between the individual and collective and is grounded in ethics of anti-oppressive practices and collaboration. This is in stark contrast to U.S. clinical social work which is grounded in psychopathology and hyper focus on cognitive theories and diagnostic instruments (Rosario & Sánchez, 2012).

Furthermore, issues of cultural tension arise related to the experiences of practitioners of color feeling at odds with White, Western-based frameworks of mental health practice that individualize and decontextualizes the experiences of service users (Chung Yan, 2008). One solution towards addressing these complexities and cultural tensions allowing clinical social workers to move towards a clinical practice that supports racial equity, social justice, and the needs of Latines, is to expand the repertoire of theoretical perspectives. A Latina feminist

perspective provides a culturally grounded approach that addresses trauma, centers a relational

approach, accounts for the social context, and offers an opportunity to work towards social

change. Specifically, the concepts of borderlands and nepantlera are useful in recognizing

service user's[2] strengths of identity, navigational capital, and the psychological resilience they

possess, which can all be leveraged and heightened with support (Anzaldúa, 2009, p. 180;

Villarreal Sosa, 2019).

Organista (2007) emphasizes the importance of theoretical frameworks and states, "…the

way we perceive and understand these social positions have tremendous implications for how we

respond to ethnic group needs…" (p. 3). This article will address several theoretical perspectives

necessary for clinical social workers to appropriately address the needs of Latine service users

and consider their strengths, understand the larger societal narratives that shape their individual

and group level experiences, and account for their lived experiences.

Positionality of authors

This paper evolved from a manuscript written in Spanish, with a target audience of those

interested in clinical social work in a Latin American context, to a broader audience that included

English-speakers in the U.S. Therefore, the original draft had to be translated. In the process of

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[2] The term service-user is used here as an alternative to client. The term service user includes those who are eligible to access social work services currently or who may anticipate a future need. This term also includes those who may have a need but choose not to use services currently available to them. Service-user organizations also reject a passive view of them as recipients, emphasize the importance of person first language, and believe that the service user should always be self-identifying. See Levin, E. (2004). *Involving service users and carers in social work education* published by the Social Care Institute for Excellence. Retrieved from: https://www.scie.org.uk/publications/guides/guide04/files/guide04.pdf. More importantly, in this context, the term is used because social work in Latin America largely uses the term "usuario" or service user. Not only does the term "client" not appropriately translate, but in the Latin American context, the term "usuario" transcends the fragmentation of social relationships as a result of capitalism and centers the recipient of services and the problematic situation they are facing that brings them to services. See Rébori, L. (2019). Usuario como categoría que enuncia a las personas destinatarias de los procesos de intervención en trabajo social. *Intervención, 9*(2), 45-60. It is also important to acknowledge that language is evolving and that even the term chosen here is up for debate.

translation of the first and incomplete draft, I (Villarreal Sosa) noted the inherent tensions and perspectives we had to bridge between what is centered in Latin America (a human rights, anti-oppressive, critical perspective), and the attempt to make those connections explicit in a U.S. context where often the preference of clinical social work is a decontextualized and race-blind focus on evidence-based practice. I found myself thinking, for example, U.S. clinical social workers are going to say, "what does this have to do with me?" when reading the discussion on human rights. This human rights content is included in this article because it reflects the views and positionality of my co-author (Castillo Martinez), who is a faculty member in Aguascalientes, Mexico, and reflects those Latin American professional roots. The translation also proved challenging as we shifted from Spanish to an English publication. There were concepts and conversations that were difficult to translate to English and needed to be further nuanced, explained, or contextualized. The writing process exemplified the message we aim to convey in this article. In this writing process, we lived in the "borderlands," reflecting the principles we are offering to clinical social workers. In the words of Anzaldúa (1987),

> "[t]he work of mestiza consciousness is to break down the subject-object duality that keeps her a prisoner and to show in the flesh and through the images in her work how duality is transcended. The answer to the problem between the white race and the colored, between males and females, lies in healing the split that originates in the very foundation of our lives, our culture, our languages, our thoughts" (p. 80).

