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***Sí, Yo Puedo* Curricula: Latinas Examining Domestic Violence and Self**

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Abstract

In 2013–2014, a mixed-method study was conducted examining the experiences of 14 immigrant Latina women using a culturally specific curriculum: *Sí, Yo Puedo*. The purpose of using the curriculum among participants was to assess self-esteem and knowledge of healthy relationships, dating, and domestic violence (DV). The curriculum is a 2-hr, topic-specific educational program, conducted in Spanish, offered over a period of 11 weeks in a group format. Participants reported an increase in self-esteem and knowledge of DV after completing the program. Implications include the promotion of a curriculum for mental health professionals who work with immigrant Latinas in community-based agencies.

Keywords

domestic violence, educational groups, immigrant Latina women, intervention, prevention, programs and curriculum

The *Sí, Yo Puedo* (SYP) curriculum is a 2-hr, topic-specific weekly educational program conducted entirely in Spanish aimed at providing personal improvement and culturally competent resources to immigrant Latina women offered over a period of 11 weeks in a group format (Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b). The SYP curriculum is distinct from similar curricula and programs because of its attention to and inclusion of topics and methods culturally relevant to immigrant Latina women. SYP, Spanish for “Yes, I can,” was chosen as the program name because the program is situated within the empowerment framework used by professionals (i.e., providing information and resources about domestic violence (DV) and assisting women make informed relationship decisions; Kasturirangan, 2008).

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We developed SYP curricular topics especially focused on education and awareness of DV to help immigrant Latina women understand dynamics of DV and access community resources. Although DV-related experiences are not criteria for participation in the SYP program, the program exposes participants to education about DV and the reality of its occurrence in their population within a safe, group style setting, offering assistance information as applicable. With this study, we sought to conduct a preliminary evaluation of the effectiveness of the SYP curriculum and program, examining whether participation in the program was associated with immigrant Latina women participants' self-esteem and changes in attitudes and knowledge about DV in two groups over a 1-year period (2013–2014). We partnered and collaborated with *Centro*, the largest Latino community-based agency in Minneapolis and St. Paul, Minnesota. Centro has promoted culturally competent educational services to promote family well-being to the growing Latino population in Minnesota for the last 40 years.

Previous qualitative investigations of immigrant Latina participants' experiences with the SYP curriculum indicate that it was the specific content material (e.g., dynamics of DV, self-esteem, coping strategies, past traumas, cultural concepts, and dating; Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b) that immigrant Latinas found most helpful in each of the sessions. In a new analysis of these data, with the present study, we found similar responses to previous participants' experiences with personal improvement and the process of empowerment (Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b). Furthermore, improvement in self-esteem and increased knowledge of DV and healthy relationships were applied in the development of a quantitative survey (Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b). Building on this work, in this study, we investigated preliminary effectiveness of the program by analyzing results from a pretest/posttest survey and participants' open-ended feedback. We applied the *Summative Evaluative* framework (i.e., determining the success of a program for future use; Monette, Sullivan, & DeJong, 2014) because we were interested in testing the effectiveness of the SYP curriculum and program. Information on whether and how the SYP program influences immigrant Latinas' well-being may offer insight regarding its effectiveness for use by practitioners who work with this population and can offer educational groups in community-based agencies.

Theoretical Framework: Intersectionality

Intersectionality is conceptualized as the crossroads between forms or systems of oppression, domination, or discrimination, such as gender, race/ethnicity, class, or sexual orientation (Bhuyan & Velagapudi, 2013; Messing, Becerra, Ward-Lasher, & Androff, 2015; Reina, Lohman, & Maldonado, 2014), and was a helpful conceptual framework adopted when analyzing results of this study. Because this perspective is commonly associated with feminist theory and feminists of color, it is important to examine the first author's intersecting identities and position in conducting the present study. The first author is a first-generation privileged immigrant Latina woman who was born in Lima, Peru, and who has predominantly lived in the United States. Because the first author speaks fluent Spanish and understands Latino cultural norms and values, she has worked with immigrant Latina women (i.e., mostly from Mexico) who experienced incidences of DV as a licensed clinical social worker for the past decades. The first author's intersecting identities and position influenced her understanding of immigrant Latinas who experienced incidences of DV and oppression related to immigration and citizenship status and access to resources and types of support (Erez, Adelman, & Gregory, 2009).

