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“GOD, STRENGTHEN MY HEART”: EMBODIED HARDSHIPS AND SPIRITUAL
STRENGTH AMONG LATINA DOMESTIC VIOLENCE SURVIVORS

IN THE UNITED STATES

By

ALLISON BLOOM

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ABSTRACT OF THE DISSERTATION

“God, Strengthen My Heart”: Embodied Hardships and Spiritual Strength Among
Latina Domestic Violence Survivors in the United States

By ALLISON BLOOM

Dissertation Director:
Dorothy Hodgson

This dissertation explicates how domestic violence became layered with other forms of violence in the lives of immigrant women from Latin America at a domestic violence crisis center in Connecticut from 2015 to 2016. Through ethnographic research methods including participant observation in support groups, provider interviews, and client life histories, this research illuminates the dynamic and temporal dimensions of experiences with violence, and why recognizing those dimensions is useful for both scholars and practitioners alike. While domestic violence advocacy has evolved from grass-roots activism to more robust, professionalized service provision, the services at this crisis center reflected tensions between neoliberal ties to government and social service funders and the movement’s original feminist roots. These tensions then played out within the ways that the crisis center attempted to provide “culturally competent” services that went beyond these problematic neoliberal demands in the hopes of breaking down barriers for immigrant clients. Yet the embodied needs of immigrant Latina women at this crisis center still went beyond such “culturally competent” considerations. These clients identified how the physical, emotional, and spiritual effects of domestic violence were inextricable from other violent experiences throughout their lives, and how this experience of

layered violence was more debilitating with age. At the same time, evangelical Christian clients were able to make sense of their experiences with violence through a spiritual narrative while using these secular services in combination with spiritual practices, ultimately transforming the services they were offered. This integration of resources allowed them to build resilience against the hardships of life and its embodied effects in the long-term. These findings expand understandings of Christianity by highlighting how evangelical beliefs go beyond typical framings of health and wealth, and the power of the dyadic companionship of God in comparison to the individuality of neoliberalism. These findings also indicate that since embodied experiences and embodied relationships to the world accumulate and evolve with age, health ideologies and practices also evolve over time. The research intervenes into studies of structural and gender-based violence by framing domestic violence in terms of aging, disability, and temporality. Thus, this project argues for a “life course competency” perspective, or more ethnographic investigation and practitioner understanding of the debilitating processes by which these forms of violence accumulate on the body, the evolving experience of violence across all stages of life, and the changing strategies through which people find resiliency. By using domestic violence as an entry point into interactions between the body, health, spirituality, violence, gender, and time, these insights offer useful tools for future studies in anthropology as well as insights for practitioners looking to provide better services to immigrant, disabled, and aging survivors of domestic violence.

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their creative strategies for resilience, and their hopefulness for the future. Although I cannot name them individually, they each uniquely weigh on my heart and mind, and I hope I have done their words justice in these pages.

Dedication

I dedicate this work to my parents, Karen and Ira Bloom, and to my husband, Kierthi Swaminathan, with all my love and appreciation.

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Chapter 1: Introduction

“*No te sanas*”: A “Life Course Competency” for Latina Domestic Violence Survivors in the United States

*No te sanas. Nunca. No sé si es el tiempo...
todavía cada vez que recuerdas, te duele.*

You never heal. Never. I don't know if it's time...
still each time that you remember, it hurts.

—Miranda, 39, Ecuadoran survivor of domestic violence

Una experiencia así marca la vida.

An experience like this leaves a mark on your life.

—Paloma, 49, El Salvadoran survivor of domestic violence

As these words indicate, violence is not a finite experience. Violence stays embedded within the body—affecting flesh, psyche, and spirit—and informs how a person navigates through the world. Furthermore, the way violence is felt in one moment is not the same as how that violent encounter may be experienced the next. Understandings of violence and its effects evolve as a person accumulates additional life experiences and as the body ages. For prolonged exposures to violence by an intimate partner, not only are the effects lasting, but they become inextricable from other forms of violence throughout that person's life and profoundly shape the way someone comes to understand, feel, and reconcile with each past incident over time.

Anthropology has illuminated how violence is historically constructed (Nordstrom and Robben 1995) and embedded in everyday life (Scheper-Hughes 1993). Moreover, anthropology has contributed important scholarship to the study of gendered violence, demonstrating how men and women are affected differently by violence and must contend with its effects in distinctly gendered ways (Counts et. al 1992; Counts et. al 1999; Green 1999; Aretxaga 2005; Merry 2006; Parson 2013;

Wies and Haldane 2011). Yet what is often not contemplated is how someone's experience with and perceptions of violence change over time, shifting according to their life circumstances and cumulative life events. As Sameena Mulla notes, decontextualizing survivor narratives from a broader life story is its own form of violence (2014). In this sense, anthropology has much to learn and to offer by examining violence through a long-term lens across all stages of life.

As the body ages, a person's interactions with the world and their physical, psychological, and spiritual understandings of life events also evolve. Sarah Lamb describes how, "Processes of aging (however defined) cut across all of our bodies and lives; they play a central role in how we construct gender identities, power relations, and the wider social and material worlds we inhabit—indeed, what it is to be a person"(2000, 9). This is especially true for women, whose place in society is often determined in part by their reproductive capacity, marked by key shifts in perceptions by and of the world according to corporeal factors—from puberty to menopause—largely beyond their control (Martin 1987).

Through this life course perspective, I show how survivors' embodied experiences of domestic violence are inseparable from their embodied experiences of aging. This framework illuminates the temporal dimensions of the experience of violence—including its physical, emotional, and spiritual effects—and why recognizing those dimensions is necessary for both scholars and practitioners alike. I consider "embodiment" to include the way that life's experiences inform or change the material body and its modes of functioning, as well as a person's evolving experience of their body over time. Furthermore, I consider how experiences are mediated through the body to then inform someone's understanding of their relationship to the world (Young 2005; Merleau-Ponty 1974; Csordas 1993).

This research brings into focus the positionality of domestic violence within the field of anthropology. By considering domestic violence as intently as anthropologists have considered other forms of deadly violence—for example, the breadth of scholarship on genocide or war (Lubkemann 2010; Nordstrom 2004)—what more might the field learn about the human experience? My research findings are a testament to the productiveness of using domestic violence as an ethnographic entry point into the interactions between body, spirituality, migration, health, violence, gender, and time.

Specifically, I highlight how domestic violence became layered with other forms of violence in the lives of immigrant women from Latin America at a domestic violence crisis center in Connecticut from 2015 to 2016. In each of the narratives I recorded with these survivors—and indeed, with all the women I’ve worked with as a domestic violence advocate over the years—domestic violence was embedded in a series of violent interactions between themselves and the world. Starting with violent experiences of poverty and abuse in their home countries, to grueling border crossings and migration journeys, to brutal domestic violence and endless labor while living in the U.S., these many forms of violence accumulated over time to manifest in overlapping debilities such as chronic pain, acute illness, and mental health disorders. Moreover, these resulting effects were rarely treated with proper healthcare or social service accommodations. Further violence was thereby perpetuated through the language, ideologies, systems, structures, and symbolic orders that constituted their everyday lives (Scheper-Hughes and Bourgois 2004; Farmer 2004), often rendering these embodied hardships disabling. These women were then less able to rely on labor and physical resilience as a way to extricate themselves from additional violence. These narratives call for a greater understanding of how varied experiences with

violence take a toll on the body, mind, and spirit as they accumulate over the life course. Thus, this analysis of domestic violence is a productive starting point for many topics of anthropological inquiry.

While demonstrating the windows that domestic violence research can open onto diverse topics within anthropology, I also expand current scholarly analysis of domestic violence. In particular, much of the literature interrogating domestic violence among immigrants in the U.S. documents the structural hardships these communities face, particularly due to legal constraints (see Trinch 2003; Abraham 2000; Villalón 2010). According to Madelaine Adelman, “the centrality of criminal and legal processes in the regulation of domestic violence”(2017, 17) and the relative ease of access researchers have had for studying domestic violence through legal spaces has led to a proliferation of studies from this particular lens. These studies have been helpful for documenting the barriers for immigrant survivors—particularly from Latin America—when seeking help under the Violence Against Women Act (VAWA)¹ and the Victims of Trafficking and Violence Protection Act (VTVPA).² Such accounts illustrate how the exploitative relationship between the U.S. and much of Latin America has resulted in increasingly contentious border politics encouraging cheap migrant labor while eliminating opportunities for legality (Salicido and Adelman 2004; Villalón 2010). As a result, these scholars point to the limitations of VAWA and VTVPA and how they leave immigrant women in difficult situations, such as preventing them from seeking services or forcing them to depend on abusers for residency (Salcido and Adelman 2004; Erez et al. 2008; Villalón 2010). Furthermore, such accounts show the additional structural impediments Latinx

¹ The Violence Against Women Act (VAWA) was first passed in 1994.

² The Victims of Trafficking and Violence Protection Act (VTVPA) was first passed in 2000.

immigrants face, such as language barriers or a lack of resources and ability to navigate social service systems (Acevedo 2008; Trinch 2003; Ingram 2007; Rizo and Macy 2011; Sabina et al. 2012; Cho 2012; Dietrich and Schuett 2013; Postmus et al. 2014; Reina et al. 2014; Vidales 2010).

However, this literature does not take the body or the embodied experience of violence as central considerations in its analysis of structural violence. Thus, I build on this literature by showing how experiences with the body both contribute to and are complicated by these forms of structural violence (Farmer 2004). As Adelman notes of domestic violence research more broadly, “A dominant trend within domestic violence studies is a body of unwittingly decontextualized research that tends to extract violence from the everyday life in which it is produced”(2017, 16). Therefore, not only do I re-contextualize this research back into the lives of immigrant women, but I shift the focus onto the embodied experience of violence, disability, and aging. For many of these Latina women at the crisis center, the toll that domestic violence took on their bodies over time was inextricable from the other embodied hardships of life. Based on their narratives of those experiences, I take as my starting point the flesh upon which these various forms of structural, physical, and interpersonal violence took place.

By focusing on the body throughout the life course, this study contributes to embodiment studies. These women from Latin America experienced domestic violence as part of a protracted life narrative complicated by multiple forms of violence. Their narratives reveal the limitations of thinking about bodies as static: what may impair a body in one moment may seem resolved the next, only to resurface when met with further stress and limited care. As Tom Shakespeare articulates, this type of life course perspective reveals how:

Impairments can be variable and episodic: sometimes people recover, and sometimes impairments worsen. The nature and meaning of impairment is not given in any one moment. Not all people with impairment have the same needs, or are disadvantaged to the same extent. Moreover, different people experience different levels of social disadvantage or social exclusion, because society is geared to accommodate people with certain impairments, but not others. Everyone may be impaired, but not everyone is oppressed. (2006, 65)

The impairments that these women at the crisis center encountered cannot be understood by just looking at certain points in time. Looking only at old age or youth will conceal the process of violence's effect on a person's mind, body, and spirit. Moreover, it will also conceal the forms of "social disadvantage" or "exclusion" that led to those debilities. Thus, here I use this life course lens not to contemplate the embodiment of violence and impairment at a singular stage, but to highlight the changing quality of those experiences and the shifting needs of survivors over time.

As a political ally alongside the advocates and survivors embedded in these pages, my ethical compass requires that I simultaneously analyze how these findings apply to practitioner research and training. I follow in a robust anthropological tradition by contributing both to the field of anthropology while helping anthropology remain relevant and engaged with actual service and advocacy efforts (Mulla 2014; Wies and Haldane 2011; Farmer 2004; Kleinman and Benson 2006). According to the Center for Disease Control National Intimate Partner and Sexual Violence Survey (NISVS), in the U.S., "Women are disproportionately affected by sexual violence, intimate partner violence and stalking" (Black et al. 2011). Among many telling statistics, the NISVS revealed that one in four women is a victim of severe physical violence by an intimate partner (Black et al. 2011). Meanwhile, with a growing Latinx population—accounting for 18% of the U.S. population, half the national population growth since 2000, and as the second fastest growing ethnic or racial group (Pew Center 2017)—scholars have indicated that Latina women are less likely than other

ethnic groups to seek formal domestic violence resources despite their desire for more information and service accessibility (Postmus et al. 2014; Reina et al. 2014; Ingram 2007; Rizo and Macy 2011). Thus, as the Latinx population in the U.S. grows, more crisis centers are attempting greater outreach. Yet the decentralized nature of these institutions and great variation in funding between them means there is little uniformity around how to best provide this assistance. Around the country, these service providers are searching for ways to account for how survivors from various backgrounds not only understand domestic violence and face specific structural obstacles, but how to accommodate their different experiences with distress.

Although domestic violence centers in the U.S. still tend to be non-clinical, institutionally, they are vulnerable to many of the same shortcomings as medical and mental health spaces. As Michel Foucault indicates, in Western medicine, making institutional sites like clinics and hospitals the primary solution for addressing disease gave doctors the ability to establish and maintain authority over patients through the medical gaze (1975). This hierarchical dynamic then centered medical care around the patient-practitioner dyad, disconnecting disease from the illness experience and its ties to the social world (Kleinman 1980). These critiques around institutional and systemic hierarchies parallel criticisms from scholars of gender-based violence services, human rights, and development work, since the perspectives of people in need of these resources are rarely accommodated or accounted for by elites decision makers around the world (Hodgson 2010; Goldstein 2012; Merry 2006; Ticktin 2011; Parson 2013). Thus, fields like public health, epidemiology, and anthropology have long debated how to better account for the realities of social life within positivistic and hierarchical practices of care.

To answer some of these concerns—and of particular relevance to domestic violence service providers—scholars and practitioners have been developing (and critiquing) the concept of “cultural competency.” As Jonathan Metzl and Helena Hansen describe, within U.S. healthcare, over the last two decades “cultural competency” came to imply “the trained ability to identify cross-cultural expressions of illness and health, and to thus counteract the marginalization of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference”(2014, 126). Yet focusing on generalized values and illness concepts lends itself to stereotyping; additionally, clinicians need to not only be aware of these differences, but obtain actual skills for working across differences and implement that openness into their own institutional practices (Guarnaccia and Rodriguez 1996; Kleinman and Benson 2006). For example, the ways in which experiences with migration complicate language, ethnic identity, and social status are all integral to approaching mental health (Guarnaccia and Rodriguez 1996). “Matching” the race, ethnicity, or even gender of the patient with that of the clinician is also not necessarily an effective intervention (Willen 2011). Practitioners must account for the many other mediating factors of “hyperdiversity,” such as age, class, education, and training (Hannah 2011; Good et. al 2011; Kleinman and Benson 2006). Additionally, “cultural competency” must go beyond individual interactions. Instead, it must include “structural competency” by taking into account the larger structural barriers affecting certain communities as well as practitioners and their work (Metzl and Hansen 2014). Sarah Willen and Anne Kohler further suggest that practitioners must be reflexive about their personal biases (2016).

Yet as scholars and practitioners continue to wonder, how can this complex set of concerns be operationalized? Moreover, even with this self-reflexivity and

awareness of difference and disadvantage, does “cultural competency” actually translate to more equal care and better outcomes? Through the lens of a “culturally competent” domestic violence service center, I address these questions still looming over current debates.

This center had been developing a service platform for its Latinx clients, making up 40% of its overall clientele, since 2012. While much of the literature on Latina immigrant survivors of domestic violence in the U.S. focuses on women living in border states, my research centers around women who settled into life in the U.S. in a predominantly White, wealthy community in the northeast, most of whom had lived there for over a decade. Furthermore, I focus on women who had been seeking assistance at this crisis center and in the local services system for many years. Thus, they were savvy users of these services, and had adopted many of their teachings. Although these services reflected certain downsides to neoliberal professionalization, they also reflected many of the recommendations within the literature on “cultural competency.” While providers cannot be expected to obtain mastery over every aspect of “hyperdiversity” (Hannah 2011), having the humility to continue to learn is an important starting point (Metzl and Hansen 2014). As this center sought to develop these services, providers were consistently engaged in ongoing processes of reinvention, amounting to the “cultural humility” necessary to “continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners” (Tervalon and Murray-Garcia 1998, 118).

In light of this generous humility, I highlight where disability, aging, and spirituality complicated their attempts at “cultural competency.” In her work on psychiatric services for Latinxs, Vilma Santiago-Irizarry suggests that, “Rather than engage in an examination of “folk” categories of disease or their place in psychiatric

classificatory grids, I foreground the political dimensions of institutional practices and the construction of ethnicity among ethnic elites who wield cultural and professional authority within a contemporary sociocultural domain permeated with power”(2010, 35). Following these insights, I am attentive to the ways that professionalized practices and power dynamics mediated the interactions between the Latina women receiving services and the Latina advocates at the center. There was a tension between well-intentioned efforts towards “cultural competency” when dealing with Latinx immigrants that problematically leaned on short-term interventions, neoliberal values, and foresighted messages about “success.” Yet as the Latina survivors at this crisis center showed, contending with violence is far from a linear process from start to resolution. Instead, they required ongoing and changing strategies for coping not accommodated by current social service models. Their attitudes towards addressing violence and their perceptions of its spiritual, emotional, and physical effects over time could not be neatly addressed by current interventions.

Yet at the same time, the transference of knowledge between the center and these survivors went both ways. Unlike Western medicine and psychiatry, domestic violence services stem from the feminist activism and grassroots efforts of survivors, now formalized into their own federally funded social services system. By interrogating this history of professionalization, I show how the uniquely feminist roots of these types of institutions have led to particular gains as well as tensions around how to best serve women seeking services in “culturally competent” ways. Domestic violence work involves intimate interactions unlike what one might find in a typical clinical site, but comes with its own set of barriers and constraints. These spaces therefore make for a fruitful setting from which to consider “cultural competency” debates: there are still ways in which the feminist roots of these centers

mitigate client-practitioner hierarchies as their founders originally intended (Kolb 2014), making room for Latina survivors to assert, reinterpret, and transform the services they are offered.

One of the clear ways that many Latina women at the crisis center reinterpreted these services was through the lens of evangelical Christianity. I demonstrate how those women were able to integrate what they learned at the crisis center into their spiritual practices as a means for making sense of their experiences with violence and as a strategy for resilience. Towards this end, my findings unveil how evangelical Latina women within these services translated the violence in their lives through the language of conversion testimony, drawing on its potential for explaining life's ruptures (Bialecki et. al 2008). In so doing, they were able to make sense and meaning out of this violence as part of a larger spiritual life plan directed by God.

Anthropology has well documented how evangelical Christianity structures the way that people look for health and wealth (Robbins 2004; Garrard-Burnett and Stoll 1993). Yet the way evangelical Latina immigrants at the crisis center used this perspective as a compass for navigating social services requires a broader understanding of how people see the fruits of these spiritual investments. Evangelical women at the center based their understanding of the social services system—from affordable housing applications to recovering children from the Department of Children and Families—around their investment in a relationship with God, and the assistance they would receive in return. The agility through which they were able to integrate these complex service systems within their religious ontology reveals the porous border between religion and otherwise secular social services. By asserting this perspective within the center itself, they ultimately shaped the very services they were offered. These findings also deviate from previous gendered analyses of

evangelical influences on family structures. Rather than use evangelical Christianity as a means for condemning bad male behavior while maintaining male authority (Brusco 1995; Robbins 2004; Bialecki et. al 2008), these women used this religious perspective as a life-saving mechanism to reject those relationships completely in favor of a more intimate relationship with God.

Not only did this new spiritual narrative allow women to reconcile with these difficult experiences, but it gave them direct strategies for embodied resilience when navigating years of strain. Here embodiment continues to serve as a framework for understanding shifts in experience as people move through the world and contend with structural, symbolic, and interpersonal violence. I trace the evangelical strategies women used to “*fortalecerse*”—mentally, physically, and spiritually fortify themselves in the face of hardship—to “*salir adelante*.” Within Latina support services at the center, *salir adelante* referred to “moving forward” with one’s life by leaving an abusive situation and finding financial, personal, and legal stability. Evangelical Latina women were able to *fortalecerse* through a combination of evangelical practices alongside support from the crisis center, at times integrating the two in ways that were unanticipated by advocates. While scholars have well-documented faith healing in Pentecostal Christianity (see Garrard-Burnett and Stoll 1993; Lurhmann 2005), my findings are in conversation with scholarship around the ways that individual prayer practices can invite more subtle, positive shifts in the body (Csordas 1997; Luhrmann and Morgain 2012). Especially for these evangelical women at the crisis center, when contending with the long-term effects of violence, learning to create these shifts was a powerful tool for controlling otherwise overwhelming physical, emotional, and spiritual sensations.

By integrating this analysis of domestic violence, structural violence, the life course, spirituality, and embodiment, my approach speaks across many different fields that are not always in direct conversation. Not only does this approach contribute to literature around domestic violence and immigration as well as disability studies, the anthropology of aging, and the anthropology of violence, but it also puts these fields into direct conversation with threads from medical anthropology and the anthropology of religion. Ultimately, I peel back the layers of how someone's experience of the body and violence through immigration is shaped over time, not only between their home country and the U.S., but even throughout their time post-emigration. I highlight how anthropologists and practitioners must consider the multilayered and evolving processes by which people come to understand and confront experiences with violence, pain, mental illness, and debility over the course of their whole lives, rather than take for granted the inheritance of these understandings or look at them one slice of life at a time. Moreover, I contend that practitioners must consistently reevaluate their own changing perspectives in addition to those of the people for whom they provide care.

Thus, I establish the importance of recognizing how with age, disability, and experience, lived understandings of the body profoundly change, and argue that a forward-thinking "life course competency" is vital for anthropological study as well as practitioner and institutional care. Ethnographically, taking on a "life course competency" means foregrounding how violent events are part of an entire history of embodied life in the world, rather than violently disengaging such events from other embodied experiences—or indeed, from the body entirely. It means representing the cumulative quality of physical, emotional, and spiritual experiences, and how that accumulation accounts for shifts in a person's material and social relationship to the

world. Furthermore, it means a deeper integration of gender-based violence, disability, and aging studies throughout the field as a whole.

Practically, it asks practitioners to approach medicine, mental health, and social services with a longer-term lens on disability, gender, and age to account for how ill health is often the cumulative result of life-long, varied, and ongoing forms of violence. Moreover, it means acknowledging how people's perceptions of these experiences and their resulting embodied effects also change, which may alter someone's choices for dealing with these effects at various points in time. Lastly, it means practitioners must reflexively engage with their own histories, biases, and perspectives, not only to assess how these may affect their past or current practices of care, but to assess how these also continuously evolve.

An Evolving Relationship

In many ways, my focus on evolution and time is mirrored by my relationship to this field site and domestic violence services in general. I first became involved with domestic violence services in 2007 as an undergraduate college student in upstate New York, when I took a course run by the associate director of a local domestic violence agency. Under her mentorship, I also began fieldwork at that agency. I underwent forty hours of certification training, and then began interning as a counselor and advocate. The terror and exhilaration of this initial experience was powerful: there I was, a sheltered, nineteen-year-old college student listening to women unburden the most intimate details of their lives during one-on-one counseling sessions. At other times, I would sit in my dormitory, watching students study and socialize, knowing I was "on call" for the center, with my cell phone transforming into a lifeline for women seeking assistance after hours. The perspective this work gave me, and the window it provided onto the world—no longer as safe and

controlled as I had once imagined—created a shift in my own reality. I began to understand relationships around me in a different light, identifying dynamics that before had no name. I continued to be drawn to this work and built a close relationship with the head advocate and trainer at that agency as I volunteered throughout the rest of my time in college.

After graduation in 2009, I moved back to the area of Connecticut where I am from and where this research took place. My first social services job was working as a counselor at a therapeutic program out of a children's behavioral health facility. In this work, I was frequently paired with Latinx children and their families. There I encountered many of the same broken systems in which I would later find the women of this crisis center also embedded, and started to learn about the complexities of this network of social service providers. I then spent nine months living in Uruguay on a Fulbright fellowship, where I had the opportunity to learn about their domestic violence services system and how it differs from the U.S. Upon returning to the U.S. in the fall of 2010, while working part-time at a therapeutic group home for teenage girls, I also started a full-time job at this very center. My main responsibility there was community education, where I would lead programs at schools as well as help run certification trainings. However as in most domestic violence agencies, I wore many hats. Particularly because I spoke Spanish, I helped facilitate client programs and events and still engaged in counseling and advocacy through the crisis hotline.

Thus, my argument for the necessity of a long-term lens is informed by own evolving relationship to this field. Having woven in and out of direct services, training, education, and research, I have gained a multifaceted understanding of the potentiality and limitations within this work, its points of strength and weakness, and the different angles through which practitioners and scholars have approached its

growth over the last several decades. I feel both deeply empathetic towards the providers at these centers, while I also feel obligated to complicate the ideas practitioners may take for granted. When you work in these types of crisis services, you must build clear boundaries around what you choose to take home with you at the end of day. Even then, it is impossible to fully divest oneself. It is a privilege to be able to systematically reflect on these services and then leave them behind after a year of fieldwork. Domestic violence advocates desire the best for survivors but may not have the time, resources, or emotional bandwidth to fully interrogate their day-to-day work.

Furthermore, having worked with Latinx families at several social service and mental health facilities in this area, I became well acquainted over the years with the particular advantages and obstacles for these immigrant communities. My anthropological lens opened up this perspective to other ways of framing and interrogating these conditions, and how they are reflections of larger global forces. Yet at the same time, since I myself am a White, educated woman from this wealthy community—having grown up in the type of household that employed immigrant women in our home—I am also representative of the insurmountable hierarchy with which these immigrants must contend.

Given this positionality, I was as much a curiosity to the Latina survivors at the center as they were to me. They were fascinated by my fluency in Spanish and bemused by my interest in spending so much time with them. They enjoyed having me try different traditional foods and always keeping me fed—“*la flaquita*,” “the skinny one,” as I became known—and found great humor in watching me dance to Latin beats. It was also not lost on these groups that I was newly engaged to be married during my time at the center, which became fodder for life lessons about

weddings, relationships, and future plans. My positionality may have made me seem foreign or intimidating at first. Yet once that feeling started to dissipate, my relationships with clients grew, several of whom would regularly seek me out for favors or just to chat about life. In our hours together each week, I became the cultural interpreter for all things White and American—I was often asked to illuminate aspects of U.S. life or confirm what they had observed in their years living in Connecticut. I would venture to guess that I was probably one of the few representatives of this wealthy White community whom many of these clients had ever really had a chance to converse at length and get to know. Given these racial, cultural, and class differences, I am deeply grateful to these survivors for their willingness to share their intimate stories and spaces.

Terminology and Demographics

This research took place over twelve months at a domestic violence crisis center in a wealthy suburb of Connecticut which I call the “Intimate Partner Violence Center,” or the IPVC. At the crisis center during this time, Spanish speaking clients made up approximately 40% of the overall survivors receiving services, and were the most consistent and long-term—all five of the counseling support groups were conducted in Spanish.³ Most of these women were considered “community clients”: they received support from the center, but did not reside in the center’s two shelters. The majority of these clients were from Mexico and Central America. The IPVC was especially attentive to how clients were both recent and non-recent immigrants and came from a wide range of countries throughout Central and South America. Their countries of origin included Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica,

³ At the end of 2015, the counseling center discontinued its English language support groups due to a lack of consistent attendance. There were five Spanish support groups—four for women, and one new group for men.

Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Peru, Puerto Rico, the Dominican Republic, Uruguay, and Venezuela. Although there were noteworthy immigration patterns within the larger community, the agency did not focus on any particular population. In a typical fiscal quarter, the center would serve approximately 350 Latin American clients. While heterosexual women made up the vast majority of clients, the agency also served male and LGBTQ clients. Many of the Latina clients were not legally married to their abusers and a significant portion came to the center undocumented,⁴ both of which affected criminal, custody, immigration, and other legal matters.

The center's catchment area included seven local towns and cities, serving part of an affluent, majority-White county. According to U.S. Census information, while in the larger county 79% of the population was White, 19.4% was Hispanic or Latinx. In the two largest cities the center served—and where the two physical offices and shelters were located—approximately a quarter of the population were of Latin American origin and Spanish-speaking. Of the Latinx population where the main office of the IPVC was located, 33.8% were from Central America, 30.17% from South America, 11.85% from Puerto Rico, and 8.49% from Mexico. With Latinxs making up nearly a quarter of the population in both cities and with so many Spanish-speaking residents, the IPVC and other local providers had been attempting to

⁴ This was not a statistic that the agency kept track of, and I only became aware of someone's immigration status if a client chose to disclose this to me confidentially. Because I mainly focused on clients who had been associated with the agency for several years, most of these clients were somewhere in the process of applying for legal status. For such clients, in the case of a confrontation with a legal authority, the agency advised them to show proof of their status as a crime victim along with their pending immigration application, and this was typically regarded as sufficient by local authorities.

respond to the need for increasing Spanish-language services and to provide the most accessible and appropriate services for this diverse population.

While the IPVC had offered translation services and employed Latinx and Spanish-speaking staff since the early 2000s, in 2012 they first began building up these services into a specific Latinx platform entirely in Spanish. This included 24-hour phone and web-based hotlines,⁵ safety planning, a website, individual and group counseling, legal advocacy, civil legal clinics, emergency safe housing, housing and economic advocacy, and education workshops such as computer skills and English conversation. Since that time, they secured additional federal funding for these programs.⁶ Later developments included additional staff and programming around financial education and planning, a civil attorney, and other systems advocacy efforts (see Figure 1).

Although I met over one hundred Spanish speaking clients during this fieldwork, I interviewed the thirty women that I got to know most closely during this time and who were most willing and able to make time to speak with me. Typically, they were women who attended support groups consistently and were involved with educational and social activities at the center. In general, my findings center around these thirty women and another subset of women who also regularly attended support groups and that I got to know well, but did not have the opportunity to interview. Of the thirty women whom I interviewed, nine were from Guatemala, seven were from Mexico, five were from Colombia, two were from the Dominican Republic, two were from El Salvador, two were from Honduras, two were from Ecuador, and one was

⁵ Clients could write to the agency on the web-based platform and expect a response within fifteen minutes.

⁶ In 2016, the IPVC secured a contract to specifically increase Latinx services from the Office for Victims of Crime under the Victims of Crime Act (VOCA).

from Peru, which was generally representative of support group demographics (see Table 1). They averaged two and a half years of receiving services at the center, ranging from clients who started their services during my fieldwork to clients who had already been attending support groups for upwards of five years, in one case going on nine years. This trend sharply contrasted with the neighboring domestic violence agencies, which typically only provided short-term services for a few months. These thirty women ranged in age from twenty-one to seventy-four, with a mean age of forty-one (see Table 2). Half of these thirty women were over forty—well above national statistics which indicate that the highest risk age range for domestic violence (and therefore the main target for service providers) is eighteen to twenty-four (Truman and Morgan 2014).

Of these thirty immigrant women, the average time they had lived in the U.S. was twelve years (see Table 3). Within support groups, because of the broad range of countries of origin among clients and the fact that most of them had lived in the U.S. for a decade or more, clients and advocates generally referred to this group as either “*Hispanas*” or “*Latinas*.” Unlike much of the research about domestic violence among immigrants from Latin America that is done along border states—and therefore often focuses on migrants who themselves or their families regularly cross the border or who more recently arrived in the U.S.—my research focuses on a community of immigrants who had settled into life in the northeast yet not in a major metropolitan city. Although most still had little to no English language skills, they had managed to become savvy users of local services and community resources. While I conscientiously represent the variety of their life experiences so as not to flatten out their diversity, in light of this affiliation as long-time members of this particular community in Connecticut and given their collective membership within this crisis

center program, I generally refer to them as “Latina.” When referring to the larger population of Latin Americans living in the U.S., I use the term “Latinx,” meant to be a gender-neutral alternative in response to some of the criticisms around earlier terminologies, including “Latino” and “Hispanic.”⁷

In addition, while discussing the particular hardships of individual women, I acknowledge the significant difficulties that arose when they lacked documented status. As many of their narratives indicate, a lack of access to resources, legal rights, job opportunities, and other avenues for socioeconomic advancement alongside an inability to advocate for themselves due to language, literacy, and other barriers could be especially devastating. However, because most of the women that I worked with closely had been affiliated with the center and their service partners for several years, many had or were in the process of obtaining legal status under VAWA or VTPVA legislation. Furthermore, in this area of Connecticut, throughout 2015 and 2016 there was a general acceptance from the larger community—including police authorities—of undocumented women like those at the center, who frequently worked in domestic and service positions. The crisis center advised women to always carry with them documentation of their application for residency and proof of their work with the agency as a means of protection. Through these measures and their work with the center, clients were then less afraid to be in spaces such as social service and nonprofit offices, the local courthouse, or to call the police, who all worked closely with center advocates. Advocates and clients told me that it was generally understood that undocumented immigrants would only be sought out and taken into holding for deportation at the courthouse if they were an accused criminal offender. In this sense,

⁷ For a thoughtful reflection on the meaning, benefits, and misgivings around the term “Latinx,” see Morales, “Why I embrace the word Latinx,” 2018.

for the women I worked with at the center, the experience of being “undocumented” or “documented” was not a strict binary, and cannot be represented or analyzed as such. Additionally, as I will further discuss below, I deliberately did not ask women if they considered themselves “documented” or where they stood within the residency application process. I could only gauge this understanding of their own status and how it affected them over time through what they chose to disclose in support groups or in our interviews together.

Yet even for women in these groups who were legal residents, having been undocumented or dependent on an abuser for legal status for a period of time—or even just by virtue of having been an immigrant—could still result in devastating layers of hardship and embodied transformations. While most of the Latina women in these groups were low-income, low-skilled workers with little education, some of these women came to the U.S. with legal status, college degrees, and professional skills. However, in our conversations, they indicated how they experienced a significant backslide in socioeconomic status through a combination of domestic and structural violence. Thus, I also broaden the lens for understanding how hardships accumulate on the body not just for people who have been underprivileged their whole lives, but for anyone who finds themselves facing layers of inescapable hardship for significant periods of time.

Furthermore, the group of women that I concentrate on here were a self-selected population. Aside from a very small minority of women who were mandated to seek help by the Department of Children and Families, all programs at the center were entirely voluntary, and could be started or ended at any time. These women chose to stay at the center, and were consistent and clear in our interviews together and in their behaviors in support group that they had adopted the broad definition of domestic

violence taught by the crisis center. While many had come to the center believing domestic violence was “normal” or limited to physical violence, they consistently indicated that they came to agree with the broader understanding of “violence” that they were taught. Because my focus here is the experience of violence and its embodied aftermath, this shift in cultural understanding of domestic violence as the result of the center is not my central focus. Furthermore, although I will touch on some exceptions, many of the clients that I worked with found themselves needing to escape extreme violence—as clients would describe, often a matter of life or death for their physical and mental health—that also frequently impacted their children. Most clients were therefore motivated to leave their abusive situations. Thus, unless relevant to a particular client, my analysis here does not question the basic premise of wanting to leave an abusive situation.

In these conversations, I discussed with Latina clients their fluid affiliations with local churches and prayer groups, through which I observed strong patterns with respect to evangelical beliefs and daily prayer practices. Since so many of these clients had been immigrants in the U.S. for many years, their practices and affiliations had shifted between their home countries, migration to the U.S., and time living in Connecticut. Among the local churches, denominational names were also not always consistent with their wide variation (Bielo 2015). This fluidity is consistent with literature on the influence of Pentecostalism on Catholicism and different branches of Protestantism, particularly throughout Latin America (Robbins 2004). I therefore acknowledge the many “Christianities” among these clients (Garrard-Burnett and Stoll 1993) and focus on the strong evangelical threads between their prayer practices and religious perspectives, referring to them as generally “evangelical.”

Additionally, I maintain consistency with the language of advocates at the center by referring to these women as “clients.” While domestic violence practitioners continue to debate about the best way to refer to people receiving these services, advocates at this center were well-intentioned with their use of the word “client”: this language reflected their intention for services to cater to the needs of each individual. In this sense, the capitalistic connotation of the word “client” was meant to be generously consumer-centric. Therefore, I use this language in the positive spirit through which it was intended. When speaking about domestic violence more broadly, I generally refer to people as “survivors” in acknowledgement of the feminist movement that advocated for a turn away from victimhood (Kasturirangan 2008).

For the safety of client confidentiality, each client was assigned a pseudonym. When discussing certain cases or the center, I also deliberately exclude pieces of identifying information. To discourage unwanted, antagonistic attitudes towards the staff, the crisis center, or other providers serving the Latinx community, I also give staff members and outside providers pseudonyms, and elected not to use the real names of their agencies.⁸ For the crisis center itself, I also gave it a pseudonym, and purposefully left the specific names of the towns and the county that it serves anonymous. For these reasons, I also do not go into as much depth in my ethnographic and demographic description of the crisis center location or the local area.

Furthermore, my language throughout these chapters when speaking about clients and perpetrators is distinctly gendered. While there was a select group of male,

⁸ The only exception to this was the Connecticut Coalition Against Domestic Violence (CCADV) and its president, whom I did not assign pseudonyms. As the only umbrella organization for domestic violence in the state, it is unavoidably conspicuous, but also not a direct service organization.

transgender, and other LGBTQ identifying clients at the center, the vast majority of the people in the support groups that I studied represented themselves to the group as cis-gender, heterosexual women. This demographic mirrors national and international statistics on gender-based violence, which continue to reflect higher numbers of women survivors at the hands of male perpetrators (Black et. al 2011; WHO 2013). For this study, I cannot speak to the particular hardships of male, transgender, or other LGBTQ survivors, though they are undoubtedly numerous.

Lastly with respect to terminology, I refer to violence against women in this context as “domestic violence.” The domestic violence movement has taken up various different iterations of language to refer to this phenomenon, from “battering” to “domestic violence” to “intimate partner violence.” Throughout these chapters, I highlight both the tensions and potentialities that have come with the evolution of the domestic violence services movement from its original feminist grass roots to the professionalized system that exists today. Given my own training in this field and in light of my findings here, I am a strong proponent of continuing to recognize those feminist roots, including the limitations of this original orientation. Furthermore, the Spanish speaking clients and advocates at the center referred to this phenomenon as “*violencia doméstica*.” Given these two motivations, I continue to refer to this issue as “domestic violence.”

By “domestic violence,” I specifically focus on abuse by someone’s intimate partner—such as a boyfriend or a husband—and I refer to the range of types of violence recognized by the center and spoken about by clients in support groups and interviews. Many Latina clients at the center were not legally married to their partners, and the language used to describe these men was often quite vague—they were referred to as “*mi novio*” (“my boyfriend”), “*mi pareja*” (a more neutral term

than its English translation, “partner”), “*mi marido*” or “*esposo*” (“my husband”), by name (rarely), or as just “him.” The types of violence could range from financial abuse, such as preventing someone from working, to physical abuse, such as injuring someone or stopping them from seeking proper healthcare. Domestic violence also includes psychological abuse, such as threatening to kill family members, or emotional abuse, such as consistently belittling or degrading someone. In this sense, domestic violence, as conceived of at the center and in these pages, is both extremely varied in its manifestations and far reaching in its effects.

Methodology

Building on my previous experiences in social services, my project is based on twelve months of ethnographic research through a domestic violence crisis center in Connecticut from June 2015 to June 2016, followed by brief site visits starting in August 2016 through 2017. As a former employee at this particular center, I was allowed to seek permission to observe and interview their growing Latina clientele. At the start of my research, I became re-certified through twenty hours of training to work with survivors of domestic violence in the state of Connecticut—a requirement for any staff member or volunteer—by participating in a new staff training at the start of my fieldwork and all regular staff trainings and staff meetings throughout the year. Additionally, I observed trainings by the center at other health and service providers. This participant observation during internal trainings and at staff meetings provided an overview of the services model, the structure of the organization, new initiatives, future goals, and how the center solves problems. Observing trainings to outside organizations also offered insights into how the center presents itself to other service providers. Additionally, participating in these trainings illuminated internal variations in approaches to this work across the center’s programs and between individual staff

members, as different departments were responsible for facilitating the trainings most relevant to their service responsibilities.

I also conducted semi-structured interviews (Bernard 2011) with fifteen staff members out of approximately fifty. These fifteen included the full-time, direct service staff members (excluding part-time and administrative staff members) and program directors who worked most closely with Latinx clients. Each interview lasted approximately one hour, although I conducted multiple interviews that went into greater depth with both the Executive Director and the Director of Counseling and Latinx services. Staff shared their perception of changes and trends within the domestic violence field as well as their successes and difficulties when administering these services. I asked staff about their understanding of domestic violence and how it had changed since working at the center, how they thought clients could move forward with their lives, how they thought trauma and violence affected the body, how they created relationships with clients, and how they perceived working with Latina clients in particular. These interviews revealed each staff person's role at the center, their particular approach to the work they did, their training, personal background, or other influences on that approach, and their understanding of different issues within the domestic violence field, especially with respect to serving Latina immigrant survivors. Altogether, these conversations allowed me to identify both patterns and variations across how staff members were approaching their work, how the field continues to change, and where their perceptions of the work align or differ from the ways Latina clients were perceiving these same issues and services.

As a basis of comparison, I carried out additional site visits and staff interviews at three other crisis centers and at the overarching state domestic violence office, the Connecticut Coalition Against Domestic Violence (CCADV). These site visits and

interviews clarified how the model at the IPVC was similar to or different from surrounding agencies and contextualized the center's approach within larger trends in the state and field. These conversations also revealed how this particular center was positioned—in terms of capacity and reputation—with respect to other local domestic violence agencies and within the broader state system. In preparation for and during this fieldwork, I also spoke with several advocates associated with the National Latin@ Network, part of Casa de Esperanza, a leading domestic violence organization for developing research, programs, and services to Latinx communities in the U.S. These conversations further contextualized the IPVC's approach within national service trends.

To understand the broader local and state services system in which these clients were embedded, I interviewed thirty community providers, ranging from health clinic directors, to Special Victims Unit police, to government office staff, to non-profit leaders serving the Latinx community. I focused on services that Latina clients typically utilized in conjunction with the crisis center. Included in these interviews were three former, long-time staff members with whom I had connections from my time working at the center, now retired or working for other social services agencies. These conversations offered a broader picture of the resources available to Latinx immigrants, gaps in services, approaches to working with domestic violence survivors and Latinx immigrants, partnerships within the services community, and outside perceptions of the IPVC.

Throughout the year, with the consent of clients and the center, I conducted weekly participant observation in the center's four Latina support groups. Support groups were aimed at "psychoeducation." This meant that a counselor—typically the Director of Counseling and Latinx services—would focus each day on a particular

topic, teaching clients about identifying early signs of abuse, the dynamics of a healthy relationship, the effects of domestic violence on children, among other educational themes. These groups also provided a space for clients to discuss emerging issues in their cases that might resonate with other survivors, discuss how they were coping with their difficult situations, and for more experienced clients to share their “success” stories with newer clients. By spending time with clients before and after groups, I was able to get to know clients individually and to informally build rapport. Support groups ran between one and two hours and ranged in typical size from ten to twenty clients. Observing these groups provided a window into client responses to the agency’s service model, including how clients received and responded to the agency’s teachings. Watching interactions between clients, hearing their stories within the group, and observing how clients steered the direction of conversations in particular ways also illuminated patterns with respect to how clients came to understand their experiences with domestic violence, their additional hardships that compounded those violent experiences, and where they differed in perspective and approach to moving forward through these hardships.

I also facilitated, organized, and attended other educational and social activities with clients at the center. These included observing and helping run English conversation groups, budgeting workshops, computer classes, and other educational activities. I also helped with different social events, such as the Latinx client Christmas party—which involved tasks like many hours of organizing gift donations for each family—along with the yearly beach outing, where clients had a chance to socialize with each other and share home cooked foods. Through these activities, I built rapport with clients, provided assistance and support whenever possible, and

created more personal relationships that did not center around recounting traumatic events and difficult topics of conversation.

To gain a broader sense of the systemic difficulties that these clients faced, to build rapport, and to provide additional assistance to both clients and the center, I also occasionally accompanied clients for support out in the community. This mainly included waiting with clients at the courthouse—which would often take up most of a working day—and helping translate proceedings at these court appointments. With one client, I also helped advocate on her behalf to try to get her an internship at a local hospital, and accompanied her to her interview there. I also engaged with the local Latinx community through meetings and events, such as attending meetings for a Latinx leadership council. Additionally, by invitation of clients and staff, I attended several Latinx church services to better contextualize the religious practices and beliefs that clients shared with me during interviews and discussed in support groups at the center. To expand upon these findings, I then interviewed four key religious leaders recommended by clients and staff—including three evangelical pastors and one Catholic priest—serving the Latinx community.