I (Villarreal Sosa) am a U.S. born Mexicana/Chicana who grew up in northern Illinois about an hour north of Chicago in a predominately White community. My family was one of the first Mexican families to migrate to that area. My ancestors come from the Mexican side of the border region, about three hours from Anzaldúa's homeland, the Rio Grande Valley. I

continuously live a borderlands existence; navigating cultural, psychological, and metaphorical borders in predominately White or colonized spaces, while maintaining my Mexican identity. Currently, I live in Chicago in a predominately immigrant community and work in the Rio Grande Valley, Texas. I was educated in White, western systems that uphold White supremacy and linear thinking, including my master's and doctoral education. I was well trained in Western, U.S. based social work, and have spent much of my career unlearning and disrupting this knowledge. Intuitively, I have always felt that Latin American social work was my intellectual home, feeling drawn to and affirmed by many of the foundational critical theories central to social work education and practice in that context. I have always felt that bridging U.S. and Latin American social work was necessary so that U.S. social work could grow and learn from our Latin American colleagues.

I (Castillo Martinez) am a Mexicana, mestiza, born in the state of Aguascalientes, where I still reside. I am the daughter of Mexican parents and grandparents who were also migrants in search of a better life. My grandfather's work as a migrant allowed his daughters to be born into a lower middle-class family and complete university degrees. These university degrees, in turn provided them the opportunity to have very satisfying academic and personal experiences. It has not been an easy road, and it has taken three generations to achieve a better economic position, which is uncertain given the economic conditions in Mexico. This lived experience has expanded my vision and understanding of the lived reality and taught me to center empathy and critical consciousness related to differences, inequities, and the challenges faced by vulnerable groups. From my point of view, human rights, must be centered in all interventions, protecting the dignity of individuals beyond their immigration status, race, ethnicity, etc. The migratory condition should be a unit of analysis for study and intervention, but not a condition that

determines access to services, especially in this contemporary context, when our current social reality is marked by migration.

Values, Ethics, and Professional History

Global Perspectives and Human Rights

In the U.S., the human rights basis of the social work profession is often not recognized. Placing our professional identity in an international context can support expanding the integration of a human rights framework, as this is a foundational concept in other parts of the world. The International Federation of Social Workers [IFSW] (2022) defines social work as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. According to the IFSW, the social work profession is based on the principles of social justice, human rights, collective responsibility and respect for diversity; and informed by social science theories, the humanities, *and indigenous knowledge*. Both in the principles and duties (facilitate social change, development of social cohesion and strengthening and liberation of people); the practice, knowledge, and aims of social work as described by the IFSW center the protection, defense, and support for human rights and social justice.

From a U.S. perspective, the ethical standards of the National Association for Social Work [NASW] (2021) contain the ethical principle to "help people in need and address social problems" (Ethical Principles 1 and 2). This includes challenging social injustice and "pursue[ing] social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people" (Ethical Principles 1 and 2). The various immigration policies and national rhetoric around immigration has led to the traumatization of countless children and is directly in conflict with these ethical principles. Furthermore, many of the U.S.'s current harsh

immigrant enforcement policies are human rights violations and need to be named as such. Therefore, in the U.S., clinicians must borrow language from colleagues in other parts of the world that explicitly name human rights as foundational to clinical social work. When clinical social workers have awareness about and understand the impact of these policies, it is more likely they will engage in action that promotes social justice for Latine immigrants (Rodriguez et al., 2022).

Bridging the Macro and Micro and Racial Equity

Critical global and U.S. perspectives suggest that social work interventions focus on needs or challenges at the individual, family, group or community level, which includes reflecting, analyzing, and questioning structures that oppress, exclude, or marginalize. Reflecting this perspective, clinical social work has been defined as a specialization that advances the mission to enhance well-being *and social justice* outcomes (Maschi et al., 2011; O'Neill, 2015). The definition of clinical social work proposed by the IASSW's Clinical Definition Taskforce also includes "empowerment and liberation of people" (2023, p. 2). However, this social justice focus often ranges from self-awareness to a systems orientation without a race conscious lens (Maschi et al, 2011).