In addition to discrimination resulting from gender and race/ethnicity, discrimination in the forms of immigration status, language barriers, and socioeconomic status (e.g., minimal access to education) likely comprises the multiple identities and lived experiences of immigrant Latina women who might be experiencing incidences of DV and who want to improve current romantic relationships

(Bhuyan & Velagapudi, 2013; Reina et al., 2014). Feminists of color in Latina/Chicana studies, such as Gloria Anzaldúa, examine the challenges of Mexican immigrant Latina women living between physical borders (i.e., the United States and Mexico) in relation to race, gender, and class (Campbell, 2008; González-López, 2007). The changing of gender roles might create more opportunities and, at the same time, might cause tension within the family unit, especially when a victim of DV is trying to access resources and support systems. Other Latina scholars address the intersection between sexual violence and gender and migration experiences (González-López, 2007). For example, González-López (2007) discusses the importance of understanding how the multiple intersections of immigrant Latinas impact help-seeking behaviors, family support, and current relationships. Finally, it is important to examine the cultural construct of machismo (i.e., a set of behaviors among Latino males as generally having characteristics of being dominant, superior, and strong in relationships; González-López & Gutmann, 2005) in the Latino culture and family unit to understand the cultural challenges faced by immigrant Latinas. By incorporating cultural considerations and intersectionality as a framework, we can gain a better understanding of the unique needs of immigrant Latina women and apply a culturally competent group intervention in the SYP program.

Help-Seeking Behaviors Among Immigrant Latina Women

Gender roles and cultural traditions, English proficiency, lack of services for immigrant Latinas that are culturally sensitive, and undocumented immigration status are all barriers to the help-seeking behaviors of this population of women who are experiencing incidences of DV (Brabeck & Guzmán, 2009; Reina et al., 2014; Sabina, Cuevas, & Schally, 2012; Vidales, 2010). Sabina, Cuevas, and Schally (2012) examined help-seeking behaviors among victimized Latinas in a national sample ($n = 714$) of Latino women. Findings indicated that 69% of the participants engaged in help-seeking behavior with informal resources (i.e., reaching out to family, friends, and clergy) and 33% engaged in help-seeking behavior with formal resources (i.e., contacting the police department or programs in community-based agencies; Sabina et al., 2012). Because of the barriers in accessing formal resources, it is important to justify the need for the SYP curriculum and program. The SYP program can be used to educate and empower immigrant Latinas to access formal resources.

Vidales (2010) examined how cultural beliefs such as machismo and traditional gender roles affected immigrant Latina women's perceptions of DV and help-seeking behaviors: Participants were more accepting of traditional gender roles and were influenced by negative characteristics of machismo that influenced help-seeking behaviors such as reaching out to community-based agencies or shelters. The cultural influence of *familism* (i.e., highly integrated families with supportive extended family members) also contributes to immigrant Latina women's access to resources and reporting of DV (Brabeck & Guzmán, 2009; Marrs Fuchsel, 2013; Vidales, 2010). On one hand, familism may serve as a protective factor for the victim as she reaches out for emotional support. Alternatively, the victim may be embarrassed to access services and programs, reluctant to disrupt the family unity (Marrs Fuchsel, 2013). Given the challenges faced by immigrant Latinas in seeking informal and formal resources, community-based agencies can provide the SYP curriculum and program.