Throughout the year I conducted forty-seven semi-formal interviews with thirty different Latina clients from these support groups, including a series of follow-up client interviews. For these interviews, I tried to secure a private or semi-private space at the crisis center where a client and I could talk for approximately one hour at a time. I then asked for permission to audio record these interviews, explaining how I would be the only person to listen to these recordings, and reiterating the confidentiality of their information. Each interview was then audio recorded while I also typed password protected notes on my computer. Through these interviews, clients shared their experiences with domestic violence and what led them to the

center, their experience with services at the center and in the surrounding community, and their perceptions of life in the U.S. Clients also discussed how violence had changed their lives—particularly in terms of their health—and other sources of hardship they faced. I also asked clients to share about their lives prior to living in the U.S., and how they viewed the differences between life in the U.S. and life in their country of origin. I additionally inquired about their future plans and goals, and their strategies and obstacles for reaching them. Along with my observations from support group and informal conversations, these insights allowed me to piece together life histories of clients, understand how experiences with violence had accumulated in their lives, and contemplate their varied hardships. Furthermore, their insights revealed how clients strongly embraced the crisis center and its teachings while also integrating other strategies and goals from outside the purview of the center’s model.

With respect to language, I conducted interviews with outside providers and staff in English. The only exceptions were the three evangelical pastors, with whom I spoke either entirely in Spanish or in a mixture of English and Spanish, and with “Dolores,”⁹ the Director of Counseling and Latinx services, with whom I regularly spoke through a mixture of English and Spanish. When interviewing Dolores and in our general interactions at the agency, I would typically follow her lead, responding in either English or Spanish. While towards the beginning of the research she mainly spoke with me in English, as the research progressed—having built more rapport and when she had more time get a sense of my Spanish fluency—she began speaking with me more often in Spanish, which seemed to be the language through which she could most comfortably articulate her thoughts. From my time working at the center several years earlier, I knew that Spanish was also often used among the Latina staff as a way

⁹ As with all staff members and clients, “Dolores” is a pseudonym.

of both solidifying camaraderie as well as to make commentaries on issues they may not have wanted everyone around them to understand.

I conducted client interviews in Spanish, which was also the language used in Latina support groups. While there were times in support groups when I did not understand particular terms or phrases, Dolores would frequently point out that not everyone speaks the same dialect and would ask clients to clarify terms, or she would specifically ask if I understood certain terms and would explain to me directly. I would also ask for clarity as needed during interviews, although this was less necessary—I suspect that clients were more careful not to use expressions or terms that they thought I might not understand, or else they would clarify what they meant in that moment. Yet even with this proliferation of different dialects from various countries, within the support group space, there was also a shared language that would emerge around domestic violence. The two terms that I focus on in these findings—*salir adelante* and *fortalecerse*—were examples of concepts that emerged from this linguistic register and ideology.

Ethical Considerations in Methodology

The sensitivity of this environment and my particular positionality within it came with unique benefits and limitations. As domestic violence crisis centers have become increasingly professionalized, gaining research access to clients and services within them has also become more difficult. As someone who had previously worked at the agency, the trust and rapport I had with the Executive Director, the Director of Counseling and Latinx services, and several other staff members gave me an ease of access I would not have had elsewhere. I was allowed to ask clients for permission to observe their support groups early on, as well as could readily integrate myself into the daily activities of the center. Furthermore, because I had worked for several

organizations within this general social services system, I had both a broader and deeper historical understanding of the alliances, resources, and functionality across this network. My years of experience working in counseling, advocacy, training, and community education also gave me an additional depth of knowledge about shifting service trends, the history of this particular center, and empathy towards these practitioners. Yet as an employee at this particular center from 2011 to 2012, I worked primarily in training and community education, and therefore was still able to enter into these direct service spaces with a fresh perspective.

Nevertheless, because my access to these women was largely dependent on this institution—the center also being a focal point for my research questions—I was additionally bound by center policies and the general safety measures encouraged in this field (Campbell 2001). I came to realize that my interactions with clients outside the center would be extremely limited. This was due to a variety of factors. First, advocates and volunteers at the center were trained not to openly acknowledge clients when they saw them out in the community. This creates a risk for someone finding out the client is involved with the center—within these communities, in the smaller Latinx community especially, it is easy to find out who works with the agency, and a client's safety can be put in jeopardy if an abuser finds out their partner is receiving services there. There can also be a safety risk for the advocate or volunteer associated with that survivor. In addition to the safety aspect, I stood in a hybrid position: clients understood that I was neither a staff member nor a volunteer, but I did feel a sense of obligation to help clients and the agency as much as I could on a regular basis. Thus, for clients to have me in their homes or to socialize with me outside the agency carried with it the weight of violating center policies, putting a client or advocate's

safety at risk, confusing clients, and compromising my established rapport with the agency.

Additionally, my interactions with clients outside the center were limited due to the very nature of their lives. Latina clients at the center were extremely busy—making time to come to the center was a significant sacrifice, considering how most worked multiple jobs, had children, and obtained little support or resources from family and friends. Particularly as a White woman who spoke fluent yet discernably non-native Spanish, accompanying clients out in the community going about their daily lives was especially conspicuous, and could potentially put someone at risk if others recognized me and knew of my association with the center. Asking them to take time out of their day to meet with me separately was a luxury most could not afford. Additionally, for many clients, the crisis center was the primary location where they felt the necessary comfort and privacy to speak about their experiences with violence. Furthermore, the center firmly believed that staff members should encourage clients to advocate for themselves whenever possible, and I was discouraged early on from spending too much time advocating for clients out in the community. For all of these reasons, my relationships and interactions with clients were mostly centered around the domestic violence center and its various activities. I did eventually spend more time with clients outside the center, but it took many months to build up to this ability.

Recognizing the benefits and limitations of studying support groups was also a process. These support groups were an extremely sensitive space—often clients came to support groups in crisis, and the groups on those days would center around supporting their needs. Other days, support groups were light and jovial, becoming an outlet for self-care. Although there was a plan for support groups each day, the

counselor had to always be prepared for shifting group dynamics and accommodating client needs, and I would follow suit. For the first two months, I focused on building understanding around my positionality and comfort with my presence in these groups. Aside from the occasional workshop by an outside provider, no one but staff and clients were allowed in groups, and clients were only allowed in groups after being deemed ready by counseling staff. Having an “outsider” in groups was, in the beginning, a significant shift in the dynamic. To make that transition as easy as possible, I started by mainly observing and then writing field notes immediately after the group (Emerson, Fretz, and Shaw 2011). As the core set of regular support group clients gained familiarity and comfort with my presence, I began taking hand-written notes. When new clients joined the group—as I had done with all clients in these groups at the start of my research—Dolores and I would engage them in a conversation about who I was, explain the confidentiality of my research, and ask for consent. Support group clients were also consistently reminded of who I was and why I was there. In general, I found that clients were quite supportive of the idea of someone wanting to study their hardships, encouraged by their rapport with the center, the center’s support of my research, and their understanding that I used to work for the center. Yet given the unpredictability and sensitivity of this environment, I decided against ever seeking to audio-record these groups.

I also had to take into account these dynamics when scheduling client interviews. It was difficult to find time for interviews, but clients were extremely generous in making time whenever possible. Although many clients were willing to talk with me at length, the most clients generally had time for during one stretch was an hour. Therefore, life history interviews (Angrosino 2002) had to be conducted over the course of at least two scheduled interviews and during more informal

conversations. However, I also learned a significant amount about clients' personal histories and ongoing hardships from support groups, which could then supplement what I was not able to capture in my interviews.

In addition to these safety measures, there were several other precautions that I took when conducting this research. For Institutional Review Board approval, I emphasized my prior experience in this field and training in sensitive social service work. All of my research notes and audio files were kept locked at my home or on my password protected computer. I also conducted all transcription and translation of these audio recordings myself due to their confidential nature. To represent the words of both survivors and advocates as closely as they were told to me, I chose to very minimally edit these transcriptions and translations, while still acknowledging the innately constructed, political nature of interviewing, transcription, translation, and representation (Briggs 1986; Bucholtz 2000). In this approval process, I obtained a Certificate of Confidentiality from the National Institutes of Health to protect me from compulsory legal demands to share identifying information—the same protection afforded to staff members at domestic violence centers. Additionally, drawing on my training in domestic violence work and social services, I kept my interview questions semi-structured and open-ended, since I wanted the conversation to be largely client-driven and I did not want to make clients feel obligated to disclose sensitive information. I sought to establish a space where clients only shared information that they felt comfortable talking about with me at that time so as to minimize the risk of re-traumatization. I also purposefully did not ask clients about illegal activities, such as border crossing, or about their legal status. In some ways, prioritizing safety and sensitivity in these ways limited the consistency of information that I obtained for each client, but I believe it opened doors for greater rapport and more depth of

information. This approach resulted in very lengthy and productive conversations with most clients that I interviewed, who seemed to feel quite comfortable retelling key aspects of their life histories and experiences with violence.

Chapter Outline

In Chapter 2, I interrogate the professionalization of the domestic violence field as it has transitioned from the grass roots efforts of survivors to the formal, federally funded system that exists today. I demonstrate this evolution through the history of the field and my observations of the IPVC and surrounding crisis centers, examining how these shifts manifest through current tensions in the everyday practice of domestic violence services. These tensions then serve as a backdrop for understanding the benefits and constraints under which Latinx clients found themselves when navigating this service model.

Chapter 3 situates these services within the life course of Latina clients at the IPVC. I start by tracing the life history of a particular client to introduce the typical layering of violence that occurs within the lives of Latina women in support groups. I then contextualize these hardships within life in Connecticut using additional insights from local service providers. Lastly, I discuss how advocates at the IPVC approached these clients' needs, resulting in tensions between professionalized yet "culturally competent" services.

Chapter 4 further interrogates this layering of violence, and how it specifically affects experiences of the body for Latina women at the IPVC. Drawing on ethnographic and theoretical insights on disability, embodiment, and aging, I highlight the physical, emotional, and spiritual changes that can result from these many violent experiences over time. I then use a "life course competency" perspective to illuminate gaps in current supports for Latina immigrant domestic violence survivors,

particularly as they begin to age and have less capacity for physical resilience and labor.

In Chapter 5, I explore the insights from the Latina women at the center who dealt with this layering of violence through a combination of crisis center services and evangelical Christianity. In so doing, I demonstrate how this spiritual perspective shaped the way they viewed their experiences with violence, the crisis center, and their spiritual inner lives, alongside giving them tools for better coping with their embodied experiences. In turn, I highlight how Latina clients shaped service spaces through this powerful ontology, demonstrating the porous border between religion and secular social services.

Chapter 6 further interrogates this porous border, and questions the relationship between domestic violence service providers and Christian communities. My findings reveal how local Catholic and evangelical leaders differed significantly across their perspectives and approaches to domestic violence and working with immigrant communities. Thus, I illuminate where there was potential for shared goals and future collaboration with the center.

In Chapter 7, I conclude with thoughts on the study's contributions to anthropology and social service practice, further directions for this research, as well as the rising political stakes for Latinx immigrants in the U.S.

In conclusion, through these various angles, my dissertation argues for a long-term, "life course competency" on violence, both as an intervention into anthropology and social service practice. By highlighting the layering of violent experiences that occurs across the lives of immigrant women from Latin America seeking assistance for domestic violence, I demonstrate how this life course perspective is necessary to understand the processes by which these forms of violence accumulate on the body.

Moreover, this lens unveils the evolving experiences of that violence as people age, and the limitations of a static view on violence and health. This perspective also allows for deeper contemplation of the evolving strategies people use to build resiliency against these effects, and how religious practices can be unexpectedly integrated into secular spaces. These insights offer useful tools for future studies of violence, healing, and religion in anthropology as well as insights for practitioners looking to provide “culturally competent” services to immigrant, disabled, and aging survivors of domestic violence.

Chapter 2

“Like watching a baby grow”: The Evolution of Domestic Violence Services in the United States

During my time as a domestic violence counselor and advocate, I learned firsthand that this work is uncomfortable business. When I first became certified in this field a decade ago, my experiences were far from poetic: sitting for stretches on hard wooden benches outside courtrooms, waiting for a survivor’s name to be called, or listening to women tell their stories in a small, freezing room in an annex to the social service building—what was once in fact a chapel, and still retained its stained-glass windows. Those windows were the only bit of charm in a building that was condemned for flooding damage and uncontrollable mold two years later. I would then go on to work in other social service programs and investigate domestic violence services abroad. The embodied discomforts of the work at that original center were a testament to the feminist, grass-roots domestic violence movement, run by women who were often survivors themselves, leading them to power through on virtually sacrifice, passion, and coffee alone, or what Kenneth Kolb terms “moral wages” (2014). Between linking their cell-phones to the hotline 24-hours a day and their weekend and late-night trips to police stations and emergency rooms, for those “front-line workers” (Wies and Haldane 2011), domestic violence advocacy was a passion and a lifestyle.

When I began working at a domestic violence crisis center in Connecticut several years later—the same center where this ethnographic research was conducted—this second organization had made great strides and fundraising efforts to professionalize. They were a fifty-person staff (see Figure 1) with a crisply painted office in a respectable downtown building, including attractive, colorful brochures and all exterior signage successfully branded with a discreet acronym. They allowed

no direct client contact for counseling interns, and most counselors had a master's level degree or more. This stark contrast from the original grass-roots center where I interned was proof of the changes in the field over the past several years. The agency became an active and influential player in the community, the field, and the state, lobbying and making remarkable gains on behalf of its survivors as a leader in new initiatives.

As evidenced by this comparison, over the course of this past decade, there have been some drastic changes in the domestic violence field. I have seen the transition of a movement that let me, as a nineteen-year-old undergraduate, counsel women and advocate on their behalf, to a movement with some institutions that will only hire master's level clinicians. These changes belong to a long line of professionalization efforts, leading domestic violence centers to shift from a peer-to-peer feminist model with survivors as the "experts" (Schneider 2000) towards a professionalized counselor-to-client model. Consequently, this professionalization has been the topic of much debate. From both an anthropological and practitioner standpoint, this professionalization came with both gains and losses. In this chapter, I discuss the service provision model used by the IPVC, and how it reflects these larger trends in the domestic violence field. In this discussion, I focus on the shifts in service that led to ongoing tensions at the agency between the original feminist approach and the newer professionalized model, which ultimately influenced the way the center approached its Latinx services. As such, anthropological theory and ethnography provide a helpful backdrop for considering the strengths and limitations associated with these shifts, and contextualize the difficulties and triumphs of the Latina clients subsequently explored in the following chapters.

The Gains and Losses of Professionalization

In the U.S., the domestic violence movement grew out of 1970s grass-roots efforts by survivors to provide emergency shelter for other survivors. Comprised of mostly women, survivors began forming informal support groups and peer-to-peer counseling efforts to help one another in times of need. On the tails of the rape crisis movement, fights for gender equality legislation—like the passing of Title IX in 1972—and second wave feminism, support and awareness for the domestic violence cause grew (Dobash and Dobash 1979; Bart and Moran 1993). The first U.S. domestic violence shelter was opened in New York City in 1976, followed by the first statute providing an order of protection for domestic violence in Pennsylvania in 1977, and the establishment of the National Coalition Against Domestic Violence in 1979 (Dobash and Dobash 1979). In Connecticut, the Connecticut Coalition Against Domestic Violence (CCADV)—the umbrella organization for services and advocacy at the state level—was established in 1978. Then in *Tracey Thurman et. al vs. City of Torrington* in 1984, Connecticut was home to what is widely acknowledged as the first successful case to sue a city police department for a discriminatory response to domestic violence (Buzawa and Buzawa 2003).

During these first few formative decades of the movement, there were three prevailing approaches to the study of domestic violence: the sociological family violence perspective, the feminist perspective, and the psychological individual perspective. The sociological family violence perspective placed the family at the center of study through “family system’s theory” which “holds that individuals within families are intricately connected to one another and that experiences in one part of the system affect all other parts of the system as well”(Murray 2006, 234). These theorists worked on the premise of “circular causality”: the idea that there are multiple

causes for effects in a family's dynamic that influence future causes and effects, impacting that entire family system (Murray 2006). The second approach was a psychological or individual perspective. By focusing on what they viewed as the pathology of perpetrators and victims, researchers from this perspective considered the risk factors that made people particularly vulnerable to abusive relationships (Buzawa and Buzawa 2003). They studied profiles of perpetrators and victims, as well as considered how traumatic and abusive histories contribute to domestic violence. From this point of view, domestic violence was the pathological non-norm, which feminists critiqued for being contradictory to the widespread prevalence of this issue. Alternatively, feminist scholars placed society as the center of study, focusing on how domestic violence is a gendered phenomenon. They considered domestic violence to be part of a larger historical and societal patriarchal power structure, with dynamics of power and control typically exerted by men over women at the forefront of their analysis (Bart and Moran 1993; Johnson and Ferraro 2000).

The survivor-led advocacy and support services movement was primarily driven by this feminist perspective. Advocates were trained to treat domestic violence as a systemized and pervasive form of gendered violence that needed to be combatted through recognition and dismantling of patriarchal institutions and world views. As this movement gained more momentum, in 1984 the U.S. first passed the Family Violence Prevention and Services Act (FVPSA) to begin providing funding for emergency women and children's shelters and services administered by the Family and Youth Services Bureau under the Department of Health and Human Services. Then in 1994, the U.S. passed the Violence Against Women Act (VAWA), expanding anti-violence legislation and funding for services through a new Office for Violence against Women.

With increased interest from both the government and private sectors, in order to attract and then hold on to their funding, domestic violence providers were then beholden to new and rigid expectations (Wies 2008). In this context, they became increasingly enveloped into a larger social services system, transforming into government funded institutions. This shift solidified an ongoing move away from grass-roots activism and volunteer work towards more formal, professional service centers. These professionalization efforts included requisite academic and work credentials for staff, changes in organizational structures, reporting and measurement requirements, and mandated funding allocations, among others (see Figure 1). While feminist activists founded the domestic violence movement to work towards gender equality, becoming more professionalized ultimately meant creating new hierarchies and boundaries between staff and survivors. Critics also cautioned that being beholden to government dollars and catering to larger non-profits—for example, being taken over by or being accountable through grant contracts to larger, more corporate-like non-profit organizations—meant having to adhere to guidelines that could conflict with the once-feminist agenda. They feared that being tied to the patriarchal power structures that activists once worked against would undermine their basic feminist foundation (Haldane 2011).

However, professionalization also gave domestic violence centers a platform, voice, and increased visibility in the political and social service spheres. Domestic violence workers saw themselves uniting these two realities: brokering between the expectations of funders and larger organizations and the necessary ground-level work. They also recognized the benefits of professionalization in their daily lives, such as access to health insurance, increased respect from other social service organizations,

regular schedules, and higher wages (Wies 2008). Additionally, professionalization allowed for these organizations to not only grow, but to simply survive.

Therefore while once domestic violence crisis centers were built on a foundation of survivors-turned-advocates, later, these professionalized institutions depended on the expertise of counselors, lawyers, and other types of trained advocates and social service workers. This approach created a stronger class-and-education based hierarchy between staff and survivors, leading both scholars and practitioners alike to question where there was space left for survivors to assert their own first-hand knowledge about the orientation of these programs (Davis 2006). These scholars and advocates expressed fears for the limitations of this new “institutional culture” (Desjarlais 1997; Carr 2009). At the same time, they recognized how such a shift also meant the power of money and visibility, more resources and higher salaries, growth in programs to assist more survivors, and the ability to lobby for systemic change.

Serving the “Underserved”

Part of the expansion of this field also meant recognizing the limitations of the original feminist perspective. Much like the second wave feminist movement, the domestic violence movement was critiqued for failing to look beyond a white woman’s point of view (Davis 2006). Feminists of color introduced an intersectional outlook to the field, and advocates began to consider how they might better represent and accommodate many different types of survivors, including people from the LGBTQ community, men, and survivors from ethnically and racially diverse backgrounds. For example, the mainstream domestic violence community was confronted with the reality that, given the historical layers of discrimination between authorities and the black community, black women were less likely to reach out to the police and required a different type of safety-planning (Crenshaw 1991).

Eventually, such shifts towards “cultural competency” became expected of domestic violence providers, whether they were equipped to meet these expectations or not. When the FVPSA was renewed in 2010, it emphasized reaching out to “underserved” communities. Yet this concept of “outreach” to the “underserved” remained somewhat nebulous. Who should these agencies be reaching out to, and how? Would these populations be served with an appropriate quality of care by the existing professionalized model? Scholars from many fields—anthropologists to social workers, sociologists to economists—have attempted to answer these questions. Researchers have demonstrated how immigrants face especially daunting challenges in the U.S. when experiencing domestic violence. With respect to research on immigrant survivors from Latin America in particular, this scholarship highlights how these survivors encounter significant obstacles that domestic violence centers must equip themselves to address, such as the fear of deportation, social and linguistic isolation, and economic immobility (Salcido and Adelman 2004; Rizo and Macy 2011; Sabina et al. 2012; Trinch 2003; Menjívar and Salcido 2002; Reina et al. 2014; Erez et al. 2008).

My conversations with Latina immigrants at the IPVC were consistent with this scholarship around the many reasons that women from Central and South America emigrate to the U.S. Their reasons included economic conditions alongside desires to escape various forms of gender-based, familial, local, and government-perpetuated violence. For example, in the case of Guatemala—where a significant portion of IPVC clients were from—decades of civil war resulting in a Mayan genocide continued until as recently as 1996 (Nelson 2009). Throughout the 20th century, countries in Central and South America were devastated by dictatorships (often U.S.-supported), leading to political and economic insecurity (Parson 2013).

This instability was then at times exacerbated by trade policies and international austerity measures. Moreover, the U.S. has a long history of encouraging low-wage migrant labor, while systematically eliminating paths to legal residency. For example, facing a wartime worker shortage, the 1942 “Bracero Program” gave temporary work visas to Mexican migrants, who were then often encouraged—even required—to stay past their visas by employers and then later deported en masse (Salcido and Adelman 2004). By 1965, the U.S. began shifting immigration policy to a “colorblind” quota-based system for individual countries in a thinly veiled continuation of racial and ethnic discrimination (Villalón 2010).

Meanwhile, the residency status for a non-migrant worker spouse was entirely based on marriage. Such policies were premised on the English common-law doctrine of “coverture,” where women were only recognized by the state through their husbands (Villalón 2010). Since most 20th century agricultural migrant programs were aimed at men, this led to gendered contingencies where wives of these workers depended on their husbands for residency, with few avenues for residency without the cooperation of these spouses. Yet even with the first authorization of VAWA in 1994, coverture continued to structure this legislation. Under this original act, a battered spouse could only self-petition for residency if the following conditions were met: they were married to a U.S. citizen or permanent resident, the marriage was made in “good faith” (requiring proof of a shared life together), if they lived with their spouse for at least three years, if they were a victim of physical battery or “extreme cruelty” (which could include sexual, psychological, and emotional abuse) while living in the U.S., if they would suffer “extreme hardship” if deported, and if they were of “good moral character” (meaning they had no criminal background) (Salcido and Adelman 2004; Abraham 2000; Villalón 2010). Proving any one of these provisions was

extremely difficult for immigrants with unstable housing situations, few economic resources, a lack of language and literacy skills, or a reluctance to work with authorities, just to name a few of the prohibitively high barriers.

In light of this history, “Magdalena,” a Latina IPV advocate in the legal department, confirmed that earlier feminist critiques of the justice system were still a significant concern. The way certain survivors were discriminated against based on ethnicity, race, or immigration status added further barriers to safety and acquiring “proof” for the residency application process. As she described, “some are believed more than others” and “police bias their reports too,” setting expectations for how “if you’re a victim you have to respond a certain way—tears, crying—but some will fight back, be more verbally upset.” These visions of victimhood create biases that can only be overcome with “a lot of training” for local authorities, although “training can only go so far—you have to really convince them, they have to really understand domestic violence. Once a year certification is not enough; it is going against their own beliefs—countering that needs more than one.” Such expectations of “victimhood” are consistent with other anthropological insights into the moral discrimination of the state when it comes to humanitarian aid (Merry 2006; Ticktin 2011; Parson 2013). Thanks to domestic violence advocacy efforts, the reauthorization of VAWA in 2000 then sought to eliminate some of these barriers. New provisions included no longer having to supply proof of “extreme hardship,” discretionary waivers for proving “good moral character” when there was a conviction of abuse, and exempting survivors from being rejected for legal permanent residency based on past use of public benefits (Salcido and Adelman 2004).

It was not until 2000 that undocumented immigrant survivors of domestic violence by non-legal residents could apply for residency through a “U visa” under

the Victims of Trafficking and Violence Protection Act (VTVPA). A U visa provides temporary legal status for up to four years, deferral of deportation procedures, and authorization to work for up to one year with the option to renew this permit twice. After three years of “continuous and lawful presence” in the U.S., the survivor can then apply for permanent residency (Villalón 2010). VTVPA legislation is premised on rewarding victims for helping authorities successfully prosecute crimes. Thus, domestic violence survivors petitioning for residency under VTVPA are also required to “collaborate in the investigation of the crime committed against them” (Villalón 2010, 52) and must be willing to prosecute their abusive partner, likely ending in deportation. However, given how many immigrant abusers threaten to harm the survivor’s family if deported, this option can add layers of potential violence. According to the National Latin@ Network, with the most recent reauthorization of VAWA in 2013, there were some improvements to policy—including expanding protections to LGBTQ communities—yet significant cuts in funding.

Although this legislation was an improvement on earlier immigration policies, there are many ways in which harmfully neoliberal, racist, and classist ideologies still underlie these procedures. Once a VAWA self-petition is approved, a survivor is granted deferred action on deportation, is allowed to apply for employment authorization with yearly renewal, and needs to wait for their legal permanent residency application to be processed and approved (Villalón 2010). While survivors petitioning under VAWA gain legal permanent status as soon as their application is approved, under VTVPA, the waiting period is based on the backlog of residency petitions for their country of origin. For VTVPA, a survivor’s eligibility is also based on showing proof of abuse, lawfulness, helpfulness to authorities, and their ability to be “resourceful”—in other words, not dependent on state services (Villalón 2010).

For a non-citizen but legal resident abuser, if they lose residency and are deported due to domestic violence, the spouse must file a VAWA self-petition within two years; meanwhile, if the abuser is deported for other reasons before the VAWA petition is approved, survivors lose the chance for permanent residency completely. There is also a systemic prioritization of labor over legal status—women can get their work permits in a matter of months, versus the years it can take for a change in legal status (Villalón 2010). Even with these avenues to legal residency, the fees and costs associated with these procedures—factoring in the help of crisis center advocates and low or no-fee legal services—can be thousands of dollars, including birth, marriage, divorce, and other certificates, passport photos, criminal background checks, medical evaluations, health tests, and vaccines (Villalón 2010).

In light of the hardships of these immigrant communities and the complexities of these pieces of legislation, domestic violence centers in areas with significant numbers of Latin American immigrants began running culturally targeted programs to work more closely with their Latinx communities—the largest and one of the fastest growing ethnic groups in the U.S.¹⁰ Research has also demonstrated that Latina women are less likely than White women to seek formal help and report abuse despite indicating a desire for more information and service accessibility (Postmus et al. 2014; Reina et al. 2014; Ingram 2007), making this outreach component especially vital. Yet earlier questions about the survivor voice in shaping these programs—and the appropriateness of the existing professionalized model for all types of survivors—are still in need of greater examination.

¹⁰ According to the Pew Research Center (2017), as of 2016 the Latinx population was the second largest ethnic group after White Americans, accounting for 18% of the U.S. population and for half the national population growth since 2000. They are the second fastest growing ethnic or racial group, only outstripped by the Asian community.

Professionalization and the IPVC

Services at the IPVC reflected these professionalization trends in a variety of ways. By 2015 the center had shifted over the last three decades from two separate, grassroots agencies to one center with an educated fifty-person staff, a hierarchical staff and leadership structure, an elite Board of Directors, and a rigorous strategic plan. The center was also highly involved in state and national policy debates and invested in serving their Latinx immigrant clients. They regularly partnered with larger research institutes, were active at conferences, and led lobbying efforts. They were also under a centralized state coalition that held each member agency to a set of standards.

When you walk into the IPVC's main office—one of four service sites in total—you first enter into a tall, nondescript downtown building in the heart of one of the cities in the IPVC's catchment area. Already, you get the sense that the IPVC is a professional outfit, nestled among lawyer's offices, accountants, a home healthcare agency, and other local businesses. For safety, you must be buzzed in, where you are then greeted by an administrative assistant ready to direct you to the correct department. Along with a seating area for clients, you will find a playroom with toys and a television—a fishbowl-like room with glass on two sides for visibility to busy parents and staff. Within the waiting area, there is a rack of colorful, carefully branded brochures explaining the different programs and services available at the center. Around ten singular or shared offices of varying sizes line the space, each with windows boasting birds-eye views of the street below. This row of offices is bisected by the front desk and waiting area, a conference room, a kitchen, and an open-air section called the "Idea Zone," used for staff parties, meetings, and miscellaneous events. The white walls of the office are punctuated by photographs portraying happy

parents and children along with the occasional motivational sign, reading words like “Inspire” or “Create.” At times, these aspirational adornments and the crisp, professional air stand in stark contrast to momentary glimpses of tears, anger, and despair, otherwise tucked away behind closed office doors.

Yet the IPVC was not always such a professional, prudently run organization. I was given a brief history of the center by “Sandra,” a program director who began as a volunteer in the mid-1990s, eventually retiring in 2015 after becoming the most senior staff member. According to Sandra, from 1979 until about 1998 there were two domestic violence agencies in the area, standing nine miles apart. They were both receiving many of the same funding streams, yet run by separate directors and staff and serving different catchment areas. When one of the organizations found itself without an executive director, they entered into a crisis—funds began dropping as they lost significant contracts with larger non-profit organizations. At the time Sandra stepped in as an interim director and helped this failing agency merge with the other center nearby, which took about two years. Thus, they gained new territory and financial stability. In 2000, the agency became the crisis center as it stood in 2015, yet with a less centralized leadership structure split between two main offices. When the executive director passed away, there were again shifts in leadership—at which point Sandra stepped in as an interim director for a second time—until “Regina,” still the executive director in 2015 and 2016, was hired in 2007. Regina was instrumental in installing an almost entirely new staff that met a higher standard for education and training, a new organizational structure, and a new vision for the agency, thus moving further away from the older model. By the 2013-2014 fiscal year, their annual budget had reached approximately two and a half million dollars.

Reflecting on this history, Sandra noted that, “The agency has certainly landed on its feet, without a doubt. I think it’s the best place it’s ever been as far as stability, staff, programs. Without a doubt. It’s like watching a baby grow, all of a sudden they fall and they pick themselves up and they start talking, they become a real human being.” She watched the agency grow from this “baby” to a “real human being,” marked by increased funding, staffing, stability, and program development. She described this growth as having a “cyclical effect”: with more money came more expansive services, with expanded services came greater awareness, and with greater awareness came more money. From Sandra’s historical vantage point, one of their most notable achievements had been the way the center had created positive changes for survivors through local systems such as with the courts, police, the Department of Children and Families (DCF), the homeless system, the public schools, and even certain healthcare providers. With these collaborations, they were trying to treat domestic violence “more holistically.” As Sandra explained, “you have to treat it as a social, law enforcement, court, medical, substance abuse, mental health, and homeless issue... How do you help someone who has many of those issues?” Moreover, you have to “work with your systems to take care of that person in a holistic manner... It all goes together, you can’t take one without the other. It used to be just domestic violence.” Sandra was careful to mention, however, that some of these systems were more rigid than others, and required long-term efforts to form collaborative relationships. Furthermore, because a lot of these changes hinged on personal relationships between individual workers, often times these advances were lost with frequent staff turnover across the social services field.

Not only was this center embedded in these local law enforcement and social service systems, but it was also part of the CCADV, the larger consortium of domestic

violence agencies in the state. This state system also reflected national trends, in addition to having its own particularities. By 2016 the CCADV had been led by Karen Jarmoc¹¹ for five years. As the President and Chief Executive Officer (CEO), her very title was indicative of the professionalization of this field. Previously, she had served in the state House of Representatives, and had run one of the domestic violence programs in a different part of the state. According to Karen, she oversaw all the state-wide domestic violence agencies, making sure projects reflected best practices and delivered strong outcomes. She was also responsible for the financial “bottom line” and served as the public face of the organization.

There were eighteen different domestic violence centers that made up the membership of the CCADV, each covering a certain catchment area (the IPVC covered two of those areas). Each center had a contract with the CCADV through which they received federal and state funding streams and had to comply with CCADV standards. In turn, the CCADV managed that money, set and monitored those standards, and provided training and technical assistance. The CCADV also managed several federal grants to develop particular programs. States often compete for these federal grants and must work hard to keep them—for example, Connecticut was one of only three states in the nation doing statewide policy work and advising around law enforcement training to track data and identify gaps and strengths with respect to domestic violence. The CCADV was responsible for communication and policy work at the state and federal levels and oversaw accessibility and diversity, including improving how the state served different communities of survivors. For certain funding streams, the CCADV could allocate money at their discretion, while

¹¹ As a conspicuous public figure, Karen Jarmoc is the only person whose real name is used in this research.

other streams had mandatory requirements. In 2016 the CCADV budget was fifteen million dollars.

According to Karen, the biggest challenge the CCADV faced was a lack of resources. While expectations for domestic violence centers had increased, resources were diminishing. The CCADV was left with these difficult conversations: when certain funding streams dried up, they found that they simply “can’t do everything with nothing.” At a meeting in Chicago with the Office for Violence Against Women, for example, Karen discussed with other advocates how to serve underserved populations in culturally sensitive ways when they had no funding to allocate towards this goal. The CCADV had been faced with a reduction in funding for the 2016 fiscal year, and were managing that negative impact. One strategy they used was working closely with other Connecticut-based, culturally focused family services organizations. In so doing, they could strengthen what these culturally-targeted groups were accomplishing and treat them as “associates,” looking beyond their own members for partnership and collaboration. This approach had been mutually beneficial for training, technical assistance, and gaining a better understanding of how to serve these communities. In 2016 the CCADV had also recently increased the number of standards for member agencies, although Karen recognized how everyone was trying to live up to these standards with stagnant and decreasing resources too.

Karen and I also discussed how as a small state, Connecticut faced particular challenges and advantages. For example, oversight for victim services was much more manageable than in states like Texas or California. The CCADV had the unique ability to convene every other month with the executive directors of each member agency, making for greater collaboration. Each agency was held to contractual standards that made for a “strong and comprehensive opportunity to service victims,”

as opposed to states that have many additional non-profits doing different types of domestic violence-related work that don't fall under the umbrella state organization. Connecticut also tended to be a politically progressive state with greater alignment between their domestic violence coalition and the governor. On the other hand, domestic violence clients in Connecticut faced significant challenges because it was also a more expensive state in which to live, creating a housing crisis. Connecticut survivors stayed longer in shelters and were less able to find the resources required for housing and a decent standard of living, making it difficult for them to move forward with their lives and putting additional strain on already stretched providers.

Karen further explained how although the domestic violence agencies under the CCADV differed in some ways, they followed the same general model. For example, one member agency was housed within a behavioral healthcare center, which gave their clients greater access to mental health clinicians. There were also differences between center abilities to obtain outside resources and funding. In another city, their domestic violence center had recently become a Family Justice Center, allowing them to address having the highest rate of homicide in the state. "To be frank," Karen added, there was "some competition" between centers and some were "more challenging to deal with than others." However, she assured me that all the agencies were "doing an effective job, meeting standards, fiscally responsible," and that the CCADV celebrated their "unique capacities."

Professionalizing a Center

In 2015 the IPVC was made up of approximately fifty staff members spread over ten related, and often times overlapping programs, serving upwards of 3,000 survivors each year (see Figure 1). These programs included court and legal services, counseling, shelters, advocacy for housing and economic education, children's

services, medical advocacy, hotline services, prevention education, and community education. Generally, the mission of the agency was to help clients in violent intimate partner relationships, although because of their contracts in the court system, legal advocates also helped with court cases between other family members and cohabitants. Many clients were referred to the agency through the legal system or by the police. With the exception of referrals from the Department of Children and Families, clients sought services completely of their own volition, and could discontinue at any point.

Typically at any given time there were four legal advocates, with two housed in each of the catchment area's courthouses. These advocates helped clients obtain restraining orders after a violent crime was reported and assisted with these ongoing criminal cases. Depending on funding, over the years the IPVC would occasionally employ a fifth advocate to help with civil protection orders and other civil matters, such as child custody. These advocates also served as liaisons to the police and advocated more broadly on behalf of the cause at the systemic and policy levels. Generally, they had some sort of law background—often a law or paralegal degree—but were not admitted to the bar in the state of Connecticut or practicing lawyers. Once a month, they also held a legal clinic with volunteer lawyers who were practicing and could provide free legal advice.

Most clients were encouraged to have at least an initial meeting with the counseling department, and additional counseling was offered on an as-needed basis. Clients were generally transitioned from a few initial weeks of individual counseling to support groups, since there were typically no more than two or three counselors on staff at a time. There was no limit on the number of counseling sessions per client, however, nor was there an official time limit on how long a client could stay in a

support group. The agency had not been able to sustain English speaking support groups, and by 2016 had transitioned to instead having five Spanish speaking support groups—four for women, and one for men. Clients could also receive basic counseling and safety planning via the 24-hour hotline and through the shelter staff. The agency had also created an online “hotline” where people could write inquiries and expect an expedient response.

There were two shelters where clients and children could stay for up to sixty days. There, they would live communally and receive advocacy and support services from the 24-hour staff. The agency would also provide fun and educational programming for children during adult support groups and some limited individual child counseling, depending on the current staffing. With respect to education, the center provided programming throughout local schools. They also offered adult education workshops and trainings for other service providers and people in the community. In Connecticut, all people who worked or volunteered directly with survivors of domestic violence had to complete a comprehensive certification training. Counselors, shelter staff, educators and trainers generally had strong social work backgrounds—often an undergraduate or even master’s degree in a related social services field and several years of work experience—but were typically not licensed mental health professionals or licensed social workers. The staff also included a finance administrator, a director of development and volunteering, a volunteer coordinator, a part-time technology specialist, a part-time media advocate, and several other part-time administrators for tasks like grant reporting.

As of 2015 the three newest programs were medical advocacy, housing and economic advocacy, and Latinx services. Through the medical advocacy program, since 2010 the agency had tried to increase training and systems response for best

practices when addressing domestic violence across all healthcare platforms, from mental health facilities to nursing programs to local hospitals. By 2016, however, when Sandra retired—the founder and director of this program—it was largely discontinued. The fastest growing program then became the housing and economic advocacy department, which dealt with more long-term financial and consumer advocacy alongside housing concerns. Advocates in this department would assist clients with a wide variety of tasks, from financial planning, to reducing cell phone bills, to systems work with local low-income housing facilities.

The Latinx program then cut across all these departments. Spanish speaking Latinx staff were housed within almost every department, with certain approaches particularly tailored to these clients. The IPVC had offered translation services and employed Latinx and Spanish-speaking staff since the early 2000s, but by 2012 they built these services into a specific Latinx platform entirely in Spanish. These services included 24-hour phone and web-based hotlines, safety planning, a website, individual and group counseling, legal advocacy, civil legal clinics, emergency safe housing, housing and economic advocacy, and education workshops such as computer skills and English conversation skills. In 2016, they secured additional federal funding for these programs. Later developments included additional staff and programming around financial and consumer education, a civil attorney, and other systems advocacy efforts.

To understand this general portrait of the IPVC and its service model requires a look into Regina's tenure at the organization and the changes she had made as the executive director. Regina started in this role at the end of 2007. Previously, she had worked as the director of a domestic violence center in Pennsylvania, an experience which she frequently compared with her time in Connecticut. According to Regina,

she tried to recreate many of the programs she had helped grow in Pennsylvania—in the 1990s and into the early 2000s, she felt that the Pennsylvania state coalition provided strong technical assistance that was extremely instrumental in ensuring the vitality of those programs and making them ahead of their time. Conversely, she found that Connecticut left “a lot of money on the table in Washington,” and didn’t “know how to compete for it.” Under her leadership, the agency worked to cultivate professional partners, engage with the community, and secure federal grants without having to go through the CCADV. Thus, they were able to stay “a couple of steps ahead.” As Regina summarized, they did what they needed “to remain competitive, become competitive.” During her first few years, the agency increased their service capacity from about 1,200 clients to a high of 3,600, continuing to serve upwards of 3,000 people each year.

In order to “remain competitive,” Regina explained that she took the best practices that she saw occurring in Pennsylvania and in the country and brought them to this center. She described the differences between the Pennsylvania and Connecticut agencies as “glaring,” with “staff members so ill-equipped... clients were invisible.” For example, when the IPVC first received funds for a victim advocate, they passed this position to one of the local police departments. When Regina came in, she took this position back in-house. She acknowledged that the beginning of her time at the agency was marked by significant change and transition, during which 60-70% of the staff left or were let go. Regina hired her own team, developed existing departments, and created new programs. A significant facet of this process involved finding funding. The center had no donor database, and “did not understand the ability to capitalize and leverage federal support and state support grants.” Under Regina’s guidance, the center “got in line, elbows out.” As a result, Regina admitted that they

had “not won any popularity contests.” Even though she wanted to work collaboratively and non-competitively to serve clients, “identifying and gaining funding is a competitive process by definition.” That being said, as Sandra also discussed, they brought numerous partners along with them on these grants.

According to Regina, another key strategy in becoming “competitive” had been to consult with “the best thinkers in country.” Program directors regularly consulted with such “experts” in all aspects of this work, who in turn provided information and program modeling. Regina was adamant about using a rigorous, data-driven standard for program development, and found that this created a strong foundation for such partnerships. As Regina described, “they understand we are using science to improve to some extent the quality of life we serve.” However, not all aspects of this work were so easily quantifiable—as she remarked, “if we could have bought software to study trauma, I’m there.” In terms of these partnerships, staff cultivated individual relationships between professionals rather than institutions, thus “carving out relationships with decision makers.” In terms of her own job, Regina saw her work as knowing “where the best info is, and when to pivot. Uniquely, the [IPVC] is way ahead of the curve... I’m not saying that it means we are closer to anything,” she qualified, but they are “accessing resources most folks are not equipped to access” including information, skill sets, and capacity.

Regina agreed that one of the unique advantages of working in a small state like Connecticut was the ease of systems coordination. For example, the center brought in a trainer from Tennessee to help them work on their high rates of domestic violence dual arrests.¹² They then collaborated with the local police to look closely at

¹² “Dual arrests” are cases where a domestic violence call is made to the police, and rather than identifying a primary aggressor, both parties are arrested and the domestic violence survivor is left with a criminal record.

their data, study their dual arrest cases, and increase officer training. This collaboration culminated in a home visitation program where the arresting officer would follow up at the home, and the center's liaison would give feedback. In one city, dual arrest rates went from an astonishing 39% down to single digits, results which the center then duplicated in another city in their catchment area. In this manner, as Regina explained, the agency "pays attention to numbers," and utilized "these partnerships and allies that are studying data." This attention to "expertise" also translated to the agency's hiring process. Regina recognized that by hiring young and talented individuals, it was unlikely that such staff members would stay beyond two years. Unless someone had finished with their education and career goals and intended to settle into the community, there was little stability in this work. Nevertheless, Regina felt that by hiring dynamic, educated individuals at the beginning of their career, the agency got "a lot of yield in those two years." Additionally, because they were located in a wealthy area, their board consisted of many high-profile business executives and they capitalized on local monetary support from individual donors, larger non-profits, and philanthropic organizations.

Yet as Regina indicated, being "ahead of the curve" and aggressively competing for funding also meant straining relationships with certain other providers. The center had been critical of the CCADV, which Regina believed could learn from the IPVC's initiatives. Regina felt that the CCADV didn't want the center competing with them for grants, and therefore did not adequately consult with them to recreate programs across the state. This perceived competition between the agency and their umbrella organization left tensions that hindered their working relationship. In some ways, these tensions could be linked to what Regina identified as the key flaw in the domestic violence movement: there was no national standard for domestic violence

providers. Because of its grass-roots history, aside from its funding streams, domestic violence service provision remained largely decentralized. Consequently, Regina was “adamant about materials” to develop their own standards for services—in other words, maintaining manuals and protocols for each department. For these reasons, Regina described how:

I think a fundamental flaw of the movement is that it doesn't have a singular body that defines it and moves it in the country... it is very decentralized. What's probably not good about it is that people are attempting to interpret... they are reactive not proactive... If this is the number one health issue facing women in this country...why not more organized, strong national leadership?