With a racially conscious focus on social structures, it is possible to develop strategies aimed at improving the living conditions of vulnerable, minoritized, or oppressed groups and a reframing of the "individual" presenting problems. For example, the limited scholarship on racial identity of social workers has found that white practitioners are more likely to frame clients' problems as internal and psychological compared to practitioners of color, who are more likely to see environmental or contextual sources of client problems (Davis & Gelsomino, 1994). Other research found that social workers of color were more likely than white social workers to take

actions on behalf of immigrant students and families; and both the likelihood of taking action and awareness of the immigrant context varied by social identity of the social workers (Rodriguez et al., 2022). Attending to race also means that clinical social workers obtain theory not just from the social sciences, but also from the lived experiences of the groups and individuals with whom they work, especially when those groups are minoritized or invisible. A race conscious lens also allows clinical social workers to move away from western perspectives of the self and recognize the importance of coexistence with community and the environment, particularly for Indigenous people from the Americas (Hernandez, 2022).

Historical Foundations in the U.S.

In the U.S., the social work profession was founded in the context of mass immigration and the settlement house movement in the early 1900s (Shaffer & Fisher, 2017). As social workers, it is imperative to draw on the history of the profession while at the same time incorporating a critical framework into that same history and practice. The settlement house movement, for example, failed to incorporate Mexican Americans into leadership positions despite more than a generation of service and was unable to provide culturally responsive services, reinforcing bias towards Mexicans as culturally inferior (Fernández, 2012).

Addressing the needs of the Latine population begins with understanding their history and the process of racialization that made them a marginalized group (Fernández, 2012). In the current context of migration from Latin America, this also includes an understanding of the U.S. role in the civil war and internal conflicts in Central America, and the ongoing role of transnational corporations in creating conditions for displacement, human rights violations, and forced migration (Deonanadan & Tatham, 2018). Despite the need for understanding the historical context of the Latine population in the U.S., and the social justice foundation of the

profession at the national and international level, clinical social work in the U.S. often fails to incorporate theories that facilitate working towards social change and honor the historical and lived experiences of Latine and Indigenous peoples from the Americas.

Human rights and Clinical Social Work

Clinical social work in the United States is often taught and practiced from a needs-based approach, which grants the expert with the power decide what is best for the service user and emphasizes compliance. In contrast, a human rights-based approach to clinical practice includes the following core principles: reframing needs as entitlements, operating from a stance of cultural humility and intersectionality, utilizing a relationship centered approach, providing trauma-informed care, and grounding practice in a recovery model (Berthold, 2015). The following section describes the human rights framework and the implications for clinical social work.

Educational Foundations

As Duarte (2014) states, the IFSW describes seven relevant human rights documents essential for the practice of social work: Universal Declaration of Human Rights, the Convention on Civil and Political Rights (ICCPR), the Convention on Economic, Social and Cultural Rights (ICESCR), the Convention for the Elimination of all Forms of Racial Discrimination; the Convention for the Elimination of all forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Convention on Indigenous and Tribal Peoples. However, using human rights language and the conventions has always been somewhat contentious for the U.S. Despite international recognition that social work is a human rights-based profession, few social workers in the U.S. learn about these documents and perspectives, resulting in practice focused on a charity perspective (Berthold, 2015). It is important to note that

in the U.S., no human rights document has been ratified since 2002, and the CRC and CEDAW have not yet been ratified.

To address this gap, a human rights framework must be an essential part of, not only the definition of social work as a profession, but also the academic formation. Duarte (2014) proposes that the inclusion of human rights in the social work curriculum is one way to assure that the professional training of social workers includes the necessary skills to promote and defend human rights of individuals, groups, and communities with which they collaborate. The Council on Social Work Education (CSWE) has a specific competency on advancing human rights, and social, economic, and environmental justice (CSWE, 2022). Within this competence, CSWE proposes that academic training must include a global perspective, interventions, and theory that promote social justice and human rights. Despite the language included in the accreditation standards, it has been difficult for the profession to directly connect theories or strategies on racial equity with human rights (Werkmeister Rozas & Garran, 2016). Furthermore, for those with a focus on clinical social work, it is difficult to see the connection between human rights and clinical practice. To address this problem, Werkmeister Rozas and Garran (2016) propose that a direct link must be provided between human rights, racial equity, and clinical practice.