The SYP Curriculum

Participants in the SYP program attend weekly sessions in a small-group setting, and group activities include group discussion and self-reflection writing exercises. The SYP curriculum is divided into three parts: (a) *awareness of self*, (b) *knowledge of relationships within culture*, and (c) *impact of factors on relationships*. Each week, the group facilitator teaches and facilitates large group discussion among group members on the following topics: (a) *introductions, who am I?*, (b) *coping strategies*, (c) *self-esteem*, (d) *influences of past trauma*, (e) *dating*, (f) *cultural concepts: machismo and familism*,

(g) *healthy relationships*, (h) *DV*, (i) *factors influencing relationships or sexual abuse*, (j) *talking to children*, and (k) *resources and graduation*. Specific information on the SYP curriculum and program manual for group facilitators can be found in Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b.

Curriculum Strengths

A strength of the SYP curriculum is its attention to topics and methods culturally relevant to immigrant Latinas. Cultural topics specifically integrated into the curriculum were derived from previous research examining women's self-esteem, dating patterns, cultural influences on understanding relationships, and how women perceive and understand DV in intimate partner relationships among immigrant Latinas (Brabeck & Guzmán, 2009; Marrs Fuchsel, Murphy, & Dufresne, 2012; Vidales, 2010). Previous research on machismo and familism and how they influence DV-prone relationship dynamics are documented in the literature among immigrant Latinas (Brabeck & Guzmán, 2009; Vidales, 2010). Further, the cultural concept of *collectivism* (i.e., values and beliefs encompassing interdependence, belonging, and group cohesion among families, coworkers, and peers; Vidales, 2010) was applied in the development of the group-based intervention, for immigrant Latina women to evaluate themselves based on social norms, family expectations, relationships, and interactions with members of their own group.

An important benefit is implementing the SYP program in Spanish. Immigrant Latina women can share their experiences with participants in their native language. As immigrant Latinas learn more about healthy relationships and DV in a group format (i.e., instruction from the group facilitator and support from group members), participants will likely examine current partners that might lead to some kind of personal change.

Curriculum Challenges

Despite the benefits of the SYP curriculum and program, one central challenge is recruitment of immigrant Latinas for participation. Immigrant Latinas living in both rural and urban settings might find it difficult to participate because of fear or lack of direct services in their native language. Another challenge is implementing this kind of program in a non-DV community-based agency or shelter setting. Participants may have diverse experiences with DV and may feel reluctant to disclose in a community setting, specifically immigrant Latinas who might lack immigration status; however, immigrant Latinas who are exposed to the program are expected to share experiences somewhat candidly, because the group is completely confidential and anonymous.

The Present Study

With this study, we sought to test preliminary mixed-methods evidence regarding whether participation in the SYP program was related to increases in participants' self-esteem and knowledge and attitudes about DV. We hypothesized that participation in the SYP program would lead to increases in self-esteem. We also expected that participation would lead to changes in attitudes and knowledge about DV, and we analyzed participants' open-ended responses for qualitative evidence regarding what changes in attitudes took place.

Method

Participants and Procedures

Following institutional review board approval, a mixed-methods design (Monette et al., 2014) was used to assess preliminary effectiveness of the SYP curriculum on immigrant Latina women's self-

esteem, knowledge, and attitudes toward DV and behavior in current relationships in two groups at Centro over a 1-year period (2013–2014). This was the first year Centro applied the SYP program, and no other groups were previously conducted by other group facilitators. A flyer indicating details of the study was posted at the agency site to recruit potential participants. We used criterion sampling (i.e., selecting participants who meet some type of specific criteria that is of importance to the study; Monette et al., 2014). Women aged 18 years or older who were currently in an intimate partner relationship (i.e., dating, married, or cohabiting), spoke Spanish, and identified as a parent or nonparent were recruited. Immigration status and experience with DV were not criteria for inclusion because this might have deterred participation. Fourteen immigrant Latina women participants were recruited for two groups from Centro and from the community at large. The first group consisted of eight participants with an age range of 27–58 years (mean age = 41.38, standard deviation [*SD*] = 8.70 years). The second group consisted of six participants with an age range of 24–47 years (mean age = 38.67, *SD* = 8.24 years). Because the groups were being conducted at a non-DV-related community-based agency or shelter, participants were assessed for safety throughout the program and provided a weekly mental health resource handout (e.g., local crisis, shelter, and national DV network phone number; 1-800-799-SAFE).