Regina's critique is important for thinking about service provision. A lack of meaningful leadership and fractured, prolonged debates about best practices has led to little consensus in this field about how to serve survivors of domestic violence. In some ways, this fragmentation allows for flexibility—providers like the IPVC can cater their services to a particular demographic. On the other hand, it may mean some providers are providing far less adequate services than others.

At the same time, her critique is also important from an anthropological standpoint with respect to my interrogation of the center's model. Studies of immigration, domestic violence, and the legal system are well-represented in the ethnographic literature on domestic violence in the U.S.—a logical outcome, given how this aspect is the most regulated and structured facet of the field. Conversely, counseling and other types of domestic violence services are highly variable, yet relate directly to many themes emerging from medical and psychological anthropology. Therefore, to be able to make these system-wide connections and discuss how they inform these anthropological debates, rather than just contemplate the IPVC as a singular agency, here I identify key trends and highlight the ways that the IPVC has embodied this evolution of the field. Although these service sites may

be significantly variable, establishing the IPVC as a good representation of these trends allows for a broader contextualization of the experiences among their Latina immigrant clients to inform anthropological understandings of “cultural competency.” Thus, I emphasize how in response to this evolving field, through new hiring practices, consultations with “experts,” data-driven program development, and aggressive competition for funding, the IPVC increased its capacity and prominence as a service provider. In the last four to five years, they had in fact sheltered 23% of all survivors in the state, and reinvented their profile to become a highly professionalized institution.

A Neoliberal Outlook

The way that IPVC advocates brokered between survivors and broader service and legal systems required a deep understanding of the complex structural roots of human suffering. However, the IPVC also held clients to specific and clear expectations that did not always reflect this depth and tended to individualize client successes and failures.¹³ Anthropological literature on development work and humanitarianism has critiqued the idea of relying on “experts” as the arbiters of who is a deserving “victim” and how those people ought to act (Merry 2006; Hodgson 2010; Ticktin 2011). In her ethnography *Traumatic States*, Nia Parson recounts how for domestic violence survivors in post-dictatorship Chile, “programs for domestic

¹³ This critique parallels earlier rejections of professionalization attempts, such as the controversy around Lenore Walker’s “battered women’s syndrome”(1979). Walker coined this term to explain the psychological effects of domestic violence to professionals outside the domestic violence field. Her concept was particularly useful to justify and explain behaviors well known to domestic violence activists but at times confusing to others, such as the tendency to return to one’s abuser many times before making a long-term decision to leave. However, Walker’s term was critiqued by feminist thinkers for pathologizing domestic violence. While acknowledging such patterns in behavior was in many ways strategic, it also set limiting parameters for how a survivor “should” act and drew attention away from the original feminist focus on the structural and ideological roots of domestic violence (Schneider 2000).

violence... while helpful, sometimes also inadvertently entrench what some scholars have identified as the neoliberal ideals of self-efficacy and individual responsibility”(2013, 104). While in South American countries like Chile and in many other places around the world, domestic violence service systems developed out of international human rights advocacy (Johnson 2002; Stephen 1997; Parson 2013)—which as Parson articulates, can be problematically neoliberal in their own right—these collective rights claims were fundamentally different from the history of feminist domestic violence activism in the U.S. Building on “women’s rights as human rights” advocacy (Bunch 1990; Merry 2006), such international efforts towards securing legal and social protections were tied to a larger, more established, and collective rights movement. For example, in Uruguay’s post-dictatorship recovery at the turn of the century, women’s rights activists rallied around international human rights claims and successfully integrated domestic violence protections within national efforts for renewed democracy (Bloom 2018), reflected in the slogan “democracy in the country and in the home” (Johnson 2002, 104).

Meanwhile in the U.S., the fractured quality of state-by-state law and the deeply individualistic nature of the relationship between citizen and state structures most social, medical, and legal systems, and domestic violence services are no exception. Many domestic violence agencies like the IPVC are still licensed as “non-therapeutic” service providers and are required to consciously distance themselves from a clinical model. Nevertheless, they still function within a broader culture and social services system where responsibility for health and well-being are imagined to be matters of individual responsibility. At non-clinical domestic violence providers, they therefore rely on “psychoeducation”: in the case of the IPVC, the idea that once women are given space to talk about their experiences and are taught about their

personal rights, how to improve their overall wellbeing, and how to have a healthy relationship, they will be able to move on with their lives in a productive, stable way. Therefore, tied to this model is a particular emphasis on a client's personal development. As Regina described, the agency did not want clients to become overly dependent on the institution:

I'm very mindful that it is not in the best interest of a client or the [IPVC] for a victim service provider to become a part of your dependency model. I think at times ... people have leaned on us that way, I think that's why we have such broad based collaborations and partnerships. It is important to de-institutionalize the experience for private individuals. I don't know if it is healthy to lean on any institution... I do think where the movement has gotten in the last fifteen years, ones I've been affiliated with, you used to spend all your energy in the now, the present, not just VAWA. Pennsylvania was more longitudinal in its thinking and infrastructure for overall mind, body, spirit, overall well-being.

As Regina's words articulate, on the one hand, the center wanted to see clients succeed in the long-term, acknowledging how domestic violence cannot be resolved by spending "all your energy in the now." Yet at the same time, the agency felt a responsibility towards not letting clients become "dependent" on the IPVC. Client cases were eventually "closed," which was determined by a program director. Cases were closed for a variety of reasons: for instance, the person had left the violent relationship and reached a level of stability deemed acceptable by the agency, or the person was considered "inappropriate" for care. This final category included people who were "non-compliant" with the agency's rules, or even clients with clinical mental health issues outside the scope of the agency's mandate. At the same time, they encouraged women to leave their crisis shelters as early as possible, with an average stay of forty-five days—clients were not allowed to stay past sixty days—versus the other Connecticut agencies with average stays of sixty-plus days.

In fact, the center was considering getting rid of the shelters altogether. Regina and I discussed how they were contemplating a model where the agency would house

survivors for the first eight hours, during which time they would “triage” each case by conducting concentrated financial screenings, securing a restraining order, and providing crisis services. They would then establish a plan for that client’s first thirty days, and would use the annual \$350,000 they spent on each of the two shelters to support clients during this window. Regina believed this model would better allow “folks to get on with their lives,” and stabilize their situation for “safer, more secure and more sustained outcomes.” Regina also recognized how many clients were “going to grow poor” into old age and how the “vast majority of women we serve march right into poverty.” As she explained, when you add violence to even a middle-class family, a woman is very likely to end up falling in socioeconomic status. Thus, the agency was emphasizing better consumer and financial education as the key elements for stabilizing futures, and believed that intense interventions in those first days would resolve many of the long-term ramifications of abuse.

While centers like the IPVC provide crucial support for clients to leave their violent relationships, as Parson articulates above, the scope of that support is also limited by the pull of a neoliberal ideology that crystalized with the professionalization of the field. The original crisis orientation of these services could be neatly adapted into that neoliberal mode: a crisis center can help someone emerge from the particular crisis of their violent relationship, but then it is up to them to move forward with their life—what Parson refers to as a “pragmatic” rather than a comprehensive ethic of care (2013). At the IPVC, this tension was clear. They recognized the need for considering the long-term ramifications of abuse and were developing programs to address these problems, such as helping clients resolve financial issues. Yet at the same time, the agency believed its goals could be accomplished through a triage model that would concentrate on the first thirty days of

a client's life after making contact with the agency—a model which does not reflect the complicated, non-linear process of recovery for many survivors, the various other complicating factors they may come across in that process, nor the different ages and life stages at which people sought out these services. Ultimately, this approach did not match up with the way Latina clients saw or used these services.

Unresolved Tensions

Inherent in the agency's model and intentions were the pushes and pulls of an evolving field, and the unresolved tensions between professionalization, neoliberalism, and feminism. On the one hand, the agency still maintained the original feminist orientation towards breaking down the structures and ideologies that perpetuate discrimination and domestic violence. On the other, they depended on "experts" as a means to structure these services, rather than survivors. Additionally, like in Parson's analysis the center had problematically "inadvertently entrenched" itself in the neoliberal ideals of independence and personal responsibility as a solution for hardship. The IPV's framework centered around financial, legal, and advocacy-based interventions, and the more immediate the better. Thus, the agency approached domestic violence as a phenomenon with a definite start and end that could be resolved through very specific, short-term means.

When Regina came into her position, she encouraged an entire staff turnover that resulted in the loss of many of the original, long-time feminist activists. From her perspective, Regina did not find this feminist orientation particularly useful for her chosen model. As she described, "I'm not a person who talks about male privilege. I don't see gender roles that way." Yet feminist-oriented activists—those of the earlier movement and of today—still question this decontextualization of domestic violence from the original movement and its desire to address larger power dynamics. For

example, during my follow-up research at the IPVC in the summer of 2017, I observed a training by Magdalena, who had been promoted from an advocate to the coordinator of the legal services team. Magdalena had a background in Women's Studies, and emphasized this feminist perspective in her training. As the daughter of Latinx immigrants herself, she started with a quote from Audre Lorde to explain terms such as "intersectionality" and "White privilege," and asked the staff to reflect on their own positionality and the power, privileges, and limitations it may afford them. She contextualized these findings within client experiences, and how their positionality in the world may lead to multiple forms of oppression that are difficult to overcome. Magdalena identified the agency as a "gate keeper" to many services, and thus emphasized the power each staff person held with respect to their clients. By basing her training in understandings of power and privilege, her presentation was reminiscent of earlier feminist goals for the movement. She demonstrated how within the agency itself, multiple—at times even competing—perspectives were at play.

These tensions could once again be seen through the increased focus on numbers. The center's emphasis on quantification, while strategic, also limited the scope of how the center was assessing its work. At the same training discussed above, two administrators illustrated the complex ways they accounted for each staff person's time for funding reports, and the stakes for making sure each person fully and accurately reported every activity they conducted for a client during their working hours. This quantification of domestic violence work had become a necessity, as Regina earlier described, to "remain competitive" and retain as many funds as possible. On the other hand, as Regina herself acknowledged, many of the crucial parts of domestic violence work cannot be quantified or documented in this way.

Anthropology has also questioned the reduction of complex social service work into quantifiable “outcomes.” As Sally Engle Merry describes (2011), civil society organizations now function within an “indicator culture” that relies on measurements to make inequalities not only visible but valid and considerable. As Antonio Bullon, Mary-Jo Delvecchio Good, and Elizabeth Carpenter-Song explain, for mental health centers, clients live parallel lives: a “paper life” and a “real life,” leading to the “fragmentation of clinical work, at times compromising the meaningful care of patients” (2011, 201) in ways that especially affect minority and low-income patient care.

This critique of labeling, documenting, and ultimately quantifying domestic violence—which the agency had tried through complex algorithms and data collection systems—is reflected in the broader history of the concept of “trauma.” The psychoanalytic recognition of trauma as a “wound” not just on the body, but on the mind (Freud 1920; Freud 1917; Janet 1920; Ferenczi 1919) was influential for psychiatry, where trauma was connected to the Holocaust, Vietnam war, and eventually humanitarianism, signaling to anthropology how trauma is a historically and culturally contingent category (Young 1995). Research suggests that defining and addressing trauma through clinical categories such as Post-Traumatic Stress Disorder (PTSD), while providing a useful diagnostic nosology, is homogenizing and can fail to account for cultural and experiential variability (Young 1995; Fassin and Rechtman 2009; Guarnaccia et al. 2010; Kidron 2011; Parson 2013). At the IPVC, the time and resources spent on categorization were often a source of frustration for staff members who did not find these reports to be representative of their work and would rather focus on direct service.

As described above, this shift into numbers and categorization was also accompanied by a shift into “expertise.” At the IPVC, this translated into hiring people with higher degrees and spending valuable resources on trainings from high-ranking professionals in various related fields. Yet anthropologists and feminist scholars have problematized such top-down, Western approaches to care (Farmer 2004; Parson 2013; Foucault 1975) and their gendered and racialized biases (Martin 1987; Rouse 2004; Horn 2005) for failing to adequately consider diverse experiences from the perspective of the person needing assistance. These biases can be especially problematic for immigrants, minorities, and women—particularly when impoverished—whose voices and priorities are often less likely to be translated into structural change (Hodgson 2010; Goldstein 2012; Merry 2006; Mahmood 2005; Abu-Lughod 2013). In the domestic violence setting, this focus on a very specific kind of “expertise” leads to increasingly pronounced hierarchies between staff and clients, with less ability for clients to shape the services they are receiving.

My interviews with staff members demonstrated how some came to the IPVC with at least a basic knowledge of the intersectional complexities many domestic violence clients face, while others gained an appreciation while on the job. As Regina described, 70-80% of the staff identified as “women of color” themselves. No matter their educational credentials or “expertise,” staff recognized that there was always a great deal to learn from clients, as the original feminist domestic violence services model intended. Yet the only formalized, consistent way the agency gained feedback from its clients was through quarterly surveys and exit surveys upon leaving services, which can be highly problematic depending on a clients’ literacy level, language abilities, comfort with formal administrative tasks, and willingness to be critical of the

agency. The agency relied heavily on numerical outcomes for assessing performance, which inevitably failed to capture the nuanced aspects of this intricate work.

Yet along with this insistence on numerical outcomes and spending resources on certain sources of “expertise,” the IPVC also tried to be sensitive to clients’ complex needs. This sensibility structured their Latinx services and the work between Latina staff and their Latina clients especially. It was also demonstrated throughout many of the trainings I observed and participated in at the agency. The counseling department’s training for new staff and volunteers focused on “victim-defined” advocacy: the idea that clients were the experts of their own lives, and only clients could really know what would help keep them safe. For many years Sandra was in charge of these trainings, and her insistence on following a client’s directive was pulled from the original feminist teachings of this field. Under her direction, new staff and volunteers were initiated into this work with a historical introduction into the domestic violence movement with a firm foundation in these feminist roots.

However, this orientation could also conflict with the “expertise” of staff members, who at times expressed frustration with clients who would not follow what they believed to be the best course of action. As one counselor explained during a training, when clients don’t follow your advice, you “don’t take it personally,” and instead act like a “parent” with them as the “child.” You should “help them validate themselves and give them compliments, bond with them, not judging them,” and as she jokingly added, “Even though you want to hit them upside the head.” Therefore, while center staff certainly tried to be sensitive, the reality of this task was quite difficult. In varying circumstances, staff struggled to reconcile their own professional expertise and personal beliefs with the perspectives and convictions of their clients.

Systemic Tensions

The tensions embedded in the IPVC's service model were far from unique to this particular agency. I also observed how there were similar tensions embedded in the models of other domestic violence centers throughout the state. While I did not have access to survivors at these agencies, my conversations with various directors at three additional agencies highlighted how the IPVC's model reflected larger trends throughout the state and in the overall domestic violence field in the U.S. These conversations also provided insight into the particular ways that these trends could manifest at such centers. I focused primarily on the domestic violence agencies surrounding the IPVC's catchment area, and therefore the centers that would work with some of the same providers and serve a similar client demographic.

When speaking with "Melissa," the executive director of a neighboring domestic violence agency, she recounted how their center only covered one large city, but the demographics of this city were a similar combination of wealthy White residents and lower-income, more diverse residents. Also similar to the IPVC, this agency had existed in some form for the last twenty-five years. This particular service provider was part of the YWCA. The YWCA is the largest network of domestic violence service providers in the country—originally, one of the two agencies that merged to create the IPVC was also once part of a YWCA. This center offered many of the same basic services as the IPVC, including court advocacy, shelter, and counseling. However, they did not have any trained lawyers on staff like the IPVC, and did not operate a stand-alone shelter. Instead, they offered three to seven nights of emergency shelter, much like the "triage" model Regina earlier described. However because of this, they did not have 24-hour staff, like many of the other state agencies.

Instead, they focused more on counseling services. Melissa was herself a licensed social worker, and they staffed licensed clinicians with advanced degrees to provide group and individual counseling beyond the basic psychoeducation that many other centers offer. However, these services also had their limitations—clients were given twelve sessions, after which the counselor reassessed to see how well that person had met their goals, whether they required more counseling, or whether they needed to be referred out for other resources. They also ran a children’s counseling program. Because they were housed within the YWCA, clients could take advantage of these recreational facilities, and the staff could offer specialized groups like restorative yoga. Like the IPVC, they also focused on community outreach and systems development by collaborating with other service providers.

As a neighboring domestic violence agency, Melissa also expressed her perception of the differences in the service models between her agency and the IPVC. Primarily, she felt that the IPVC was more rigid in its parameters for who it would serve and its expectations of clients. For example, they might get a call from someone in the IPVC catchment area seeking shelter because they broke the IPVC’s shelter rules in the past and were no longer welcome there. This perception was confirmed by similar examples presented during IPVC staff meetings and in conversations with IPVC staff—the rules at the IPVC were quite rigid, and breaches would result in a client being asked to leave. Generally, these rules centered around maintaining confidentiality and safety for other clients. However because of this other agency’s greater sense of flexibility, Melissa recognized that they also ran the risk of overextending themselves. In the wake of the 2008 financial crisis, she had noticed more clients staying longer in shelter and requiring more resources, and they had been pressed for funding to accommodate those needs.

I also spoke with “Elise,” the executive director of another Connecticut agency known for offering more clinical counseling services. This center was not, however, a neighboring agency, and was instead located in a different part of the state. Although she described the center as “very similar to most [domestic violence] agencies,” they offered the only program in the state specifically for elderly clients along with some transitional housing and clinical counseling services. Similar to the IPVC’s history, when one of the domestic violence centers in this catchment area had been struggling financially, another agency took them over. Together these domestic violence agencies merged under a behavioral health services provider. Because of this, these domestic violence advocates were able to regularly consult with the clinicians on the mental health side of the organization and cross-refer between them with ease. The maximum stay in their shelter was also sixty days, and if someone needed an extension, they had to put the agreement in writing and get approval from Elise and the shelter manager. However, there was no definite time limit on counseling or support services until the person was in a stable situation.

Meanwhile, another domestic violence center was professionalizing in a different manner. While they also had originally been part of a YWCA, they became independent in the late 1990s. By 2016, they were transitioning into one of several Center for Family Justice sites across the country. Over the course of two lengthy interviews, their program director “Anna” explained what this would mean for their center and their clients. In addition to being a domestic violence provider under the CCADV, this center was also an accredited child advocacy and sexual assault services center. This was unusual in Connecticut, where domestic violence programs and sexual assault programs were managed by distinct umbrella organizations. As a Center for Family Justice, rather than just working on systems coordination, they

would house advocates from each relevant local agency on-site—essentially, a one-stop shopping model for all survivor needs beyond just immediate domestic violence interventions to create a “true community coordinated response.” These providers would range from on-site police to LGBTQ rights advocates to job-readiness educators. This model was first piloted in California in 2002, with the idea of bringing together crime victim services to minimize the trauma of having to retell one’s story for multiple providers. This particular center had been working towards this model for the past five years, with a focus on lowering their homicide rates—according to the CCADV, the highest in the state.

Their shelter stay was also capped at sixty days, although they did regularly extend this time as well as offered some limited transitional housing. To be eligible for transitional housing, clients had to meet certain expectations—for example, they needed a steady income, and then would pay on a sliding scale. Similar to the IPVC, since about 36% of their clients were Spanish speaking, they did offer limited Spanish language services. They had received a large corporate donation to renovate their conference room for job readiness programming, and had a “wellness studio” for classes to “facilitate the healing process,” including yoga classes in Spanish. Counseling was typically six to eight sessions per person, focused on the crisis phase of domestic violence. Also like the IPVC, their psychoeducational counseling emphasized “self-sufficiency and economic empowerment.” Their support groups were not clinical in nature, and they were finding it difficult to bring licensed mental health clinicians on-site as part of their justice center model. Thus, like the IPVC they planned to continue referring out for long-term clinical counseling.

As evidenced by these program directors, there were multiple ways to professionalize a domestic violence agency depending on the particular capacities and

priorities of the center and its leadership. Certain centers like the IPVC were more focused on the legal, financial, and systems advocacy side, while others were more focused on the counseling side. Yet in general, the IPVC was part of a network of professionalizing domestic violence institutions seeking to become prominent and robust providers in their communities. Among them, they held to certain clear standards: general time limits on services, educated and professional workers, a hierarchical staffing and leadership structure, a focus on systems coordination, and a multi-pronged approach. In this way, their models reflected many of the elements still held over from the feminist roots of the movement—in particular, the desire to undermine larger ideological and structural constraints for survivors—yet they were also beholden to neoliberal, capitalistic standards, given the realities of funding in a now professionalized and government-subsidized field. Throughout these discussions, similar tensions to those at the IPVC became clear. Directors and program managers frequently had to negotiate between their own service models and the reality of clients' complex lives, making difficult decisions regarding when to hold fast to these rules and when to flex their already overstretched resources. At the IPVC and these other centers, these tensions played out in noteworthy ways for the Latina immigrant clients especially.

As outlined above, key to these professionalized services was the aspect of time. Each of these centers focused primarily on immediate crisis intervention, with varying types and degrees of longer-term supports. In many ways this trend reflects the evolution and fragmentation of the field—no longer just a bare, grass-roots movement, there was uncertainty about where increased resources and shifting priorities should be placed, and what would result in the best outcomes for the greatest number of clients in any given location. In general, however, there was a

consistent sensibility that the best use of resources was through a professionalized, crisis orientation: providing the most resources for each client on a short-term basis, with the expectation that clients would use that time to pull themselves out of the crisis towards a more stable future. Yet as Parson affirms, “A violent and catastrophic ‘event’ does not have to happen all at once. The violent event can be a sum total of everyday forms of violence that congeal over time”(2013, 159). As I will demonstrate in the following chapters, the embodied, non-linear nature of violence—particularly domestic violence, and especially when layered with other violent experiences from immigration throughout the life course—necessitates an examination of this crisis orientation and understanding of long-term survivor needs.

Conclusion

In these many ways, the IPVC was a microcosm of the larger domestic violence movement: their history and model exemplified this moment of transition away from its feminist roots into professionalization, with an unclear future. These observations of the agency exemplified how there were continuously multiple perspectives at work in this transition. The resulting tensions were both driving the agency forward, and at times pulling it back. These competing priorities and perspectives created a dynamic space that was battling within itself, and thus always on the cusp of its next reinvention. In the context of the history of this field alongside anthropological and feminist critiques, at stake in this transition was the loss of important aspects of the original feminist orientation: the drive towards ideological and structural dismantling of discriminatory institutions, and the ability to assert the client as the expert of their own life. While being monetarily strategic, moving away from a feminist orientation towards professionalized services that functioned on a short-term, crisis timeline and were “inadvertently entrenched” in neoliberal ideals could put these goals at risk

(Parson 2013). As I will continue to explore, the feminist dimensions of this work are crucial for being able to serve Latina immigrant clients in particular—advocates working with such survivors must recognize the ideological and structural obstacles these women are up against, and attend to their needs in ways that are sensitive to these hardships. Thus, these tensions within this field and at the IPVC between neoliberalism, professionalization, and feminism are a dynamic setting from which to consider “culturally competent” care.

Chapter 3

“*La vida es pesada*”: Helping Latina Survivors Move Forward from Violence

“*La vida es pesada.*” “Life is heavy,” explained “Elena,” a petite, attractive Mexican woman in her late thirties, as she sat with a group of Latina clients at the IPVC. They were waiting for their support group to begin and comforting “Marcela,” who had been recounting how tired she was after returning at the end of the day from cleaning other people’s homes, feeding her kids, then having to clean her own apartment. Although Dolores—their beloved counselor who has been leading these groups for nearly fifteen years—had planned to discuss why women stay in abusive relationships, the entrance of a gigantic heart-shaped birthday cake begged otherwise, and she quickly adapted the evening plan. Always professional, stylishly dressed and practically stoic compared to her expressive clients, Dolores gave the women a good laugh as she placed a children’s paper birthday hat on her carefully coiffed head. The joy of the birthday girl was so infectious that someone quickly pulled up some music with a good beat, and we danced around laughing and showing off our signature moves. I overheard someone say to Marcela that *this* was a chance for her not to think about her stress. As the evening came to a close, the birthday girl—and procurer of the disruptive cake—told the group how she wanted them all to have a moment where they didn’t have to think about anything else.

Contrasted with the initial conversation, this short span of frivolity was a small, yet joyful, escape. For a moment they could leave behind their worries and focus on themselves. Unlike the short-term crisis services at the center, programs like the Latina support groups provided clients with an anchor of safety, engagement, and relief for sometimes years at a time. All of these women had undergone multiple layers of violence—through abuse, immigration, family hardships or their grueling

work lives—and as I was frequently told, the center was often their only place and time for refuge. Family and friends did not understand or even know about what they had endured, making this a relieving and cathartic space amidst the “*vida pesada*.”

In this chapter I unpack this *vida pesada*, illustrating the layers of hardship in the lives of Latina clients at the crisis center. First, I take on a life course perspective to contextualize these hardships within the overall life history of a Latina client. By tracing her life from childhood to her time in the U.S., I demonstrate how domestic violence became interwoven with many other forms of violence in this client’s attempt to *salir adelante*, or “move forward” with her life. I then contextualize this layered violence within the insights from local social, legal, and health services sites that worked closely with this Latinx population. In so doing, I illuminate the particular demographics of the area, the advantages and disadvantages for the local Latinx population, and the quality of life it offered immigrant women at the IPVC. I then outline the specific Latinx-focused platform at the crisis center, highlighting its service aims for addressing these needs and investigating the narrative for success that it presented to Latina clients. This in-depth look into a client’s personal history and the IPVC’s platform will highlight the strengths and weaknesses of the agency’s “culturally competent” approach, and provide a base argument for why a “life course competency” is important for understanding violence and providing comprehensive care.

Because the domestic violence movement was founded by survivors themselves, their understanding of the meaning of “violence” was fundamentally broad in nature. These early feminist activists recognized that intimate partner violence encompassed far more than physical acts: to this day, basic training on domestic violence emphasizes the damaging financial, emotional, and psychological

facets. As evidenced by the professionalization of these centers, advocates also recognized the structural violence associated with domestic violence, for example the historical lack of understanding of domestic violence by the court and legal systems, and how this can set survivors up for further abuse. In this manner, the broad understanding of “violence” in the domestic violence field parallels the broad understanding of violence in the field of anthropology. The anthropology of violence explores the physical, structural, and symbolic nature of violence in the world, including direct, overt, or event-based violence alongside institutional and systemic manifestations. Ethnographers of violence further emphasize its cultural, ideological, and discursive levels, including how violence can be perpetuated through language, symbolic orders, or systems of meaning (Bourdieu and Wacquant 2007; Bourdieu 2007). To this end, both domestic violence advocates and anthropologists acknowledge how violence is not only perpetrated by individuals, but is also systematically perpetuated by the social organization of the world (Farmer 2004) resulting in cycles of “social suffering” (Das et. al 2001). Thus, here I seek to highlight the many layers of violence confronted by Latina survivors of domestic violence. While much has been written about the structural violence that immigrants face when trying to leave an abusive relationship—particularly undocumented immigrants—due to the U.S. legal system (see Abraham 2000; Salcido and Adelman 2004; Trinch 2003; Villalón 2010), here I will take an intimate yet long-term lens on the lifetimes of embodied, everyday hardships these women must overcome. I will demonstrate how this structural violence contributes to and is complicated by the cumulative embodied consequences of this “everyday violence” (Scheper-Hughes and Phillipe Bourgois 2004).

Layers of Violence: A Life Course Perspective

I begin with the life history of a client whom I call “Eva.” In many ways, Eva’s story is representative of the life-long encounters with violence faced by Latina clients at the IPVC. When interviewing clients, I asked them a series of open-ended questions, including how they came to the center, what life was like in their home countries, and their experiences living in the U.S. Here I recount Eva’s response, following her narrative in terms of the experiences, reflections, and chronology in which it was told to me. Like most other clients that I interviewed, many of the experiences she emphasized were violent in nature. Through such personal narratives, it became clear how clients wanted others—particularly people they viewed as having the ability to communicate their stories to an outside audience, such as myself and advocates at the center—to understand the many hardships they had overcome. The intensely intimate nature of my interviews with these women and their desire to share their experiences with violence (with little prompting, and in such detail) speak to the potent potential for affective relationality between them and myself as the ethnographer (Das 2006). Therefore, the way these narratives were affectively presented became a fruitful source of knowledge production.

In particular, Eva emphasized the work required of immigrants like herself to *salir adelante*. At the center this phrase was used by clients and advocates to index the constant labor of forward movement required of immigrant survivors to attain stable, safe, and more enjoyable lives. This phrase reflected the expectations for these clients by the crisis center and in the surrounding community, as further explored below. Yet as Eva attempted to move forward with her life, she encountered many forms of violence over time. Thus through her narration of these experiences, I demonstrate the importance of a “life course competency” when studying and treating domestic

violence among immigrant populations. By focusing on violence and temporality, I show how the reality of this layered violence complicates the narrative for “success” at the crisis center. For the sake of confidentiality, I eliminate some identifying details, while maintaining the integrity of her story.

I learned about Eva’s life over two hour-long interviews and during our months in support group together. I chose to tell Eva’s story first not because it illustrates spectacular violence, but because it was (regrettably) *unremarkable*—her history is indicative of the everyday violence encountered by the women I spent countless hours with in support group, listening to the intimate details of their lives. While I would be hesitant to ever call any client story “typical,” Eva represented a common profile for an IPV client. Like nearly a third of the thirty clients I interviewed, Eva was from Guatemala (see Table 1). Eva had been living in the U.S. for ten years, also comparable to the twelve-year average among clients I interviewed (see Table 3). Eva was then in her early thirties, and had been in abusive relationships for over a decade—thus her experiences were also within the most common age range for clients at the center. According to the National Coalition Against Domestic Violence, on a national scale this is also fairly average, with the highest rates of domestic violence occurring for women ages eighteen to twenty-four (Truman and Morgan 2014).

Although only in her early thirties, Eva had already lived a strenuous life. She was one of six children, and described her childhood as a *triste historia*—a sad story. To earn money, her family would butcher and sell pork. She would get up at three in the morning, make the fire for her family, then set about observing her mother, who typically sent her to the store in spite of them never having sufficient money to buy what they needed. There were two beds in the house—one for the children, sleeping sideways together, and one for her parents. Although at first Eva did not describe her

parent's marriage as overtly violent, she did share how at night, she recalled hearing her father trying to have sex with her mother, then her mother crying in the bathroom as her father slept. At one point, her father brought home a child that he had with another woman, which her mother then also cared for.

Lacking proper shoes, Eva was unable to go to school most days. When she was around ten or eleven, her mother began working as a housekeeper. One week she came back home and gave Eva the job instead. Eva remembered the long walk back in her giant uniform with five bags of food in hand after her first week of payment. She recalled how her family was so happy in that moment—it was the first time her brothers had eaten “*cereales*” in years. She worked in that job for a year, giving her mother all her earnings. Then at twelve, she went to go work in a shoe store farther away from home. Yet between buying her lunch, dinner, and transportation every day, she was making less money than before, so she returned to domestic work as a nanny. Thinking she was too young, the mother of this new family decided to tend to the baby while putting Eva to work on the household chores.

During this time, Eva began to notice how the husband in that family walked around wearing little clothing. One day, he called for her to come to his bedroom. Doing as she was told, she went to his bedroom, where she found him naked. Initially, she ran out of the room—yet not wanting to get fired, when he followed her and asked for a massage, she complied. All these years later, she still vividly recalled feeling his erection against her twelve-year-old body. After this incident, Eva went to take a shower, where she then discovered their adult son also naked and watching her wash herself through the window. At this point, she felt she couldn't stay there any longer. She quickly found another job in the newspaper—her new bosses were kind, and she

never told her mother what happened. As she reflected in our second interview on these incidents, she described how,

Casi que me abusaba... el dueño, el patrón, y el hijo del patrón. Y me salí de este trabajo, porque yo vi que estos hombres... uno me espiaba por la ventana en el baño, cuando me bañaba, y el otro me se presentaba desnudo... Entonces, eso fue una experiencia que yo no ha vivido y espero que nunca nadie más la pasa... Pero gracias a Dios desde que empecé a trabajar, siempre tuve trabajo. Desde los once años, no he vivido un año que no trabajé yo; siempre tenía mi sueldo, me he sabido mantener, organizarme yo, no hacia dependiente de que alguien mantenga, desde los once años.

He almost abused me... the head of the house, the boss, and the son's boss. And I left that job because I saw how these men—one spying on me in the window of the bathroom, while I was washing, and the other exposed himself to me... So, this was an experience I had never lived before and I hope no one ever does again... But thank God, since I started working, I have always had a job. Since I was eleven years old, I have never lived a year without work; I have always had a salary, I have always known how to take care of myself, to keep myself organized, I was never dependent on anyone to support me, since eleven years old.

As Eva explained, her life was marked by these violent incidents, yet they never prevented her from working. To Eva, the source of her ability to *salir adelante* was being able work despite all obstacles, never needing to depend on anyone else to support her. During this time Eva's only free day was Saturday, which she spent studying until she finished her primary education. During those next few years, she gave her monthly earnings—five hundred quetzales, the equivalent of sixty-seven dollars—to her mother, which her mother used to replace their roof. As Eva recounted this part of her story, for the first time during our interview she became teary eyed, recalling how her mother then sold the house Eva had worked so hard to repair. As it turned out, her mother had fallen in love with her stepson, and went with him to the U.S. Her mother wanted to bring Eva over as well, but by the time she was ready, Eva was in her late teens and pregnant. Thus, Eva stayed behind while the rest of her siblings left. Meanwhile, she also suffered abuse by the father of her child—he was an

alcoholic, Eva explained, frequently hitting her and forcing her to hide alcohol from him.

When her son was three years old, Eva followed the rest of her siblings to the U.S. She first travelled with her son to Mexico, where they were jailed for eight days and sent back to Guatemala. On her second try, before crossing the border, they were enclosed inside a small house. Although her mother had already paid, the coyotes wanted more money. There they stayed with only the clothing on their backs, lice in their hair, washing and dressing back in their wet clothes. They were almost caught again, but when the coyotes were paid they brought them through Mexico and across the border by car. An additional seven hundred dollars and one month later, she was finally taken in a pickup truck to the northeast. She was separated from her son for the crossing, and on the other side, he didn't wake up at first, leading her to believe they put drugs up his nose to keep him quiet. Throughout this ordeal, Eva explained how "*nunca pude dejar mi hijo*"—she could never have left her son. Unlike some of the women in support group who did leave their children to be cared for by other family members in their country of origin, Eva told her mother, "*Me llevas mi hijo, o no me voy. Porque dejan sus hijos es muy duro... los hijos crecen unos con este trauma en la cabeza*"—"Either I bring my son, or I don't go. Because to leave your children is very difficult... the children grow up with this trauma in their head." As difficult as this journey was for a child, Eva believed the alternative was growing up with the trauma of thinking your mother left you, and she felt that her love was what he needed most.

Yet these memories were not entirely painful—there were also moments of joy. It still made Eva laugh to think of her initial impression of life in the U.S. She first reached the northeast on the fourth of July, and chuckled as she described how she naively thought all the festivity was for her arrival. But life in the U.S. also wasn't

easy: she had to pay back her debt and manage her high rent. She made very little money cleaning houses from eight in the morning until four in the evening, and then would go to work at a bakery from five in the evening until ten at night. She maintained this grueling work schedule for several years, then took on a third job as a bartender. Later she would also work at a deli and as a part-time babysitter.

Working at that bar, Eva met “Marcelo,” the father of her other children. They dated for six months, and broke up when their fighting became too intense. But she realized she was pregnant, so they decided to live together. Eva recalled how Marcelo started to become jealous and didn’t want her to work so much. She had always paid for half of everything, but eventually she was too big to work all her physically demanding jobs. At this point, he starting coming home drunk, was fighting with her son, and wouldn’t even let her see her mother. By the time her second son was born, she no longer had any of her own savings. Marcelo became increasingly frightening, monitoring her phone and no longer helping to support her older son—at one point, even labeling their food to indicate what her son was or was not allowed to eat. One night Marcelo hit her son in the back, and she left to go stay with her mother. Marcelo was arrested, and she obtained her first restraining order against him. This escalation heightened his threats—Marcelo told her if he was sent back to Guatemala, where he was also from, he would kill her family there. After three months of classes for alcohol abuse, she went back to him, and for a short time everything was fine again until the same cycle of abuse began. He called her belittling names—“*pendeja*, *estúpida*,” “dumbass,” “stupid”—refused to let her see her family, and was constantly fighting with her. Meanwhile, Eva’s oldest son became so nervous that he would vomit anytime Marcelo was around. Later, her younger son developed the same nervous behavior.

Five months after her second son was born, Eva discovered she was pregnant again. Due to some abnormalities on her tests, the doctors warned her that the child could have a major birth defect, but she couldn't afford the \$2,500 cost of an abortion. So Eva anxiously waited for these nine months, after which she had a healthy child. This difficult time brought Marcelo and her closer together, but he became increasingly jealous and controlling—dictating her clothing down to her nails. He also forced her to have sex with him, so that she started pretending to have her period just to put him off—making his suspicions and jealousy grow. As Eva explained, she tried to love Marcelo in spite of his behavior, but began to realize she never really had. One time on her birthday, he hit her on the head with a bottle of wine. Refusing to leave the house as she requested, he called the police on her, at which point they were both arrested.¹⁴ Once again he was mandated classes for alcohol abuse, while she was sent to anger management.

Over the course of these interviews, Eva recounted how she would leave and then take Marcelo back, but his violence never truly abated. Instead, these violent incidents heightened—from intense jealousy and outrageous accusations to threatening her with a knife. Yet she was terrified to keep involving the police, thinking her children might be taken away. Ultimately, she believed she put up with his behavior because she saw her mother do the same with her father, and thought that all couples were like this. Finally, Eva reached the point where she felt as though she was “*volviendo loca psicológicamente*”—she thought she was “going psychologically crazy.” She was working again, started saving money, began studying English, and

¹⁴ This is an example of the local issue around “dual arrests”: cases where a domestic violence call is made to the police, and rather than identifying a primary aggressor, both parties are arrested and the survivor is left with a criminal record. This is particularly common when there may be a language barrier or discrimination.

called the crisis center. As Eva recalled, “*para mi se acabó*,” “for me it was over,” she had had enough. At the time of the first interview in 2016, it had been six months since she was single, and she did not want to go back.

Yet this was not her first involvement with the agency. The first time Eva ever called the police, they also sent her to the IPVC. But after coming twice to the agency, she did not return—Marcelo had found out, and stopped her from coming. But she held on to the number and knew she could always call. After her most recent separation, people began to tell her she looked like a different person. She was happier, and her family and friends noticed. While originally, Eva believed she was staying in her relationship for the benefit of her children, she realized it was better for them not to have a father than to have a father who treated them so poorly. Furthermore, she did not want this chain of abuse to continue.

Eva was generally very pleased with the IPVC. She liked working with Dolores, who she described as “very direct.” According to Eva, Dolores helped them realize that they could change, and that they didn’t need to put up with a man to move forward in this country. She also learned that she didn’t need to be afraid of the police. Eva further explained how the type of advice she received from the agency was different from what she heard from her family. In her opinion, the advice from the center was from the “*mente*,” the “mind,” rather than the “*corazón*,” the “heart,” making it more practical and effective. Therefore, she thought these services were good for women who wanted to “move forward” from men who treated them poorly. She was generally friendly with the other women in her support group, but only saw and interacted with them at the agency, except for one closer friend. Being at the center had opened up her understanding of domestic violence: she now believed that it could range from offensive words to preventing her from looking at her phone. Abuse

could also take the form of her partner preventing her from having friends and spending time with family. She came to realize that these emotional and psychological tactics could hurt the most. Before she believed this behavior was normal—that she had to have sex with Marcelo whenever he wanted, or that he had the right to say “ugly” things to her. She then learned some of the signs of how to look for these controlling behaviors in future partners.

By the time of our second interview a month later, Eva was continuing to attend support group and was getting help from the legal department. Yet even without being in her abusive relationship, her difficulties continued. During this conversation, she reflected on the “American Dream,” “*el sueño Americano*”: everyone wants to migrate to the U.S., she mused, yet not everyone realizes how you will have to earn that dream. “The American dream is to work,” she now firmly believed. Reflecting on the men she knew who wasted their time in bars, spending all their money and expecting things to happen for them, she thought women were more work-oriented, and therefore more likely to be successful. There are opportunities, she explained, and if you’re cautious and have the intelligence to save, you can achieve what you want. But this takes “*esfuerzos, trabajo, y lucha*”—“effort, work, and drive.” She knew of certain advantages for undocumented immigrants in this state; for example, being able to get a license. Eva had heard of people who paid thousands for someone to register their car for them. But for immigrants arriving in this state and wanting to do well, they had to be willing to work for it—you can’t pick your work days and must always be available in order to *salir adelante*. As she described,

Creo que los inmigrantes que llegan a... bueno, este estado, es que quieres supera, porque trabajo, hay. Buscándolo uno encuentra trabajo, no importa lo que tú quieras trabajar, tú quieras trabajar—lo buscas y lo encuentras. Entonces si este estado le da muchas oportunidades a uno de superarse: poder vivir en un apartamento limpio... Puedes tener a tu carro, ahora con eso que hicieron que le dan una licencia a uno, fue una gran ayuda que lo

dieron a los hispanos, pudo tener una licencia, y a no pagarle a otra gente miles de dólares, para asegurar un carro. Ahorraron mucho dinero [name of city redacted] a los Hispanos nos hace un gran favor haciendo eso. Y por el trabajo, gracias a Dios hay trabajo—el que quiere lo pueda—el que quiere trabajar más de lo que puede y el que no, solo buscas su part-time, pero aquí hay trabajo... escoger, dijo.

Yo como he visto mucha gente que va a pedir trabajo y dice “hay, yo no trabajo domingos. Hay, no trabajo jueves. Hay, yo solo quiero de 8 a 3.” Entonces, también acepta esa: si uno tuviera papeles... tienes opción de ponerse horario, ponerse su día. Pero otros inmigrantes... estamos acá, tenemos que estar disponibles los siete días la semana, entonces, para poder salir adelante, y para que nos puedan dar un trabajo.

I believe that immigrants that come... well, to this state, it's that they want to get ahead, because there is work. Looking for it, you'll find work, it doesn't matter what you want to do, you want to find work—you look for it and you find it. So yes in this state they give many opportunities for someone who is looking to get ahead: you can live in a clean apartment... You can have a car, now that they have made it so that you can get a license, this was a big help that they gave to Hispanics, to be able to get a license, and not have to pay other people thousands of dollars to get a car. Hispanics save a lot of money in this city since they have done us this favor. And for work, thank God there is work—he who wants it can do it—he who wants to work more than a person can handle and he who doesn't and wants to just look for part-time, but here there is work—if you look for it, I mean.

I have seen how some people are going to look for work and they say, “oh, I don't work Sundays. Oh, I don't work Thursdays. Oh, I only want to work from 8 to 3.” So, you also accept that: if you had papers... you have the option of making your schedule, of picking your days. But other immigrants... we are here, we have to be available seven days of the week, so, to be able to move forward, and so that they will give us work.

Eva acknowledged the complete flexibility and availability immigrants—particularly when undocumented—must have in order to obtain work. As discussed here and above, her idea of how to *salir adelante* was firmly grounded in being always open to constant work. This outlook was consistent with the agency's narrative around how to move forward from domestic violence, as I will describe below. Yet Eva also recognized she had certain advantages. She had her family in the U.S., and was always capable of working seven days a week with little choice over her own hours and little need for rest. She was especially grateful that she had been able to work in

this grueling way. She had her own salary and was never “dependent” on anyone to maintain her. Otherwise, she felt she would not have been able to overcome what she had. Reflecting on her ten years in the U.S., it took her five years to obtain better jobs, be able to rest on Sundays, and afford a car and her own apartment. For the future, her idea of “success” was to have her children go to a university and work in the U.S. For herself, Eva lit up as she thought about someday owning her own apartment.

Reflecting on this goal, she cautiously added another desire (as though slightly embarrassed to admit such a lofty goal): to open up a restaurant. She wanted to travel around the U.S., and would often talk in support group of saving up to take her children to Disney World. Later she mentioned that perhaps she would open up her own cleaning business, where she would pay her employees more than she used to make.