Integration of Human Rights Practice into Clinical Social Work

Social Work interventions that protect and defend human rights address institutions and structures. The IFSW recognizes that socioeconomic, historical, cultural, political, and geographic factors can be opportunities or barriers to access support the support needed for healthy human development. These systems, when they operate as barriers, work to reproduce and perpetuate inequalities, discrimination, exploitation, and oppression. These factors are

particularly relevant given the current social context of globalization with deep inequality, discrimination, injustice, exploitation, oppression and violence which compromises well-being and social harmony (Fernández et al., 2006). A human rights framework ensures that the clinical social worker upholds a person's right to live a dignified life and utilizes a holistic perspective.

Fernández and colleagues (2006) state the integration of a human rights framework into clinical practice is a matter of professional ethics. According to Fernández and colleagues, this approach would lead to interventions that address problems effectively by mediating between ethical principles (social justice, equality, tolerance), institutional responses, and the lived reality of the service users. Utilizing a human rights framework as the core of the ethical framework would also create possibilities for practice that is respectful of diversity and considers various social realities (Duarte, 2014; Fernández et al, 2006). According to Fernández and colleagues (2006), this integration of human rights within clinical practice facilitates individual autonomy while simultaneously allowing for thinking more holistically about the service user and an in-depth analysis of the structures that are the root causes of and perpetuate social conditions.

The integration of a human rights framework is not a simple process and can be challenging for the profession, particularly with the contested meanings and questions about how to conceptualize human rights. For example, there continues to be a tension between universalism and cultural relativism. The universality of human rights is an understanding that everyone regardless of where they live is entitled to human rights, ensuring basic needs such as the right to food (Nuckolls & Villarreal Sosa, 2020). Critiques of universalism suggest that this view can reinforce colonialism and Western imperialism. Thus, cultural relativism can counter the notion that one culture is superior to another (Reichert, 2006). The dilemma here is that cultural relativism can then be used as a justification for systemic oppression of people or groups

(Nucholls & Villarreal Sosa, 2020). Instead, Ife and Tascón (2016) recommend embracing the tension between the two perspectives that requires critical and intercultural dialogue. This is particularly important as we navigate the protection of migrants' human rights. Ensuring their human rights means challenging notions of "citizenship" as dependent on authorization to reside in the U.S. Instead, the notion of "citizen" should be extended to anyone in need of protection within national borders. Existing models of citizenship exclude foreigners whom the State does not recognize as being rights-bearing citizens. Because of this challenge, Fernández and colleagues (2006) propose a multicultural approach to human rights instead of one based on "citizenship" that supports the notion of "nationality," and by extension, authorized legal status within a country. According to Fernández and colleagues, these models on human rights that uphold individualism often justify exclusion or invisibility of immigrants. Similarly, Duarte (2014) proposes an ethical-political vision of human rights that recognizes multiple contexts and accepts the idea of human rights in all its complexity and breadth.

A human rights perspective dovetails not only as an ethical lens, but also a feminist lens. Different social movements across the world focused on women's equal rights and human rights. Women demanded the recognition of their civil, economic, social, political and cultural rights, providing theoretical and conceptual contributions to the field of human of rights (Fries, 2000). According to Fries (2000) these contributions were in the areas of a changed understanding of 1) the person as a *subject* with human rights, 2) the barriers created by an emphasis on autonomy, 3) sexual and reproductive rights, 4) and the incorporation of women into development.

Clinical Social Work in Latin America

In Latin America, social work is understood as a specialization focusing on mental health practices with individuals, families, or groups. Clinical social workers focus on psychosocial

problems such as family violence, substance use, various forms of social exclusion, or mental health problems generally (Reyes Barría, 2019). In Latin America, clinical social work is in the early stages of becoming an option as a specialization. According to Reyes Barría (2019), clinical social work emerges as an option that redefines professional spaces, seeking to make them more humane, transversal, and goes beyond roles focused on charity perspectives and social control. Therefore, clinical social work must have a foundation in critical approaches which will be addressed in the next sections.