Prior to the first session and at the conclusion of the 11 sessions, participants reported on their demographic information, self-esteem, and knowledge and attitudes about DV using pencil-and-paper questionnaires. All questionnaires were translated into Spanish by a professional Spanish-speaking translator and editor and back-translated into English by separate translators. The instruments were piloted by nonparticipating Latina women and research team members. At the concluding meeting, participants also answered open-ended questions about their program experiences. As a token of appreciation, participants received a US\$20.00 Wal-Mart gift card.

Measures

Self-esteem. Participants applied the widely used, valid, and highly reliable Rosenberg Self-Esteem Scale (RSES; Robins, Hendin, & Trzesniewski, 2001) to report on their feelings of self-esteem at the pretest and posttest administration. The RSES is a 10-item Likert-type scale with items answered on a 4-point scale ranging from 1 = *strongly agree* to 4 = *strongly disagree*. Items include “I am able to do things as well as most other people,” “On the whole, I am satisfied with myself,” and “I wish I could have more respect for myself.” The sum of scores is an index of self-esteem, and sums range between 0 and 30. Scores between 15 and 25 are within normal range, whereas scores below 15 suggest low self-esteem. The small sample size precluded our obtaining precise reliability estimates (e.g., Cronbach’s alpha; Charter, 2003).

Knowledge and attitudes about DV. Participants reported on their knowledge and attitudes about DV with the Attitudes About Relationship Violence Questionnaire (ARVQ), a 22-item questionnaire developed to measure changes in knowledge, attitudes, and strategies for managing violence in relationships (Taylor & Mouzos, 2006). Items are answered on a 4-point scale ranging from 1 = *strongly agree* to 4 = *strongly disagree*. Items include “A dating partner who always wants to be in charge and make all the decisions might become abusive,” “It is abusive to yell at someone even if you don’t hit them,” and “It is possible to be angry or even argue with your dating partner without being abusive.”

We computed a strict (i.e., responses that were ideal were coded 1; otherwise, they were coded 0) and a relaxed (i.e., responses were grouped into two categories: *strongly agree/agree* and *strongly disagree/disagree*) index of knowledge and attitudes about DV, using the sum of dummy codes. If the participants answered in a manner demonstrating they understood violence in relationships accurately, they received 1, and if they answered incorrectly, they received 0. We compared pretest/posttest percentages using the Wilcoxon rank sum test. In a few cases, the participants circled two of the

four possible anchors for an item (e.g., selecting *agree* and *disagree*). In these cases, the response recorded was conservative, in that it was the response closest to what was recorded in their other test. In cases when participants did not answer an item at all, these items were excluded from the calculation of their percentage of correct responses.

Final qualitative questions. Participants responded to the following open-ended questions at the culmination of the program: (a) Have you noticed any changes in your life since participating in the group? If so, can you describe those changes? (b) What is your understanding of DV and healthy dating after participating in this group? (c) Can you describe how you feel about yourself after participating in this group? Responses were transcribed into Spanish and translated into English. We conducted content analysis (i.e., the process of systematically examining and interpreting material to identify patterns, themes, biases, and meanings; Monette et al., 2014) because we were interested in knowing the number of times words and phrases appeared in the data to develop subthemes and themes. By doing so, several subthemes were identified that had the highest word counts. The codes we identified were compared to data from the review of literature, to initially identified codes, and to the codes from the transcriptions to create themes and subthemes from the data. Participants' quotes were identified and organized by theme as a way to validate and support the findings. To ensure trustworthiness and validity of the codes, we obtained rich data (Monette et al., 2014) by having the interviews transcribed verbatim, which generated patterns and themes rather than simply taking notes of the transcripts. We employed a triangulation strategy by having research assistants recount the words in each of the themes and subthemes to ensure codes were consistent with original themes and subthemes (Monette et al., 2014).