Along with her work at the agency, Eva also shared with me the spiritual support she had received since coming to the U.S. When she first started having problems with Marcelo, she began attending an evangelical church with a large Guatemalan congregation. She admitted that she had thought about suicide and contemplated slitting her wrists three times, but never had the “courage” to do so. At this low point, she asked God for this man to leave them alone. As Eva discussed,

Al principio, cuando empecé tener los problemas con el papa de mis hijos, yo empecé ir a la iglesia, porque necesitaba... porque yo me sentía bien mal. Aparte de que mi esposo me trataba mal, yo me sentía triste, sin ganas de nada, tenía cosas pero no le llevaba sentía la vida. Entonces después de que empecé ir a la iglesia, me ayudó en que si hay alguien que está esperando por nosotros, que nos busquemos, y que si uno pide con fe y cree en él, Dios le da a uno lo que a uno pide.

.... Por eso tengo la fe en que todo lo que yo quiera me lo propongo lo voy a hacer. Porque tengo a Dios en mi corazón. Y él me va a ayudar a salir adelante. Nunca mas me siento sola porque estoy con él.

At first, when I started to have problems with the father of my children, I started going to a church, because I needed... because I felt very poorly. Aside

from my spouse treating me poorly, I felt sad, I didn't have the desire to do anything, I had things but life brought me no feeling. So after I started going to the church, it helped me in that yes, there is someone that is waiting for us, that is looking out for us, and that if you ask with faith and you believe in him, God will give one what you ask for.

...Because of this I have faith that everything I set out to do I am going to do. Because I have God in my heart. And he is going to help me move forward. Never again do I feel alone because I am with him.

After going to church, Eva never felt alone because she always had “God in her heart.” This helped her have faith that she could achieve anything, and she continued going to church every Sunday with her brother and sister-in-law. Ultimately, it was God who helped her make the decision to go to the IPVC, and it was this faith in God that helped her *salir adelante*. Eva further articulated how she had spoken with her pastor about her relationship directly, at which point he asked if she loved her partner. If she did, they would all work together on the relationship. But without love, he advised her, there is no fight to be had. He confirmed that what she was experiencing was domestic violence and he referred her to the IPVC, explaining that he didn't want her to be in danger. The pastor further advised Eva that because they were not married, they could still separate and “avoid disgrace.” This type of advice was reflected in my later conversations with local spiritual advisors. Eva's spiritual experience of depression, suicidal thoughts, and domestic violence echoed throughout many of my other client interviews as well. As was evident in her brief description, Eva's strength through spirituality, her idea of “independence”—with God always beside her—and her compulsion to follow her pastor's teachings both complemented and contradicted the center's model, complicating her relationship to the agency's teachings.

A surface reading of Eva's story may make her seem like a “success” according to the basic tenets of the IPVC's recovery model based on safety,

education, and independence. Yet a deeper reading also reveals her spiritual turmoil, her long-term fears, and her complex needs over time. This life course perspective exemplifies the many layers of hardships IPVC clients faced, how they could build into greater obstacles, and how they could—or could not—be potentially overcome in the long-term. Eva’s varied experiences with violence included significant poverty in childhood, witnessing her mother’s abuse and experiencing her own, crossing the border with her son, and the structural difficulties of life in the U.S., such as her dual arrest alongside her abuser and her lack of legal residency. While her main motivation for leaving Guatemala was to reunite with her family and to escape poverty, when discussing in support group why clients left Guatemala specifically, a few women also mentioned their fears around high rates of “*muerte de la mujer*,” “female deaths.” As one client chimed in, they can get orders of protection, but this issue is still not “controlled.” Another client explained through tears that this was the reason for her aunt’s death. Even if you made a report, the abuser could retaliate by killing a family member, so that it was better to “*estar calladita*,” to “stay quiet.” The group then discussed how several clients also had family members killed by gangs and how easy it was to pay off police. According to these clients from Guatemala, the only way to stay safe was to have close connections to these corrupt authorities.

For Eva, her particular hardships did not prevent her from working towards the material “independence” from her abuser that the agency would view as success. Nevertheless, she was still transformed by her experiences, and required long-term support—through the agency, her family, and her spiritual practices. Eva’s material success also did not save her from having to grapple with the physical, psychological, and emotional reverberations of these experiences. These effects would not be easily overcome in the short-term—she still even received threats from Marcelo, making the

idea of moving forward seem farther from her reach. Although when I first met Eva in 2015, she had only been working with the agency for less than a year, when I visited each support group in 2017, she was still regularly receiving support services. Thus, the long-term impacts of violence in a case like Eva's—from structural to spiritual to psychological to physical—were far from readily overcome. Understanding violence across the life course sheds light onto Eva's hardships and recovery in the context of her life-long challenges and triumphs, and how they impacted her specific experiences with domestic violence.

This life course perspective also reveals how Eva was advantaged in several ways. She had support from her immediate family, who also lived in the U.S. Financially, she was not responsible for anyone but herself and her children. Still in her thirties and in good health, she was physically capable of maintaining the grueling work life that had allowed her to *salir adelante* to this structurally stable point. Her youth and family support set her up for short-term gains like obtaining her driver's license and long-term gains like achieving more education. Unfortunately, not all clients had these same advantages. Many clients shared similar experiences with layered violence from childhood onwards, yet they did not experience the same good health, or they no longer had the advantage of youth on their side. These realities of the body require even deeper insight into the life course, and the toll these different facets of violence take on the body over time. With this exploration and analysis, a more complex picture of the long-term needs of immigrant clients can emerge.

Life in Connecticut

The violence IPV clients faced must be situated in the opportunities and hardships of living in the county where they had settled. According to the United States Census Bureau, between 2012 and 2016 the average household income in this

county was \$86,670 with a per capita income of \$51,719. Only 8.6% of the population was reported as being “in poverty.” Yet during a staff workshop at the center with an advocacy agency out of Washington, D.C., we calculated that the minimum cost of living for a single adult with two dependents in this county—thought to be the average family structure for most IPVC clients—was \$82,368. Considering that this salary was far more than the majority of the people in the room were making (in spite of our general status as employed, well-educated professionals), we were left to imagine that many people in this area, while not technically near the national “poverty” level, had difficulties meeting these minimum costs of living. For the Latina clients at the center, this was especially true: the majority of clients I knew had service jobs, often in the informal sector. Eva’s list of employment was typical: common jobs ranged from nanny and housecleaner to dishwasher or cook. Clients frequently worked in places that catered specifically to the local Spanish-speaking population, and thus were able to work with minimal English. Clients who sought to improve their employment opportunities often tried to learn English and obtain a driver’s license so they could work for higher-paying White employers as an independent house cleaner or babysitter rather than for a potentially exploitative agency. Some saved money to take local courses offered in Spanish, such as the one to become a Certified Nursing Assistant. Several Latina clients even came from more professional backgrounds, yet the instability of immigration, domestic violence, age, and poor health could lead to a backslide in quality of life and income potential.

With the high cost of living in this area, one of the questions I found myself thinking—and often heard advocates wonder amongst themselves—was why do clients stay? My interviews with various service providers in the community created a more comprehensive view of both the challenges and the advantages for the local

low-income Latinx population. These conversations also revealed a popular narrative around the relationship between these Latinxs and the wealthier community. In the county where the IPVC was located, there was a robust network of social service providers. One agency that I visited was a newer community center serving local immigrants. They provided classes like English as a Second Language, driver's license, and job skills. Although they served all immigrants in the community, a large portion were Latinx—indeed, 40% of all their clients were from Guatemala. The center director, “Carmela”—a well-educated, professional Latina immigrant from South America—explained how there were deep roots in this particular city from the Guatemalan Civil War, when a diaspora formed. Given the period of civil strife in the 1980s followed by continued violence in the area known as the “Northern Triangle” (Guatemala, Honduras, and El Salvador) over the past thirty years, many immigrants from those countries had established their homes in this region. However, this area of Connecticut was also home to wealthier, more educated immigrants such as herself, often from South America. More recent immigrants were arriving from a range of other Latin American countries as well.

This center had tried to strategically locate itself in one of the low-income areas in the city to be accessible to their target population. However, because the location they chose was closely bordered by affluent residents, they were far from welcomed and struggled to secure the space. Yet aside from this struggle for real estate, Carmela thought that low-income immigrants were generally quite welcome in the city: although there were “striking differences between the haves and have nots,” they often lived “under the same roof,” with immigrants employed in wealthy homes. Far from seeing them as competition for jobs or threats to their community, these

workers were a necessary part of daily life. For this reason, Carmela believed that this community was more open minded and saw immigration reform as a “personal issue.”

I heard similar observations in my discussion with “Mauricio,” the director of a small, federally funded anti-poverty agency that also worked with low-income Latinx community members. They served the “poorest of the poor,” according to Mauricio, addressing issues ranging from the Supplemental Nutrition Assistance Program (SNAP, formerly known as “food stamps”) and Medicaid applications to finding furniture, enrolling in public schools, and applying for public housing. Mauricio was himself a Latinx immigrant who did well in business and wanted to give back to his community. At his agency, they were working to inform people about available services, help them apply for federal assistance, and advocate on their behalf—especially since Spanish and English literacy rates varied within the local Latinx community, and as Mauricio explained, on these federal assistance forms “sometimes the Spanish translation is so bad I don’t even understand it.” Along with helping them apply for different services, they also helped people envision future possibilities for themselves and their children, such as introducing them to immigrants from similar backgrounds who went on to college. However, the GED was frequently a problem, because the number of slots for taking the GED was limited, and it was only offered once a year. The local adult education program also corresponded with the school year, so the timing was limiting and there was no online option. Furthermore, Mauricio recounted some of the discriminatory and poor treatment his clients had faced at the Department of Social Services (DSS) office. Nevertheless, he also described the power and confidence they got advocating for themselves just by having a letter with his agency’s logo.

Even with the help of agencies like his, Mauricio recognized there were still many gaps. For example, there was a severe lack of access to dental care, and only one local low-fee immigration law center. However, compared to many of his client's home countries, they felt fortunate to at least have these limited services and employment opportunities. Additionally, Mauricio agreed that the area tended to be "friendly" to the immigrant population—as he explained, the "population is tolerant" and "they give them jobs." Another advantage was that anyone could get a driver's license without documentation status, as well as take the test in Spanish. In fact, Connecticut was the original home for the movement to grant undocumented immigrants municipal IDs (Crocker 2017). With a driver's license and a tax identification number, undocumented immigrants were able to gain more stability in the local workforce. However, there was a separate, year-long waiting list for these types of licenses, which took significant foresight, planning, and literacy not always available to these impoverished community members.

Mauricio acknowledged how having a driver's license gave immigrants a sense of legitimacy, yet affordable housing continued to decrease, and there were many bureaucratic obstacles for receiving federal assistance. For example, in New York, a low-income resident could apply for SNAP with just one U.S. birth certificate per family, whereas in Connecticut, they required birth certificates for each person in the household. Since many immigrants come from countries where such records are not kept or easily lost, this could be an impossible task. There was also little understanding about different Latinx family structures. For instance, a woman taking care of a niece or nephew as if it were her own child might want to claim that child as a dependent when applying for benefits, but DSS was not always understanding about such non-nuclear family structures. At the larger state level, the Latinx community

still lacked political clout and representation, and didn't "have anyone pushing for influence to open doors." Like the IPVC, this agency served new immigrants and long-time residents alike, and referrals were mostly word-of-mouth. As other agency leaders similarly expressed, they did not focus on outreach: Mauricio jokingly—yet truthfully—explained, "We don't want more people to know about us because we can't help them."

As Mauricio mentioned, there were two low or no-fee legal service centers for low-income residents in the city where the main IPVC office was located. One mainly covered criminal and immigration law, and the other civil law. The IPVC regularly sent referrals to these centers to supply the types of representation they did not provide, such as family law. According to "Jessica," a lawyer at the civil law center, their Latinx clientele was growing. She realized that court cases were especially challenging for this community given how "the legal system can be slow and clunky." Immigrant clients would struggle to miss work for their court dates, and then little would get accomplished at each hearing. Jessica also regretted the disheartening reality of how clients were poor before and after her office represented them—as she described, it was "hard to sometimes feel you've made a huge difference." Jessica agreed that while wealthy locals provided steady and relatively lucrative employment in ways that simply didn't exist elsewhere, housing and the cost of living were exorbitantly expensive, and local transportation very limited. Yet by living in this area, immigrants also had access to many services, churches, and good schools.

I also met with "Carol," the director of the local office for the Department of Children and Families (DCF), and "Irina," the executive director of the local sexual assault crisis center. At DCF, Carol discussed the "horrible poverty" in the area among immigrant families, and how there had been an influx of children from Honduras and

Guatemala. This office faced several challenges when working with this population: there were simply not enough Spanish speaking staff members to accommodate them, and parents were very fearful about contact with this government office. At the local sexual assault center—notably run by a Latina immigrant—they also worked with 30% Latinx clients. Like DCF, Irina explained how they saw significant waves of immigrant children who came to the U.S. by themselves and were “placed in systems where there’s not enough resources for them.” Some were sexually assaulted in their countries of origin or while crossing the border. Children were also sexually abused while living in rented rooms alongside strangers—stories of which I heard in support groups at the IPVC. Clients were extremely limited in their housing options since many landlords would not rent single rooms to mothers with children, and had to weigh safety against homelessness and debt. Yet Irina also agreed that the area was “more open and receptive to Latinos,” and that “people want to help Latinos.” She similarly described how “Latinos have become a part of American families—they work for them, they are a part of their lives. They are very close to them: babysitting, housekeeper... it makes people understand the good nature of Latino people.” Irina believed this sense of intimacy had in turn engendered a level of trust between the Latinx community and local service providers, enabling immigrants to more readily come forward for help. From such conversations, it seemed that government offices like DCF and DSS were perceived with more caution and fear than agencies like the sexual assault center, particularly when run by a Spanish-speaking immigrant.

These providers were clearly sympathetic to the various forms of structural violence these Latinx immigrants encountered. Meanwhile, there was also a symbolically violent local imaginary around the role for Latinxs in the community. As indicated by these providers (many of whom were successful Latinx immigrants

themselves), while professional, upper and middle class Latinx immigrants could integrate more readily into the overall community, low-income, low-skill Latinx immigrants were tolerated as a servile class. Because of the high cost of living in the area, they made up an important workforce of cheap labor otherwise difficult to come by in these towns. These immigrants were thus accepted—even embraced—into homes, restaurants, and construction sites to engage in low-wage work, but that is where they were expected to stay. As expressed by Eva above, they were also expected to feel grateful for these inflexible opportunities for labor, the ability to send their children to good schools, and the services they were offered. At the same time, they were rarely able to find safe and adequate housing, healthcare, or transportation, among other necessary services, adding to the hardships of daily life. Ultimately, this symbolic violence helped sustain these structural constraints. Given this combination of structural and symbolic violence, these conditions set low-income Latinx immigrants up for enough opportunities to stay, but little chance of upward mobility and continued social suffering.

All of these local service providers agreed the housing situation was especially complex and difficult for low-income residents. In this area—where real estate is extremely coveted and highly priced—housing policies and systems were ever evolving, and did not always move in a productive direction for low-income residents. In 2015 the state implemented a new homeless re-housing system, but even with this system, affordable housing would remain extremely difficult (if not impossible) to come by for domestic violence survivors, especially when undocumented. For example, when I first met “Rosa,” an IPVC client from Ecuador, she was struggling with her housing application. Although she was a legal resident, her housing application at a low-income complex had been jointly filed with her husband. When

they separated due to his abuse, she was seeking to put the application for herself and her children in her name. Yet she was told by the housing's administration she had to have her husband sign off on the application change—a feat which could clearly escalate into a dangerous confrontation for a survivor of domestic violence. The IPVC had been working for years with local housing authorities, complexes, and landlords to gain lenience, priority, and understanding for their clients in such cases, but putting these ideas into practice took constant advocacy on each client's behalf.

At one of the city Fair Rent offices in the IPVC catchment area, the director “Adam” and staff advocate “Abigail” explained to me how 20% of the population in that city were living paycheck to paycheck. As Adam described, when the “tiniest bump” came along, it “throws them off, and they can't afford to do anything.” At times people seeking their services really needed a lawyer, but the one local low-fee legal services center simply could not accommodate them all. Adam and Abigail also acknowledged a significant connection between domestic violence and homelessness: one third of all homeless people in this area had some sort of domestic violence history. The IPVC and offices like this one had worked together to advocate for domestic violence survivors to gain priority access for affordable housing, which could otherwise take years of sitting on a waiting list. Immigration issues also interfered with housing, for example when people were in the process of applying for legal documentation and were told not to move. Furthermore, landlords abused undocumented tenants by threatening to evict or deport, particularly in winter, even though Connecticut renters actually had significant housing rights. Immigrants also frequently lived in overcrowded apartments or unsafe, illegal units. This was especially problematic when DCF was involved, since they would perceive this as child endangerment.

Adam also emphasized how the amount of support for these communities fluctuated with the strength of local Latinx leadership. At the state level, representation was lacking, while at the city level, leadership varied. During 2015 and 2016 I attended several meetings with a local Latinx “advisory counsel” for one of the cities in the IPVC catchment area. This group was made up of representatives from Latinx-led and Latinx-serving organizations, ranging from banks to small businesses to the local hospital. I was surprised to see that during this time, the group was being led by two White, wealthier members. This body and its raced and classed leadership indicated further evidence of the unequal relationship between the low-income Latinx community and wealthy White and Latinx residents—I heard of no equivalent labor or community organization among lower-income Latinx workers.

From my observations at these meetings and my interviews with healthcare providers, I learned that Latinx immigrants benefited from local hospital policies that required them to treat anyone, regardless of their ability to pay or their documentation status. Because of their frequent use of emergency rooms, however, local immigrants would often find themselves with large hospital bills and debt. While hospitals would negotiate payment plans, this type of negotiation required a fair amount of savvy, language ability, literacy, and confidence, and contacting these billing offices was especially daunting without advocates like those at the IPVC. Immigrants with insurance could also access federal low-fee health clinics, while around the state there were a few clinics with limited services for low-income, uninsured people ineligible for Medicare—thus, accessible to undocumented immigrants.

One of the clear advantages was how the local police departments had grown in their understanding of the Latinx population. In one main city in the IPVC catchment area, in the last ten years they went from having no Spanish speaking officers to about

10% of the police force speaking Spanish. Officer “Morales,” the head of their Special Victims Unit, was herself an immigrant Latina woman. Officer Morales explained how she tried to be flexible with her dialect to make people feel like they were understood and that she was “on their level.” She even had her own direct Spanish line for non-emergencies. Her department tried to communicate to the community that they did not care about immigration status and that immigrants had rights. For example, in their local talks they would teach immigrants how to drive so that they were less likely to get pulled over and be caught without documentation.

Through these conversations, several patterns came to light. Latinx community members were drawn to this area because of long-standing diasporic ties and plentiful, relatively higher paying yet low-skill employment opportunities. They also settled there because of networks of social services, good schools, and future prospects for their children. At the same time, affordable housing was extremely difficult to find, forcing them to live in abusive tenant-landlord situations, illegal and unsafe housing units, and potentially dangerous shared homes. Many immigrants were still fearful of reaching out to social workers and government offices, came from a large range of education and socioeconomic backgrounds, had varying English and Spanish literacy and speaking abilities, and had significant health and financial needs. Overall, the service providers assisting this community presented themselves as helpful and understanding—with a few key exceptions—but beyond capacity for the level of need. Many providers also had a good sense of how domestic violence complicated the lives of the people with whom they worked. The more I spoke with these providers, the more stories I heard of how they themselves were survivors of domestic violence or had survivors in their family, and felt a particular empathy for this cause.

Yet throughout these conversations there was also a clear demarcation between, as articulated by Carmela, the “haves and the have nots.” While many of these professionals were themselves Latinx immigrants, the classed hierarchy between low-income Latinxs and more professional Latinxs was one that was difficult to traverse. As Eva indicated above, it took her five of the ten years she had been in the country to make any significant gains in her quality of life—and that was under considerably good conditions. For clients at the IPVC who did not have social support, youth, or good health, such a feat could take much longer to accomplish, if ever at all. Even then, without significant changes in education, skill, and work opportunities, Eva would still not be making nearly enough to reach the \$82,368 minimum cost of living calculated at the IPVC. This reality must therefore be juxtaposed against the narrative for success taught to Latinx clients at the center.

Latinx Services at the IPVC

Since the early 2000s, the IPVC and other domestic violence providers in the state had been developing services to support the Latinx community. In the larger context of Connecticut, the advocate who oversaw diversity and accessibility for the Connecticut Coalition Against Domestic Violence (CCADV) acknowledged many of the general difficulties Latina domestic violence clients have been known to face. For instance, both being unable to speak English and being undocumented can be weaponized by abusers,¹⁵ and if programs are not culturally responsive to these needs, such challenges can be easily overlooked. According to the CCADV, many immigrant clients also do not know how to drive and are financially reliant on their partner. Starting around 2010, there were more prominent messages and mandates at the

¹⁵ See, for example, ethnography on abuse of undocumented domestic violence survivors (Salcido and Adelman 2004; Reina et. al 2014).

federal level for cultural sensitivity when addressing domestic violence.¹⁶ Since by 2016 Spanish was the second most spoken language in Connecticut, two years prior—several years after the IPVC had already started offering services in Spanish and had created its Latinx-specific platform—the CCADV also received funding for a state-wide Spanish hotline, which by 2016 was still in its early stages. Since domestic violence centers around the state had varied capacities for expanding their services, the CCADV also ran trainings and provided support for these agencies to improve their programs.

To build their Latinx services platform, the IPVC not only wanted to provide all their services in Spanish, but they wanted to cater programs towards the particular needs of these clients. This recognition is aligned with insights from medical anthropology, which show how healing is a deeply social, cultural, and spiritual process, leading to different explanatory models for health among Latinxs (Kleinman 1980; Koss-Chioino 1992; Finkler 2001; Guarnaccia and Rodriguez 1996). Anthropologists also warn that definitions of trauma and models for treating mental health are often bound by Western categories of pathology, and may fail to meaningfully resonate with a diverse range of survivors or account for diverse experiences (Young 1995; Fassin and Rechtman 2009; Parson 2013; Kidron 2011). Since different concepts of or experiences with trauma do not directly map onto ethnic and racial categories (Good et al. 2011), “culturally competent” programs may rely on patient-practitioner ethnic matching (Willen 2011) or essentialized assumptions about clients with politically and clinically problematic results (Santiago-Irizarry 2001; Guarnaccia and Rodriguez 1996; Kleinman and Benson 2006). Such

¹⁶ For instance, when the Family Violence Prevention and Services Act was renewed in 2010, it called for more outreach to “underserved populations.”

assumptions fail to account for factors of “hyperdiversity” (Hannah 2011) like language variation, class, and professional training (Finkler 2001), as I will further discuss below. They may also fail to be “structurally competent,” or account for the larger structural barriers that particular communities face (Metzl and Hansen 2014). While certainly, no provider can be expected to be fully versed in all aspects of a community’s needs, having the “cultural humility” (Tervalon and Murray-Garcia 1998) to consistently and reflexively reevaluate their own practices is a good place to start (Willen and Kohler 2016). Anthropology on “cultural competency” thereby recognizes the limitations of broad ethnic categories like “Latino” (Good et al. 2011; Guarnaccia and Rodriguez 1996; Guarnaccia et al. 2010) and connections between health and structures of inequality (Metzl and Hansen 2014). Thus, when contemplating the IPVC’s platform, I carry these cautions over to my analysis of their strides towards sensitivity to the particular needs of these immigrant women.

The Latinx program at the center tried to be culturally open and flexible to accommodate their diverse clientele. In many respects, Dolores and other advocates were aware of and deeply invested in resolving the complex life challenges that so many immigrants face. However, like most professionalized domestic violence programs, they still followed a clear service model and held clients to certain expectations. According to Dolores, the goals for clients in the Latinx program were threefold: safety, education, and independence, encompassed in the idea of being able to *salir adelante*. First and most important was to teach the client how to find help and security for themselves and their family in times of crisis. This involved safety planning around what to do when facing violence from a partner and awareness of their resources and legal options. The second goal was for the client to become educated about domestic violence, to build their self-esteem, and to gain more

confidence in their abilities. The last goal was for the client to gain tools for independence from their abusive relationship—legally, financially and emotionally.

Dolores found that most clients were able to achieve the first goal. When they faced their next abusive incident, clients were generally able to execute their safety plan and continue working with the agency. When clients would return to their partner—a phenomenon well-known and understood within the domestic violence services community—the center always kept its services open to them. In her experience, Dolores believed that most clients she worked with closely eventually left for good when the abuser demonstrated their inability to change in the long-term. By Dolores's estimation and my own, clients were very motivated to work towards the agency's goals, and often inspired newer clients to do so as well. This model was reinforced by the belief—frequently held by both Latina clients and advocates—that at least in part, they accepted being in a violent relationship because they were taught this was the acceptable norm. Therefore, along with legal and emotional scaffolding by the center, clients were re-taught how to be in a relationship. Additionally, most clients found Dolores's support groups educational and continued to attend for long periods of time, thus accomplishing goal two.

Regarding goal three, the idea of “independence” was often described as learning how to “*manejar la vida*”: literally translated, “to manage life.” *Manejar* also connotes driving, indicating active, deliberate forward movement. Dolores frequently evoked the image of a train: each client was a conductor, and if the conductor did not keep things on track, the rest of the train would fall off the rails too. When a new client came into the group, Dolores would survey the other clients to demonstrate how many of them were working, had their driver's license, and were supporting their

families. Such conversations were used to reinforce these priorities within this service setting to be able to “manage life” without help from an abusive partner.

A Narrative for “Success”

These goals were reinforced in support group by a narrative around what success should look like for Latina clients at the center. This narrative largely centered around hard work and personal willpower as the key to living a decent life, which clients were taught to believe they could all accomplish. While encouraging a positive outlook through hard work resonated with the self-narrative of clients like Eva above, it did not always match with the physical, emotional, and spiritual crises that got in the way of this relentless pursuit of constant labor. Throughout IPVC services, clients were enculturated into a belief that if they worked and became financially and legally independent from their abusers, they would be free from the pain of abuse and could strive towards a higher standard of living. However, this narrative did not fully reflect the layers of structural, symbolic, and interpersonal violence these women would encounter, including the debilitating effects of this violence on the body over time.

To support this narrative, a key focus at the center was encouraging Latinx clients to find jobs and hone skills. At the start of a workshop led by the housing and economic advocacy department, Dolores commented how, “*El problema número uno que una víctima de violencia domestica tiene cuando piensa en saliendo es la falta de empleo, ¿cierto o no?*,” “The number one problem that a victim of domestic violence has when she thinks of leaving is a lack of employment, yes or no?” This question was met by a chorus of “*¡sí!*” Then another advocate jumped in to begin a workshop on finding jobs through internet searches on cell phones, having identified a lack of employment as the “*primera barrera*”—the “first barrier”—to independence from abuse. Yet the basic premise of work as a means to freedom from abuse conflicted

with the realities of clients' lives. As Eva's description evokes, the clients that I got to know during my time at the center were hardly strangers to hard work: they had often been engaged in many types of labor, both paid and unpaid, since childhood.

Yet it was also not enough, according to this narrative, for an immigrant client to be engaged in hard work. That work also had to be upwardly mobile in order to be meaningful in the long term. Another day in support group, Dolores went around and asked each client what her first job was when she came to the U.S. These included working in a laundromat, in a restaurant, as a nanny, cleaning offices, and cleaning homes. Then, Dolores asked them to go around again, and share what they were doing now. The first client started off by saying she has been in the U.S. for ten years and was doing the same job but was earning more. At this point, Dolores flatly pointed out that she was still doing the same thing. As they went around, most women were also doing the same thing, but defended their employment by mentioning the marginal gains they had made in wages or working conditions. Dolores stated matter-of-factly that the conditions may have changed, but the type of work was the same, even after twelve or fifteen years. What will happen in five more years, she asked? After this there was a chorus of "*cambiar!*"—"change!" Dolores then warned them: don't just answer me, you have to plan. In the context of such exchanges, Dolores and other advocates encouraged clients to invest in taking time to learn English, to get a driver's license, to take courses at nearby trade schools, and to invest in honing skills that they could apply toward broader employment opportunities.

For a client like Eva—who was young and had family in the U.S. who could help support her personal development—this emphasis on being upwardly mobile was a useful message. But for clients with significant familial obligations and growing embodied hardships—particularly middle-aged and maturing clients—this narrative

seemed less congruent with the realities of their lives. As became apparent in my discussions with other providers, the low-income Latinx population was, in many ways, forced to stay low-income for the benefit of the wealthier community. They had little access to the types of resources—housing, transportation, labor organizing, etc.—that might allow them to make meaningful gains in quality of life. While there was solid logic in encouraging clients to plan for the long-term and invest in skills, this narrative was working against the grain of reality for many women. In this sense, such lessons acknowledged the many structural obstacles these clients were up against (which advocates were invested in changing), while at the same time, success was imagined as an individualistic endeavor dependent on a client's willingness to secure a certain type of waged work, and therefore assumed a Western, neoliberal approach.

This approach also did not acknowledge how highly women valued their many types of care work. While advocates recognized the need for this work, it was framed as a burden which clients should seek to lessen. Clients were consistently encouraged to enroll their babies, toddlers, and small children into daycare as soon as they were eligible to take on more hours of formal waged labor. Additionally, they were discouraged from sending high remittances to families in their countries of origin at the expense of their own future prospects, warning clients that their families may be taking financial advantage of them. Furthermore, clients were discouraged from continuing long-term, low-wage domestic work with limited earning potential. Yet clients were often reluctant to put children in daycare, to cut back on providing family support, or to leave this type of domestic employment. While it is commendable that the center did not naturalize these caregiving tasks by assuming they were inevitable, often clients seemed to disagree that these tasks were not worth the time and effort. As I will continue to explore in Chapter 4, these choices were not necessarily due to a

lack of knowledge, understanding, or self-worth, as was posed by the agency, but agentive decisions to expend resources on caretaking in a manner that was integral to the gendered ways they saw themselves as mothers, daughters, sisters, aunts, or even waged laborers.

Feminist scholars have long argued for more depth of understanding in the anthropological record around women's care work and its social value (Ginsburg and Rapp 1991; di Leonardo 1991). Feminist Marxist analyses have shown how capitalism was fundamentally premised on invisible, gendered, and devalued domestic work (Sacks 1974; Brown 2006). At the same time, feminist scholars have also intervened into this scholarship by documenting how historically, women across the globe have simultaneously carried out formal, waged labor and domestic, unwaged labor—often depending on ethnicity, race, and class—as well as collective care work that made this balance of labors possible (Lamphere 1974; Colen 2006; Freeman 2006). This scholarship illustrates how “reproduction” in the U.S.—conceived of as the care work associated with child rearing—is often stratified across the global “north” and “south.” Immigrant women may take on these reproductive tasks for wages (alongside their own, or leaving their children in the hands of other family members or surrogate mothers), so that higher class women can pursue lucrative waged work (Freeman 2006; Ginsburg and Rapp 1991). This care work also extends to cleaning homes, running households, and elderly caregiving (Rosenbaum 2017; Ibarra 2002). Yet as the women in my research and the ethnographic record show, the relationship between these immigrants, their care work, and their extended families is complex. They do not necessarily see their obligations to the families they work for as simple waged labor, but often form emotional bonds with the people they take care of—who may become substitutes for their own families

in other places—which in turn shapes their long-term occupational decisions (Ibarra 2002; Colen 2006). For some domestic workers, this work also comprises an integral part of their gendered identity as mothers or daughters (Colen 2006; Rosenbaum 2017), while their remittances are also an important part of how they fashion their gendered selves. However, these different conceptualizations of care work did not fit neatly with the center’s narrative around upwardly mobile waged work.

At the center, certain clients were then held up as “successful” examples as a means for legitimating this narrative. Dolores described to another support group how, “Whichever race... with money or without money, with education or very little education, these clients put into practice everything that they learned here.” Dolores emphasized to the group that you have to make the decision that “*sí se puede hacer*”—“yes you can do it”—and to “*dejar temores*”—to “leave behind fears.” As she went on to explain, “There are thousands of women that come through here each year, thousands. And some take it in and some don’t.” In this sense, while the agency did recognize many of the barriers that these women faced as immigrants and as survivors of domestic violence—offering them legal advocacy, advice around finances, help navigating social services, among other supports—this narrative centered around personal will and hard work as the main factors in becoming upwardly mobile immigrants in the U.S. While inspiring and hope-inducing, this narrative left out the abounding forms of violence against the poor, the illiterate, the aging, and the disabled members of society in the U.S., not to mention single mothers with few social supports.

One frequently cited example of this “success” was “Lorena.” Lorena had been a full-time caretaker for her five children during her abusive seventeen-year marriage. Although she had siblings in another part of the U.S., they were not able to help

support her large family.¹⁷ With no work experience, English, or job skills, Lorena began selling things, from purses to home cooked food. Later, she started working in restaurants, learned to cook different types of foods, improved her English, and moved up the employment ladder. Dolores would congratulate Lorena in front of her support group on this impressive entrepreneurship and fortitude, highlighting for the other clients how Lorena was able to manage her family life on her own in this expensive area. Since they lived in the same city, Dolores recalled often seeing Lorena walking from one place to another, and how she was “always moving.”

Yet in spite of her financial independence and increasing job skills, Lorena’s problems were far from resolved. One day Lorena recounted for the group a harrowing time when two of her children were hospitalized for mental health at different locations—one for depression, and one for self-injury. After sharing this incident, Dolores commended Lorena on how well she was able to handle these hardships, never even taking a pill for anxiety or depression herself. On Lorena’s part, she emphasized how her success was the result of help from Dolores and God. While Lorena’s family did not understand her situation—having been part of an abusive household growing up in Mexico, this seemed normal to them—Dolores had been able to provide her with the guidance she needed. During this exchange, Dolores continued emphasizing how it was Lorena that got herself out of the situation.

On the one hand, Lorena enthusiastically embraced Dolores’s advice and the agency’s narrative and goals, which she achieved with a remarkable amount of success. However, her understanding of these goals was complicated by other

¹⁷ As Dolores pointed out, if Lorena took herself and her children to stay in a family member’s house (where they would inevitably have to sleep together on beds or floors and couches), her abusive partner could then call DCF on her for not properly housing the children.

understandings of the world around her, including her relationship with God. Moreover, although Lorena had been able to “move forward” from her abuser and had achieved the safety and independence that the agency set out for her, her path was far from secure. Her children’s well-being was in jeopardy, and the long-term prospects for her family were deeply in question. The idea that Lorena was a success for never having received a handout or taken medication for her own mental health was also indicative of a very specific set of standards and an idealistic stance that success was a matter of perseverance. Those goals were far from a recipe for complete well-being, and were premised on an incomplete narrative.

While Dolores was a strong advocate for her clients, this flexibility was curbed by the center’s limited resources and the rigid standard of success to which they held clients within this professionalized service platform. It was true that these women would not find many supports along the way, but hard work and willpower would not necessarily be enough to free themselves from violence and become upwardly mobile. Yet Dolores insisted that even clients from humble and tumultuous backgrounds could reach the agency’s goals, teaching her groups that their long-term prospects depended on “*la fuerza*”—“the strength”—that they had to find within themselves to move forward. From my observations and our conversations, Dolores was well aware of the many obstacles these clients faced. Perhaps this narrative allowed her to absolve herself of the guilt of knowing many clients would not actually reach these aspirations, and the reality that there was little more the center could do to help them. Or, perhaps being tough on her clients was a strategic approach. Many clients like Lorena and Eva sought this *fuerza* through the agency, the local services system, and faith practices. But years of violence could foreclose certain options, in spite of these personal efforts. Ultimately Lorena’s “success” was an incomplete vision of what it

meant to live a decent quality of life, and what she did accomplish was unavailable to many women.

“Cultural Competency” at the IPVC

While this narrative may have been misleading, I must also complicate this critique by acknowledging the agency’s clear investment in helping Latinx clients move forward from abuse. In the context of medical anthropology’s scholarship on the “cultural competency” of health and service providers—particularly for the Latinx community—advocates at the IPVC understood how creating a Latinx program was about more than just language. As described by Dolores, for the IPVC, it was about catering to the “idiosyncrasies of culture,” and thus creating more comprehensive services. In particular, the IPVC understood the well-documented stakes and complications of documentation status on a client’s case (Abraham 2000; Salcido and Adelman 2004; Trinch 2003; Villalón 2010). Thus, the center demonstrated their “structural competency” (Metzl and Hansen 2014) by building programs to fill in certain service gaps, address forms of structural violence, orient their clients toward achieving legal status, and advocate for their needs at the local, state, and even federal levels. Yet at the same time, their professionalized, neoliberal orientation at times undermined these efforts.

One way that the IPVC tried to make their Latinx platform culturally sensitive was by engaging in practitioner-client “matching” (Willen 2011) and hiring staff who were also Latinx immigrants or from Latinx immigrant families. As the director of this program and a Peruvian immigrant, Dolores explained how when she started at the agency in 2001, she replaced the only other bilingual counselor. In those last fifteen or so years, she had seen significant growth of bilingual and Latinx staff not only at the agency, but in the surrounding community. In 2016, the agency conducted

its first volunteer certification training entirely in Spanish for local Latinx residents wanting to get involved. Yet the broad category “Latinx immigrant” does not necessarily equate to shared experience, language, or world view (Guarnaccia et al. 2010; Santiago-Irizarry 2001; Good et al. 2011; Finkler 2001; Hannah 2011), and can still invite an orientation towards professionalized expertise, rather than insights from clients themselves. In her ethnolinguistic study of domestic violence survivors in New York, Shonna Trinch (2003) demonstrates how when immigrant Latina narratives are translated through the registers of legal advocates, the survivor’s ability to represent her own abuse is diminished. Necessitating this standardization makes protective order interviews a “mediating speech event”(2003, 54) where the actual words of survivors are left out of these systems and lose their transformatory potential. While in some ways the IPVC was very attentive to these differences between the client and advocate, the pull of this professionalized orientation was also at times too strong to overcome.

However, the agency’s “cultural competency” went beyond this practitioner-client matching. During a certification training, Dolores and “Lucía,” a legal department advocate and a Colombian immigrant, described to a room full of new staff and volunteers how they initially spent nine months creating the Spanish website, making sure all their materials had good translations. They also expanded outreach efforts, for example conducting private, Spanish screenings for domestic violence at the local “Well-Baby Clinic” to better educate and respond to the needs of pregnant women. Through this outreach alone, during one year they educated more than seven hundred individuals, connecting 30% of these women to their Latinx services. While the center realized that some of this population was illiterate, they believed that simple phrases like “call this number” were enough to draw attention on

locally placed pamphlets and in public service campaigns. Because most Latinx clients had cell phones, the web-based hotline allowed them to communicate without their abuser seeing a call on their phone records or overhearing a call, and without linking the communication back to the survivor's email account. In 2013 they presented on the merits of this program at a conference for domestic violence services, and found that of the four hundred organizations represented, they were the only one with this web hotline platform.

When speaking with volunteers and staff about the Latinx program in trainings such as this one, Latinx advocates at the center impressed upon their audience the experience of being in a foreign country where you don't know anyone, no one cares about you, you can't speak the language—and on top of that, your partner is abusing you. They would also remind these new staff and volunteers how clients feared that the state would take their children or that they didn't have enough skills to support their families. Furthermore, during my observations of financial planning workshops, many clients discussed how they spend a significant portion of their incomes on remittances to family outside the U.S. and were the primary earners for their extended families—for example Soledad, who was left with only ten dollars a week to cover her own expenses after helping her family and paying her rent. Because of the importance of family for these clients, the center understood that culturally, they had to accommodate children in their Latinx services as well.

For support groups, counselors followed a manual containing curricula approved by the executive director. The manual covered topics such as what is domestic violence, why people stay in violent relationships, effects on children, how to increase self-esteem, and the symptoms of mental illness, among others. Yet in their work with Latinx clients, counselors and advocates did not always work with clients

in these proscribed ways. For example, Dolores would not always follow the manual—support groups were meant to be “open” to accommodate both new and seasoned clients. Invariably when new clients joined the group or a particular crisis arose, she adapted the day’s session. When discussing her methods with me, Dolores also clarified that these groups were for support and not therapy—the “psychoeducation” model—which put certain parameters around curricula, as it could not be clinical in nature. But Dolores was able to engage in discussions of health by introducing clients to meditation and relaxation techniques for stress reduction, such as mindful breathing or guided affirmations.

Although the basic manual generally stayed the same, Dolores also adapted lessons to suit Latina clients especially. For instance, she addressed how clients often felt a lack of confidence in authority and law from experiences living in Latin America, since this would affect their willingness to call the police or work through the court system. According to Lucía, “When they come to this country, they get shocked that here they are treated a different way: for them to understand they have rights, and should be treated different, it’s an eye opener.” In support groups, they would also discuss their abuser’s feelings toward police and legal authorities, as this also affected how seriously that abuser might take a restraining order. If an abuser came from a community in a country where the law was ineffective and they did not care about staying in the U.S., they would be more likely to violate a protective or restraining order. In such cases, women frequently feared their partner’s deportation even more than their own abuse because their abuser might have connections to gangs or corrupt police, and make good on threats towards her family.

Dolores saw her cultural flexibility as tied to not only her own status as a Latina immigrant, but her years of experience. By her own estimation Dolores had

worked with clients from twenty-six different countries and had learned to apply ideas around domestic violence to these different cultural sensibilities—a consistent self-reflexivity indicative of “cultural humility” (Tervalon and Murray-Garcia 1998). She found this to be one of the most valuable parts of her career. As she explained, “to work with emotions—it’s not simple.” On top of that, to have to accommodate the “idiosyncrasies” of cultures required a lot of patience. She believed this type of cross-cultural work would be harder for someone who had never experienced living in a different country as she had. Based on her own experiences, Dolores also tried to teach clients general lessons about life in the U.S.—for instance, American standards for punctuality—while also being tolerant of their differences.

Dolores emphasized how when clients heard her accent, they immediately felt connected. When she first came to the U.S., she didn’t speak much English either, and felt her lack of native English made her less intimidating. Even when she didn’t speak the same dialect, she connected on this level of shared experience. Yet Dolores recognized that there were significant differences between herself and these women because she was a college-educated professional and an established U.S. citizen. She purposefully spoke to them using language she knew they could understand, accounting for different dialects and education levels. In this way, she felt that her respectful orientation towards her clients’ diversity encouraged them to be receptive to her teachings and open to the agency’s rules.

Regina’s understanding of the Latinx program model was also complex. On the one hand, she supported its overarching set of goals. As she explained, “We don’t want people to be dependent on us institutionally,” believing this to be “bizarre,” “unusual,” and “harmful.” On the other hand, she realized that some Latina clients may see the center as a “social outlet,” and that they are “still learning so much:

language, skills, culture.” She recognized the important role of the center in their lives: as a survivor of domestic violence, “if you have surrendered your soul... you have offered information and details—that is so sacred and precious—if we’ve responded appropriately to that,” then clients learned to trust the agency. Regina believed that this dynamic created an unprecedented level of participation in their Latinx program along with Dolores’s skills as a counselor and community ambassador and their outreach through various media channels. From the moment they walked in the door, she wanted clients to feel a sense of “comfort,” “celebration,” and “welcome.” Although they did not have endless capacity for serving individual clients and had to put limits on how much clients could use certain services, if clients continued to benefit from support groups or other programs, Regina was willing to work on increasing that capacity. As she described, “I think we work hard to make accommodations” such that “maybe what the IPVC does a little differently is we understand the whole client.” Regina felt that the role of the IPVC in supporting immigrant clients was “to look at the welfare of that individual immediately, short and mid-term.”

My conversations with Latina staff members across various departments also revealed complex approaches to working with Latinx clients that went beyond simple ethnic matching, stereotypes, and essentialization. According to “Natalia,” a petite yet forceful twenty-something community educator and advocate, one of her major goals in helping Latinx clients at the agency was “fighting the stigma that asking for help is a bad thing, culturally.” As she explained, “Coming from a first-generation family—my parents are both from Mexico, they came here very young—seeing how difficult it is for individuals who feel there are no resources or systems sustaining their needs” led her to understand first-hand “how vital it is for people to be knowledgeable about

the resources out there.” Yet at the same time, Natalia was careful to recognize how “just because someone is Latina, doesn’t mean you work with them all the same.” In this vein, there were nuanced levels through which she felt she could or could not relate to clients. As she went on to elucidate, “even though I am not an immigrant, I was born here, but culturally we face the same types of barriers, stereotypes.”