Critical Social Work

Critical theories have emerged as alternatives to the traditional positivist theories that focus on explaining social reality according to rigid categories and White, western perspectives. Like the other social sciences, social work has been influenced by critical theories, acknowledging the validity of the subjective experiences, particularly for those that account for social, political, racial, or economic marginalization. This is what Chicana feminists like Moraga and Anzaldúa (1981) call "theory in the flesh," stating that those theories based on lived experience are just as valid as theories that derive from the ivory tower in academia (spaces that historically exclude people of color and others with minoritized identities).

Critical Social Work Theories

Critical social work is a framework for intervention based on the reconceptualization of social work during the 1970's and is characterized by a structural analysis of oppressive systems; seeking equity for marginalized and historically excluded populations. Some of the main objectives of critical social work are the development of critical consciousness and social change. A social worker practicing from a critical framework sees themselves as an agent of liberation that leads to structural transformation by services users themselves (Veloza Morales,

2006; Viscarret, 2007). Service users come to recognize and question the oppressive structures and potentially take transformative action (Montaño, 2019, Payne, 1995, Veloza Morales, 2006; Viscarret, 2007). Critical social work is principally grounded in three theories: 1) Marxist theories that view the individual reality as a reflection of relationships within structures of domination and oppression, 2) feminist theory exposing gender oppression as structural and focused on centering women's voices and rejecting gendered narratives, and 3) critical educational and sociological theories that focus on community development (Viscarret, 2007). In this case, we add two more theoretical frameworks.

The first is also focused on feminist theories, but that of an intersectional theoretical framework grounded in the work of women of color in the U.S. that offers possibilities for advocacy, relational ethics, resistance, and transformation (Rodriguez et al, 2020; Villarreal Sosa, 2019; Villarreal Sosa et al., 2021). The second addition is a decolonizing model of social work. A decolonizing model focuses on the historical processes of western colonization that established our dominant systems of education, religion, politics, economy and culture resulting in marginalization, human and environmental exploitation, racism, poverty, displacement of indigenous peoples, gender inequality, as well as the delegitimization of other cultural ways of knowing including knowledge generation. Challenging colonial models have led to liberation movements or decolonization processes among social scientists, activists, educators, indigenous peoples, and feminist groups; highlighting the knowledge, ways of living, feeling, and understanding reality; and the social, political, and religious organization of colonized peoples who have been made invisible and oppressed (Gómez, 2017).

Implications for Practice and Research

According to Viscarret (2007) some tenants of critical social work include the following: 1) seeks to analyze and explain local social realities as effects of the existing global structure that regulates social relations, 2) focuses on the analysis of power relations between the oppressor-oppressed within structures, 3) an activist vision of human beings, which recognizes their ability to modify structures and generate social changes, 4) emphasis on the process of critical awareness as a fundamental element to achieve social change and liberation, and 5) the active participation of the oppressed in the processes of change. Both the role and the function of the social worker are transformed in a critical social work model. In this model, the social worker is a professional with the theoretical-methodological capacity to analyze social phenomena, their causes, determinants, and their historical or philosophical foundations, exposing the potential and limits of social work (Montaño, 2019; Vizcarret 2007). The main function of a social worker is to be a liberating agent, providing space for service users to recognize and question oppressive social structures and to honor and leverage collective identities (Veloza Morales, 2006). However, Veloza Morales (2006) warns that the process of *concientización* or development of critical consciousness must be done in a careful and reflexive way, or this process could end up being a tool of traditional social work.

The relationship between social worker and service user within critical social work is characterized by a relationship based on ethics that centers social justice, trust and respect; strategies that minimize the differences between the professional and the minoritized population, eliminating hierarchy; and considering the self determination of the service user, and promoting the development of capacities and collective action (Montaño, 2019; Viscarret, 2007; Veloza Morales, 2006). Social work is then faced with the challenge of identifying and carrying out interventions in complex social context with different social realities of those with minoritized

identities. Addressing this challenge requires the generation of social work knowledge directly

from those who lived the lived experiences (Gomez, 2017).