Results

Sample Demographics

The majority of the participants were born in Mexico and identified as immigrant *Latina* women ($n = 11$; 78% of the participants), whereas three were born in other countries (e.g., one participant from Honduras and two participants from Ecuador). On average, participants had lived in the United States approximately 14 years ($M = 14.5$; $SD = 20.4$) and all identified as first-generation immigrants who speak Spanish only in the home. Almost all participants disclosed that they lacked U.S. immigration status and were undocumented ($n = 12$; 85% of the participants). In addition, six (43%) participants had completed some elementary schooling up to sixth grade, six (43%) had completed high school, one had completed some college education, and one completed a BA in Mexico.

Hypothesis Tests

The optimal number of participants in groups is between 6 and 8 to discuss sensitive topics (Marrs Fuchsel, 2014b). Therefore, all 14 participants in the two groups were included in this quantitative assessment. We first tested whether the SYP increased self-esteem in immigrant Latina women. Results from a paired t -test, $t(13) = 4.49$, $p < .001$; 95% confidence intervals = [2.56, 7.30], indicated that self-esteem scores at posttest ($M = 24.29$, $SD = 3.38$) were significantly greater than self-esteem scores at the pretest ($M = 19.36$, $SD = 4.22$). In this test, we rejected the null hypothesis, and there was a small chance that we might have committed a type I error. We next tested whether the SYP increased changes in attitudes and knowledge about relationship violence in immigrant Latinas. For this hypothesis test, neither the strict ($p = .16$; pretest mean = 61.2%, posttest mean = 67.6%) nor relaxed ($p = .08$; pretest mean = 77.7%, posttest mean = 81.7%) index yielded a statistically significant result at a significance level of .05. In this test, we did not reject the null hypothesis; therefore, we might have committed a type II error.

Examinations of Qualitative Questions

The themes and subthemes that emerged from the coding and content analyses were (a) participants' experience with types of changes, (b) knowledge of DV and healthy dating, and (c) improvement in self-esteem and general feelings.

Participants' experience with types of changes. Four subthemes (i.e., self and personal change, relationship change, addressing partner conflict, and changes with children) emerged in the participants experience with types of changes theme. In the subtheme self and personal change, participants described feeling and thinking differently, feeling more secure, stronger, grateful, and like everything was better. For example, one participant described feeling different about herself and her family:

Yes, I would like to do more things with my family in the afternoon and I would like to talk more to my older children. I would like my husband to play with my children in the afternoons and for him to share his free time with the family.

Another participant stated:

It is embarrassing for me to say that I need to do the things I don't want to do. For example, I need to talk about my problems of the past, and I need to face and talk about the abuse that happened in my life.

Not only did personal change occur, but also relationship dynamics with partners changed. Under the subtheme *relationship change* and *addressing partner conflict*, participants reported that it was important for participants to address conflict with partners, such as partners demonstrating characteristics of machismo and the impact of machismo on relationships. For example, one participant stated, "I learned that I can talk to my partner about being 'macho' and domestic violence and that I can say 'No' when I can't do something." Furthermore, the majority of participants reported better communication with their partners and described expressing the desire to feel respected by them. One participant stated, "The program helped me a lot. I spoke with my husband and now he is more understanding." Participants reported they felt more confident to speak with partners without fear. Two reported that their partners wanted to spend more time with their children and family.

Under the subtheme of *changes with children*, participants reported wanting to spend more time with their children, and they wanted to be more understanding of their developmental stages and needs. For example, one participant reported, "I feel better informed, more prepared to take care of my children and to be able to guide and counsel my daughters." Another stated, "The relationship with family members and children changed. I learned how to talk to my children." Participants described the importance of learning how to talk to their children about healthy relationships and dating experiences and how they wanted their children to experience better romantic relationships than they had experienced.