Although Natalia was part of the same broader immigrant community, she also found they were not always able to relate on the level of cultural norms, dialects, or points of view, given her positionality as a college educated, U.S.-born Latina. At times, she even felt the stigma of how “some countries think they are superior to others.” In general, unlike some advocates at the IPVC or other agencies that she felt were more assertive or reprimanding—focused on teaching the client the “best” way to move forward—she tried to be open-minded and to really listen, and found that this made it easier for clients to feel comfortable speaking with her. Although clients could become aggravated and direct these frustrations at staff, she tried not to take things personally, and to remember what the client was going through.

As I previously mentioned, Magdalena was a Latina advocate in the legal department who also related to clients through her own family’s experiences. Her father came to the U.S. from Cuba at eighteen, at which point through some illegal activity, he was sent to prison for two years. As she recounted, he came with nothing, spoke no English, and “struggled a lot.” Her mom came to the U.S. from Mexico to escape an unhealthy relationship and start a new life. In this sense, when working with clients, “They pull at my heartstrings because it’s like looking at my mother practically.” In Magdalena’s own life experiences, she had acutely felt what it was like to be, in her words, “othered”—language which underscored her education in gender studies. She found that some clients responded to her differently because of

this identity, and she worried about crossing a line and becoming too personal. As she contemplated, “It’s almost like I want to be their equal, and it’s not there—there’s always a difference in power... Many Latina women don’t feel like they have a place, their voice is just really nothing—[they think] the judge or prosecutor has the know-how and would do better making the decision.” Magdalena found that clients were always looking to her for, what she at first described as “acceptance,” and then later changed to “guidance.” While this was not an innately bad quality, she felt conflicted: this attitude “comes off very docile, submissive,” whereas she encouraged them to instead “take initiative” and wanted “them to have tools so they can defend themselves, so they can speak to an employer, ask questions... a lot of Latina women feel like they can’t ask questions.” She went on to describe how,

What I try to do is I want the people I work with to feel like they have the knowledge to move forward. My approach is I want them to have all the information to make decisions, make a sound choice. This means explaining things as simply as I can without carrying my own terminology. I want it to be accessible for them, at the same time being sensitive. It’s sometimes difficult when you hear the same pattern all the time, and you know what’s next, can almost see what’s next, you want to avoid that.

Magdalena made her assistance as accessible as possible, while keeping in mind the agency’s goal of “victim-centered” services and independence. Yet she struggled with the feeling that she knew better than the client about what was coming next. She further detailed how,

I want a relationship with all the women, want to make sure they feel that they can trust me, but at the same time want to draw a boundary. It’s so hard for me to say no. If it’s a Latina who doesn’t speak English, doesn’t have any idea what she’s doing, I feel bad, I want to serve as much as I can so they can move on, so they don’t always come back to me, can go to someone else and get what they need.

Thus, finding a balance between the agency’s push towards self-reliance and her own inclinations to take care of these women was never easy. Additionally, her desire for

boundaries was motivated by self-preservation: as she admitted, “I don’t want to be too involved because I carry that home.”

In these ways, Latina staff used their own life experiences to relate to clients, while at the same time acknowledging the divides between them. Another revealing conversation I held was with “Nina,” a staff member who disclosed that she had illegally crossed the border into the U.S. Although her family was now all documented, she knew the “trauma” of this type of experience. As Nina explained, most people did not know that she was born outside the U.S., but she vividly remembered being “laid out” on the floor of a Jeep and driven by a coyote. Her grandmother came over first and worked as a live-in nanny, saving up enough money to bring all of her children to the U.S. Nina recalled feeling scared during that long journey, and arriving ill-prepared—her mother not even knowing how to use a payphone. Much like the women at the center, her aunts all worked hard cleaning houses for their entire lives, had no education, spoke little English, and relied on Nina and her cousins to translate. “I come from that,” she explained, “where I’ve seen friends and family not have their papers, not be able to work, that struggle.”

Yet just because Nina shared similar experiences did not mean she always understood the different reactions of clients at the IPVC. Even though women in her own family had faced similar types of abuse, at first she struggled to understand why clients didn’t “just kick him out,” but “now I understand their struggle.” She came to realize the prohibitive combination of how many of these women have “no papers,” several children, couldn’t work, had nowhere to live, and felt they were better off staying with their abusers. She recalled one particularly harrowing case where a Dominican woman in the shelter was working hard to secure housing for herself and her five children, and although they allowed her to stay two months past the three-

month limit, the woman and her children still had to move out to a homeless shelter. The family only had to stay there for a few days before they were able to move into a new apartment, but this stood out as an example of how Nina had to learn to confront clients and adhere to the agency's model, in spite of how for all the advocates involved, the case "broke our heart." Eventually, she also learned how to emotionally separate herself from these experiences. In her words, "sometimes you do think a lot about your clients, I go home and think about a particular client, how they are feeling, their particular situation... you have to try to separate yourself."

These Latina staff members conveyed the connections they perceived between their own life experiences—either as immigrants or from immigrant families—and their clients. Recognizing these connections was crucial to be able to relate to clients at the center, gain insight into their hardships, and interact with them from an empathetic and open perspective. Yet they recognized the limits of relationality, on both a personal and professional level. Staff were able to protect themselves from the emotional burden of their clients' difficulties by maintaining boundaries—a privilege not afforded to the women that had to live these realities every day. Additionally, they had the privileges of fluent English, higher levels of education, and legal status in the U.S., leading to power differentials that had to be accounted for in these complex relationships. This approach went beyond basic linguistic or ethnic matching, reflected an understanding of hyperdiversity, and involved the introspection necessary for cultural humility. Their advocacy in various systems on behalf of these survivors also demonstrated their commitment to structural competency.

However, underlying these reflections were also the neoliberal boundaries of the agency's model. At times, a staff member's feelings about a client, understanding of that person's hardships, and desire for that client's success could not outweigh the

reality of their limited resources and the center's expectations. Although the center had deliberately increased its professionalization and hired more educated and experienced staff, at the same time these staff members were expected to encourage clients to be independent and self-sufficient. This led to the frustrating experience of discouraging Latinx clients from deferring to professionals while acknowledging their own expertise and wanting to tell them what to do or take care of them like a family member. Their reflections here demonstrate how staff did in many ways support the agency's goals of independence and self-sufficiency—pushing clients to make their own decisions and to advocate for themselves—while also leaving staff conflicted about their positionality in this model and the model's limitations.

Conclusion

Given the feminist underpinnings of these services, the staff's intimate knowledge of its Latina clients, and their diverse attempts at mitigating forms of structural violence through cultural humility, the agency responded to these clients' needs in a manner that could be considered “culturally competent.” However, the starting point for these programs was the professionalized model, with certain concessions made for Latina clients. Although advocates deeply cared for their clients, these programs were driven by the constraints, tensions, and opportunities inherent to this non-profit system, rather than Latina client perspectives. Thus, there were also gaps between the orientation of these service goals and the experiences of Latina survivors. In light of the hierarchical realities of this particular area and the many layers of structural, symbolic, and interpersonal violence these clients faced, this orientation promoted an idealistic narrative and unrealistic expectations for success, while at the same time, advocates genuinely tried to serve this Latinx community in a multitude of “culturally competent” ways.

As described above, rather than a singular crisis that could be overcome with psychoeducation and advocacy, Eva's experience with domestic violence was inextricably embedded within a protracted history of structural, familial, and interpersonal hardship. Her account of domestic violence could not be readily excised from the overarching patterns of violence within her relatively short life. Through the deliberate and thoughtful direction of advocates, a good-faith attempt at listening to these needs had resulted in tensions within the service model between the neoliberal limitations of professionalization and these Latina client-driven realities. Eva's understanding of violence was informed by the agency's teachings as well as her physical encounters, spiritual convictions, and emotional inner life, necessitating a longer-term lens for understanding such physical, material, emotional, and spiritual effects. In order to *salir adelante* through these many encounters with violence, her life had to be "reinvented each time anew under ever-changing circumstances" (Nordstrom and Robben 1995, 3). Yet as I will illustrate in the following chapter, a "life course competency" uncovers how debilitating physical and psychological challenges prevent many women from being able to reinvent their lives in this way "each time anew."

Chapter 4

***“Al medio del océano”*: An Embodied Life Course Perspective on Violence**

On a mild day in June, “Martina” and I sat in an empty back office. As what was meant to be an initial one hour interview melded into two, we got lost in her story as Martina recounted the events that led her to this domestic violence crisis center over two years ago. She illustrated the story of her fourteen-year marriage by lifting alternate pieces of clothing. Like a picture book of scars, each occasion was commemorated in flesh: the protrusion on her wrist from an attack at her fast-food job; a scar on her forehead from when, while sitting on his handlebars, her husband purposefully crashed their bicycle; marks on her chest from forks. In her world, everyday objects were turned into weapons. These injuries bled into other types of embodied torture: for the nine months she was pregnant with her youngest son, her husband kicked her out of their bed and made her sleep in the closet. Then, when she gave birth at the hospital, he kissed her in front of the doctors and told her he loved her.

Although only thirty-nine years old, Martina unconsciously stroked her injured arm as she explained how her wounds were both aggravating and limiting: she worked for a demanding house cleaning business, earning ten dollars an hour. She dreamed of learning English and then working independently (which would allow her to earn more and work less), but workplace exploitation—especially at the hands of other Latinx immigrants—was a constant source of aggravation. She saw obtaining a Green Card, learning English, and working for an American boss as the tickets she needed for better working conditions. As we sat together, Martina gestured to show how the accumulation of her experiences had led to chronic pain that began near her ear, around her shoulders, and down her back. At the time, she knew she had to follow

up with a doctor at the local clinic, but was afraid of being told she needed surgery. Without disability benefits, savings, or a strong support system, Martina and her children could very easily find themselves homeless. Then, like a finale to her show of scars, when I asked about how she came to the U.S., Martina lifted her pant leg and showed me a disfiguring burn she received from a train when escaping El Salvador. The scars from her husband were only one piece of her many layered hardships.

Martina's story is an illustration of the fact that violence happens to bodies. No matter what forms that violence takes—financial, physical, emotional, psychological, sexual, or otherwise—it does not just affect the person's pragmatic circumstances, but becomes deeply rooted in their embodied experience of the world. These experiences then translate to effects on well-being and the choices that person makes. Martina was forever changed by what she had undergone. Her very corporeality bore witness to the accumulation of violence from childhood onwards. In the years following her relationship, these embodied changes continued to affect her in ways not always predicted by the crisis center and rarely accommodated by the unforgiving circumstances in which she and many other clients lived. Here I focus on these embodied changes, and how the accumulation of these embodied hardships over time leaves many Latina clients unable to follow the directives of the center. Drawing upon embodiment, aging, and disability studies, a "life course competency" is necessary for understanding the needs and experiences of Latina immigrant clients and how such clients navigate through the world. I propose this "life course competency" as both an ethnographic and practitioner tool for peeling back the layers

of these violent experiences to better understand the accumulation of their resulting effects on women as they attempt to *salir adelante*.¹⁸

With this focus, I contemplate the body and its interactions with the world through a multifaceted lens. In its broadest form, I consider “embodiment” to include the way that life’s experiences inform and change the material body, its modes of functioning, as well as the evolving experience of that body. These may include more obvious material changes, such as injury or cancer, and less visible experiences of the body, such as depression or chronic pain. Drawing on the work of phenomenology, I foreground how experiences are mediated through the body, and inform that person’s understanding of their self in the world (Young 2005; Merleau-Ponty 1974; Csordas 1993; Dejarlais and Throop 2011). Rather than consider the body as a determinate, pre-formed, or self-contained object, I focus on the experience of “being-in-the-world,” the inevitable formation of the body and bodily experience through “being,” and how bodies in turn leave a mark on the world in which they live (Merleau-Ponty 1974; Csordas 1993; Csordas 1994). Thus, I conceive of “embodiment” as encompassing the physical as well as psychological and spiritual shifts rooted in the different experiences of one’s body as it moves through and interacts with the world (Scheper-Hughes and Locke 1987; Turner 2011).

Furthermore, I account for not only embodiment as lived experience, but embodiment as a shifting experience over the course of someone’s life. As Sarah Lamb (2000) notes, much of the earlier anthropological focus on age centered around rituals and death, rather than aging in everyday life. Instead, drawing on feminist

¹⁸ Because of the deep intertwining of body and mind in this type of violent experience, I reject a Western, Cartesian distinction between “mental” and “physical,” and instead focus on the overall embodied impacts and how these affect a client’s ability to navigate their circumstances.

theory, she provides a useful framework for considering how bodies are ever-changing and open to the world and people around them. Here I will take a close look at the experience of this openness, and how environments and people literally and figuratively leave their mark. Yet not only are bodies subject to change according to these interactions, but bodies and their relationship to the world also change inevitably with time. As Lamb describes, “Processes of aging (however defined) cut across all of our bodies and lives; they play a central role in how we construct gender identities, power relations, and the wider social and material worlds we inhabit—indeed, what it is to be a person” (2000, 9). Furthermore, she warns against the limitations of “Freezing women’s lives in one stage” (2000, 9). Thus, I follow the precedent she sets for considering the gendered body through the lens of aging not just from the perspective of gerontology, but by considering how women’s bodies age and change across the entire course of their lives. Therefore, by “life course competency,” I refer to an understanding of the dynamic, cumulative quality of embodied experience over time which accounts for shifts in a person’s material and social relationship to the world.

With respect to embodied hardships, training on trauma and increased systemic support has helped many domestic violence providers in recent years better respond to their clients’ physical and psychological needs. Following a growing national trend, starting in 2010 the IPVC tried to establish a medical advocacy program which sought to educate local health care providers about screening and treating domestic violence, and through which they would offer counseling in hospital emergency rooms. They also provided basic medical screenings and health-related counseling to clients living in their shelters. Unfortunately, due to a lack of staff and

shifts in funding priorities, this program was scaled back and virtually eliminated by 2016.

Within Latinx support groups, Dolores regularly led guided meditation sessions and held workshops about self-care. This emphasis on practices like meditation, personal hygiene, and preventative health care was consistent with the surrounding domestic violence agencies—one center even had its own yoga studio. For some women, these lessons may be quite useful. But for others, their embodied difficulties go far beyond what such practices can address. Moreover, emphasizing “self-care” can also contradict the IPVC’s simultaneous emphasis on hard work, as well as conflict with the realities of many clients’ everyday lives. As I will examine below, “self-care” as a solution for the embodied consequences of violence further entrenched the center’s narrative to Latinx clients in neoliberal ideals that were disconnected from their ongoing difficulties as women, immigrants, and survivors of domestic violence.

While even undocumented clients did have some limited access to free or subsidized healthcare, clients were often unaware or unable to prepare for sudden or long-term difficulties with health. For instance, many were responsible for sending significant monthly remissions to their countries of origin or single-handedly supporting extended family in the U.S. Yet as clients grew older, these families did not or could not always reciprocate. In the case of unexpected, catastrophic, or chronic health problems, access to regular, affordable healthcare could become more difficult and drain clients’ resources, putting their goals for an economically stable future in jeopardy. Even for clients with residency who were eligible for disability and social security benefits, the grueling toll of service work, low-levels of education, and lack of English skills made finding long-term economic and physical security

problematic. Furthermore, the results of their embodied hardships were not always readily apparent or something for which they were willing to seek help. Clients with failing health would therefore find themselves in cycles of crisis and a deeply embodied sense of insecurity, forced to dwell in “a habitus of fear and uncertainty that is at once social, psychological, and material”(Goldstein 2012, 4).

As I continued to spend time with Latina clients and observed the webs of hardship in which they were embedded, I saw how the IPVC’s expectations could be incompatible with—and even detrimental to—these client experiences around health. By living and working in this area, Latina immigrants at this center found a steady supply of low-paying service jobs and public facilities, but frequently went without affordable housing, health insurance, reasonable living costs, or reliable transportation. In some ways, they benefited from a co-existence with the wealthy White and Latinx communities. Yet this extreme inequality maintained a clear boundary that most of these low-skilled, low-income women could never transgress, no matter the aspirational narratives they tried to emulate at the center.

Even still, many Latina clients saw this combination of hardship and opportunity as preferable to moving to a less expensive area or returning to their countries of origin. Yet this life required constant work, frequent exploitation, and little opportunity for advancement, as in the case of Martina above. Moving forward required being always flexible and ready for constant labor. They had to be equipped to, as put succinctly by Carolyn Nordstrom and Antonius Robben, “reinvent” their lives “each time anew under ever-changing circumstances”(1995, 3) and in the face of new forms of violence. The experience of domestic violence was also deeply integrated with violent events from childhood, immigration, and circumstances in the U.S., further accounting for their health crises and difficulties navigating the social,

financial, and legal processes required by the center and surrounding services system. Thus, in this chapter I highlight how the center's model for success did not account for the toll this accumulation of violent and grueling experiences could take on the body, amounting to an unsustainable set of expectations for certain Latina immigrant clients and the need for a "life course competency" among providers and scholars alike.

Debilities into Disabilities: Reframing Domestic Violence

With respect to a "life course competency" perspective, a disability framework is useful for interrogating the relationship between embodiment and hardship throughout the phases of someone's life. Through this framework, I illuminate how systemic expectations for clients like Martina were often unrealistic. This framework helps clarify how these expectations reflect larger societal ideologies, and why the center's model created a contradictory narrative of unattainable goals, particularly within a short-term, crisis-oriented time frame.¹⁹ Disability movements have taken many forms since their emergence in the 1960s and 1970s, with significant scholarly debates over ever-evolving responses to changing political landscapes. The foundational concepts from this field are helpful for describing what has often been overlooked in both domestic violence scholarship and practice. The way that disability theory differentiates between debility and disability is particularly useful. Within this literature, "debility" refers to the "functional differences or losses in the body"(Livingston 2005, 7) that a person experiences, while "disability" refers to the

¹⁹ Although some clients did refer to the English term "disability" when describing their circumstances, I also acknowledge that I am projecting a Western framework onto these women's experiences when they themselves did not explicitly describe them this way. I do so in order to explain their embodied struggles within a complex and demanding web of institutional systems and societal expectations that wrongfully assumed certain capabilities.

socially constructed challenges that person faces because of the society in which they live (Shakespeare 2006). This distinction emphasizes the idea that just because someone may have an underlying condition that makes their embodied experience different from other types of bodies, by establishing certain societal expectations for bodies, it is society itself that constructs the disability, not the body or its condition.

This distinction allows for a fairly broad conceptualization of what types of debilities can be constructed into disabilities. Julie Livingston (2005) uses the term “physical misfortune” to encompass the overlapping phenomena of impairment, chronic illness, and aging. While not all bodily limitations need to necessarily be construed as a “misfortune,” Livingston focuses on the types of debilities that are met by a world that is hostile to their existence, and are therefore culturally and historically viewed as actively limiting. I find this conceptualization effective for describing the range of debilities that I came across among the Latina clients I worked with at the crisis center. While many domestic violence survivors may undergo embodied changes that they are able to resolve over time or for which they receive adequate treatment and accommodation, my goal here is to call attention to the embodied conditions among these clients that were not readily resolved, accommodated, or even acknowledged, and thus impaired their ability to move forward with their lives. These bodily conditions can be similarly described as “physical misfortunes”—debilities that are transformed into disabilities by unforgiving and dismissive societal and institutional structures. Thus, following Livingston’s example, I include discussions of chronic and acute illness, aging, and pain as examples of debilities that can all be rendered into disabilities for these Latina domestic violence clients.

Both early disability studies and feminist studies initially debated the political stakes of scholarship that focused on the body. In the case of disability studies, the risk was reifying a medical model that refused to recognize the part society plays in constructing a world that is unforgiving of certain bodily configurations (Shakespeare 2006; Mitchell 2015). In the case of feminist studies, the risk was jeopardizing a political agenda that sought to recognize the socially constructed nature of gender-based violence (Bart and Moran 1993; Spelman 1982; Bordo 1993) and the fear of reifying an at times damaging cultural association in the U.S. between “woman” and “nature” (Ortner 1974). In the case of domestic violence, the initial creation of pragmatic, institutional solutions was important, but then failed to adequately account for the wide variety of embodied consequences of violence.

In the last two decades, calls for in-depth investigation into the health consequences of gender-based violence are finally being answered. Scholars of gender-based violence have long critiqued medical institutions and the medical profession for reinforcing the structural violence that perpetuates gender-based violence by treating health symptoms related to abuse as isolated health issues, and treating domestic violence as an individualized problem (Stark, Flitcraft, and Frazier 1979; Warshaw 1993). The usefulness of an anthropological intervention into these practices has also been made clear: as Kaja Finkler describes, “To comprehend the pernicious effects of domestic violence on women’s morbidity is to explore the nature of sickness from an anthropological perspective”(1997, 1148). This recognition of the connection between domestic violence and health has led to important discoveries. For example, building on Merrill Singer’s concept of “syndemics” (2009)—the idea that “adverse social conditions, such as poverty and oppressive social relationships, stress a population, weaken its natural defenses, and expose it to a cluster of

interacting diseases”(Mendenhall 166, 2016)—Emily Mendenhall examines how structural, symbolic, and everyday violence alongside domestic violence and immigration-related stress can result in “syndemic suffering” among Latina immigrants from both depression and Type 2 diabetes (Mendenhall 2016; Mendenhall 2012). This layering of violent experiences can also result in cumulative, non-life threatening effects that decrease quality of life, referred to by Kaja Finkler as “life’s lesions” (1997; 2001). By elucidating the physical, emotional, spiritual, and temporal experience of these health effects through the framework of disability and aging, here I contribute to this more recent focus on immigration, gender-based violence, and health, including the call for an integrated social service response to address survivor health care needs (Parson et. al 2016).

According to the World Health Organization (2013), at the most extreme end of the spectrum of violence, intimate partners commit 38% of murders of women worldwide, making this a life-threatening phenomenon. Yet premature death from domestic violence can also take a slowly insidious form: the prolonged, acute stress can lead to complex neural, neuroendocrine and immune responses that significantly shorten the lifespan and limit quality of life in old age (WHO 2013). Domestic violence also leaves women more susceptible to chronic disorders, pain, and ailments that become increasingly life-threatening over time, such as cardiovascular disease. Abuse and its reverberating effects further manifest through mental illness—including depression, anxiety, and suicide—and sexual or maternal health outcomes, such as premature labor and Sexually Transmitted Infections. Domestic violence also leads to injuries that may permanently limit movement and well-being, the most common including injuries to the head, neck, and face (WHO 2013).

As scholars like Finkler, Parson, and Mendenhall acknowledge, these health consequences are then aggravated by the cumulative physical and psychological stress of migration, intense labor, and the many other violent experiences encountered by the Latina clients described here. In the broader context of medical anthropology, scholars confirm this inextricable connection between the stress of life circumstances and the body, and challenge anthropology to consider this intertwining of the biological and the social. As Ann McElroy and Patricia Townsend articulate, social circumstances can lead to conditions that cause stress for the body—“stress” meaning the “physical response to environmental demands threatening the well-being of the individual”(2004, 265). In this sense, stress is considered an ongoing process where “environmental demands” meet “inadequate resources” (Dressler 1990, 251). For minority communities in the U.S. especially—for whom the physical and psychological effects of discrimination are embedded in everyday structures and systems—we must look closely at these social environments to determine sources of stress and how they affect someone’s health. As Leith Mullings and Alaka Wali argue, “only such a systemic view permits a comprehensive understanding of the potential sources of stressors and chronic strain”(2001, 21). Stress can be acute—for example, an unexpected or sudden shift in someone’s life—or chronic, where risk factors “persist in the structure of everyday social roles and circumstances”(Dressler 1990, 254). In particular, McElroy and Townsend point to how anthropology has a unique positionality from which to study cumulative stress, or the body’s response to multiple stressors—acute and chronic—over time. From this vantage point, the long-term experience of these many forms of stress can be explored (Kleinman 1980).

However, a person’s social circumstances can also fortify or weaken potential for resilience against these effects—“resilience” meaning social supports, resources,

and individual coping methods in the face of stress over time (McElroy and Townsend 2004; Dressler 1990; Mullings and Wali 2001). As I will further discuss in Chapter 5, anthropology has documented how religion and ritual are especially powerful resources, particularly for immigrant communities who may find themselves lacking the sources of support that they otherwise may have had in their countries of origin. The IPVC's services were another important resilience-building resource for immigrant clients at the agency. However, as Mullings and Wali warn, the strategies and resources that people rely on to cope with stress can also bring about complicated forms of additional strain. Thus, my analysis contributes to this ongoing conversation by showing what happens to disabled and maturing Latina immigrant bodies when they cannot live up to societal expectations—including within the very systems put in place to help them.

Illness in the Context of Self-Care

First I interrogate the experience of acute illness in a system that is configured for healthy bodies. The story of the client I call “Lea” is helpful for demonstrating this phenomenon. Lea and I met when she first started attending a support group at the crisis center, and she was drawn to me faster than some other clients. We had agreed to meet before the support group for both an initial interview and to look into finding her a local internship. The office was crowded, and there was no good space for Lea and I to talk. In a vain attempt at privacy, we huddled around an open-air cubicle to block ourselves off from the bustle of the office. Lea started to reminisce about the person she used to be in the Dominican Republic, before she came to the U.S. to marry her current husband. Finding words insufficient to describe the transformation she had undergone, Lea pulled out a picture on her cell phone to show me what she looked like before she endured what she called her “*pesadilla*”—her “nightmare”:

Y en el momento en que se introdujo los papeles, hay comienzo mi pesadilla. [Laughter] Hay comienzo mi pesadilla. Hay comienzo el hombre dulce, el hombre amable, a cambiar—en todo sentido de la palabra... tanto a nivel de pareja, en todo.

And in the moment in which the [immigration] papers were introduced, then the nightmare began. [Laughter] Then my nightmare began. The start of the sweet man, the nice man, changed—in every sense of the word... at the level of a partner, in everything.

As soon as Lea's immigration status was contingent on her husband, he drastically changed. Although the Lea sitting before me was an attractive, well-dressed and carefully coiffed woman of fifty, compared to the movie-star-esque beauty in the photo, she was nearly unrecognizable. "The Lea from before and the Lea now... nothing alike," she described: "Physically, emotionally... nothing! Nothing." In the Dominican Republic, Lea was an educated professional, and travelled around the world for her position. Yet now, she was frustrated by her helplessness. She seemed to perceive me as a similarly educated, well-connected person who might be able to understand and help her.

As we began to talk about her situation, Lea admitted that as a divorced woman with a grown son, she had been feeling an emptiness at home in the Dominican Republic. When she was introduced to her now-husband on Skype by a distant relative, she began spending hours with him online, and eventually decided to come to the U.S. Once she was here, they got married. She went back to the Dominican Republic and renounced her position, then returned to the U.S. to live in his home. It was then that she realized the terrible situation she was in, one unlike any she had experienced:

No que decía que ya una persona de la edad de cincuenta años, mi esposo me lleva cuatro años, yo entiendo de que tú sabes lo que quiere, y entiende que la otra persona sabe lo que quiere. Y tomé la decisión de dejar todo para estar con mi pareja, porque entendí que estaba muy clara lo que quería. Y habíamos acordado que yo tenía que aprender el idioma primero, de que tenía que tener un avance aquí para poder buscar trabajo. Y todo el tiempo, hasta

ahora todavía no he trabajado. Pero, la condiciona de que no he trabajado tampoco pueda porque tenía que pasar tanta hambre. ¡En los Estados Unidos! Yo nunca había pasado antes. Y lo que te decía era que es, creo que parte del sistema que me hace esto, porque yo vine con visa, tantos años con visa. Imagínate: desde los nueve a los cincuenta, ¿cuantos años son? ¡Son cuarenta y un años! Con visa. Y-- tomé la decisión para venir por acá, ¡y encuentro un monstruo! Sencillamente porque ya yo no... no tengo la visa, tengo la residencia acondicionada, que gran parte tengo que estar con él, y abusa. Encierro en un círculo, sencillamente, le da un poder a la persona que está haciendo los papeles, eso es lo que yo veo. Que, hay, el sistema, da parte a que la persona sea abusada. Por es una cosa venir, cambiar un estatus, otra cosa es traerte como un afiancé. Por eso no, le da el derecho a esa otra persona sentirse Dios.

It's not to say that a person at the age of fifty, my husband has four years on me, I understand that you know what you want, and it's understood that the other person knows what they want. And I made the decision to leave everything to be with my partner, because I understood that he was very clear on what he wanted. And we agreed that I would have to learn the language first, what I would need to have to advance here to be able to look for work. And all the time, until now I still have not worked. But, the condition under which I have not worked, also I could not have because I had to experience such hunger. In the United States! I had never experienced this before. And what I said to you was that this, I believe in part the system is what has done this to me, because I came with a visa, so many years with a visa. Imagine: since nine until fifty, how many years is that? It's forty-one years! With a visa. And—I made the decision to come here, and I found a monster! Simply because I don't... I don't have the visa, I have a conditional residency, which for the most part I have to be with him, and he abuses it... I am imprisoned in a circle, simply, they give the power to the person who is doing the papers, this is what I see. That, there is, the system, gives part of the [reason] that the person can be abused. It is one thing to come, to change status, it is another thing to be brought as a fiancé. Because of this, no, they give the right to the other person to feel like God.

Lea spent years traveling throughout the world, never feeling the restrictions that she now encountered in the immigration system. She experienced these restrictions as explicitly violent: not only did these immigration laws restrict her rights, but they also directly facilitated the violence of her abusive husband. This structural violence was therefore intertwined with domestic violence through her status as an immigrant wife. Thus, Lea blamed both the “monster” that she encountered and the “system” that empowered him to “feel like God.” Once she came to live with her husband, along with common abusive behaviors like name-calling, his abuse was physically

neglectful. Although her country may be “under-developed,” Lea explained, she had all the comforts she needed. Yet in the U.S., she was essentially starved by this man: he would buy minimal food at the beginning of the week, which she could barely make last. He would neglect to pay the gas bill and leave her freezing in the house all day. He tried to ban her from leaving the house when he was at work, but she circumvented this restriction by making friends with a neighbor, who helped transport her and orient her to the new city. Sexually and otherwise, he “used” her—this made her “feel like an animal,” she described through tears. Moreover, comparing herself to other women in the group, she concluded that unlike if she were thirty, when you think you are “superwoman,” for Lea, “fifty is fifty.”

Lea went on to recount how she had a physical exam when she first arrived in the U.S. and was in good health. Exactly a year later, she was diagnosed with breast cancer:

Yo siempre he pensado, que en vez que de tanto sufrimiento de que chocar, te ve la diferencia de como yo vivía y que yo vine, a lo que cambié. Fue que poder que me la de una enfermedad. Yo tenía un año, antes de vine... antes de yo venir, yo me hice un cheque general, de todo, mamografía, todo. Y me lo traje, y lo traje, y lo llevé al hospital. Y en un año exactamente, en un año, me dice que tengo cáncer. A mi familia no hay cáncer, es una de la mayor probabilidad—no tengo.

I always thought, that in place of all the suffering I have come up against, you can see the difference from how I lived and how I arrived, to what changed. It was what could have given me this sickness. I had one year, before I arrived... before I had come, I had a general checkup, of everything, mammography, everything. And I brought it, I brought it, I took it to the hospital. And in one year exactly, in one year, they told me I have cancer. In my family there is no cancer, this is one of the major probabilities—I don't have that.

Having no family history of cancer or past illness, Lea was sure that her rapid decline in health was directly related to these grueling conditions. When her mounting hospital bills—unpaid by her husband—went into collections, her son in the Dominican Republic was able to help her pay for some and negotiated payments for

the rest. Although Lea had three brothers who lived in neighboring states, they did nothing to help her because her husband was Haitian. This tension between Dominicans and Haitians stigmatized her marriage—thus, her family faulted her for ending up in this situation.²⁰

Although Lea was still in recovery from her cancer and receiving some treatment, after reaching a certain level of physical stability, she desperately wanted a job. However, the most readily available jobs for her in this area—as a limited-English speaker and a new immigrant—involved physical demands that she was unable to perform, such as becoming a home health aide, housecleaner, or babysitter, which were the typical jobs held by other Latina women in the support group. On the recommendation of crisis center staff, I was helping her find an internship and build a professional résumé in the U.S., with the hopes of her eventually securing a clerical position once her English had improved. She could not go back to the Dominican Republic because she had renounced her title—once a woman is over thirty-five, Lea explained, she simply won't be newly hired for a professional position:

En mi país, después de que tú tienes treinta y cinco años ya te considera en el área laboral vieja para contratar. Prefieren contratar jóvenes que ya tienen maestría, pero tienen cuanto veinte ocho, treinta años, ¡y paga menos!

In my country, after you are thirty-five years old you will already be considered old to hire in the work force. They prefer to hire young people that have a Master's, but are twenty-eight, thirty years, and pay them less!

²⁰ Although tensions between people from the Dominican Republic and Haiti—promoted and reinforced through historic colonial and more recent neocolonial forces—have been discussed at length in popular books such as Michele Wucker's *Why the Cocks Fight: Dominicans, Haitians, and the Struggle for Hispaniola* (2000), such portrayals of these tensions have also been complicated and critiqued through ethnographic accounts of this complex and nuanced relationship (see Martinez 2003; Wynne 2016).

I heard similar comments about age and hiring practices through other clients from countries throughout Latin America. Additionally, it was painful for Lea to imagine starting all over again:

Yo me siento desprotegida, totalmente. Y sería más fácil decir, o, se mete para tu país. Pero a tu país—sin trabajo, sin nada, ¿a qué? ¡A un país subdesarrollado! ¡Ya estoy aquí! Tengo que, esa como, me siento como, cuando tú esté en el océano, estoy en la mitad, como cuando tú dice, voy a la playa, tú tienes muchos años, te va cantando, te vas contenta, todo muy bien, porque te pásate todo el día en la playa; para volver para atrás, llegue apropiada loca por llegar. Me siento yo estoy al medio del océano, que se me voy por atrás, yo estoy tan cansado, no voy a llegar... pero a lo mejor se sigo para adelante, tengo la esperanza que de puedo llegar... porque volver a atrás ahora, ¿cómo?

I feel unprotected, completely. And it would be easier to say, oh, go back to your country. But to your country—without work, without anything, to what? An underdeveloped country! And I'm already here! I have to, it's like, I feel like, when you are in the ocean, I'm in the middle, like when you say, I'm going to the beach, you are older, you go singing, you go happily, everything is good, because you spend all the time on the beach; to turn back—you should arrive appropriately crazy. I feel I am in the middle of the ocean, that if I go back, I am too tired, I won't get there... but at least if I continue forward, I have the hope that I can arrive... because to turn back now, how?

As Lea described, she was already on a certain path. To turn back around was no longer a possibility, and all she could hope for was to try to move forward with life in the U.S. At fifty years old, she was both too young to go back to the Dominican Republic—not ready to give in to the end stages of life—while too old to go back and restart her career. In this sense, she was “*al medio del océano*”—“in the middle of the ocean”—trying to *salir adelante*.

On the surface, to be recovering from cancer does not innately make someone “disabled.” But to be recovering from cancer with no income, health insurance or job prospects, to be someone whose caregiver is abusive, who is tangled in the structural violence of the U.S. immigration system, and whose only supportive family lives a prohibitive plane ride away, turns an illness and its resulting debilities into a socially constructed disability. The crisis center model assumed the client's ability to establish

an income and support system that would allow her to leave her abusive husband and become financially independent. For Lea, none of those options were immediately available because of her illness and her familial tensions. While for Lea these debilities would hopefully be temporary, the effects of her cancer, treatments, or healthcare debt could continue to be limiting in the long-term, and prohibitive for following the crisis center model.

On the one hand, Lea's particular debility was both visible and documented, so that she could benefit from its validation by Western medical authorities (Wendell 2010). Since she was also married to a U.S. citizen, Lea was at an advantage on several levels: she was a legal resident and had more expedient avenues available for obtaining health care and legal residency. Furthermore, Lea was highly educated and professionally experienced, which bode well for her job prospects outside of manual or service labor. Yet even with these assets working in her favor, Lea was hindered for the foreseeable future, and there were no immediate alternative avenues for relief. Lea's story exemplifies how the cumulative effects of violence can hinder even an educated, middle-class survivor. Her experience with violence and illness caused a significant backslide in her ability to work and *salir adelante* towards "independence" in the manner that the agency expected. She was not capable of providing endless flexible labor to "reinvent" her life again. If she had chosen to leave her husband and seek shelter, this would only have bought her sixty days of time until she would have had to live on her own, without the minimal resources provided by her husband or her neighbor. Therefore, her story illustrates how even with many advantages, an immigrant client's debility can be constructed into a disability.

In our conversations, Lea emphasized how she saw her cancer as the direct result of her experience with domestic violence and the negligence of a broken

immigration system. As Linda Green discovered in her work, the way widows from the Guatemalan civil war chose to represent their illness in the wake of violence carried a political weight. Going beyond notions of hysteria, psycho-somatic illness, or even trauma, the women in her study made a political statement by claiming that their illness was the result of war. Through this very recognition of a connection between their bodies and the violence they suffered, “The illnesses rather than fully debilitating them actually work to mitigate their powerlessness”(Green 1999, 124). While Lea’s claim that her illness was the result of domestic violence and systemic neglect was not an act of collective resistance, it does speak to her desire for recognition. She did not want to just be seen as a cancer survivor and a survivor of domestic violence; Lea wanted me to recognize how her cancer was the cumulative result of her abuse. For Lea, her survival was an ongoing process where cancer and abuse were deeply intertwined, exacerbated by the structural violence of the legal system. Thus, she affirmed the importance of recognizing how domestic violence is deeply embedded within the body, how it cannot be separated from other violent experiences, and how it affects the body over time.

Disability scholars recognize how acknowledging such embodied limitations is an unwelcome reminder for the non-disabled that certain types of debilities could happen to anyone. Disabled bodies represent different ways of being in the world that both reify what a society deems “normal” as well as pose a threat to what is otherwise assumed to be “right” (Mitchell 2015). This is particularly threatening in a neoliberal environment: from a disability studies perspective, David Mitchell (2015) critiques the way in which a neoliberal attitude in the U.S. demands that people are responsible for their own bodily management. This attitude is aligned with the service model at this crisis center and with the larger social services system in which it was embedded.

Much of the focus on health in support groups with Latina clients centered around self-care. Since clients held Dolores in high esteem, being given her permission to prioritize their own health and to take care of themselves was a valuable lesson for some. But for others, these lessons were incompatible with the severity and quantity of their embodied hardships and their actual time and resources for devoting to themselves. During such sessions, clients would watch videos with titles like *El Arte de No Enfermarse*, *The Art of Not Getting Sick*, or *Tú Puedes Sanar Tu Vida*, *You Can Heal Your Life*. In the latter, this video included advice from people in the self-help field, reinforced by the movie's creator, who told stories of her own experiences of abuse throughout her life, how she learned to become a more positive person, and how she overcame these obstacles. At the end, Dolores asked the women what word was the most significant from the video? When nobody knew, Dolores explained that the word was, in English, "change," and then translated into Spanish, "*cambio*." When soliciting comments on the video, several clients emphatically agreed with this message around making changes in one's life and learning to be more positive people. A frequent refrain the women were taught within such lessons was "*lo que le hace daño, quítalo*"—"what does you harm, get rid of it."

Yet these messages implied that such causes of harm were within a client's control. This implication was particularly problematic for the women whose embodied debilities were not only beyond their control, but were further exacerbated by the very systems that asked them to manage those debilities. In cases like Martina's or Lea's, not only did the stress of their circumstances create a situation where these neoliberal expectations were impossible to meet, but it was that same neoliberal system that aggravated their social circumstances and helped construct these disabilities. Mitchell further argues that the disability "inclusion" movement,

while serving certain communities, has made other embodied realities more hidden and excluded (2015). Paul Farmer (2004) further illuminates this point by noting how the moral economy through which structural violence takes place makes this type of violence seem invisible, creating a cycle whereby the larger processes of the state and global economy are allowed to unquestioningly lead to violent conditions of neglect. In my ethnographic observations, the embodied hardships of these Latina women were part of this neglect and exclusion,²¹ reinforced on a smaller scale by these narratives of self-care.

Invisible Disabilities

As indicated by Lea, the bodily stress of immigration and domestic violence could manifest in devastating ways. This connection was made clear by Lea and her understanding of her cancer diagnosis. However, for many clients, the accumulation of physically and emotionally demanding life circumstances started from childhood onward—including dramatic border crossings and torture-like abuse by their partners—leading to debilities that were not always as obvious or visible as cancer, and what Finkler might refer to as “life’s lesions” (1997; 2001). Here I return to Martina’s life history, which I introduced at the start of the chapter. Martina’s injuries were completely invisible to me until our interview together. The revelatory act of lifting her clothing to demonstrate her disfigurements was incredibly intimate. Martina’s resulting chronic pain was also not readily apparent to anyone unless they had spent significant time with her. But the more I spoke with Martina and reflected

²¹ While I don’t believe all clients with embodied hardships should be recognized as a cohesive, disabled community—this would be unnecessarily essentializing—I am analyzing and proposing the need for more recognition and accommodation of bodily limitations among Latinx immigrants, particularly those seeking assistance for domestic violence in the U.S.

on things she had said in support group, the more I understood the ways in which she physically carried her dynamic life experiences with her at all times.

Martina shared in support group and in our interview how as the first of six kids, her father was extremely hard on her when she was a child. Because he had wanted a boy, he treated her like one. Like many children where she lived in El Salvador, she worked long days cutting cane or picking coffee in the fields, with her father hitting her when she was not fast enough. She was never fully able to attend school through the seven grades that she did attempt. Alongside her grandmother, she did all the cooking for her family. Her father was violent towards her mother, who Martina would then step in to protect. Her mother would spend every day crying and ill because of this abuse, but this type of family violence was considered normal—she supposed her father had also grown up this way, and that’s just how life was. Subsequently, Martina also thought this was what love and marriage ought to look like. At the young age of fourteen, Martina decided to leave her parent’s home.

Martina then fell in love with a man she had grown up with in this rural part of El Salvador, and married him several years later. She explained how this connection made ending their fourteen-year relationship so painful. Eleven years earlier, she followed him to the U.S. where he was seeking work and a better life. Her journey crossing over was difficult—migrants on top of each other in vehicles, crossing rivers and other terrain, ultimately leaving her with disfigurements and scarring. She described the experience as “difficult” and “ugly.” It’s a “trauma,” she noted, one that still gives her pain. Her husband’s violence then added to this list of scars. Like in Elaine Scarry’s description of the structure of torture (1985, 40), Martina’s husband used spaces and objects to terrorize her daily. As described in the opening vignette, ordinary household tools became weapons—for example, when he would stab her

with forks—so that these objects took on newly horrific potentiality. While Scarry refers in her analysis to political torture, the intimate nature of this same type of abuse by one's own partner makes this violence especially devastating.

Thus like a victim of torture, Martina was made to feel a bodily-betrayal as though her own body was producing her pain (Scarry 1985). Her violent experiences were not only scars, but ongoing points of pain and aggravation in her physically demanding labor cleaning houses. Showing me one particular protrusion on her hand, she described how, "*Tengo todas esas cicatrices. Yo no puedo agarrar el vacuum. Así, dar vacuum bastante,*" "I have all of these scars. I cannot grip the vacuum. Like this, I vacuum a lot." As she later went on to explain,

Quiero sacar una cita también por lo mismo. Para ver si yo lo puedo, yo no sé si este es un hueso, o lo normal. Porque me duele. Y sabe, yo no sé, pero hay días por el mes que me harte, me harte por dentro, se me hincha la mano.

I want to make an appointment for the same. To see if I can, I don't know if it's a bone, or normal. Because it hurts. And you know, I don't know, but there are days in the month when it bothers me, it bothers me inside, my hand swells.

On a physical level, these injuries were aggravated by her daily activities. But on an emotional level, these injuries also kept these painful memories alive. As Martina articulated,

Porque, como le dijo, porque era tan difícil, cuando yo quería trabajar, o a la vez, porque a la vez me lo pasa, me lo pasa a la vez, a veces tal vez tengo mucho trabajo porque a veces, por ejemplo, como el lunes, que fue feriado, entonces no trabajamos. Para martes, hay mucho trabajo, tenemos que hacer las casas de lunes y las de martes. Entonces es tan duro, porque uno tiene que hacer más movimiento, cuando son las dos de la tarde, a mí me empieza la peñita, me empieza la doler, y que impone la mano hinchada, si me acuerdo. Me acuerdo que el tiempo, me entiendes. En este momento yo siento como que como que estoy presente, yo estoy viendo presente. Cuando, están maltratando. Entonces, esto, esto lo recuerdo, entiendes. O cuando siento esa depresión, tal vez de algo, entonces, yo digo, si aunque no lo quiera recordar, pero si, yo lo recuerdo, y lloro. Pero a la mismo yo digo, tengo que luchar; no importa, eso ya paso, pero si lo siento vivo. Porque es bien difícil. Bien difícil. Difícil.