Chicana Feminist Perspectives

Feminist perspectives in social work dovetail both a human rights and critical social work

perspectives; supporting anti-oppressive practice and offering a framework to connect the

personal to the political (Castaño Rodríguez, 2016; Dietz, 2000). Clinical social workers, in

attempts to gain status or as a part of their socialization into the culture of mental health settings,

adopt discourses of pathology, constructing clients as "dysfunctional" or other such language

ignoring or discounting context as well as resiliencies and strengths. Feminist micro practice, in

contrast, leads to practice that emphasizes "mutuality, respect, and collaboration" (Dietz, 2000;

p. 375). While there is a rich body of literature highlighting feminist perspectives in social work,

these perspectives often lack attention to the lived realities of women of color (Jones et al.,

2020). Therefore, a Latina feminist perspective provides an approach grounded in the history and

culture of the Latine community, historical trauma, relational approaches, the specific social

context, and an emphasis on social change. Specifically, the concepts of borderlands and social

workers as *nepantleras* are useful in clinical social work practice to recognize and leveraging the

strengths inherent in Latine identity such as the navigational capital and the psychological

resistance that Latine service users possess (Anzaldúa, 2009, p.180).

Borderlands

Chicana feminist theorists (most notably Anzaldúa, 1987; Castillo, 1994; Hurtado, 2003;

and Moraga, 1983) have influenced how we think about identity by providing frameworks that

help us understand how the salience of identities based on class, race, gender, and sexuality are

fluid, and continuously evolving in response to a variety of social forces. The experience of

multiple subjectivity, intersectionality, and negotiation of identity in different social contexts is a key part of borderlands theory (Elenes, 1997). As Elenes (1997) states, borderlands theory concerns "the discourse of people who live between different worlds" (para. 2). Anzaldúa (1987) defines a borderland as "a vague and undetermined place created by the emotional residue of an unnatural boundary. It is in a constant state of transition" (p. 3). Anzaldúa also describes the borderlands as representing an open wound grounded in the history of conquest. The borders are defined by those in power and are meant to keep out those that do not fit into neat categories. Anzaldúa accounts for the conquest of the Southwest territory by the United States, *and* the conquest of Indigenous peoples in Mexico by the Spaniards, holding these various tensions in social identities among Latine communities as a result of these complexities. While the borderlands are painful, they also have the potential to be a transformational space (Keating, 2009).

This history of colonization continues to impact Indigenous groups today. Borderlands theory demands that clinicians acknowledge the pain of the history of conquest and colonization (Urrieta, 2003) as well as the pain of more recent context of both literal and figurative border crossings. Hernandez (2022) discusses how the literal border crossings for Indigenous families represent continued genocide as a result of the 2018 zero tolerance immigration policies that led to large numbers of separations of Indigenous Maya children from their parents ***and deaths***. Hernandez describes the importance of "making room so that Indigenous peoples can heal from everything they have experienced every single day" (p.229).

Latina feminist clinicians have adopted borderlands theory integrating that with an intersectional perspective of social identity that also emphasizes the history and culture of Latine groups in the United States (Hurtado & Cervantez, 2009; Villarreal Sosa, 2011). Borderlands

theory also helps clinicians understand the ways in which Latine groups have been constructed as an inferior "Other" since the U.S. expanded its territory and occupied Mexico's northern territories (Elenes, 1997). According to Elenes (1997), since 1848, Mexican Americans have been involved in a struggle for the re-claiming of land, language, culture, and identity and a struggle to define their place in U.S. society. Although this borderlands identity arose from dealing with this literal U.S. - Mexico border, Anzaldúa expresses that a borderlands identity is not particular to the Southwest and can be a psychological, cultural, or spiritual space for anyone dealing with a multiplicity of identities and borders.