Knowledge of DV and dating. The following subthemes were identified in this theme: (a) *no one deserves to be in DV*, (b) *forms of DV, it can happen to anyone*, (c) *DV is not healthy, can hurt children*, (d) *dating experiences help in understanding relationships*, (e) *respect and love is important to healthy relationships*, (f) *shouldn't allow it to happen*, and (g) *knowing that respect is important to healthy relationships*. Most participants discussed how early detection of DV in dating was important in stopping a potentially unsafe relationship. One participant reported, "Knowing how to detect domestic violence during dating and not wait until you live together to find out that you are in an abusive relationship is important. I also learned about childhood sexual abuse and that you should stop it." Another participant reported, "Pay attention to violence in dating experiences because it

might occur, we don't want to because we are feeling 'in love,' but we can become confused when violence does occur and then we become very sad because of the reality." The participant described how sometimes immigrant Latina women can overlook characteristics of unhealthy dating experiences because they are feeling romantically involved.

Almost half of the participants stated that in learning about the types of abuse (e.g., verbal, physical, and financial abuse), the danger signs and saying no to DV were important. For example, "Well, I think we should not let anyone abuse us, we have to value ourselves as women"; and "Now, I am more aware of the danger signs and I have more confidence in myself to stop situations in my relationship when they are not going well." By understanding the different types of abuse and characteristics of healthy relationships, the participants became more aware of their own relationships. Participants reported feeling more confident in saying *No* to their partners during disputes and wanting to have better communication with partners: "I think it is important not to fight and argue with derogatory words. It is better to dialogue with respect and confidence." The majority of the participants identified what they wanted (i.e., additional support and a relationship without DV), and they began to think about their future.

Improvement in self-esteem and general feelings. Participants reported on how they felt about themselves after completing the 11-week program. The following four subthemes were identified in this theme: (a) *self-esteem*, (b) *feelings*, (c) *validation*, and (d) *action*. All of the participants reported improvement in self-esteem and participants felt more confident and empowered to examine current relationships and self, and they indicated feeling happy, self-worth, and valued after participating in the SYP program. According to one participant, "I have more self-esteem, I love myself more, and I have more self-awareness"; another described that she felt "very happy because I value myself more, I can do something with my life, and everything is possible." Participants described a general feeling of happiness with the new knowledge they learned in the program and feeling hopeful for new healthy relationships and knowing they are not alone.

The participants reported feeling more secure, feeling they valued themselves more as women and mothers, and feeling they wanted to take better care of themselves: "I learned to value myself for who I am, not for what others think of me"; "I feel more secure and sure of myself. The program helped me feel more worthy as a woman and it helped me with self-esteem." Two of the participants felt stronger to talk about past childhood traumas without fear, and they wanted to take action and seek additional counseling. For example, one participant stated, "It helped me to talk about the problems that I have and to talk about past abuse that I experienced." Finally, one participant reported, "I feel more secure, but I also feel that I need additional individual therapy. This program provided me the strength I needed to seek more therapeutic support."

Discussion

In this study, we conducted a preliminary evaluation of the effectiveness of the SYP curriculum to influence immigrant Latina women's self-esteem and changes in knowledge and attitudes about DV and behavior in current romantic relationships in two groups over a 1-year period (2013–2014). We applied the theoretical framework of intersectionality throughout the study.

The SYP Program May Increase Self-Esteem

Results from *t*-tests and open-ended responses indicated that immigrant Latina women participants' self-esteem increased after completing the SYP program. Self-esteem scores were significantly greater following the program, and half of the participants reported improvement in self-esteem and feeling more confident and empowered to examine their current relationship with partners, children,

and their personal life. Several participants reported their participation in other educational groups (e.g., parenting, health education, and couples therapy group) at Centro and at another community-based agency prior to participating in the SYP program. Other participants participated in a recreational group (i.e., jewelry class) while participating in the SYP program. Current and previous participation in other educational and recreational groups might have contributed to their overall improvement in self-esteem.