Because, as I told you, because it was so difficult, when I wanted to work, or at the same time, because at the same time it happened, it happened to me at the same time, at times maybe I have a lot of work because at times, for example, like Monday, it was a holiday, so we don't work. But Tuesday, there is a lot of work, we have to do the houses from Monday and Tuesday. So it is very hard, because one has to move more, when it is two in the afternoon, the pain starts, the pain starts for me, and my hand becomes swollen, and I remember. I remember the time, you understand. In that moment I feel like that like that I am present, I am living in the present. When, they are treating us poorly. So, this, this I remember, you understand. Or when I feel that depression, maybe something, so, I say, yes although I don't want to remember, but yes, I do remember, I cry. But at the same time I say, I have to fight, it doesn't matter, this has passed, but I feel it active. Because it is very difficult. Very difficult. Difficult.

As she described, while cleaning, Martina's physical injuries and scarring became aggravated over time. When working long hours, this pain acutely called her attention. At the same time, during such labor, her emotional pain was also aggravated: her depression rose to the surface, becoming once again present, active, and alive, refusing to let her move on. Through body and mind, these memories of violence were an ever-present part of Martina's reality, orienting the way she moved through the world and her embodied experience of her activities and surroundings. Martina's description reflects how, as Jean Jackson explains, chronic pain means "an existential affliction involving bodily, mental, emotional, and spiritual distress"(1994, 203). A boundary between such emotional and physical pain becomes difficult, if not impossible, to distinguish (Jackson 1994).

Although Martina felt that in the two years she had been coming to the center, the advocates there had greatly helped her "heal"—when she first started coming to support group, she couldn't eat, speak, or stop crying—she recalled more recently seeing her husband in a store, and having an immediate, visceral reaction:

A mí me agarro, no todos los días, pero nada menos yo estoy ahorita en tratamiento. Yo he ido al doctor. Y yo le dije que a mí me vana caído bien las pastillas que a mí en el hospital me dieron cuando yo llegue muriendo. Aquel dolor. Entonces, una vez, yo lo vie en una tienda de [name redacted], y en la

tarde no pude dormir. Entonces empecé a eso a llorar, a llorar, hasta el dolor en el corazón, y un miedo, un temblor entonces yo fui al doctor, y el doctor me dio la misma pastilla que [indistinguishable] y me dijo que lo que tenía era el estrés.

It has a grip on me, not every day, but at least I am now in treatment. I have been to the doctor. And I told him that I am getting along well with the pills that they gave me in the hospital when I arrive dying. That pain. So, one time, I saw him in a [name redacted] store, and in the evening I couldn't sleep. So I started to cry, to cry, until the pain in the heart, and a fear, a trembling so I went to the doctor, and the doctor gave me the same pill that [indistinguishable] and told me that what I had was stress.

Seeing her husband, once again Martina felt fear, started crying, and was unable to sleep. The sensation was “*hasta el dolor en el corazón*”—to the point of pain in her heart. Although they were separated, they were not yet legally divorced, which drew some skepticism from Dolores given the center's expectations. Hearing from him still made her sick—she played for me several threatening, aggressive, and even pleading messages on her phone. Yet the separation from someone she had loved since childhood was also painful. Her physical response to this emotional anguish was significant, diagnosed by a doctor as “stress.” Consequently, Martina had been given several pills to manage these effects. When I inquired about what these pills were for, Martina had a hard time articulating exactly. They were to help her “relax, but for pain also.” This chronic pain around her shoulders and down her back had been ongoing for four years, so she was afraid of needing an operation and being unable to work and support her children. Her emotional and physical pain reoriented her body, while her body reoriented the world—she became “re-embodied” in the wake of each new experience and with their changing effects over time (Howe 2011).

Martina's understanding of the tie between her dynamic life experiences, her emotional anguish, her medication, and her chronic pain underscores the subjective experience of pain and its meaningful ties to someone's particular life. As Jackson describes, “A given pain's meaning derives from an individual's history and

environment”(2011, 371). In order to understand someone’s experience of pain, simply investigating the musculoskeletal structure and tissue damage is not enough—pain is experienced through someone’s social, historical, and cultural context. Thus, pain is far more than a sensation; pain is a complex process with a subjective, individual response. Like with the examples of Lea and Marisa above, in the U.S. medical system, the burden for managing that pain is placed on the patient, and contextualized as a neoliberal matter of discipline and personal responsibility. According to Scarry (1985), while we may be certain of our own pain, because of its invisibility, we may become doubtful of the pain of others—herein lies the intangibility of pain that makes it so easy to dismiss, ignore, or place blame.

Yet while Scarry insists that pain defies language, Veena Das (2006) responds with another perspective. Das questions the relationship between the collective and the individual, and how stories are constructed and then embedded within larger discourses. According to Das, not only is there the possibility of recognizing another’s pain, but there is a potential relationality to that pain. When testimonies of these embodied hardships came to the surface during support group, sharing these experiences could elicit understanding and support. However, in the larger discourse of the agency’s model, it could also be perceived as failure, making this disclosure a vulnerable act.

For example, one day in support group Dolores inquired about why so many clients had not come the week prior. Leaning over to show a cell phone picture as proof, another client—“Macaria,” who was from Ecuador—explained that she was in the hospital because her anemia became very bad and she needed blood. Dolores asked if Macaria was eating correctly, to which Macaria replied that her son needed another operation, so she was working a lot. Dolores was quite concerned that

Macaria was not taking care of herself: “you have to have a limit,” she explained. “You are not like a machine, you can’t just work morning, afternoon, and night.” In this way, Macaria’s illness was positioned as a failure to engage in self-care. However, at the same time, Macaria’s attitude around working was directly aligned with the center’s teachings on hard work as the key to success. Macaria’s situation reflected many clients’ same dilemma: because they were women (mothers and daughters), because they were immigrants, and because they were separated from their partners and other family members due to domestic violence, they were often the primary caregivers for children and other family members both in the U.S. and in their countries of origin. For Macaria, this care work for others superseded her own personal care, and clients like her had little say over when and how they would be able to work. In the face of a crisis like paying for her son’s surgery, additional work was the only answer, even at the expense of Macaria’s own health.

In such cases, the center’s emphasis on taking care of oneself directly contradicted the way advocates valued self-sacrifice. In reality, to *salir adelante* according to the agency’s model and the neoliberal world around them, clients often had to ignore their suffering in order to “assimilate their experiences into their everyday life”(Das 2006, 55). Yet even in this silence, through both invisible and visible scars, through the spoken and unspoken, their bodies were still “the container of the poisonous knowledge of the events”(Das 2006, 55). Violence continued to affect their orientation towards the world whether it was acknowledged by others or not. As Das describes, the transference of these stories of pain can serve as a useful ethnographic bridge: not only do I draw on the actual words spoken by clients like Martina or Macaria, but I understand their disclosures as attempts at this relational

transference, and how important it is to recognize these embodied hardships in their everyday existence.

From this perspective, I question what got lost in the social services system when Martina or Macaria's pain was confined to a framework of personal management, rather than taken as a testament of how violence accumulates over time and lives on in the body in these debilitating ways. At the crisis center, Latina clients were expected to *salir adelante* through the center's threefold model for success: safety, education, and independence. Yet embedded within this model was the necessity for a client to be able to provide constant and consistent flexible labor, with little accommodation for the ongoing realities of violence's cumulative effects on the body over time. While the center understood many of the structural obstacles clients faced when leaving an abusive relationship, their service model did not account for how violence could shape and limit the capabilities of the body. As Miriam Ticktin succinctly describes, certain "regimes of care ultimately work to displace possibilities for larger forms of collective change, particularly for those most disenfranchised"(2011, 3). Thus, while there was a clear solidarity between the center and these clients, without a "life course competency," the center's narratives also reinforced the neoliberal messages that undergird certain forms of violence.

Aging into Disability

Just as Lea's illness is a reminder that such debilities can happen to anyone, the process of aging is also an embodied story that does not fit well with a neoliberal attitude towards personal bodily management. As Tom Shakespeare reminds us, "The boundary between disabled people and non-disabled people is permeable"(2005, 186). The story of the client I call "Marisa" serves as a helpful example. At a frail sixty-four years old, Marisa came to the U.S. from Colombia nearly three decades before we

first met in 2015. In many ways, Marisa had reached the level of stability expected by the crisis center: she was a citizen, had fixed low-income housing, and lived on social security and disability benefits. However, after many years of taking care of others, Marisa struggled to maintain her independence. She spoke limited English and had a low level of education. Recalling her sixteen years of working factory and service jobs to maintain her family through two negligent, at times abusive husbands, she sighed with exasperation, “How I worked!” In 2005 she began cutting back on work after receiving disability benefits for her varied ailments, including respiratory issues and clinical depression. Her three children were grown, but they lived out of state, did not take care of her, and she didn’t expect them to: “I shouldn’t say it”—she told me conspiratorially—“I don’t have good sons.” Marisa recognized that her children had grown up in a very different world from her childhood upbringing, and she had resigned herself to the idea that they wanted to live their lives independently from their mother, even in her old age.

For these reasons Marisa had trouble leaving her current relationship. Her “friend,” as she called him, was fourteen years her junior. When they met eight years earlier, she was still doing some work cleaning houses, and he was a clean, helpful, hard-working companion. Yet he became very possessive, aggressive, and emotionally abusive. He isolated Marisa from friends and family, appeared to be taking financial advantage of her, and she suspected he was angling to marry her for permanent residency. Yet the center’s model relied on a client being able-bodied and financially savvy, with the end goal of leaving one’s partner and living independently. Moreover, because of the sensitive and confidential nature of the work at crisis centers and their foundational goal of “victim-centered” services, centers like the

IPVC typically do not work with extended family members to secure the safety of clients, and instead leave this up to the client to resolve.

On several levels, this model for moving forward did not account for Marisa's particular circumstances, including her physical frailty, advancing age, lack of connection to her children, clinical depression, and other illnesses. Marisa no longer had a car, took several medications that made driving untenable to her, and was even afraid to take the bus. In support group one day, Marisa recounted how her "friend" would answer and check her cell phone, then throw it in anger. Dolores advised that "*hay que poner un límite*," "you have to put a limit" around what your partner is allowed to do. Even if she chose to stay in the relationship, Dolores wanted to educate Marisa on how to create better boundaries. A couple of weeks later, Marisa confirmed that she was finally ready to leave: as she emphatically exclaimed, "*perdí ocho años de mi vejez, esperando que cambia*," "I've lost eight years of my old age, waiting for him to change." But when sitting privately together during our interview, Marisa looked at me and asked matter of factly, "Who will take me to the doctor?" Several months later, she was still in the same relationship. For Marisa, it was hard to see past her increasingly fragile state into a future with no social support system.

Dolores did consider age in her lessons with Latina clients in support groups. Yet these cautions against the realities of aging were a continuation of the narrative around hard work, upward mobility, and self-care. She would encourage clients to take care of their health and plan for a future when they could no longer work. As an exercise after the new year, Dolores asked the women to write resolutions. She framed this activity in the following way: as time passed and they all grew older, they would have less options economically. "*Hay que ser realista*," "you have to be realistic," Dolores implored. Working in house cleaning, they may be able to take care of their

families now, but for how long? If they fell, had a health problem, couldn't work physically, and weren't prepared to do something else, that was going to be a problem. When a client responded by stating that it was not always in their hands, Dolores countered that "we all have to try."

The following week, Dolores turned back to Macaria's case, using this as a cautionary tale: you shouldn't sacrifice to the point of getting sick, and you have to put limits on how much you send back to your families. On another day, Dolores told the clients that aging was not so far away and was always getting closer, so they had to save for their future. Moreover, she advised that although they may send remissions back home, there was no guarantee that children or family members would take care of them later. For women who raised their children in the U.S., she similarly cautioned that their children may not think about taking care of their parents in the same way as the client, and if something should happen to them, they will "*quedar como un anciano*"—"be left like an old person." Upon seeing the downtrodden face of "Paloma," a middle-aged client with one grown child, Dolores reassured her that she shouldn't get depressed because she was a "good person," and had "friendships."

These cautions, while useful for women in their earlier years, were clearly not aimed at clients already well into this latter stage of life. These messages reinforced the idea that one had to not only work but be upwardly mobile and depend only on oneself as a means for success as an aging immigrant. According to these lessons, Marisa was a parable for what *not* to do with one's life. Moreover, these lessons implied a lack of foresight, planning, and a moral failing for her instability and minimal social support. Framing these harsh realities in such a way may have been a helpful reality check for younger clients, given the lack of infrastructural support for aging people in the U.S., particularly those without legal status. But for the significant

portion of women who stayed in these support groups year after year, who were already experiencing the effects of prolonged violence and age, this was a simplified and inapplicable narrative. These lessons did not recognize or reflect the complex layers of hardship they had to navigate, their different perspectives on family and care-taking, and the obstacles that kept them from establishing a better life.

As I began to investigate other resources for clients like Marisa, I learned that Connecticut does have one program specifically aimed at addressing domestic violence among people sixty and over. The program started in 2008 and was located thirty-five miles away from this crisis center, with only one advocate. When I spoke with this advocate, she discussed how many of her clients are unable to be housed in regular homeless or domestic violence shelters because of their physical condition. Additionally, like Marisa, confusion around their money and possessions also leaves them particularly vulnerable and unable to navigate complex social service systems on their own. Typically, she is only able to help clients six to eight times over the course of a few weeks. The advocate was not Spanish-speaking, so on the rare occasion that she did receive a Latinx client, she used a translation service. The program was funded by Adult Protective Services, with whom she had a productive working relationship. However, her capacity as a singular advocate was limited, so that the program typically only worked with local crisis centers and did not extend to the centers where Marisa lived.

Although statistically in the U.S., domestic violence is most common for women between the ages of eighteen to twenty-four, family members perpetrate 76% percent of the four million elderly abuse cases in the U.S., and elder abuse is highly underreported (NCADV 2015). In my interviews with clinical and service providers, patterns of institutional neglect were also clear: as one hospital administrator

explained, federal standards do not require hospitals to screen for domestic violence among the elderly. The added layers of trauma, systemic violence, and isolation faced by these older immigrant women created that much more of a complex set of needs. In the entire state of Connecticut, having only one advocate to work with dual domestic violence and elderly abuse cases was clearly not enough coverage for these complicated situations. Although efforts to better meet the needs of elderly and disabled domestic violence survivors began in the 1990s (Vinton 1998), funding and staffing constraints led to slow implementation. When I observed a brief training at the crisis center on the Americans with Disabilities Act, it was eye-opening for staff about their inadequate compliance—for example, one of their shelters was wheelchair inaccessible, while the other required the use of an unreliable elevator. Observing and interviewing IPV staff and other local providers also demonstrated how the collective imaginary for how these service providers ought to accommodate embodied limitations was very narrow. Their service model did not actively account for the many types of debilitating yet less visible conditions that touch so many survivors. Thus, as women like Marisa continued to age and contend with the accumulating results of these long-term difficulties, their life situations were likely to continue to be unstable and crisis-driven.

While traditionally elder abuse, abuse of the disabled, and domestic violence have been addressed separately (Straka and Montminy 2006), I found that the ways in which domestic violence survivors—particularly immigrants like Marisa—additionally suffered as they aged necessitated a deeper understanding of how these categories were deeply intertwined. While domestic violence services were developed in great part by survivors themselves and promoted self-sufficiency and independence, the models for addressing elder abuse were inspired by a child

protection model, creating foundational contradictions between these two fields (Straka and Montminy 2006). At the same time, the self-sufficiency model in domestic violence work does not address the complex health and social needs of women with physical and psychological limitations no matter what their age. This gap is particularly problematic for aging immigrant women with more years of strain and less capacity for resilience.

Marisa importantly benefitted from the privileged position of citizenship, which allowed her to obtain stable, low-income housing and disability benefits. This was vital for her long-term prospects, and her eligibility for in-home care or a state-subsidized supportive housing facility. But Marisa's case is just a starting point for understanding the narrative and approach in domestic violence services with respect to immigration and age. For instance, we can compare Marisa to "Soledad," who was sixty-three at the time we met in 2015. Soledad had moved from Guatemala several decades earlier, yet had only recently received her legal residency, thanks to help from the center. Like Marisa, she also worked in factories for many years, but had more recently shifted to cleaning jobs after most of the local factories had closed or moved to less expensive parts of the state. Soledad met her husband while in the U.S., and his abusive behaviors ultimately led her to this crisis center. However, they separated when he became ill and decided to move back to Guatemala. Since they had no children together, Soledad did not want to move back—it was easier to be alone here than in Guatemala, she explained, where she did not believe she could get work at her age. Several years later she became involved with another man who was also abusive, and she maintained her connection to the crisis center.

Soledad's aging process was marked by frequent confusion and her inability to follow conversations with precision. Dolores described her to me as "*jovencita*," or

“child-like,” needing things explained to her more carefully and often unintentionally making the other women laugh. She also had a difficult time affording the room she rented in a shared apartment, but her laborious job cleaning office buildings at night was extremely hard on her thin and frail frame. I frequently heard her decline invitations or involvement in events because she wanted to minimize leaving home to save money and energy. Even having to pay for an extra bus fare was visibly distressing for her. Discussing her economic troubles in support group one day, Dolores asked if she was looking for more work. Soledad explained that she was, but could only manage a few extra hours—for Soledad, more work as the key to escaping poverty was less and less of a viable solution.

After nearly a decade of coming to the center, Soledad had practically memorized the lessons by heart, yet she still struggled with maintaining her physical and economic independence. Although she suffered from various infirmities that she would frequently bring up in support group—including podiatric problems that made working on her feet particularly difficult—she explained in our interview together how she had “a lot of responsibility.” Soledad was the financial care-taker for her eighty-four year old mother and extended family, including an epileptic nephew whose mother passed away and a widowed sister with her own failing health. As long as she could be in the U.S. and work, Soledad affirmed, she would stay and help them. Thanks to the lessons at the center, she now understood the importance of saving for her own old age. Eventually, she had hopes of having enough to retire and return to Guatemala. However, with her current financial state, this was not yet a possibility. During an economic workshop, Soledad revealed that after sending money to her mother and paying her rent, she was left with only ten dollars a week. Yet with limited education and English—which she was trying to develop by attending English

conversation groups at the center—there was little else she could do to improve her earning potential. Although Soledad was no longer directly involved in an abusive relationship, the center acknowledged her loneliness and limited resources, and allowed her to continue attending support group and educational workshops.

Age and immigration were also topics of conversation among middle-aged clients. In support group one day, “Eugenia” remarked on how different the immigration experience is later in life. She found it “*muy difícil empezar una vida aquí*”—it was “very difficult to start a life here.” Some people come to the U.S. when they are young, and think that life here is “marvelous,” but not all. As she further explained, when you are “*más maduro*,” the experience is “*más duro*”—when you are “more mature,” the experience is “harsher.” Eugenia went on to elaborate on how when you come at a certain age, everything is harder, including to learn or even pronounce the language. Once she came to the U.S., Eugenia felt that she “*retrocedí*”—“went backwards.” Although she did not have a good childhood and had four children by the time she was twenty-four, at least she owned her own carwash business and slept in a nice bed. In the U.S., she was sleeping on the floor, living in one room, and sharing a bathroom. As a result, Eugenia was struggling with a deep depression. While Dolores encouraged Eugenia to start her own business in the U.S. and that it was “never too late” to make a new life here, she clearly feared for Eugenia’s mental stability, and sent her to a specialist for a psychiatric evaluation. For Eugenia, no amount of self-care or hard work was going to resolve her current embodied state. While other clients tried to suggest strategies for self-help—listening to spiritual messages online, going for a walk—all Eugenia could manage was to work and sleep.

These patterns of hardship for aging Latinx immigrants were further elaborated upon by “Tatia,” a Latina immigrant who coordinated a program for elderly Latinx immigrants at one of the local senior centers. Tatia and I discussed how some elderly Latinxs in the area were brought over by their children in later life. In such cases, they may remain particularly isolated due to cultural, linguistic, and physical barriers. This program was one of the few resources specifically designed to serve this local population, and their partnership with the crisis center had led to several interventions into violent relationships—either for the seniors themselves, their friends outside the center, or their adult children. Tatia had not, however, come across a case of an adult child abusing their senior parent—she thought that those types of children were not the ones bringing them to this program. Of her group participants, 80% were women. She supposed this was because most Latinx children sponsor their mothers to come to the U.S. to help with housekeeping and childcare.

Additionally, Tatia and I discussed the debilitating lack of literacy among many of these seniors, which was also true of my observations of Latina domestic violence clients. While the crisis center generally seemed to assume clients had limited literacy skills, in my observations watching and helping them fill out questionnaires, surveys, and various kinds of paperwork, some clients virtually had none and could not properly write their names. This was a significant barrier to obtaining services, understanding the world around them, and engaging in self-advocacy that was, in my observations, underestimated by the crisis center. At the senior center, they also provided some health education and screening, along with physical fitness workshops. Limited mobility, depression, and dementia were also significant barriers. Similar to my own observations, Tatia had observed a lack of training within the social security and social services systems with respect to serving

this population, and how rather than supporting immigrant seniors through these systems, staff at these service sites would “ping pong” them—sending them everywhere in search of assistance instead of facilitating these complex processes.

Anthropological studies highlight the culturally and historically contingent nature of the aging experience. Like with acute and chronic illnesses, aging bodies need not necessarily be construed as disabled if aging people are embedded within social or institutional structures that support and even venerate people as they age (Livingston 2005). In part, the U.S. is particularly unsupportive of its elderly population because of its neoliberal attitude towards able-bodiedness and bodily management and an isolationist social structure that does not promote multi-generational living. Ethnographers have long acknowledged that what is considered “old” is socially contingent, and in a society where social worth is determined by productivity and individual ability to support oneself in later life, aging in the U.S. is a particularly classed and privilege-based endeavor (Sokolovsky 1997; Myerhoff 1978; Foucault 1979; Hashimoto 1996; Simmons 1945).

Additionally, care-taking in the U.S. has been historically based on a “couple culture” where spouses are charged with mutual care (Hashimoto 1996). For immigrant domestic violence survivors, this is a particularly devastating reality, as the loss of this partnership and other familial ties may mean further insecurity in the later stages of life. This reality was particularly difficult for clients like Soledad, who not only had no one to lean on, but in her understanding of what it meant to be a good daughter, sister, and aunt, had many others leaning on her. Anthropologists have also demonstrated how care-taking in old age can be based on gendered obligations between family members that structure expectations for this latter stage in life (Lamb 2000; Freidenberg 2000; Hashimoto 1996; Jenike 1997). For example, in Lamb’s

analysis of a rural Indian village in West Bengal, she highlights how married women were tasked with taking care of their in-laws, while sons took care of their natal parents (2000). Yet such ethnographies also acknowledge the heterogeneity within communities, and how social ideals around kinship structures are readily disrupted by family conflicts and larger social and economic forces—often blamed on “modernization” (Lamb 2000)—such as rural to urban migration.

Of the thirty clients that I interviewed, six were between the ages of fifty and seventy-five (see Table 2). As of 2014, there were 3.6 million elderly (sixty-five or older) Latinxs in the U.S., making up 8% of the older population. However, by 2060, this population is projected to nearly triple to 22% of the elderly population (ACL 2017), necessitating an urgent need for additional research. Since the 1990s, anthropology has seen an important growth in studies of aging across Latin America, as well as ethnographies of aging minority communities in the U.S. (Sokolovsky 1997). Studies indicate that aging minority communities in the U.S. face more barriers and hardships in older age than most older Americans—including income, housing, and education inequality and higher rates of chronic illness (Sokolovsky 1997), particularly among urban, aging Latinx communities (Freidenberg 2000).

The social services system in the U.S. often assumes that aging immigrants are embedded in familial structures that can support them—if not in the U.S., at least in their countries of origin. Yet as Jay Sokolovsky warns, “an idealized view of ethnic subcultures has led to a policy error which places too much emphasis on the ethnic family and informal supports as the savior of the ethnic elderly”(1997, 263). Indeed, familial support was not always available for the immigrant women that I worked with at the crisis center, frequently having been disrupted by the confluence of domestic violence and immigration. The women at the crisis center—no matter their

age—were often the primary caretakers for others who were perceived as far worse off than themselves, in spite of their own hardships. As I've described here, there is something additionally out-of-place about these aging immigrant female bodies, and their positionality within larger familial as well as welfare structures in the U.S. On the one hand, many were central to their families as mothers, daughters, and providers. On the other, they could be simultaneously distanced from those families and unable to rely on familial support during their own personal crises.

The women in these IPVC support groups also brought with them different cultural, classed, community, gendered, and experience-based understandings of aging from their various countries of origin. Although Soledad and Marisa had both lived in the U.S. for several decades and were around the same age, Soledad, as a single woman from Guatemala providing remittances for others, and Marisa, as a mother from Colombia with grown children in the U.S., had very different understandings of care-taking and reactions to aging as women and as immigrants. I frequently heard Marisa describe a distance between herself and her children with respect to how involved they should be in each other's lives. For her, this represented a generational disconnect regarding whose responsibility it was to take care of her as an aging mother whose debilities had progressed, and a sense of disillusionment towards her children. Meanwhile, Soledad still imagined herself as her mother's daughter and care-taker, disregarding her own needs in place of providing for others. Yet for both women, these experiences of gendered aging were marked by profound physical, emotional, and financial insecurity as their bodies continued to absorb and respond to the stressors of life, with little social or institutional support. Thus, these debilities were socially constructed into disabilities for these aging clients who found themselves to be persons out-of-place.

Conclusion

Disability theory urges scholars and advocates to look critically at the interaction between physical debility and environmental circumstances to understand how someone's challenges moving through the world were constructed by particular historical, social, and cultural conditions. Immigrant Latina survivors of domestic violence are the quintessential example: the disabilities described in this chapter were produced through the crossroads of U.S. immigration policies, conditions in their countries of origin, attitudes in the U.S. towards labor, health, and healthcare, and limited resources for gender-based violence. Starting in their home countries and spanning their time in the U.S., such bodies are often needed and used for low-wage, grueling labor, yet are given few avenues for obtaining legal residency, few resources to maintain their health, and few prospects for building a better life in the long-term. Combined with societal acceptance for gender-based violence and few supports for survivors, these bodies are used to the point of debilitation, and then left to manage their symptoms accordingly. The results of this politically, socially, and culturally sanctioned maiming (Puar 2015) go not only unacknowledged and unaccommodated by the few systems that are in place to help them, but are positioned as matters of personal responsibility and maintenance. Thus, attending to how these experiences are mediated through the gendered body over time through the "life course competency" lens that I've described here draws much-needed attention to the long-term embodied consequences of these historical, social, and cultural conditions.

Towards this end, I have highlighted the everyday realities of how violence became enveloped into the life histories of clients at the IPVC through poverty, migration, structural violence, and gender-based abuse. In this manner, I demonstrate the ways these systems, institutions, and ideologies played out on the very bodies of

Latina immigrants at this crisis center, and the ways they understood those cumulative embodied effects. As Tom Shakespeare eloquently describes,

Not everyone is impaired all the time. Taking a life course view of impairment highlights the ways that impairment is manifested over time: disabled children grow up to be non-disabled adults, non-disabled people become impaired through accident or old age. Impairments can be variable and episodic: sometimes people recover, and sometimes impairments worsen. The nature and meaning of impairment is not given in any one moment. Not all people with impairment have the same needs, or are disadvantaged to the same extent. Moreover, different people experience different levels of social disadvantage or social exclusion, because society is geared to accommodate people with certain impairments, but not others. Everyone may be impaired, but not everyone is oppressed. (2006, 65)

Paying attention to a client's particular embodied history across the stages of life illuminates a range of debilities that might otherwise go unacknowledged. In the case of Latina immigrants, particularly those who are undocumented or whose legal status is precarious, acknowledging the cumulative effects of violence over time is essential for uncovering layers of social disadvantage and exclusion, and the toll this oppression takes on someone's embodied way of being in the world. Therefore, both methodologically and theoretically, understanding these debilities through a "life course competency" perspective and considering how they are systematically constructed into disabilities is a crucial ethnographic approach to studies of violence. In turn, this approach is equally useful for domestic violence advocates seeking to help their immigrant clients find long-term safety and stability.

Chapter 5

“*Gracias mi Diosito*”: Evangelical Christianity as a Framework for Domestic Violence

Leaning in towards “Fernanda” and myself over plates of sandwiches and tamales, “Socorro” whispered conspiratorially, “*ella es una de nosotras*”—“she is one of us.” That Sunday morning, Fernanda and I had taken up Socorro on an invitation to her Baptist congregation for a special event. The rented building was one of the oldest churches in the area—a beautiful stone structure complete with stained glass windows and sloped wooden pews leading to a large raised stage. Unlike the other more modest Latinx church services I’d attended, here I was woefully underdressed compared to the carefully coiffed women in dresses and heels and the few men in suits or button down shirts. That day, the pastor’s sermon was about *familia*, and how children see parents as an example for godliness. The sermon fittingly led into the event by a special guest: this was who Socorro was referring to as “one of us,” a singer and motivational speaker brought to lead the congregation in song and prayer. As Socorro explained over lunch, like Socorro and Fernanda she was also a domestic violence survivor, which was why she thought other IPVC clients might want to attend. She was disappointed that no one but the two of us came.

Not twenty minutes earlier, Fernanda, her boyfriend and I found ourselves sitting in the middle of the chapel, intensely absorbed in the spiritual frenzy brought about by this singer. After several lively songs, she then began to narrate her life story, including her difficult marriage—though she did not specifically name the domestic violence—and the accident that left her husband disabled and unable to work. Nevertheless, she asserted that God had a plan for her, and God had a plan for them, too. To the rhythm of the keyboard, the singer summoned the congregants to be reborn, inviting them to join her as she descended from the stage. Several women

gathered around her with their arms held high, allowing her to shout prayers for their rebirth into a microphone. The singer held one woman as she wailed, then another as she collapsed, and yet another as she convulsed: “*Aquí es la gloria!*”—“Here is the glory!”—the singer proclaimed. The energy and volume were viscerally powerful. The chapel pulsed so strongly with sound and fervor I was overwhelmed, feeling physically unable to stay in the room much longer. Eventually the pastor broke in and released us with his concluding words, but the reverberations would stay with me long after.

Like the guest singer, for Socorro, this blending of personal suffering and spiritual rebirth was an important combination. For both these survivors, the idea that they were guided and supported by God was a powerful salve. In this chapter, I explore how this Christian ontology helped evangelical Latina clients at the IPVC move forward from violence. In the context of anthropological insights on evangelical Christianity, I interrogate this faith-based perspective and the ways clients used these embodied and emotional practices to *fortalecerse*, or strengthen themselves—mind, body, and spirit—in order to *salir adelante*, or move forward with their lives. A “life course competency” unveils how this evangelical lens became an alternative way of making sense of domestic violence—and violence in general—as a part of many clients’ personal narratives, both providing a broader lens on why violence came into their lives, and how to contend with it in the long-term. In so doing, I complicate the narrative on domestic violence and model for success presented at the IPVC, demonstrating how evangelical clients utilized and transformed the domestic violence services offered to them by reframing the center’s service model to fit with their beliefs. Anthropologists have documented the dynamic and productive ways that people—particularly women—come to integrate Christian symbols, imagery, and

concepts into other rituals, systems of belief, and cultural spaces (see Hodgson 2005), yet the fact that the same phenomenon can happen within Western, neoliberal spaces like a domestic violence center is little understood. Thus, I show the agile way that evangelical clients integrated these two resources to find the resilience for moving forward through layers of violence.

Framing Violence through Evangelical Christianity

The Friday prior to this event, Socorro joined me at the center after a long train ride from her factory job. She recalled how the IPVC and her Baptist congregation played important roles in her ability to overcome the violence she endured both in Honduras and in the U.S. As the sky darkened outside and the office emptied, she recounted how one day, Dolores called on their support group to learn more from each other, their “*compañeras*,” asking them each to select a partner. Another Honduran woman chose Socorro and brought her to that very church. Socorro had “*encontrado paz en la iglesia*”—she “found peace in that church.” Then on a cue from another of Dolores’s lessons, she made the decision to finally leave her abusive home. When her husband asked why, she explained that she had to “*seguir adelante sola*,” she had to “continue forward alone.” Promptly accusing her of having another man, she declared that she did have another, but he was “*Jesucristo*,” and “*Él me va a ayudar*”—“He is going to help me.”

Socorro felt firmly that the woman who chose her in group that day was “the best person for me.” When she brought Socorro to this church, God saved her life. In the year since she began attending, Socorro received the love and affection that she needed. When she felt sad, she called the pastors and they provided “excellent support.” Between their care for her and their social outings, she felt that she had another family. Socorro explained how now, she has the support of God and her

“*hermanos de la iglesia*,” her “brothers in the church.” On Sundays, they even had a course to learn about what it meant to be a family. After this discussion, Socorro invited me to come hear their guest singer that weekend. She knew the singer was also a domestic violence survivor, and for Socorro this was no coincidence—it was “the work of God,” who was purposefully putting other survivors in her path. Now at forty-six years old, spiritually she “feels well.”

Through such conversations, I was able to engage with clients around religion as a source for resilience and how they understood violence as part of an evangelical narrative. Of the thirty clients that I interviewed, I had in-depth conversations about religion with eighteen of them. I also attended different church services. Like Socorro, while twelve of those eighteen clients definitively identified as some type of evangelical Christian (only one directly identified as Pentecostal), among the remaining six, there was often fluidity between Catholicism and “Christianity”—the term they applied to all evangelical Protestantism—when speaking about their affiliations. Two identified as Christians now attending Catholic churches, for reasons such as better activities for their children. Three others identified as historically Catholic, yet now they focused mostly on their own individual prayer practices at home. During these conversations, several clients clarified that they were religious and had spiritual practices and beliefs, but no longer attended church at all. Since so many of these clients had been immigrants in the U.S. for many years, their practices and affiliations may have shifted between their home country, migration to the U.S., and time living in Connecticut. In this area of Connecticut, the long-standing Italian community historically dominated the Catholic churches, perhaps encouraging Latina clients to join evangelical churches that offered services in Spanish. Moreover, between churches themselves, denominational names may not clearly identify their

wide variation in practices (Bielo 2015). Additionally, not all clients would have had convenient transportation and access to all the churches in their respective towns. Since almost all of these women had also left their partners, they may have been particularly alienated from Catholicism, as I will discuss in Chapter 6.

This fluidity is consistent with literature on the more recent influence of Pentecostalism on Catholicism and different branches of Protestantism, particularly throughout Latin America. These hybrid Christianities—at times termed third-wave or neocharismatic—incorporate certain aspects of Pentecostalism, such as more enthusiastic and egalitarian worship, an intimate relationship with God that should be engaged with daily, or a re-birth into the church, while not necessarily requiring “gifts” like speaking in tongues (Robbins 2004). These anthropological insights were consistent with my conversations and observations. I therefore acknowledge the many “Christianities” among these clients by generally referring to these Christian influences as “evangelical” (Garrard-Burnett and Stoll 1993) and honing in on the common evangelical threads between their various practices and perspectives. Indeed, because not all clients even attended church, here I focus less on their actual experiences within congregations and the resulting material and social supports, and more on the general experience of following these practices and beliefs.

Scholars of Christianity have sought to explain the explosion of evangelical churches in the late twentieth century, theorizing why this North American phenomenon would have such appeal in an increasingly secular world (Coleman 1998). Anthropologists in particular have documented the popularity of evangelism in Latin America (Martin 1990; Martin 1995; Stoll 1990), and what this shift away from Catholicism meant on a more local basis. On the one hand, ethnographic evidence points to a certain amount of uniformity across the canonical tenets of these

institutions; on the other, it also highlights local appropriations to suit context-specific needs (Robbins 2004; Bielo 2015; Coleman 1998). In particular, anthropologists draw a connection between increasing neoliberalism throughout the Americas (North and South), and how evangelical churches are both a salve to the regression of states and state services—often encouraged by U.S. political and economic interventions throughout Latin America—while also being ideologically aligned with key neoliberal values, particularly for economically vulnerable communities (Comaroff and Comaroff 1991; Robbins 2004; Bialecki et al. 2008; Garrard-Burnett and Stoll 1993). Scholars emphasize how evangelical forms of Christianity focus on individualization: how individual salvation, individual religious practice, and one’s internal relationship with God are personal endeavors undergirded by neoliberal expectations around personal responsibility (Bialecki et al. 2008). In this sense, while providing some practical community support systems, evangelical Christianity also asks its congregants to focus less on “lateral social bonds” and more on the “dyadic bond” between the self and the higher power (Bialecki et al. 2008, 147). Thus, there is a tension between the spread of neoliberalism throughout the region and locally specific advantages.

By this logic, it seems as though the neoliberal emphasis in U.S.-based domestic violence services on “independence” and “personal responsibility” would be complementary to evangelical practices, and vice versa. It is unsurprising then that Socorro took to heart Dolores’s lesson on moving forward “*sola*”—alone. Yet what does it mean to be alone when God is always with you? Socorro’s story speaks to a subtle yet important discord between the “individualism” of the domestic violence services model at the IPVC—and neoliberalism more broadly—and the “individualism” of her evangelical beliefs. According to Socorro, while her actions

were hers, her path was set by God, and Christ was there to support her. As the singer had also articulated, although there is suffering and hardship in life, God has a plan. In this manner, Socorro both accepted certain aspects of the center's goals for her—to be “independent” from her husband and therefore safe from violence—yet she reframed this understanding in terms of an evangelical ontology that highlights an internalized relationship with God, and the belief that God would have a direct, even material influence over her life. For Socorro, God saved her when she gave herself over to his higher power, and set her life on a new path. Socorro reframed what it meant to be “independent” in terms of replacing her abusive partnership with a new one—her partnership with God. At the same time, she reframed her sense of responsibility for her life in terms of her responsibility to carry out God's will, rather than to carry out certain legal, social or economic steps as articulated by the center's model.

In my conversations and observations, it was clear that crisis center staff members knew that being “alone” and “independent” did not mean forgoing support from friends, family, community, and services. Dolores and other advocates regularly encouraged clients to rely on their social networks as valuable assets, recognizing the practical and emotional importance of this social component. They also recognized the power of religion in their client's lives, and actively worked at acknowledging and respecting those beliefs. However, they did not seem to fully anticipate or account for the influence of this evangelical faith on how clients would approach services at the center, and the nuanced ways that clients reconciled lessons at the IPVC with this system of beliefs. Experiences like Socorro's speak to this subtle yet powerful variation in worldview that significantly altered their perception of how to *fortalecerse* and *salir adelante*, while simultaneously providing other tools not offered at the center. Rather than trying to solve life's problems, spiritual perspectives can

instead explain these hardships through a broader, existential framework (Finkler 2001), and help people reconcile—through spirits, God, or other higher powers—with the conditions of their life that may be beyond their control (Koss-Chioino 1992).

“Gracias mi Diosito”: Moving Forward with God

One of the signature facets of evangelical Christianity is an intimate relationship with God. This intimate relationship both influenced the way that evangelical clients framed domestic violence more broadly in the context of their lives—allowing them to view domestic violence as a meaningful aspect of their spiritual journey—while also serving as a source of resilience. In my observations and conversations, clients expressed how they felt a great reverence for God, yet this relationship was also very personal (Luhrmann 2004; Brusco 1995; Robbins 2004), as indicated by Socorro’s earlier statement about leaving her husband for Christ. Their commitment to fostering this intimacy had important implications for their emotional well-being, given how their love, faith, and trust were previously betrayed by an abusive partner.

In my interview with “Brisha,” a thirty-one year old client from Mexico, she referred to God as “my God,” signaling how God was part of her social inner circle, and how she experienced God more as a person than a symbolic or distant being (Luhrmann and Morgain 2012). With prayer-like reverence, she articulated:

Gracias mi Diosito, porque tú me permitiste todavía estar aquí. Porque muchas personas acaban muertas, acaban con su vida, se pierden, cuando sienten que no vale nada. Y yo digo gracias por darme la fuerza para estar aquí, estar con mis dos hijos.

Thank you my God, because you allowed me to still be here. Because many people end up dead, or end their lives, they are lost, when they feel they are worth nothing. And I say thank you for giving me the strength to be here, to be here with my two children.

Brisha referred to God as her “*Diosito*” rather than the typical term “*Dios*.” Adding the diminutive “*ito*” is a colloquial way of signaling one’s affection, typically reserved for close family members or friends. Brisha and Socorro saw a direct connection between their relationship with a higher power and their very survival from violence. As I continued to probe clients on their faith and their path forward from violence, I repeatedly heard such recounting of finding strength through God’s close presence—how God helped them *fortalecerse*, or strengthen themselves in the face of adversity.

Brisha indicated how in particular, God gave her strength when contemplating suicide. Given how many clients faced abuse alongside other forms of violence and harsh labor and living conditions—often across the entire life course—this feeling of intimacy with a higher power was described as a source of resilience in their most difficult moments. Between surviving the cruelties of abuse, past histories of trauma, the hardships of immigration, and structural obstacles in the U.S., these burdens could seem insurmountable even under the best of conditions. By these accounts, feeling accompanied by a very real presence—and having that presence possess an omnipotent power greater than one’s own—was a dynamic tool for coping when death (by the client’s own hand or their partner’s) may have seemed like the only alternative. For women like Brisha and Socorro, this presence was an important element in their ability to leave their violent relationships, and a guiding force that was not accounted for by the center’s model nor neoliberal services in general.

At fifty years old, “Rosa” also admitted that she had thought about suicide. Yet, her belief in God helped her to avoid committing what she considered to be a sin. Her husband’s hurtful words stayed with her, affecting her self-esteem and leaving her with a “*falta de valor en si mismo*,” a “lack of self-worth.” Rosa tried to get out of

her depression with the help of God: as she explained, while Dolores said you have to do this alone, she reasoned that “you can do it with God.”

A mí me ayudó mucho porque en medio de los problemas, muchas veces uno entra en una como especie de depresión. Y uno siente deseos negativos, a veces está de quitarse la vida. Pero mi fe en Dios me ha ayudado mucho. Porque yo, este, se vienen lo que es la palabra de Dios que está allí, que no hay que, o sea, solo consentir el deseo de matarte, tú ya estás, pecando contra Dios. Entonces, viene allí esa lucha interna, eso te estaba hablando ir de los demonios o los [indistinguible], entonces viene esa lucha interna en que uno empieza a desechar ese, ese sentimiento, y a cambiar y ahorrar, y Dios va ahorrando. Porque, aunque a veces la humanidad no entiende, pero si existe un mundo espiritual, en donde tú no lo ves, pero si hay un mundo espiritual donde están los demonios, donde están los ángeles. Entonces como una, como que, a veces el hombre que no tiene mucho conocimiento cree que eso es falso, pero yo creo que sí, que sí hay un mundo espiritual donde el enemigo trabaje en la mente del hombre. Trabaja, y entonces, tú decides: obedece la voz de Dios, o obedece la voz de los demonios. Entonces a veces, uno se deja llevar de la no, o de la ira, y del odio, humanamente. Porque somos humanos. Pero allí viene el conocimiento de Dios que es bienvenido. Y te ayuden. A mí me ayudó mucho porque yo, creo que si no hubiese tenido el conocimiento de Dios, quizás si me hubiese hecho algo--intentado contra mí mismo.

Porque tú sienta la ayuda de Dios, uno sienta la presencia de Dios, aunque a veces te dice que tú estás loco. [laughter] Pero sí. Es real. Dios es real. Dios es real. Dios está allí para ayudarte en lo momento en que tú más lo necesitas. Porque tú sienta la paz. Que tú no veas Dios. Pero tú sienta esa paz que Dios pone en tu corazón, en tu vida, después de los problemas.

It helped me a lot because during these problems, many times one enters into like a type of depression. And one feels negative desires, at times at the point of taking one's life. But my faith in God has helped me a lot. Because I, well, God's word that is there arrives, which you don't have to, well, you only have to accept the desire to kill yourself, you already are sinning against God. So, there comes this internal fight, which I was telling you about, to go with the demons or [indistinguishable], so there comes this internal fight in which one begins to cast aside this, this feeling, and change and to save oneself, and God is saving you. Because, although at times humans don't understand, but this spiritual world does exist, where you can't see it, but yes there is a spiritual world where there are demons, where there are angels. So like a, as though, at times man doesn't have much knowledge and believes this is false, but I believe yes, that yes there is a spiritual world where the enemy works in the mind of man. Works, and so, you decide: obey the voice of God, or obey the voice of demons. So at times, one allows oneself to be carried along with the no, or the anger, or the hatred, humanly. Because we are humans. But there comes the knowledge of God which is welcome. And it helps you. It has helped me a lot because I, I believe that if there were not this knowledge of God, perhaps I would have done something—tried to kill myself.