Social identity

Social identity is a framework that describes identity as fluid and context dependent, acknowledging the role of individual agency in responding to particular social environments (Hurtado et al., 1993). In other words, a social identity framework helps us understand that as the social context shapes social identity, one's social identity simultaneously offers a framework for negotiating and giving meaning to a particular social environment (Solorzano & Delgado Bernal, 2001). Framing social identity theory within the broader discourse of borderlands theory provides a specific cultural and political context in which to understand the nuances of Latine immigrant experience in the U.S.

Borderlands theory extends social identity theory by addressing how individuals cope with and transcend the negative categorizations of stigmatized identities (Hurtado & Cervantez, 2009). Borderlands theory suggests that this hybrid identity could be a strength and strategic response to a stigmatized identity such as using the disjuncture to propel them to a commitment to social justice (Hurtado, 2003). Anzaldúa (1987) also addresses the ability to cope with different contexts, emphasizing the strengths of a borderlands identity:

> *La mestiza* constantly has to shift out of habitual formations. . . .The new mestiza copes by developing a tolerance for contradictions, a tolerance for ambiguity. She learns to be an Indian in Mexican culture, to be Mexican from an Anglo point of view. She learns to juggle cultures. (p. 79)

A social identity perspective also recognizes the strength and importance of group identities, while understanding the ways in which the current anti-immigrant contexts are sources of identity trauma.

Nepantleras

When clinical social workers can ground themselves in borderlands theory, work to engage and from alliances not just with service users and their individual identities, but with their social identities and the histories that those carry, they have the potential to become nepantleras. Nepantlera is a Nahuatl word that refers to a liminal space where one experiences displacement and the questioning of one's worldview (Anzaldúa, 2015). Thus, becoming a nepantlera requires a shift in consciousness and the ability to see things from multiple perspectives. This ability and shift in consciousness offers the potential for transformation and the possibility of serving as a bridge. Furthermore, a nepantlera consciousness is grounded in relational ethics and critical reflexivity (Elenes, 2013; Keating, 2015). While occupying this liminal space may feel risky or uncomfortable, this offers nepantleras an opportunity to see new possibilities for connection and healing. Clinical social workers acting as nepantleras can be described as cultural navigators and border crossers (Villareal Sosa, et al., 2021). Furthermore, nepantleras can change narratives about power and oppression, seeing possibilities for power enacted by those in the margins and ways in which power can be claimed within oppressive spaces (Blackwell, 2010). Finally, nepantleras also enact *conocimiento*, or the ability to confront their own privilege when working with communities with different access to power (Elenes, 2013). A nepantlera consciousness can be enacted in clinical social work in the following ways: 1) maintaining an awareness of the

multiple forms of oppression that immigrant individuals and families encounter each day, including the anti-immigrant context and daily microaggressions they experience, 2) promoting social change in their own sphere of influence and challenging dominant and oppressive narratives about immigrants, and 3) working on their own personal transformation, critical consciousness, and healing (Villarreal Sosa, 2019).

Identity and historical trauma

A borderlands and nepantlera framework can provide some direction in addressing the anti-immigrant context and supporting the healing of immigrant children and families. When using this framework, clinical social workers can approach those who have been impacted by this context with understanding of this traumatic experience not just as an individual experience, but one experienced as a member of a minoritized group. Of various immigrant groups, the Latine community is one of the groups that experiences the most discrimination or bias as a result of actual or perceived immigration status (Ayón, 2015).

In this atmosphere of xenophobia and hate, Latine well-being is compromised by what Kira (2010) refers to as Type III or Type IV Trauma. Type III Trauma refers to trauma inflicted on a person based on their identity. Type IV Trauma refers to trauma inflicted based on community membership and is often manifested through daily microaggressions (Courtois & Ford, 2016). Examples of these daily microaggressions include having one's citizenship interrogated or hearing messages that question the worth of people who are undocumented. Type III or Type IV trauma are also considered "historical trauma." Historical trauma are events that target an entire community, such as mass immigration raids of present day or the forced deportation of Mexican Americans in the 1930's, of which over half were U.S. born citizens. These events become cumulative group trauma that is passed on across generations causing