Because you feel God's help, one feels the presence of God, although at times they tell you that you are crazy. [laughter] But yes. It is real. God is real. God is real. God is there to help you in the moment in which you need it the most. Because you feel the peace. You don't see God. But you feel that peace that God puts in your heart, in your life, after those problems.

According to Rosa, faith could greatly help someone in these episodes of depression and in these moments of need. Such moments amounted to a "*lucha interna*," an "internal struggle" where someone must decide to obey God or demons. She acknowledged how not everyone believes what she believes about God—they don't have this "knowledge." But this did not affect her deep conviction that God was real, even if other people said she was "crazy." In these moments of need, God would be there, and although the person may not see it, "you feel the peace that God puts in your heart" during difficult times. Although people are human and experience negativity, anger, and hatred, God can help dissipate those uncomfortable, sinful feelings, the absence of which Rosa described as "peace." Rosa added that while living in Connecticut she had not been able to find a church like the Pentecostal one she had attended in Ecuador. Additionally, she worked on Sundays. Therefore, in the two years she had been in the U.S. she stopped attending church services. However for her, it wasn't about organized religion, but about "*una relación con Dios*"—"a relationship with God."

By Rosa's account, at the most difficult point of her "*lucha interna*," finding "peace" in her intimate relationship with God also saved her life. In addition to saving her from suicide, she then went on to describe in great detail a concrete moment when God also saved her from her husband's violence:

Inclusive cuando yo lo presente la demanda de divorcio. En mi corazón yo sentía que él iba a intentar contra mí, yo me puse en ayuno, me puse en ayuno, y en mi trabajo. Yo no comí, nada, y me puse allí mí en mi mente mientras yo hacía tendí al anciano todo yo le pedía a Dios de que mi ayuda. Que me ayude, que me ayude. Y el medio del día que descubrió la demanda, yo

escuchaba que andaba en la cocina, y cuando yo oí el boom, ya él me había pateado, me había insultado, cuando descubrió que yo ya [indistinguishable] presente la demanda de divorcio, todo eso. Y yo vi, que él andaba en los cuchillos, o sea, oí un ruido en la cocina, y yo, me Dios, me ayuda, no sabía qué hacer, que yo llegue llorando acá, y encontré cuchillo que la había--él lo cogió el cuchillo, y lo tiro debajo en la mesa, y llamó el hermano envidió, me quiero largar de este país porque no quiero cometer un error. Y encontré el cuchillo tirado debajo de la mesa, había roto la cacha del cuchillo. Y entonces, este, yo vi que Dios me guardó. Porque no lo hizo, él tiró el cuchillo en el piso.

Including when I presented him with the petition for divorce. In my heart I felt that he was going to try to kill me, and I put myself on a fast, put myself on a fast, and into my work. And I didn't eat, anything, and I put there in my mine while I was tending to the elderly man [her employer] all that I asked of God for him to help me. That he help me, that he help me. And in the middle of the day that he discovered the petition, I heard him walking in the kitchen, and when I heard a boom, already he had kicked me, he had insulted me, when he discovered that I had already [indistinguishable] presented the petition for divorce, all of that. And I saw, that he was going into the knives, I mean, I heard a commotion in the kitchen, and I, God, help me, I didn't know what to do, I came here crying, and I found the knife that he had—he had taken a knife, and threw it under the the table, and called his brother and said he craved leaving, that I want to leave this country because I don't want to make a mistake. And I found the knife thrown under the table, he had broken the handle of the knife. And so, this, I saw that God protected me. Because he didn't do it, he threw the knife on the floor.

Not only did God protect Rosa from suicide, but God also protected her from her husband's abuse. In this pivotal moment where her husband discovered her petition for divorce, although she was certain he would try to kill her, God changed his course of action and saved Rosa from sure death. By investing in her intimate relationship with God—through fasting and prayer—God was there to help Rosa in this time of need. In this way Rosa also recognized how eliciting God's protection was not a passive endeavor, but required a deliberate cultivation of this intimate relationship. She later discussed how God was there to “help you help yourself.” This acknowledgement tied into the notion of independence and personal responsibility at the agency—Rosa accepted that she did need to take steps to help herself out of this situation—without her having to take on this entire burden alone. In her process

moving forward, Rosa made additional progress on her self-worth and self-esteem through her work in support groups and counseling, combining her faith and God's assistance with these support services.

These insights from Socorro, Brisha, and Rosa speak to an important element I repeatedly heard in my conversations on spirituality. Beyond just a general sense of faith, clients identified specific moments when they felt God saved them. These narratives were reminiscent of evangelical testimony, and related to yet another hallmark of evangelical Christianity: conversion. Evangelical churches—especially Pentecostal churches—require that one is re-born into this faith. As Jon Bialecki, Naomi Haynes, and Joel Robbins explain, conversion is a rupture between past and present, and a reorientation towards evangelical beliefs and practices (2008, 1144). Yet they qualify this definition by explaining how “the problem becomes more interesting when we include the possibility that Christianity is particularly well-suited to allow those experiencing temporal and ontological transitions to thematize their experience of change”(2008, 1144). They posit the possibility of re-appropriating Christian ideas and terminologies to discuss other ruptures, and the potential for creativity with the evangelical canon. I witnessed this same creativity between conversion testimony and domestic violence.

Clients spoke of moments where there was a clear shift in both their relationship with God and their mindset about their partner's abuse. Much like conversion testimony, while on the verge of suicide, God came to them in these times of need and awakened them to a new path. On the brink of death, they were reborn into a new reality: God became a more concrete presence in their lives, and they recognized God's hand in their path forward through this time of hardship. From that point onward, suicide was no longer an option, and God's presence served as a

distinct source of companionship and strength throughout their process of leaving an abusive relationship. These narratives document this conversion to a new relationship with God, and evoke evangelical ideals such as obedience, trust, and intimacy with their higher power. These women translated their decision to survive their abuse, leave their partners, and turn away from the possibility of death into the language of evangelical conversion.

Clients also integrated the IPVC into this narrative. Many described how deciding to contact the IPVC or starting to receive services there was a similarly revelatory aspect of their spiritual journey. According to Eva, she also arrived at a moment when she wanted to commit suicide. She didn't think she could *salir adelante*, and she tried to cut her wrists three times because of the abuse. Yet by her own account, there were three steps that helped her leave all of this behind: first she "looked for God," then she "cried a great deal," and finally "God helped me make the decision to go to the IPVC." As Eva elaborated on these experiences, she recalled how,

Al principio, cuando empecé tener los problemas con el papa de mis hijos, yo empecé ir a la iglesia, porque necesitaba... porque yo me sentía bien mal. Aparte de que mi esposo me trataba mal, yo me sentía triste, sin ganas de nada, tenía cosas pero no le llevaba sentía la vida. Entonces después de que empecé ir a la iglesia, me ayudó en que si hay alguien que está esperando por nosotros, que nos busquemos, y que si uno pide con fe y cree en él, Dios le da a uno lo que a uno pide.

.... Por eso tengo la fe en que todo lo que yo quiera me lo propongo lo voy a hacer. Porque tengo a Dios en mi corazón. Y él me va a ayudar a salir adelante. Nunca mas me siento sola porque estoy con él.

At first, when I started to have problems with the father of my children, I started going to a church, because I needed... because I felt very poorly. Aside from my spouse treating me poorly, I felt sad, I didn't have the desire to do anything, I had things but life brought me no feeling. So after I started going to the church, it helped me in that yes, there is someone that is waiting for us, that is looking out for us, and that if you ask with faith and you believe in him, God will give one what you ask for.

...Because of this I have faith that everything I set out to do I am going to do. Because I have God in my heart. And he is going to help me move forward. Never again do I feel alone because I am with him.

Faith in God allowed Eva to find purpose again in her life, to feel less alone, and to understand her life through a broader lens. This realization also helped her to leave her abusive partner, seek out the IPVC, and move forward from her relationship. Like Rosa, Eva described how “*tengo Dios en mi corazón*”—“I have God in my heart”—and she believed God actively helped her. According to Eva, it doesn’t matter which church you go to, but the important thing is “to have God with you.” Thus Eva was able to integrate into her spiritual narrative this connection between her intimate relationship with God, leaving her abusive relationship, and starting to receive services at the IPVC.

Through such testimonies, each of these clients shared with me some of their deepest moments of desperation. They described the times when they considered taking their own lives rather than continue to face their current one. At that point, suicide may have seemed like their only remaining option. Looked at through a “life course competency” perspective, calling upon or developing a closer relationship with God was a source of comfort and strength that helped them move forward and make sense of these horrific experiences in the long-term. Giving themselves up to this higher power allowed them to take action without feeling alone, aimless, or paralyzed. Yet the idea that a person must cultivate this relationship with God and recognize God’s presence and power over their life directly contradicts the neoliberal foundation in secular social services that it is ultimately up to the individual to change their situation by following a certain path for success dictated by legal and social service systems.

In support groups, clients would heed Dolores's advice for taking control over their lives. When I spoke with them privately, they continued to express their support for the agency's teachings. Yet over time, I perceived how many clients also subtly reframed these messages. They did learn a great deal from the center and felt motivated to execute those lessons, however they interpreted the center's goals through the lens of their intimate relationship with God and their responsibilities to the teachings of their faith. As Rosa, Socorro, and others indicated, they were able to *salir adelante* through God's companionship. Finding the center was also part of this spiritual narrative. Together, these resources were interpreted through conversion testimony, allowing them to integrate domestic violence into their life history in a more meaningful, tolerable way. As I will further elucidate below, they were thus compelled to reconcile their evangelical narrative and the lessons from the center to formulate their own interpretation of the center's recovery model to fit with this faith-based perspective.

Embodied Transformations through the Heart

Evangelical Christianity became a resource for resilience in several ways: clients were able to make better sense of domestic violence and life's hardships through this spiritual narrative while feeling comfort in their intimate relationship with God. Additionally, clients used evangelical practices as a tool to bring about different embodied sensations. Although the concept of faith healing is a fundamental element within Pentecostal Christianity (Garrard-Burnett and Stoll 1993; Csordas 1997; Lurhmann 2005), among these generally evangelical clients, healing through faith was a less explicit endeavor. Instead, clients described cultivating sensations through prayer that allowed them to *fortalecerse*. In the face of chronic ailments, pain, as well as mental distress—as in the narratives of depression and suicidal thinking

above—clients called upon these practices as a strategy to help them continue to move forward. Facing these difficulties was therefore less a matter of “healing,” and instead meant finding the capacity to fortify oneself against these hardships of life.

Clients like Socorro, Rosa, Eva, and Brisha referenced a direct line between themselves and God, and how this relationship did not require the mediation of a religious leader, a particular religious denomination, nor even a religious space. Instead this direct line to God was localized in the heart, where they could cultivate the ability to create embodied sensations through individual daily prayer. Clients consistently articulated that the heart was the site most vulnerable to hardship, and served as the locus of their efforts towards fortification. The realization that one could fortify the weakest point through these practices was, in this sense, an important and comforting discovery. By identifying the heart as both the site of pain and of one’s connection to God, the heart then became the focus of these prayer practices, and was a powerful site for embodied transformation—physically, emotionally, and spiritually. The heart was therefore more than just a point of spiritual imagination, but a nexus of change that could be experienced on many levels.

“Paloma,” a forty-nine-year-old client from El Salvador, also shared with me her embodied experiences with religion. Paloma came to the U.S. after a series of devastating losses, including the brutal murder of her son, who she suspected was killed by a gang. After finding herself in a dangerously violent relationship in the U.S., she sought help from the police, and was referred to the IPVC. Paloma explained how “*Una experiencia así marca la vida,*” “an experience like this leaves a mark on your life.” Her spiritual transformation began when a coworker invited her to his church and weekly bible study:

Encontré a un compañero de trabajo, él se dio cuenta de mi situación, me dijo que pertenecía a una iglesia, y me invitó. Me dijo señora, de tu edad, me dijo,

porque tú es joven, te la voy a presentar, me dice, lo que hacemos, estudiar la biblia, me dice. Mmm, dos años. Estoy congregándome con ellas un día por semana, y hacemos oraciones por mí, la cual, me ayudado mucho, mi parte espiritual con Dios.

I met a coworker, he realized my situation, and he told me that he belonged to a church, and he invited me. He told me ma'am, at your age, he told me, because you are young, I am going to introduce you, he says, what we do, to study the bible, he says. Mmm, two years. I am meeting with them one day a week, and we say prayers for me, which, helped me a lot, this spiritual part with God.

For Paloma, this spiritual intervention came at an important time. As the result of her experiences with violence, she had been suffering from depression and “*ansiedad horrible*”—horrible anxiety—acknowledging how her mental distress was closely associated with these social dimensions (Pincay and Guarnaccia 2007). These spiritual practices then had a profound effect on Paloma’s ability to confront each new day. As she described,

Yo, pues, tratar de no vivir del pasado, y vivir el presente, tratar cada día, pedirle de Dios de cada día, yo en la noche le digo, Dios darme paz, tranquilidad en mi mente y en mi corazón. En las mañanas, gracias por este nuevo día, que este día sea un bonito, día bendecido...

He pasado cosas muy duras, muy tristes, en mi vida, violada, mal tratada, engañada, golpeada por mi primer esposo, por esta segunda persona ... cosas muy duras, pero yo le digo, le digo a Dios que fortaleza me corazón, que no me deje caer en cosas indebidas, malas. Que dice que, que los malos pensamientos no enviajen al corazón, son destructivos, los malos pensamientos, se eliminarlos, si llegan a la cabeza, a sus pensamientos, pues tratar de eliminarlos, que no viajen al corazón, aunque, el corazón se vuelve muy duro. Muy sensible al daño a él, al sufrimiento a él, o pues, yo pasado lo mismo, no me quedo, solo lo que le digo a mis compañeras, pídele a Dios, tranquilidad y paz en su corazón, es lo único que puede fortalecerlos.

No tienes fe, no tienes esperanzas en nada, la vida es más incierta, más triste. Cuando hay una esperanza, una fe, tengo fe que este día sea muy, tengo fe de encontrar buen trabajo, tengo fe de sobrevivir en este país, dignamente. O sea que, lo que piensas positivo y se lo pides, a Dios, como un padre amoroso, te lo dará.

I, will, try to not live in the past, and to live in the present, try every day, to ask God every day, at night I say, God give me peace, tranquility in my mind and in my heart. In the morning, thank you for this new day, that this day is beautiful, blessed day...

I have gone through very hard things, very sad, in my life, violated, poorly treated, cheated on, hit by my first husband, by the second person... hard things, but I say, I say to God to strengthen my heart, to not leave me to fall into incorrect, bad things. Which says that, that the bad thoughts aren't sent to my heart, they are destructive, the bad thoughts, to get rid of them, if they come to your head, to your thoughts, well try to get rid of them, that they don't travel to the heart, although, the heart becomes very resilient. Very sensitive to pain, to suffering, or since, I have gone through the same, I am not left with, only what I say to my companions, ask God, calm and peace in your heart, this is the only thing that can strengthen them.

You don't have faith, you don't have hope in anything, life is more uncertain, more sad. When there is hope, a faith, I have faith that this day will be very, I have faith that I will find good work, I have faith that I will survive in this country, with dignity. What I mean is that, what you think positive and you ask for it, to God, like a loving father, he will give it to you.

Like Rosa, God was able to help Paloma move away from negativity, and replace those thoughts and emotions with peaceful ones. As Paloma describes, when they travel to your heart, “bad thoughts” can have a destructive effect. The heart is “sensitive to pain,” but also resilient. Yet the way to build up that strength, Paloma added, was by asking God to bring this calm and peace into the heart, and she advised the women in support groups to do the same. This was the only way that they too could strengthen themselves—that they could also “*fortalecerse*.” Although she had undergone many difficulties, by asking God to “*fortaleza mi corazón*”—to “strengthen my heart”—at night, she could feel a sense of calm, so that in the morning, she was able to be thankful and find each day a blessing. Through her cultivation of this intimate relationship, God became a benevolent “father” who would provide what Paloma needed—physically, emotionally, and spiritually.

Paloma eloquently articulated God's unique ability to bring peace and strength to a “sensitive” heart. While these practices of prayer convey generally positive effects on well-being, Paloma also directly spoke to the connection between these practices and her health:

Estoy con medicamentos, pero me dice el pastor, que dice, que toda depresión, toda tristeza, que haiga en tu mente y en tu corazón, dice, van a eliminarlas en el nombre de Jesús, y eso, espero, no seguir con medicamentos, y que Dios pueda traer la paz y la tranquilidad a mi corazón, y no depender de una pastilla para, yo poder tener unas ocho horas de descanso, de reposo, bien. Estoy trabajando en eso. Porque hay cosas tan fuertes que deprime mucho: la perdida de mi hijo, el engaño de las personas que supuestamente, uno se casa para toda la vida, dejarme, y tener otro hijo, va a hacer otro hogar, se quita de mi casa, dejarme, y gracias a Dios, Dios me ha dado fuerza para yo poder trabajar, y la bendición de tener un trabajo siempre y salir adelante.

I have medications, but my pastor tells me, says, that all the depression, all the sadness, that there is in your mind and in your heart, he says, is going to be gotten rid of in the name of Jesus, and this, I hope, not to continue with medication, and that God can bring peace and calm to my heart, and to not depend on pills to, I can have a good eight hours of rest, of repose. I am working on this. Because there are things so strong that they depress a lot: the loss of my son, the deception of the people that supposedly, one marries for their whole life, to leave me, to have another son, going to have another home, to leave my home, to leave me, and thank God, God has given me strength so that I could work, and the blessing to always have work and to move forward.

Paloma hoped that these practices of faith would ease her depression and anxiety, allow her to experience better sleep, and lessen her need for medication. Yet she recognized that the hardships she had encountered were strong enough to make her feel depressed, and while God had given her sufficient strength to be able to work and continue moving forward, she acknowledged that she still needed medication. She illustrates how “strong religious belief is not an impediment to seeking medical care. Rather, it provides a strong incentive for and alternative rationale for help-seeking”(Guarnaccia et. al 1992, 206). Thus, Paloma also considered her embodied needs from a Western biomedical perspective, and unlike her pastor, did not believe that faith alone would necessarily resolve this issue. Cultivating that strength was a process over time, and faith was just one tool—albeit powerful—that would help her *salir adelante*.

While prayer was not a blanket solution to all her problems, Paloma’s experience speaks to how with the practice of prayer and a personal relationship with

God, evangelical Christians can deliberately cultivate embodied experiences that help them move forward through violence and hardship—in a spiritual, emotional, and physical sense. In these descriptions, they demonstrate how mental health and overall well-being were closely associated with “*una vida tranquila*,” or “a tranquil life” (Pincay and Guarnaccia 2007). Thomas Csordas (1997) explains how within evangelical Christianity, this subtler process of inner transformation then can serve as the basis of being able to better handle actual physical ailments. As Rosa aptly articulated, many clients realized that although you don’t see God, connecting with God allows you to change how you feel. In my discussions with Eva and Brisha, they similarly described the embodied sensations they felt as the result of these practices of faith. As Eva described, God helped “lift me up through his love” from a feeling of being “destroyed.” Similar to Paloma, these practices helped Brisha enjoy a sensation of “peace.” When Brisha would read the word of God, she also felt “in harmony,” and when she spoke directly to God, she felt God with her, and knew that she was heard.

Their descriptions illustrate a specific “somatic mode of attention” (Csordas 1993) whereby through attending to God’s presence, there is a shift in bodily sensations, and a new sense of peace and order to someone’s inner life. Tanya Luhrmann discusses how in addition to the spontaneous “gifts” found among Pentecostal Christians—such as speaking in tongues or faith healing—more broadly among evangelical Christians in the U.S., there is also a subtle process of skill-building. “Kataphatic” prayer asks them to actively engage in thought and mental imagery, through which they can learn to focus on their internal sensory experience. Through these sensory experiences, they then identify the presence of God. This cultivation of skills blurs the line between the external “other” of a higher being and the internal self, allowing for the absorption of God’s presence and will into their own

internal life (Luhrmann and Morgain 2012). Luhrmann further connects this process to what she refers to as “metakinesis”: when people learn to identify bodily states that signify God is a reality in their lives (Luhrmann 2004). The intentionality and semiotic qualities of prayer can serve to further develop this direct relationship with God (Keane 1997), while the repetition of such speech acts reinforces this embodied experience.

Clients like Paloma and others consistently localized this sense of transformation in “*el corazón*,” “the heart.” For Luhrmann’s White, middle class American subjects, she discusses how prayer can lead to embodied transformations because of the evangelical attentiveness to mental imagery and turning inward to focus on the mind through kataphatic prayer. While these Latina clients also discussed significant changes to their patterns of thinking, the heart was specifically identified as the technical object of transformation (Mauss 2007). This distinction speaks to a need for more ethnographic differentiation between these embodied processes of prayer, where they are localized in the body, and how this affects the experience and understanding of prayer across different evangelical communities. For these Latina immigrant women, the somatic benefit of prayer allowed them to feel more capable of confronting their daily hardships, with the heart as the epicenter of both hardship and strength.

Another aspect of this transformational experience of the heart—cutting across spiritual, physical, and emotional well-being—was through the process of forgiveness. According to Andrew Strathern and Pamela Steward, within evangelical Christianity, “inner healing starts with the revelation of resentment and trauma and with the act of forgiving the wrongdoer” (1999, 133). This sensibility was a noticeable pattern across both evangelical and Catholic clients. In the year that I observed

weekly support groups, forgiveness was not one of the topics that Dolores planned to cover. Through my observations of staff trainings and in my own years of training in domestic violence counseling and advocacy, forgiveness was also never discussed as part of the model for helping clients. Yet when I privately asked about how faith helped clients move forward from their difficult experiences, learning to forgive was a common theme. As Rosa explained, Jesus requires that we forgive our enemies. “If the word of God is in you,” she believed, “you have to forgive.” She recalled how in her heart she had “*tanto resentimiento*,” “so much resentment,” that could only be resolved through prayer. As she vividly described,

Yo doblé en mis rodillas y ponía en orar, y le decía, aunque se me sea difícil, decirlo por yo—con mi boca, confesaba, como dice la Biblia que confesar, yo le dice señor, yo lo perdono por lo que me dijo él, todo esto y esto, pero las lágrimas me salían y ya las porque yo terminaban mi oración y mi quiebran de todo desmayo y sentía paz. Paz, y no sentía, más pronto sentía lastima de él, pena, por su condición, que yo sabía que su condición no—o sea, aunque él me lastimaba a mí, pero se ve que él necesitaba ayuda, que no la quería recibir porque nunca la quiso decidir. El odio transformaba en—en pena, me daba pena, su, su condición.

I got on my knees and prayed, and said, although it will be difficult, to say it for me—with my mouth, I confessed, like the Bible says to confess, and I said sir, I pardon you for what you have said to me, all of this and this, but the tears would fall and already because I finished my prayer and all of the dismay has broken and I felt peace. Peace, and I didn’t feel, but what I felt more was pity for him, pity, for his condition, that I knew that his condition wasn’t—I mean, although his condition hurt me, but to see that he needed help, that he didn’t want to receive the help because he had never decided to want it. The hatred transformed into—into pity, it gave me pity, his, his condition.

After forgiveness, Rosa then felt pity for her husband and sorry that he never got the help he needed. Similar to the embodied descriptions of prayer above, through prayer Rosa also became attuned to this shift in feeling towards her husband, ultimately helping her find greater capacity for moving forward. Clients would discuss in support group how one of the most difficult processes was learning to accept the fact that the person they loved also hurt them. For Rosa, the process of prayer and

forgiveness was an embodied experience: she got on her knees, her tears would fall, and her anger and dismay were finally broken. This visceral experience of forgiveness allowed her to physically, emotionally, and spiritually reconcile her feelings towards this important person in her life.

“Carolina,” a thirty year old Catholic client from Mexico, also discussed at length how forgiveness was physically, emotionally, and spiritually necessary for her ability to move forward. She described how “*soy una persona muy apegada a Dios,*” “I am a person who is very devoted to God.” Literally translated, “*apegada*” also implies attached or bonded, once again indicating this close relationship. Carolina explained how she “believes a lot in forgiveness.” She further explained how she feels bad for her ex-partner because he is alone now, and she hopes he finds someone else. She stated that “*perdone es libertad*”—“forgiving is freedom,” otherwise, it “harms you, to have this hatred, to always be bothered.” In addition to going to church and prayer groups, Carolina looked online to learn more about forgiveness, and like Rosa, she also found this independent reflection helpful. Yet she clarified that “*perdonar no significa olvidar*”—“to forgive does not mean to forget”—and that learning to remember without pain is “wise.” Continuing with her sage advice, Carolina added that “in order for you to be forgiven, you must also forgive: God will judge you when you die, and how can God forgive you if you have not forgiven others?” Carolina explained how the effects are a “*cadena,*” a chain—“hatred, resentment, it kills you, gives you gastritis, you feel like you want to die”—and how “all of this hurts you mentally and physically.” In this “life course competent” manner, Carolina poetically and knowledgeably articulated the direct connection between faith, forgiveness, and building mental and physical capacities for moving forward through these embodied effects over time.

Health, Wealth, and... Child Custody: Reframing IPV Services

While clients used evangelical Christianity to frame their abuse and bolster their resilience, they also reframed the center's model and transformed the support group space to fit with these beliefs. At the IPV, Dolores would start her support groups in the same general way: she would wait until there were enough clients (generally between ten and twenty for each group), then she would enter one of the two conference rooms where the meetings were held, make sure everyone had something to eat from donations or client-procured treats, and introduce the topic for the week. Frequently, the women would be patiently waiting, the quiet only punctured by a few whispered conversations. Other times, we would have a chattier group, and Dolores would quiet them down. Although within each group, there may have been a certain number of outspoken clients who could dominate the conversation for stretches at a time, it was not uncommon for Dolores to give a lecture-style lesson while requiring a call-and-response type participation, rather than allowing clients to fall into passive listening.

While clients were very receptive to Dolores's teachings and never overtly disagreed with her in group, at times evangelical clients would reshape these ideas to fit with a particular aspect of their religious ontology. For example, during one group Dolores and "Marisol," a Latina client who had been working with the center for many years, were explaining her case to the other clients. Marisol had her children taken away from her two years earlier by the Department of Children and Families (DCF) because she failed to leave her abusive husband, and although she currently had custody of her new baby, this child had also recently been taken for two weeks by DCF as a precaution. Dolores used this case as an opportunity to remind Marisol and the other clients why such situations have to be taken seriously from a legal

perspective: she explained how “*en este país, la ley es muy estricto*”—“in this country, the law is very strict.” Dolores cautioned against even allowing children to see violence, since this was also prohibited and anyone could make an anonymous report. Yet Marisol insisted that “*no me arrepiento*,” “I am not repentant,” because she believed this was “*una prueba de Dios*,” “a test from God.” She had “been without her children for two years”—a comment which elicited expressions of disbelief from other clients—but “*no me siento culpable. No me preocupe*,” “I don’t feel responsible. I am not worried,” because of her “faith in Jesus and God.” In another group, “Calandria”—a young woman who also had her child taken by DCF a month earlier—began crying as she reassured herself with the knowledge that “*yo sé que Dios está a mi lado, y nunca me va a dejar*,” “I know that God is by my side, and is never going to leave me.” She too believed that “*Esto es una prueba*,” “This is a test.”

In these interactions, Dolores and these clients were not overtly contradicting each other, but instead reframing the situation from their particular lens, and directing the conversation accordingly. These shifts in footing (Goffman 1981) allowed evangelical clients to convey how they saw such experiences as tests of faith, rather than blaming their hardships on their own lack of knowledge—as it was posed by the agency. Typically, the language with most value in this “linguistic market” (Bourdieu 1991) was the rights-and-responsibilities language of the agency, in which most clients were well-versed and highly conversant. Yet here, clients sought recognition for their religious point of view by subtly shifting the focus. While in the moment, these exchanges could be perceived as misunderstandings, as Benjamin Bailey concludes, “interactions in which participants are unable to coordinate activities may not represent “misunderstanding” at all, but rather effective communication of

difference: difference in experience, beliefs, perspectives, and power”(2004, 409). These clients integrated their experiences into a larger life narrative around spirituality and cultivating a relationship with God. Although God’s test would indeed require certain efforts on the part of the evangelical client, the reward was a piece of something much more long-term and large-scale than the immediate problem may otherwise indicate. The moral crisis was therefore not one of their own making, as Dolores’s legal framework implied, but one of God’s making, and part of a longer life plan. Having found solace in that recognition, they desired to assert this perspective in the support group space. While at times, this reframing did not elicit understanding from the counselor or all survivors in the group, at other points, counselors’ attempts at “cultural competency” allowed them to recognize and validate these alternative points of view, giving them transformatory power in an otherwise secular space.

In both these scenarios, clients expressed the comfort they found through believing in God’s plan for them. Their pain came from the ripple effects of abuse—in these cases, losing their children to the state. Looking to God was therefore a powerful coping mechanism not only for surviving the abusive relationship, but for surviving all of life’s hardships and forms of violence in the long-term. During another group, “Abril,” who normally maintained a hard, matter-of-fact exterior, broke down into tears as she spoke about how her teenage daughter chose to go live with her ex-partner. She knew that “*todo está en la mano de Dios*,” “everything is in the hand of God,” but the arrangement was still hard on her. While these clients recognized the steps they had to take to rebuild their lives—for example, Marisol eventually did leave her husband to try to recover her children—in the face of unthinkable tragedies like losing custody of their children to the state or to an abusive

ex-partner, rather than falling into guilt or self-blame, they found comfort in giving the situation over to a higher power.

Believing in God's power over such situations also gave clients hope for the future. For example, while I was helping "Antonia," a forty year old client from Guatemala, fill out an application for state-subsidized housing, an advocate explained to her that this process could take years and was not an immediate fix. Yet Antonia insisted that it would work out soon. She cited the example of how she was told it would take her five years to receive medical insurance, but she had gotten hers in a matter of months. Dolores clarified that this was because she was married to a U.S. citizen and therefore did not have to wait as long as undocumented clients. But this framing was not as powerful to Antonia as her evangelical perspective: she insisted that God was looking out for her, and leading her through these steps.

These negotiations highlight the ways that clients reframed concepts from the center's model to fit with their evangelical beliefs. Their ideas exemplified what it meant to be responsible to God and to maintain this intimate relationship, rather than just being personally responsible for oneself and following the rules of the state. This distinction accounted for how some of their choices may have differed from the expectations set out by the center. Not only was this higher power closely accompanying them on a life path, but they also believed God would provide material changes. Therefore, the material expectations people may have for God under an evangelical ontology go far beyond the expectations for health and wealth typically illustrated by literature on evangelical Christianity. As such, these analyses of evangelical Christian ideologies and practices using economic frameworks fall short of the entire picture for how Christian immigrants are conceptualizing the fruits of their evangelical investments while in the U.S.

In turn, Dolores engaged in “cultural competency” by trying to reconcile the center’s model with her desire to connect with her clients. For example, during one group a client fell into a long, gripping story about her abusive childhood. She spoke directly to Dolores, describing how her mother and her were brutally beaten by her father. She explained how she could not forgive him and no longer spoke to him. Crying as she spoke, the client caused a ripple effect where other clients began tearing up as well. Several women then told similar stories about how they too were singled out by a parent and beaten. Carolina described how she also “*sufre*,” but “*a mi no me duele*”—“I suffered,” but “it doesn’t hurt me.” Carolina explained this was because she had forgiven, and she advised the other woman that forgiveness was a way of “giving to yourself.” Dolores then acknowledged that these traumas from childhood are very strong. Dolores wanted to leave on the message that “*el perdón es el mejor regalo que a Usted la trae para sane*,” “forgiveness is the best gift you can give yourself to heal.”

During this interaction, these clients collectively steered the conversation, and Dolores agreed with their assessment that forgiveness can be a necessary component to healing. Yet in our interviews together, Dolores expressed her own sense of conflict around this topic. Culturally, she estimated that 90% of these Latina clients had a very strong sense of faith, whether Catholic or Christian. Clients “believe in God” and “give thanks to God for protecting them” while thinking that “God will help them to leave their relationships.” In turn, Dolores explained how if this helped them, “*yo no me opongo*,” “I don’t oppose.” She respected their beliefs: when the discussion in support group would take a religious turn, as in the example of forgiveness above, she would adjust to the same language so that they felt like she understood. In part, she recognized that other departments at the IPVC may not have such a “culturally

competent” response—even with other Latina advocates, such as in the legal program, their work was more technical and formal, and would not readily adjust in this way. Alternatively, in a support group, she felt that she could not dictate so directly what they were allowed to discuss, and instead had to offer what clients needed, including spiritual support.

However, her tolerance for these varying religious perspectives also had its limits. When religious conflicts arose between women in the group, Dolores would intervene and shift the conversation. She worried that clients trusted in the work they were doing at the center, but then after, they would go to their pastor or a spiritual counselor, who would talk to them about forgiveness, patience with their family, and family reunification. For Dolores, this was cause for concern because in this unification process, they would ultimately be “violating a member of that family.” Dolores’s own sense of conflict around these issues and the subsequent moments of contradiction spoke to the overarching tensions between the professionalized domestic violence service model and her desire to accommodate her clients through “cultural competency,” leading to constant negotiations between herself and these women as they forged deep connections in spite of such ontological divides.

Ritual and Reverence: Transforming the Support Group Space

Through these interactions, I observed as clients selectively accepted or rejected certain concepts from Dolores’s lessons and the center’s broader model, choosing when to reframe these ideas to fit their own religious perspective and when to negotiate around these frameworks. This selectivity was also reflected in their very use of services. Of the thirty clients that I interviewed, they averaged two and a half years of receiving services at the center. These thirty ranged from newer clients who had only been receiving services for two months at the start of my research, all the

way to five clients who had been attending group and receiving other services for five-plus years—in one case, as many as nine years. This was a sharp contrast to one of the neighboring domestic violence agencies which only provided twelve consecutive counseling sessions, or the other neighboring crisis center that provided six to eight counseling sessions and a support group just for new clients.

While there were certainly practical reasons why clients would seek center assistance in the long-term, this did not address the question of why clients who were many years removed from their abusive relationships continued to attend support group. Dolores inevitably cycled through the same themes in the manual. In the year that I was attending these support groups, I also witnessed repeated themes. Although no two weeks could ever be the same—the clients in attendance were never exactly the same from week to week, and Dolores adapted each week to suit particularly timely issues in the group—there was a definite repetitiveness to the messages Dolores tried to convey with the center's model for success in mind.

Why then would a client who was no longer confronting domestic violence continue to attend this support group with the same topics for years on end? At first I guessed that they were attending for camaraderie and sociality. For some clients—aging clients with no children at home in particular—this was an opportunity for them to be hosted in a comfortable space where they could feel a sense of conviviality. Yet I also closely observed and inquired about relationships formed within the group, and these findings did not fit with my hypothesis. Many times, clients would wait for the group to begin in silence, not talking to one another. After, they would quickly clean up and return to their busy lives and children, rarely staying behind for more than a few minutes to socialize. If they stayed after, it was generally to speak with Dolores or another advocate. While there were some alliances between them in which they

would share rides or job and housing information, when asked individually about their relationships with other clients, most clients that I interviewed directly said they had few or none, or implied this was not a topic of much concern. Based on these conversations and observations of their interactions, there did not seem to be any real urgency or desire for creating lasting friendships. Indeed, since the Latinx communities in these towns were already quite connected, becoming close with someone in a group and associating with them outside the center could put that client at a greater risk for having their confidentiality violated. This could then lead to trouble with their abuser, family, friends, or the center itself. For example, when one client violated center policy by telling an outsider about another client in group, it turned out the man she told was that very client's abuser.

Instead, the main relationship drawing most clients to the support group was the one with Dolores. After spending a year consistently witnessing both old and new relationships grow between them, it was clear that there was a deep affection on both sides. On the one hand, Dolores was one of the most private people I had encountered in my career in social services. Dolores and I had worked together during my time at the center, yet I did not know how long she had been in the U.S., what her personal, professional or educational backgrounds were, or how she got started at the IPVC until I formally interviewed her in the final stages of my research. She also generally acted and dressed more formally—often in heels and suits—than other colleagues. While Dolores would make references to how she could relate to the women in terms of being an immigrant, in group she never shared information about her personal life. Contrasted with the intimate divulgence required of clients, this solidified a hierarchy with Dolores as the professional.

Medical anthropologists and domestic violence scholars have cautioned against what can happen when hierarchies form between care providers and clients. However, while this hierarchy could be perceived as disempowering or alienating to clients, the Latina women at the IPVC responded so well to Dolores that it was clear to me she was doing some important work with this dynamic. Rather than just establishing a power hierarchy, Dolores seemed to be deliberately modeling certain behaviors. Although she had a degree in social work from Peru and therefore came from a more educated background than many of these women, she was demonstrating how a Latina immigrant could become a successful professional in the U.S. by modeling what professional dress, attitudes, and behaviors look like. On another level, she was a source of stability for clients who were facing emotional and practical chaos. She was also creating boundaries between herself and her clients—one of the key lessons she reinforced in her work—demonstrating how the center was there to support them, but not do things for them. In my own professional development, I've learned that setting boundaries is also a way for counselors to protect themselves from the emotional toll years of this work can take. Although Dolores was not overtly warm or personal, she was encouraging and supportive, consistently praising clients for their accomplishments and guiding them towards steps she believed would be best for their future. Dolores saved her particularly emotive moments for the most memorable occasions—such as giving a client a hug when they received an educational certificate or a Green Card. In her own words, she referred to herself as “flexible” but “firm.”

From the client side of this relationship, in support group I watched women speak about Dolores and act towards her with an unwavering sense of reverence. Clients would refer to her using many terms of endearment and respect: “*mamá*,”

“*doctora*,” “*pastor*,” or even “*como un ángel que Dios puse en mi camino*,” “like an angel God put in my path.” They would listen to her with reverence as well, carefully absorbing her advice during an hour or more of group. No one overtly criticized Dolores in my presence. If they ever started side conversations—typically when another client was talking—they could expect Dolores to stop the group and redirect them. If clients interrupted Dolores or interjected, they were quick to apologize. When I asked clients if they were going to continue to attend support group and why, the standard response was that they would continue to attend because they liked to learn from Dolores each week. The repetitiveness did not seem to bother them, and even clients who participated for years still seemed to find the lessons newly applicable at different stages of their lives. Attending group was more than just habit—attending weekly took a high level of commitment for women who had multiple children, various jobs, and relied on inadequate public transportation. Yet clients well beyond their abusive relationships would still go out of their way to arrange their often-chaotic schedules to attend.

Rather than habit, necessity, or sociality, attending group most closely resembled a ritual. The hierarchy between Dolores and the clients, the devotion they felt towards this group, and the reverence they showed towards her and her teachings reflected the relationship between a religious leader and a disciple. Considering the profound effect clients felt their work with the center had on their lives and the way they incorporated finding the IPVC into their spiritual narrative, Dolores’s teachings were elevated to the divine. For the women who felt the IPVC and Dolores were part of God’s plan for them, attending group was another practice in their spiritual repertoire: for this hour or two each week, they were able to escape the grueling, draining world of the profane for a sacred space. The call-and-response that Dolores

facilitated further mimicked a church-like experience. There was a repetitive, ordered quality to how they entered into this ritual, followed by an emotionally intense collective sensibility that formed around the lesson and conversation (Durkheim 1995). Lastly, there was again an order to how they transitioned out of group with a new sense of vitality (Bloch 1992). The clients who had been at the center for years taught newer clients how to refer to Dolores with their reverent terms, and set the tone and behavior for the space. Becoming too close with each other outside the center could also detract from and even violate—practically and spiritually—the very sacred nature of their assembly. In the long-term, both the lessons learned in this ritual *and* the ritual itself served to maintain the precarious order in their lives that the center had helped them create.

In turn, by ritualizing support groups in this way, these clients forced the center to confront their long-term needs. Although the basic narrative and goals that the center set for Latinx clients did not always reflect these understandings, for over a decade, Dolores had been a witness to the long-term effects violence had on the lives, bodies, and minds of these women, and she continued to convey these concerns to the other departments and administrators. The rapid growth of what used to be a one-person “housing advocacy” department into a comprehensive program covering housing advocacy, consumer education, financial planning and beyond was the direct result of this increased structural competency around these long-term material hardships and forms of structural violence, in spite of the center’s conflicted feelings about the best use of their resources and their role in the long-term recovery of survivors of domestic violence.

Increasing these long-term advocacy efforts for the Latinx program in particular directly correlated with the unprecedented Latina support group attendance.

As Regina recounted, after a couple of observations of these groups, she instructed Dolores that “whatever you are doing, don’t touch it,” because she “had never seen this level of participation.” When I asked Dolores about this phenomenon, Dolores stated that she believed clients stayed at the center for long periods of time because the center was constantly creating new services for them. Yet having observed the negotiations between staff and clients and looking back at the institutional history of the center and these support groups, Latina clients had been making their mark on the agency for years before such long-term services were available. Therefore, I argue that the actions of the clients themselves were the catalyst for this increase in services. By constantly reasserting their presence and their needs, particularly through this spiritual lens, they subtly, slowly, yet successfully transformed the very model they were meant to follow.

Conclusion

While Latina clients at the IPVC came from a wide range of backgrounds, countries, and life experiences, in their conversations with me about moving forward from violence and in their interactions within support groups, evidence of this evangelical ontology was frequently present. Yet the center’s model did not fully account for these beliefs and practices, necessitating subtle negotiations between the professionalized model and this evangelical perspective. In the face of these tensions, clients demonstrated an immense agility with how they reframed domestic violence, their entry into services, and their understanding of the center’s model through a more protracted spiritual narrative about the hardships of life. While the hierarchy between the staff and clients may have resonated with the spiritual sensibility of the Latina clients at the center, this hierarchy also allowed for advocates to assert a professionalized model and narrative that obscured some of the more complex

dimensions of clients' needs. Thus, the way that clients insisted on staying connected with the center for years on end was all the more important to make sure these needs were heard. For these women facing seemingly insurmountable obstacles—and with many years of obstacles already behind them—finding the strength to move forward was especially difficult. These additional layers of intimacy with God, embodied prayer practices, and faith that God would provide for their well-being was therefore a vital salve on a constantly reopening wound.

Chapter 6

“*Abierto a la realidad de Dios*”: Diverging Perspectives within Christian Communities

“Antonia” and I built a rapport early on in support group. Although by the time I started my fieldwork she had only been in Connecticut for three months, I was able to witness her remarkable transformation during this first year. Originally from Guatemala, at forty years old she married a U.S. citizen and gave up her beloved career as a nurse to join her new husband. Over the year that I got to know Antonia, I heard about several harrowing accounts of his abuse and her eventual escape. Although as a nurse she had worked directly with survivors of domestic violence, she never recognized how transformative the experience was until she went through it herself. Upon her arrival in Connecticut she got involved with an evangelical church that referred her to the IPVC. Like other clients, she also admitted to considering suicide. But when someone brought her to this church, she felt like God spoke through the pastor just for her. She then “knew God” and converted to evangelical Christianity. Her “*hermanos de la iglesia*”—her brothers in the church—collaborated to make sure she had everything she needed. Her pastor helped her by providing assistance with immigration, even translating the personal history for her residency application—a valuable measure, since translation of documents was not a service that the IPVC provided, and clients typically had to pay someone. Antonia was also a cancer survivor and required access to healthcare, which her “*hermanos de la iglesia*” helped facilitate.

On the level of emotional support, Antonia’s congregation would pray for her, and encourage her to *salir adelante*. During one of our later interviews, Antonia became teary-eyed as she recounted these memories, but she was “no longer crying from sadness.” Antonia believed God put the right people in her life. Although she

eventually stopped attending church because she had several jobs to sustain after being unemployed for months, she knew that God was with her, and she was grateful for the continued support from her congregation. She rationalized that after all, it was God who helped her find these jobs. Antonia concluded that everything happens for a reason: without this experience, she wouldn't have accepted God as her savior. Her access to resources and residency application were also facilitated by the fact that Antonia was married to a U.S. citizen—and therefore eligible for residency through VAWA—and that she came to the U.S. with documentation. Along with these legal advantages and support from the IPVC, Antonia's pastor and congregation helped her move forward on many levels, from the spiritual and emotional to the physical, legal, and financial.

As Antonia's case suggests, the support of domestic violence services alongside a religious community can be a powerful combination. Like many grass-roots domestic violence centers, the IPVC originally had religious ties. According to a founding member, an initiative to provide local services for survivors of domestic violence came out of a Junior League town meeting. Together with a reverend, they began physically transporting women to houses where they could be safe, and people from the Council of Churches and Synagogues were the first to open their homes. In fact, the initial group of volunteer advocates was trained by a former nun who had dedicated her life to domestic violence. As the operation became more formalized, they were taken over by the Young Women's Christian Organization (YWCA). To this day, the YWCA is the largest national provider of women's domestic violence services (YWCA.org), including one of the neighboring domestic violence centers. As these services became more professionalized, many centers evolved into their own non-profit organizations and moved out from under the YWCA. Although domestic

violence services currently provided by the YWCA are secular in nature, the way in which many such domestic violence centers were originally connected to Christian communities speaks to the evolution of stakeholders in the movement.

Despite these original grass-roots connections to religious groups, the professionalization of domestic violence services has led to a wider gap from organized religion. Dolores and Regina expressed concerns about some of the rifts in ideology and approach between the IPVC's own efforts and Christian communities in particular. In this chapter, I explore the perspectives of several Christian leaders in the Spanish speaking community in the main city where the IPVC was located. I interrogate where their approaches did in fact differ from those of the IPVC, and where there was potential for mutual understanding. In so doing, I dive deeper into the narratives, perspectives, and motivations of the evangelical clients at the crisis center, and their ability to reconcile the teachings of the IPVC and their evangelical beliefs. Thus, I build on current literature around women and evangelism to show alternative, gendered ways of using these teachings and practices for particular gains.

Community Conversations

As a Latina domestic violence advocate, Dolores worried about the differences in perspective between leaders in the Christian community and the IPVC's platform. While she didn't think the IPVC had anything against the spiritual messages from these churches, at the same time, she found that "*son muy hermeticas*"—they "were very secretive." By 2016, in the fifteen years she had been working at the IPVC, Dolores estimated that she had only given around five church presentations. She guessed that the majority of churches in the area didn't invite the agency because they believed the IPVC was working in opposition to them. Perhaps, she surmised, they thought the agency was solely advocating for dividing families, although this was not

how she viewed her own work. One of her fears was that these Christian communities were supporting family unification at all costs—and thereby, directly contradicting the IPVC’s goal of client safety. The “good news” was that she had gradually been receiving more client referrals from churches, so in small steps, she hoped these churches were also understanding that “family separation can be healthy.”

After having detailed discussions with clients around religion, in the final stages of my research, I reached out to a few of the religious leaders at local Latinx churches. I focused on the churches that I knew had direct connections to people at the agency. During these conversations, I found that Dolores’s worries were not unfounded. While on the one hand, these Christian communities and their teachings provided vital support for many of the IPVC’s Latina clients, the perspectives of these religious leaders diverged in some important ways from the tenets underscoring the agency’s mission. However, while their strategies may have been different, many of their hopes and desires for the people they worked with were the same. Moreover, concerns from advocates at the agency specifically pertained to Catholicism, and did not necessarily take into account the religious diversity among Latinx communities. However, as I will demonstrate here, this diversity found among evangelical religious leaders significantly shaped how they understood their role within the lives of their congregants and their potential for empathy towards the IPVC’s mission.

As the result of this outreach, I interviewed four local religious leaders, including three evangelical Christian pastors and one Catholic priest. Each leader was actively serving the local Latinx community in the area immediately surrounding the main office of the IPVC. In the cases of the evangelical congregations, I knew of clients who had attended these churches. In the case of the Catholic church, I was invited there by a staff member. Although this was a small sampling, through these

conversations I gained insight into how clients were bridging gaps between the teachings at the agency and the teachings from these churches, on what basis they were formulating their religious ontology, and the perspectives of these religious leaders. Yet by pursuing interviews in this way, I walked a fine line with the agency's confidentiality policy. I was given several recommendations from clients about which local religious leaders they had received help from, and who they thought I should interview. When speaking with these leaders, although we may both have been aware of the person or people we knew in common, we were not able to discuss the specifics of these cases or name those people directly for fear of breaching that person's confidentiality. Nevertheless, this common ground was helpful for entering into these talks.

A Catholic Perspective

With Dolores's concerns in mind, I found the greatest gap between the IPVC's teachings and the perspectives of Father "Antonio," a local Catholic priest. Father Antonio was a middle-aged, light skinned Italian immigrant with a soft voice and inquisitive demeanor—about a third of our time together was taken up by his questions about me. I first met Father Antonio after I was invited to a Spanish-language mass at his church by "Maria," one of the Latina staff members at the agency. Together, Maria and I supposed that some IPVC clients may have also been congregants there, since the church was situated in a Latinx-heavy area near the main office of the IPVC. Father Antonio's church appeared new and well-maintained with attractive adornments like stained glass windows, situated right outside the city center. There was also a rectory on the same property.

As I sat down with Father Antonio in his rectory office, he explained how he came to this church over two years ago. He discovered that there was a large Latinx

community living in that part of the city, yet no Spanish-language Catholic liturgy. As a priest, he wanted to welcome everybody to the church, and started offering services in Spanish. Now he had a large number of Spanish-speaking congregants from all across Central America. At first, the English-speaking congregants—mainly of Italian descent, from a long-standing Italian presence in this area of Connecticut—were uncomfortable with this influx of Latinx congregants and the new mass, which Father Antonio led in beautifully fluent Spanish. But gradually, he was seeing more acceptance from the Italian Catholic community. Father Antonio acknowledged some of the practical difficulties his Latinx congregants specifically faced, like a lack of legal status and a tendency to find themselves “living on the edge”: suffering from very low wages, discriminatory treatment, abuse in the family, addiction, and absent fathers, to name a few of the hardships we discussed. Yet at the same time, he was careful to note how “they can be very generous even in their poverty.” As far as practical assistance, the church could sometimes help families financially—for example, by paying the first month’s rent for a family that had recently arrived in the U.S. Beyond that, they referred out to Catholic Charities. Father Antonio cautioned that when looking for charity, people can “misinterpret what the church is about.” Instead, he insisted that the church is about “spirituality” and “helping to heal.”

When I asked him more about abuse among these Latinx families, Father Antonio thought that husbands mainly perpetrate the violence. He acknowledged how when a woman came to him about abuse, as a priest, this was very difficult. They would talk about forgiveness, loving your neighbor, and being patient. He acknowledged how for the woman, this was very hard: for instance, her husband may have been using “bad words” with her. Thus, he tried to understand what they were saying and really listened, then determined “what can be the counsel”: if they were

married, he would “try to keep the marriage together.” But there were also many times when they were not married in the church, in which case they “don’t have to keep with the abuse.” In the Catholic Church, Father Antonio explained, they believe marriage is “the sacrament.” There can be reasons why people divorce, but his experience was that typically clergy will try to “make sure the couple can come back together” and they “push toward reconciliation.” He would meet with the couple and try to find the best way to resolve their problems, attempting to understand why the husband was reacting with violence. Father Antonio believed that “everybody can be healed,” and that it was “a question of wanting to be healed.” He gave the example of how God gave barren Mary a child, and how “nothing is impossible for God. When God wants to change a person, it depends on the person, how far he can go... If I’m willing to go all the way God can heal me.”

In this manner, Dolores’s worries were validated by my conversation with Father Antonio. Based on his insights, the agency’s work was fundamentally at odds with his view of the Catholic Church’s understanding of marriage as “the sacrament,” their “push towards reconciliation,” and their disbelief that abuse was grounds for separation. When I asked what he does when the violence continues, Father Antonio explained how “at that point, we have to really step out of ourselves, as the clergy, and really reason with the person.” He would wait to see what happened and continue talking to the abusive person to see if there was any “human respect and value.” Then it was “up to the couple” because “I can’t make the decision for them.” As clergy members, “our role is to protect the marriage,” since the vows for marriage “are very strong.” He supposed this approach would be similar across other sects of Christianity as well, because they were all connected to Jesus Christ.

Father Antonio was transparent about his approach to treating domestic violence, couched in his belief about prioritizing the sacrament of marriage above all else. Despite the proximity of his church to the IPVC and his understanding that my research was affiliated with the agency, he did not mention referring clients to any local domestic violence or other service center. This may have been a reflection of Dolores's fears: perhaps leaders like Father Antonio believed the IPVC's mission was contrary to their own. However, he made a clear distinction about the advice he would give someone who was married in the Catholic Church versus someone who was in an informal union. The latter should feel free to leave, according to his logic. In this sense, his belief that the couple should stay together was stemming from his understanding of marriage as a sacrament, rather than a sensibility about gender roles or a feeling that abuse is warranted or unimportant. IPVC clients who were formally married within the Catholic Church and chose to divorce or separate may have felt especially alienated from such congregations, perhaps pushing them towards evangelical conversion.

Given his personal history, Father Antonio also had much less of a direct connection to the Latinx community than the pastors I discuss below, and was more invested in religious guidance than assisting with the practical matters these families faced. Moreover, having been trained in a European tradition, he would not have been influenced by liberation theology in the way that a Catholic priest from Latin America may have been, where this theology has led to more concern with "how to address the structural conditions of poverty, dispossession, and oppression created by capitalist modernization"(de la Torre and Martín, 2016). He saw his role as a religious leader in a narrower light: he believed people looking for material assistance were "misinterpreting" what the church was about, and that his guidance was centrally

located in the teachings of the Catholic Church. In this sense, he was a good representation of Dolores's concerns regarding potential rifts between the mission of domestic violence centers and the mission of Christianity.

An Evangelical Perspective

Although Father Antonio expressed sympathy for the structural and material hardships of his Latinx congregants, during the interviews I conducted with evangelical pastors (in one case, a joint interview with two married pastors), I was struck by their deep understanding of the complex difficulties these Latinx families face. Pastor "Diego" was a Colombian-born immigrant in charge of leading Spanish language services as part of a larger evangelical Christian congregation. I met with him and his wife "Patricia," a fellow pastor, and immediately felt welcome in their warm presence. Patricia was more reticent in our conversation and let Diego answer most of my questions, but would occasionally add her perspective. Although in their forties, both pastors were short in stature and appeared quite young. At this time in 2016 their Spanish speaking congregation was primarily Guatemalan—about 70%, Diego guessed. Although they had come over with legal papers, they intimately knew many of the hardships their congregants faced. Diego recalled how fifteen years ago, they felt their lives were at risk in Colombia, and were able to escape to the U.S. through a partnership between their home church and the one where they now work. They had two children, one of whom had a physical disability. Thus, they experienced first-hand what it was like to be in a new country as a young adult, have a child with physical difficulties, have no work, salary, or family support, and no English language skills. According to Diego, this made them sensitive to what other immigrants face.

While Diego's parents were pastors and he knew all along that religion was his calling, for Patricia, it was not until she came to the U.S. that she considered

becoming a pastor. Then when they suffered a miscarriage, she felt called to work with women in particular. Consequently, they both began working with the local Latinx community in religious and civic ways, helping others overcome the types of difficulties they had overcome themselves. For years Diego was part of an outreach group for day laborers to connect them to services, teach them about their rights, and help them advocate for better working conditions, even appearing in the *New York Times* for his efforts.

Given their deep understanding of these layers of hardship, it did not surprise me that many of their thoughts about the local Latinx community matched the findings I heard from advocates at the agency as well as my own. Diego pointed out how his Latinx congregants often didn't believe they could advance in life. For women especially, he heard them speak about how they deserved to be treated poorly. From his work with day laborers and other hourly workers, he learned that changing this mentality—motivating them to believe that they could strive for better conditions and create change—was fundamental to their ability to establish a stable life in the U.S. At the same time, he also came to realize that what he thought should be their priorities and their actual priorities were not always the same. For example, some declined consistent jobs with regular hours because they valued being able to choose when to work. This need for flexibility on Diego's part in order to understand his congregants was consistent with my findings at the agency—Dolores also tried to understand a wide range of values and perspectives. Yet at the same time, Diego described how one of the strengths of the Latinx community was that they wanted to be helped, and they listened to his advice. This was certainly true of clients who revered IPVC staff and closely heeded their teachings.

Along with these similarities, there were also significant differences between the IPVC's orientation towards their work with the Latinx community and Diego and Patricia's approach. When I asked the pastors about their teachings around family life according to the church's perspective, Diego explained that while many Latinxs come to the U.S. alone, in reality they come to provide for their families. According to Diego, the concept of family as "*una entidad para apoyar, amar, impulsar*"—"an entity to support, love, inspire"—was not seen as much in North American families as in families from Central America. They don't ever forget where they come from, and they value matrimony more than North Americans. Only once they come to the U.S. and get to know the cultural concepts here do they accept divorce more readily, Diego believed, and he did not seem to look upon this shift favorably. He also believed the Latinx community was more "*abierto a la realidad de Dios*," more "open to the reality of God," and had more faith and respect for God than North Americans.

Because of this understanding of their congregation and their own religious convictions, Diego and Patricia treated domestic violence differently from the IPVC. In some cases, Diego worked with the men directly and confronted them right away. Diego explained that this was the advantage of working with his congregants for a long time: there was trust, so they would not feel attacked. Because of these existing friendships, congregants knew that Diego was invested in the well-being of their family. Sometimes the wife of the couple didn't even have to say anything for Diego to get involved. He would see that she was "*decaída*," "dejected," and would confront the husband. Often the man would admit to having problems, and Diego would teach him about his biblical responsibility as a man: in the bible, a leader is someone who helps others, not someone with "*machismo*." According to Diego, this brought about change in many households. He furnished an example where a man went from being

violent towards his wife to a leader in the church and a mentor to other men. Diego structured his congregation by having a set of leaders that mentored the other congregants. He believed this model was more biblical, practical, and faster for solving problems in a big group.

Although she did not go into much detail, Patricia mentioned how she simultaneously held groups where she would work with women to improve their self-esteem. Diego added that there were about seventy active couples in their congregation, and the majority of them had experienced a significant change—not from him directly but from God’s help, he clarified. In this way, Diego and Patricia’s approach was informed by their belief that the Latinx community valued marriage highly, by the church’s teachings, and by their direct, personal relationships with these men and women. While Diego didn’t personally take credit for his influence, he felt that God was positively influencing these people through the teachings he provided. In many ways, this reflected how the women at the IPVC also viewed Dolores and her colleagues: as helpers who were put in their path directly by God, and to thus be respected accordingly.

Diego did make a distinction between this type of family work and situations where he feared the congregant’s life was in danger. As Diego euphemistically described, when they saw a “*caso delicado*”—a more “delicate case”—they immediately referred that person to the IPVC. I asked Diego if the teachings from the church ever contradicted his own approach to domestic violence, and he said he never found that to be true. He had received training from the church on how to work with domestic violence, but the teachings of the evangelical church were general: you were supposed to think about the well-being of the person. He and his wife understood there were situations where two people couldn’t continue together because there was

too much danger. When someone's life was at risk, they wouldn't actually tell them to separate, but would send the person to receive domestic violence services.

By sending them to the IPVC, Diego did not have to compromise his own values or the church's around marriage. At the same time, he did accomplish his goal of directing someone to get the help they needed. Yet fundamental to this disclosure was the unspoken understanding that it was the IPVC's job to tell the couple to separate, rather than his own. Diego's approach spoke to his belief that men who were abusing their wives could and would change. This belief directly contradicted the teachings from the agency. Instead, the agency taught women that it was up to them to make changes in their lives, rather than try to change someone else. A frequent refrain within support group was women informing new clients that "he's never going to change." In these subtle ways, these institutions were at odds with one another, in spite of their similar civic goodwill towards the Latinx community and their shared concern for the well-being of the people with whom they worked. Through this interaction, I came to further understand Dolores's concerns about some of these fundamentally diverging beliefs that may have been difficult for clients to reconcile.

Moreover, Diego and Patricia's approach was premised on specific conceptualizations of masculinity and femininity alongside definitive gender roles. Rather than the feminist perspective that gender-based violence stems from structural and ideological inequalities, their work assumed that domestic violence grew from a lack of self-esteem for women, and a man's failure to understand his biblical responsibilities as the head of a household. For the women at the IPVC, while they may have needed some assistance with self-esteem, the actual emergence of abuse and gendered dynamics in their relationships were complex and varied. While well-intentioned, Diego's technique for identifying abuse by looking at a wife's dejected

face also struck me as problematic. By confronting the husband instead of addressing the wife first, he reinforced these patriarchal gender dynamics. While perhaps there was more to his technique than he briefly described, this approach exemplified the patriarchal expectations about men and women underlining their work with couples in the congregation.

For many of the Latina women at the IPVC, their work with the center was a life-saving matter. Thus, their cases narrowly fit with the allowances of evangelical pastors like Diego and Patricia—although not with the Catholic perspective of Father Antonio, perhaps facilitating conversion for clients who needed to leave their abuser. However, there was also discomfort in Diego's teachings with respect to leaving a partner, particularly when those partners were legally married or married within the church. When speaking about spirituality and domestic violence with clients at the IPVC, evangelical clients felt it necessary to frame separation from their partner in terms of giving themselves over to God in place of that abuser. In this way, they could reconcile their realities with the teachings of their religious communities. As Antonia rationalized above, without undergoing her own abusive ordeal, she would never have accepted God as her savior.

The way these clients then used evangelical Christianity as a means for framing domestic violence subtly differed from previous ethnographic accounts of gendered evangelism. According to Elizabeth Brusco, in her work in Colombia, she recognized how “born-again religion helps Latin American women resocialize their men away from the destructive patterns of machismo in ways that may be far more effective than secular feminism... precisely because they maintain the pretense of male control”(1993, 8). Brusco saw how women used evangelical conversion as a means to promote their interests: it gave them a legitimate platform to condemn

destructive male behaviors and redefine male and female roles, obligating their husbands to focus on family values while still upholding male authority (1995). In this manner, anthropologists of religion have demonstrated the ways that evangelism allows women to first be obedient to God, with less accountability towards male authority when men are engaging in sinful behaviors (Robbins 2004; Bialecki et. al 2008; Brusco 1995; Garrard-Burnett and Stoll 1993).

While these findings align with Diego and Patricia's outlook, for women at the IPVC, they were more inclined to believe the teachings of the center. While maybe not at first, most long-term clients came to agree that their abusive partners were never going to change. Perhaps the women with partners for whom Christianity did serve as a meaningful source of positive change were not the ones who ended up at the IPVC. For IPVC clients, they had to rationalize their life experiences with evangelical teachings differently. They also saw themselves as being primarily obedient to God, which they interpreted as permission to separate from these relationships and invest more heavily in intimacy with God. In this manner, they did not seek out religion as a means for reconciliation, but instead, as a means for justifying their choice to reject their abuser's sinful behavior completely, and to find a new source of partnership in this divine relationship.

Religion as Resource

Between the four religious leaders that I interviewed, the person who I found to be most sympathetic to the IPVC's mission was Pastor "Alberto," the pastor for another local evangelical church. Diego and Patricia's church was a fairly large, well-maintained New England style church, sitting on a grass-filled plot in a tree-lined residential corner towards the wealthier area of the city. Meanwhile, Alberto's church was much smaller and sat on a concrete plot bordered by a chain-link fence at the far

end of the same city, deeply embedded in a less gentrified, highly Latinx area. The church was flanked by a Latinx grocery store, bodegas, a daycare, several takeout places, and a strip club. Alberto explained that the building was rented, and while they would like to own a building, even renting was a difficult financial burden. Alberto invited me for services on a Friday evening, and when I entered—the only obviously White person among the ten or so congregants—Alberto came right over and warmly introduced himself, along with a former client from the agency who recognized me from several months earlier. I learned that the evening's service was especially sparse since many of their women were on a retreat. The service was very interactive with much song and participation. Alberto even asked me to share a few words about myself and my project, which was met by appreciative nods and smiles and a prayer for my studies.

When Alberto and I sat down to talk, he explained how like other immigrants in the area, he had been traveling between Honduras—his country of origin—and the U.S. for many years. He first came to the U.S. in the 1980s to study agriculture, then returned to Honduras. He came back to the U.S. when his wife got a job in the early 2000s. He originally got involved in Christian life as a teenager, when he would play the guitar at the altar of his church. During his studies in the U.S., he led local religious youth classes. When he returned to the U.S., he became more involved in religious life. Several years later, he was asked to fill in as a temporary pastor at his church in New York City. He started to informally educate himself for this position, thinking that perhaps God wanted him to be a religious leader. Alberto decided he needed more formal education and pursued a Master's in Theology, eventually becoming a pastor at this evangelical church. His congregation was made up of a very mixed Latinx population, with people from Chile, Ecuador, Bolivia, Peru, Colombia,

Panama, Honduras, El Salvador, Guatemala, Puerto Rico, and children born in the U.S.

When we met in 2016, Alberto also worked simultaneously for a religious non-profit as an immigration counselor. This specialization in immigration greatly influenced his work with the local Christian Latinx community. Like with Diego and Patricia, many of Alberto's findings about the difficulties for this immigrant community were consistent with my own findings at the IPVC. In particular, Alberto pointed to the problems the elderly Latinx community faced, such as not understanding their rights and responsibilities with respect to social security benefits and disability. For example, he described how he worked with one elderly woman who went back to Ecuador for two months and continued to collect disability, then was confronted with a bill. He was able to help resolve the situation as well as secure her citizenship. He also helped congregants find better healthcare, recognizing how disability and illness were of great concern in this community. In another case, there was a mother whose fifteen year old son was found guilty of statutory rape. After serving two years in jail he was deported to Guatemala. Since the son had lived in the U.S. most of his life, spoke hardly any Spanish, and knew little of the country, his mother decided she needed to go back with him. Yet she was afraid of losing her own U.S. residency, and Alberto helped her secure a re-entry permit. Through these instances, Alberto realized that with his experience in immigration law, he himself was a valuable resource, and could help other pastors using this expertise. He also encouraged his congregants to seek the help they needed—for example, the church that owned the rental property ran a food pantry, and he assured congregants there was no shame in taking advantage of that resource. Aside from snow removal, the winter was a particularly hard time since so many of the Latinx congregants worked

seasonal jobs. At the same time, Alberto discussed how his congregants had many talents that they would use to help one another and to repay the church, from plumbing to remodeling.

When we talked about his work with families, Alberto felt his formal studies little prepared him for working on family issues. Consequently, he participated in a two-year program on pre-matrimonial counseling. Through that training he was more equipped to help couples evaluate their relationship on many levels, from conflict management to sexuality to communication. For about three months, he showed the congregation a series of videos on relationships called *Sanando Heridas*, or Healing Wounds, and then facilitated discussions about their impressions, reactions, and personal reflections. Like Diego and Patricia, he also worked with people individually. For instance, there were cases when only the woman attended church and there was no family unity, such as when the man had a new or additional partner. Alberto was even writing his own book that would make the bible more present for readers, using examples from scripture and applying them to contemporary relationships. He also made an effort to look at “*salud integral*,” or “holistic health,” including spiritual, relational, and mental health, and counseled his congregants on when to seek further support from a mental health professional.

With respect to domestic violence, Alberto usually worked with the “*víctima*,” not the victimizer, because he typically didn’t have the opportunity. Often in these cases, just the wife would attend church or seek his help. He realized there were times when a wife wanted a relationship to get better and the husband didn’t, and he was incapable of working with the family as a whole. He would then speak with the woman about how to navigate the situation and help her find assistance, realizing that just a phone call (for domestic violence services) was not enough. Alberto

acknowledged that there were cases that he couldn't "resolve" and where he couldn't be the "expert"; thus, they would "need references and people that are more prepared on these issues," such as at the IPVC.

I asked Alberto if this approach to domestic violence differed in any way from what he was taught through the church. He described his approach as a matter of balance: you have to look at the family, because the whole family suffers. "We can't be judges," he added—he had to look at the environment people were living in and where they came from. In some cases, the husbands did not believe they were doing anything wrong. They may have been engaging in the same practices that their father did, and considered their father their hero. Systematically studying about families also helped Alberto build this approach.

If there was a case with no danger of death, violation, or abuse of children, Alberto could instead work with "biblical counseling"—in other words, "counseling from God." He would not say to the couple that they must "accept these conditions," because "it isn't Christian to abandon someone." Instead he would try to talk about their "wounds," help them with their intentions, and take from both biblical and scientific knowledge to guide them. Alberto gave the example of a woman who came to the church while she was in the process of getting a divorce because of terrible emotional abuse. Believing that knowledge is what prepares us, Alberto wanted her to know that divorce would feel like a death, and could lead to depression and pain. Thus, he tried to work on educating her around the effects of this divorce and prepare her so that the process would be "*más suave*," "smoother."

By this account, Alberto's approach to domestic violence and immigration counseling did not significantly complicate or contradict the teachings at the IPVC. In many ways, his approach was quite compatible with the lessons clients might find in

Dolores's support groups. The greatest divergence occurred when I asked Alberto about the importance of spirituality when healing from these types of hardships. Alberto started off by explaining how "*La espiritualidad la ayuda porque encontramos el aspecto de la esperanza*"—"spirituality helps because we find the aspect of hope." He recalled a story in the bible where there was a terrible storm, chaos, and the disciples of Jesus were outside the ship. But Jesus was able to stop the storm, begging the question: who does the water obey? This story illustrated how there are times we think we won't get to the other side of a difficult situation, but in spite of the storm, Jesus was able to get to the other side. According to Alberto, God is in our midst, and if we have faith, God can help us. As he explained, we have to try to see things with faith. Alberto then went on to describe how, "my faith can move mountains, because if I have faith, there are miracles." Yet at the same time, Alberto cautioned that people wouldn't always receive a miracle, and this wasn't because of a lack of faith or because God was not with them—bad things still happened to good people that they couldn't avoid. As he rationalized, sometimes things happen for which there is no remedy, and there are things that occur not to test, curse, or punish us, but simply because we are human.

This conversation echoed the sentiments I would hear from clients about moving forward through their layers of hardship. Even in their most difficult moments, faith in God would carry them through the proverbial "storm." Just as Alberto's perspective on faith was couched in his personal belief around miracles, some clients also held the belief that their investments in evangelical Christianity would lead to direct, material outcomes. At the same time, clients also recognized the subtler benefits of faith—the emotional, even physical shifts that could result from building an intimate connection with God, rather than direct external acts that were

tangible proof of God's presence. In such cases, the support they received from God was long-term and processual, rather than derived from a singular, miraculous event. Thus, the ways that Alberto conceptually and practically bridged the gap between spirituality and the very material needs of this community reflected the ways that clients similarly reconciled their work with the IPVC, the material support they found through their religious communities, and the individual benefits of evangelical prayer.

Comparing Perspectives

In spite of the differences in priorities and approaches between the IPVC and some of these local Latinx religious leaders, there was also a great deal of overlap between their hopes for the well-being of the Latinx community. Based on this small sampling of findings, it became clear to me how there were vastly different approaches to family, faith, hardships, and domestic violence across individual churches and religious leaders, even within the same general sect of Christianity in one small community. By striving to better educate and find the leaders most empathetic to their mission, there was significant potential for collaboration between the IPVC and certain religious communities. Regina agreed that greater community collaboration between service providers, organizations, and faith communities—for example through the local Latinx advisory group—was important. On further reflection, she added that “I don't think we've made a concerted effort,” and found this to be “an interesting thought: maybe there needs to be a question within the support groups—what faith they identify with, has that faith community been responsive, available, allied with their safety.”

At the same time, Regina pointed to the lack of support from certain local religious groups. In particular, she believed the Catholic Church had historically “very much failed our clients, and our work.” While individual Catholics had supported the

IPVC, they received no donations from local Catholic churches, and her impression was that such institutions “are very pleased... that the IPVC takes this on for them—they get a pass.” This sentiment was reflected in the approaches of Pastor Diego, Pastor Patricia, and Father Antonio, who ultimately preferred to leave unresolvable situations of abuse up to the couple or outside organizations. Regina did know of “a couple of cases where the Catholic Church has these conversations on the pulpit,” but there were not enough. From her own background in Catholic missionary work, she knew just how powerful the role of religious leadership could be in taking “care of the vulnerable,” but felt that domestic violence was among one of the “critical civic and safety issues” that religious institutions needed to further address.

Conclusion

As seen through these accounts of religious and IPVC leaders, both sides contributed to the ideological gaps between their schools of teaching. These gaps left actively religious survivors of domestic violence responsible for finding their own ontological bridge. Yet to varying degrees, there was also overlap between the desires of both sides for the well-being of their shared Latinx communities. Consequently, there is much to be learned from the elegant ways evangelical Latina clients made sense of these divergent teachings, and integrated those understandings into their practices within these institutions. These clients took on the task of drawing material, spiritual, and physical strength from their religious convictions and practices alongside domestic violence support services. Moving forward, this strategy provides valuable insight for social service providers and religious leaders alike regarding how clients can continue to be instrumental in transforming domestic violence services in “culturally competent” ways to better meet their own needs. Moreover, the ways these evangelical women drew upon Christianity to justify their break from abusive

relationships deepens anthropology's understanding of the fruits of evangelism for women in particular, beyond its capacity to condemn or reform immoral male behavior. Instead these IPVC clients used evangelical practices to find strength and partnership through God while reconciling this lens with their acceptance of the teachings of secular domestic violence services—in particular, the choice to leave an abusive relationship altogether. This creativity is a testament to their agile use of all available ideological and material resources in the face of seemingly insurmountable hardships, and a glimpse into what scholars and practitioners can learn about the surprisingly porous border between organized religion and social services in the U.S.

Chapter 7: Conclusion

Rising Stakes: Future Directions for Latina Survivors in the United States

The Latina crisis center clients in this study showed immense creativity in their strategies for contending with the long-term effects of violence. Rather than focusing on particular instances or forms of violence, they narrated violence as a continuous experience that compounded and changed over time as they encountered other types of harm. Furthermore, they articulated the complex effects of this violence on the body, and how those effects accumulated into greater debilities. For maturing survivors especially, the ways that these effects went unaccommodated or uncared for turned these “debilities” into “disabilities,” making it progressively more difficult for them to move forward towards a more decent quality of life. Dolores recognized that both with physical and psychological abuse, women needed support to “*manejar este trauma*”—“manage this trauma”—which could manifest through symptoms long after the abuse had passed. The ways that evangelical Latina clients combined what was offered at the crisis center with evangelical practices and perspectives was an important tool for reconciling with their experiences and building physical, emotional, and spiritual resilience for the future. In turn, the way they incorporated the IPVC into their narratives of spirituality framed their approach to navigating social services, their use of the support group space, and their transformation of the crisis center.

On the one hand, the service model at the IPVC was structured around finding independence and taking personal responsibility for one’s life. These neoliberal ideals were then translated into a problematic narrative for Latina clients in support groups around hard work, upward mobility, and willpower as the keys to success as immigrant survivors of domestic violence. As Dolores summarized of their limitations, “*aquí no podemos reconstruir la vida*”—“here, we cannot reconstruct a

life.” The center’s considerable attempts at “cultural competency” were thus curbed by the hierarchies inherent to the professionalization of the movement as well as their crisis orientation. At the same time, this approach was in tension with the movement’s feminist roots, and advocates’ deep desires to create the best outcome for each individual whose life they touched. Counselors and advocates expressed profound empathy, cultural humility, and nuanced strategies for meeting Latina clients’ needs. As a result, the center even started to provide more long-term services and to allow Latina clients to continue using their services long past their intended time frame. Thus, the center’s structural competency was reflected in how deeply attuned they were in these programs to the forms of structural violence these immigrant women faced.

An Ethnographic Intervention

While in these many ways, the crisis center was a “culturally competent” institution, their service model did not fully take into account Latina client experiences with disability, age, or spirituality. Yet far from singling out this institution, my point has been that there is something more generally missing from scholarship around violence and practices around “cultural competency,” gender, and health. Thus, I offer the idea of a “life course competency” as both an ethnographic intervention and a practical solution. As I have shown, attending to the changing and cumulative experiences of the body across the life course can help ethnographers better understand the human experience of violence, gender, migration, spirituality, and health. Meanwhile, this focus can help practitioners better understand people’s obstacles and choices with respect to health and accommodate life-long experiences with violence in their approach to care.

Regarding medical anthropology, the insights from this research help illuminate questions around the “equalizing” potential of “cultural competency.” As this crisis center shows, going beyond patient-practitioner matching and essentialized understandings of culture and language by using strategies like cultural humility, structural competency, and institutional reflexivity is essential. However, practitioners must also account for someone’s dynamic and ever-changing embodied experience of the world, and be forward-thinking and flexible in their plans for care. The women in this study display agility and dynamism with their attempts at moving forward through the violence of life and its debilitating effects, continuously incorporating new strategies for resiliency from both spiritual practices and the crisis center. Having a long-term lens that is attentive to these different stages of life helps illuminate how health ideologies and practices evolve over time. Thus, an emphasis on this “life course competency” would be useful for future studies of “cultural competency” within other service, psychiatric, and medical spaces.

Building on scholarship around evangelical Christianity, these findings open up new understandings of how Latinx immigrants in the U.S. may be translating these evangelical perspectives into their conceptualization of otherwise secular systems and spaces. Additionally, in comparison to past findings on gender, evangelical Christianity, and family structures, this study also demonstrates how women can frame domestic violence and their complete rejection of abusive male partnership through these religious teachings. Clients used spiritual practices for physical resilience against violence and spiritual beliefs to formulate a life course narrative that made meaning out of these violent events. As I have done here, attentiveness to the ways that religious and spiritual beliefs mediate the effects of violence over time is a necessary component for understanding how people contend with the embodied

effects of long-term strain. This is an especially important insight for communities that tend to be particularly impoverished, discriminated against, and alienated from formal resources.

Scholars of the anthropology of violence can also benefit from these findings. With respect to the study of structural violence, I demonstrate how the walls of structural barriers are heightened by physical, emotional, and spiritual distress. Additionally, I show how these obstacles are not only structural, but can themselves contribute to debilitation. These findings also have implications for the study of domestic violence specifically: while ethnographically, much has been written on the structural and legal obstacles such survivors face, my research indicates a need for more integration of legal and medical anthropology alongside aging and disability studies when studying gender-based violence. As the narratives of these women show, to fully understand the complexity of domestic violence in a person's life requires a deeper interrogation of its embodied effects over time.

Moreover, in future studies of embodiment, I argue for greater attentiveness to this dynamic and temporal dimension of the lived body. This lens on the embodied experience would open up the anthropological literature to a more nuanced and temporally-sensitive understanding of the evolving ways that violence affects the body, mind, and spirit. While here I applied a "life course competency" approach to the study of domestic violence for Latina immigrants with an emphasis on evangelical Christians, this approach could be applied across other ethnic, racial, and religious communities and different experiences with violence. More focused ethnographic study on the effects of violence across the life course among different groups of survivors would be a welcome contribution to this dearth of literature. Not only would this help anthropology understand disability and aging long before old age has set in,

but it would serve as a reminder of how the embodied experience of aging is inextricable from the human experience overall, and deserves a more central ethnographic focus.

Suggestions for Future Application

Through the insights of Latina immigrant survivors, my focus on a “life course competency” emphasizes the need for more attentiveness to the intersection of immigration, health, disability, and age within the domestic violence field. While the IPVC made significant concessions within their crisis model by accommodating Latinx survivors with more prolonged services—particularly because of their recognition of the complex legal and material constraints for Latinx clients—other long-term concerns went largely unacknowledged, especially the embodied needs of aging and disabled immigrant women. Such patterns in service delivery reflect the deficits within the surrounding state services system as well as the national movement at large.

Therefore on a practical level, there is a need for more focus on these issues in this field, including resources, research, and training for practitioners. According to the U.S. Census Bureau (2017), the U.S. is growing undeniably older. Between 2000 and 2016, the median national age rose from 35.3 years to 37.9 years. During this time, people over sixty-five grew from 12.4% to 15.2% of the total population—a 2.8% increase. For Latinx immigrants in particular, in 2014 there were 3.6 million Latinx people sixty-five or older in the U.S., making up 8% of the older population. By 2060, this population is projected to nearly triple to 22% of the elderly population (ACL 2017), necessitating an urgent need for more understanding of this population’s experiences, particularly with respect to health in general and the significant health effects of violence. While domestic violence may be statistically most common for

women between eighteen and twenty-four years of age, elder abuse is highly underreported, and family members perpetrate 76% percent of the four million elderly abuse cases each year in the U.S. (NCADV 2015).

The health effects of abuse are now starting to be more widely acknowledged, yet not enough is done in the way of training health and social service professionals accordingly. This is especially true when it comes to services for Latinx and elderly survivors of domestic violence. This lack of attentiveness to these issues in social and health services along with a shameful lack of infrastructure and resources towards caring for the growing elderly population is becoming increasingly problematic on a national level. One useful starting point would be to integrate the insights—and encourage further collaboration—between leading advocacy organizations such as the National Latin@ Network and the National Clearinghouse on Abuse in Later Life. These organizations develop resources for practitioners around best practices for serving Latinx and elderly survivors, respectively. Some collaborative trainings between these types of organizations have begun to highlight the necessity of integrating their insights to best suit the intersectional needs of many survivors of abuse.

In one of my final interviews with Regina, we began to discuss some of the themes that emerged from my research with Latina clients at the IPVC, and the potential for collaboration with religious communities. She described how compared to the IPVC, the domestic violence organization in Pennsylvania where she previously worked was “more longitudinal in its thinking,” and “had more infrastructure for considering mind, body, spirit, and overall well-being.” If domestic violence centers around the country intended to take “cultural competency” seriously, she agreed that they must consider the needs of immigrant clients through this “longitudinal” lens.

Since resources across such domestic violence centers are universally sparse, she also thought that outreach to local religious communities could be another support to bolster the shared aspects of their missions. Regina recalled the work of the FaithTrust Institute, founded by Reverend Dr. Marie M. Fortune. Reverend Fortune's institute provides interfaith training around the country for religious leaders on how to address sexual and domestic violence (faithtrustinstitute.org), serving as an example of how progress can be made towards bringing religious institutions and domestic violence providers closer together.

Regina's recognition of the potential for "cultural competency" through a shared platform with religious communities and a "longitudinal" lens for the holistic well-being of immigrant clients was indeed aligned with the very arguments of my findings in these chapters. While in this conversation, Regina may have recognized the need for a longitudinal lens, the actual service model at the center did not often reflect this recognition, nor did it always match up with the perspectives, needs, and desires of Latina clients. In particular, the evangelical perspective of many clients in their Latinx program could be met with confusion, misrecognition, or discomfort. Yet ultimately, these tensions were a source of knowledge production, and suggest future directions for rethinking service approaches to domestic violence. Rather than moving closer to a triage model that provides more intense, short-term interventions, crisis centers like this one may need to orient their resources towards a long-term approach. Latinx clients at the IPVC insisted on staying connected to the center for many years beyond the center's intended timeframe, yet they did not necessarily require heavy resources during that time. Instead, what many women emphasized was how this service site was an important facet of their ongoing physical, emotional, and spiritual journey, and just one of several resources upon which they drew.

Orienting resources more towards long-term programs would help these centers accommodate clients' changing and diverse needs over time, particularly with respect to disability and age. The advocacy being done in collaboration with Adult Protective Services at one of the other Connecticut centers should serve as a model. There, they recognized that maturing survivors cannot always be housed in the same types of shelters, may have more confusion around their finances, property, and options, may need additional help navigating services, and require a different approach to support. These recognitions should also be applied to thinking about immigrant survivors especially who, in addition to facing more obstacles to receiving support and more barriers to accessing services, may encounter debilities long before they are considered "elderly" due to their long-term exposures to violence and stress on the body. Moreover, aging immigrants may have even less material support from family members, less resources from many years of being undocumented, and more financial responsibilities to care for families in their countries of origin. This reorientation of domestic violence services towards this long-term approach could be supported through collaborative relationships with other long-term service and community providers, especially religious communities run by leaders who are open and sympathetic to the agency's goals.

Alongside such strategies, domestic violence centers must be attentive to how the professionalized world of social services, government grants, and non-profit funders means rigid expectations for practitioners, severe limits on how resources can be supplied to any client, and restrictions on how long those services can last. I encourage reflexive evaluation among these providers on the effects of professionalization on the field, and how this translates to a crisis model with neoliberal sensibilities. In so doing, providers can more conscientiously fight to hold

onto their feminist roots, and their goal of breaking down discriminatory barriers and prioritizing a client's perspective and needs. In many ways, the cultural humility that Regina demonstrates above is indicative of this field's overall willingness to continue to learn and reinvent. While providers like the IPVC have been subject to the shortcomings of neoliberal professionalization, they have shown a much-needed flexibility and desire for "victim-centered" services unparalleled by much of the Western medical and mental health fields, boding well for the future of domestic violence service development.

Rising Stakes for Immigrant Communities

During a follow-up site visit to the IPVC in August of 2017, the crisis center was, as always, finding new ways to respond to the needs of their clientele. Throughout 2015 and 2016, the undocumented immigrant Latinx community in this area of Connecticut had enjoyed a relatively peaceful relationship with local authorities and were under little threat of being detained for deportation unless they had been convicted of a crime. Yet seven months into the new administration, they no longer felt this sense of security. The city where the main office of the IPVC was located had before functioned as an unofficial sanctuary city, yet that protection was longer assured. Fear among these clients had significantly grown, and the center was responding with as much support as possible. These new initiatives included legal workshops focused entirely on immigration, including more education for clients from the legal department around their rights, how to best protect themselves, and what to do if immigration authorities came to their home. At the same time, the agency ran its first Spanish language volunteer training within the local Latinx community, and was therefore increasing its capacity for providing linguistically accessible help.

Yet with an attorney general who did not support the 2013 reauthorization of VAWA and an administration taking an increasingly punitive attitude towards immigrants in the U.S., these supports are a small lifeboat in an aggressively rising storm. News reports confirm these clients' fears: undocumented domestic violence survivors have been detained for deportation when seeking assistance at local courts. Abusers are now reauthorized to use immigration status as a strategy for increased violence and control against their partners. The strides towards educating local authorities, gaining legislative protections, and quelling the fears of immigrant survivors seem to have been lost nearly overnight. For younger immigrants, the battle over Deferred Action for Childhood Arrivals (DACA) will also have significant consequences. Entire generations of Latinx immigrants in the U.S. may be separated from other family members and be subject to a life in countries that they have never known. The consequences this will have for rates of violence—within families and without—are not yet known, but this type of instability does not bode well for the safety of these “Dreamers.”

Moreover, many other attempts at legislative reform are jeopardizing the potential well-being of immigrants, people with disabilities, elderly people, and survivors of domestic violence, ranging from proposed cuts to Medicare and Medicaid and efforts to undermine and replace the Affordable Healthcare Act (ACA). For example, prior to the ACA, it was legal for insurance companies to deny healthcare coverage or increase premiums to people with a history of domestic violence or for pre-existing conditions resulting from abuse. While the 2015 National Association of Insurance Commissioners Network Adequacy Model Act tried to eliminate the practice of denying coverage based on a history of domestic violence, it was difficult to track this information—which insurance companies were never required to

disclose—and not all states adopted this legislation (Christensen 2017; Bloom 2018). These types of legislative efforts would have potentially deadly consequences for the most vulnerable members of society in the U.S.

In light of these political stakes, more than ever, it is vital that anthropological research remains relevant and engaged, and that anthropologists studying these vulnerable communities focus on promoting public scholarship and legislative activism in support of the people they study. While much of the anthropological focus on violence has centered around other countries and violations of humanity throughout the world, that anthropological lens must be turned inward towards the treatment of people in the U.S. Even if newly elected officials are able to halt the course of harmful reforms, the violence that has already been done to so many people will undoubtedly be felt for generations to come. This focus on a life course perspective and a long-term lens on violence is therefore increasingly relevant and necessary to serve the needs of these survivors of violence.

Table 1.

Countries of Origin	Number of Clients (out of 30 interviewed)
Guatemala	9
Mexico	7
Colombia	5
El Salvador	2
Honduras	2
Ecuador	2
Dominican Republic	2
Peru	1

Table 2.

Age at Time of Interview (Years)	Number of Clients (out of 30 interviewed)
20-29	4
30-39	11
40-49	9
50-59	2
60-69	3
70-79	1

Table 3.

Time in the U.S. (Years)	Number of Clients (out of 30 interviewed)
<1	1
1-4	5
5-9	4
10-14	14
15-19	1
20-24	1
25+	4

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