emotional and psychological wounding (Brave Heart et al, 2011; Estrada, 2009). Other examples include the impact of family separations and deaths at the border on Indigenous Mayan children and families, triggering the historical trauma of these Indigenous groups. As Menekem (2017) states, the work begins with acknowledging our ancestors and our traumatized bodies both as people of color who carry the legacy of this oppression and as White people who carry the legacy of White supremacy. Trauma interventions must acknowledge this oppressive social context and legacy of historical trauma that lives in the bodies of Latine and Indigenous service users. Interventions that reframe symptoms as collective responses has been effective at reducing symptoms (Brave Heart, 2003). Opportunities for collective healing should also be provided, as this approach can be more effective than individual work (Brave Heart, 2003). In addition, the incorporation of traditional healing approaches can be effective for some service users.

Discussion and Implications for Clinical Social Work

What does this review of critical theories and ethics mean in terms of clinical social work? Clinical social work is an underdeveloped area of critical social work practice (McNeill & Nicholas, 2019). Social workers in clinical roles struggle with the tension between doing individual work and accounting for external barriers and forms of oppression that impact service users. Yet, any mental health condition cannot be adequately understood or addressed without attention to the social context (McNeill & Nicholas, 2019). Additionally, clinical social workers should guard against the possibility of labeling service users as victims or re-victimize them even when we "mean well." For example, with many Latine immigrants, we focus on trauma, but forget to consider their resilience, post-traumatic growth, or cultural wealth. Furthermore, the focus is often on the trauma caused by the migration journey or the violence they escaped in their

home country without considering the trauma caused by the current anti-immigrant, racist, and xenophobic political context.

Clinical social workers must have a critical eye towards evidence-based practices (EBP) and making an explicit commitment to anti-oppressive practice. This means that clinical social workers as both those who develop and implement EBP, must advocate for a racially conscious approach that considers the various social locations of service users. A human rights approach specifically names the fact that many EBP or approaches clinical social workers may use in therapy are value laden, and most often represent the values of those with privileged social locations (Berthold, 2015). McNeill and Nicholas (2019) advocate for case specific knowledge, stating that knowledge creation within the context of a therapeutic relationship with one client may be more relevant than applying an EBP based on a different population. Furthermore, this knowledge creating begins from the point of assessment and problem formulation (Houston, 2005). This deep therapeutic work as knowledge creation should be considered in the context of multiple theoretical lenses and what Chicana feminists refer to as mestiza consciousness:

> She has discovered that she can't hold concepts or ideas in rigid boundaries. . . . Rigidity means death. Only by remaining flexible is she able to stretch the psyche horizontally and vertically . . . characterized by movement away from set patterns and goals and toward a more whole perspective, one that includes rather excludes. (Anzaldúa, 1987, p. 79).

When using a Latina feminist perspective, it's possible to understand the service user within a particular socio-cultural and political context. This means utilizing narrative approaches and testimonio as a form of healing. *Testimoniar* refers to bearing witness and inscribing into history the lived reality that would otherwise be invisible, naming oppression and disrupting it, and connecting personal stories to the larger group struggle (Latina Feminist Group, 2001). This approach also requires working to minimize or dismantle professional-service user hierarchies

and promoting service user decision-making. Clinical social workers should consider creative approaches to addressing group level traumas beyond one-on-one clinical sessions such as supporting service users engagement with advocacy and political participation or providing opportunities for group level healing (Braveheart, 2003). This proposal for an intervention grounded in critical theories, human rights, and Latina feminism is one step toward disrupting race-neutral and western clinical interventions that may fail to meet the needs of Latine immigrants in the U.S. As clinical social workers, the hope is that we will continue to build the *lenguas* (or discourses) that will support our Latine and immigrant communities. Clinical social workers in the U.S. have much to learn from Latin American colleagues, particularly with the emphasis on anti-oppressive frameworks and critical theories. The intention here is to lay the groundwork for more in-depth exploration of these various theoretical frameworks, building the foundation for a critically conscious, Latina feminist, and decolonial clinical practice.

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