Experiencing empowerment and improvement in self-esteem. Findings in this study are similar to previous findings among immigrant Latinas who experienced the process of empowerment as they participated in the weekly SYP program (Marrs Fuchsel, 2014a; Marrs Fuchsel, 2014b). In the DV literature, the process of empowerment includes the ability to become critically aware and conscious of self and environmental factors that influence an individuals' ability to create goals for change in the present or in the future (Kasturirangan, 2008). Participants in this study experienced the process of empowerment both in the group experience and in personal change. As subjects participated in the weekly topics and shared their experiences with group members, they became more aware of current relationships, DV dynamics in current relationships, knowledge of self-esteem, and perceptions of dating within a cultural framework. As participants became more aware of self and partners, they felt empowered to examine current relationships and dating experiences within their own culture, became more aware of their self-worth, felt more capable of making decisions about the type of relationships and families they wanted, and described that they wanted to return to school and find work.

Cultural considerations and the self-esteem measurement. It is important to consider the different psychometric qualities of the RSES when examining key findings. The RSES is commonly used to measure self-esteem with high validity and reliability ratings that consider cross-cultural validity among different social settings (Robins et al., 2001). These psychometric qualities might have positively contributed to the self-esteem scores that were reported. On another note, researchers examined the cultural adaptability of Likert-type scales and ranges (e.g., answers such as *strongly agree* to *strongly disagree*) for use among Latino participants and argue that Likert-type scales might be culturally predisposed (Flaskerud, 1988). Although participants' scores demonstrate an increase in self-esteem, it is important to examine whether Likert-type scales with specific ranges influenced participant answers. Further examination is needed in this area. Finally, an area of further exploration is the correlation between participant responses on self-esteem and participants experiencing an empowerment effect (Suarez, 2013).

Influencing Awareness of DV and Healthy Dating

Results did not indicate that changes in attitudes and knowledge of DV and healthy dating significantly changed pre- and postprogram participation. The ARVQ originated from a community sample in Australia (i.e., Community Attitudes to Violence against Women Survey; Taylor & Mouzos, 2006), and limited reliability and validity information was available. Minimal content validity and cross-cultural validity might have contributed to the lack of changes in the posttest. For example, in the ARVQ, not all of the words or phrases used to describe characteristics of healthy relationships and nonhealthy relationships were culturally relevant. In addition, translation of the some of the words and phrases into Spanish was challenging. Participants might have had a difficult time responding to specific concepts in the questions because it was confusing. In addition, the survey was developed from a non-Latino community sample and the social context differed. The lack of content validity in different social contexts might have influenced participants understanding of the questions because the questions were written for a different group of individuals.

In addition, it is worth highlighting that the participants' social environment and hardships, such as immigration status, fear of deportation, and minimal education, were not examined in the context of their answers in the self-esteem and ARVQ measurement (Green, Chung, Daroowalla, Kaltman, & DeBenedictis, 2006); however, these almost certainly influence their answers. Furthermore, items in the ARVQ measurement describing what DV looks like might not have been understood or identified as DV by participants. An examination of items in the ARVQ measurement might be worth investigating (Green et al., 2006). Although results indicated no changes in attitudes and knowledge of DV among participants, cultural validity of the ARVQ measurement might have indicated different results. Nonetheless, qualitative data indicated participants reported changes in their attitudes and knowledge of DV as they participated in SYP program.

Intersectionality: Immigration Status, Deportation, Gender Roles, and DV

Several systemic factors, such as immigration status and gender roles, and cultural constructs in Latino families contribute to help-seeking behaviors among immigrant Latinas who are experiencing incidences of DV (Reina et al., 2014; Sabina et al., 2012; Vidales, 2010). Despite the fact that 85% of the participants lacked undocumented immigration status, participants were able to participate in the SYP program at Centro, a type of formal resource. In contrast to Sabina et al.'s (2012) study, in which the majority of participants sought informal types of resources (i.e., family, friends, and clergy), findings in this study indicated immigrant Latinas were exposed to formal types of resources (i.e., educational groups and services offered in Spanish at Centro that is family centered and culturally sensitive).

Furthermore, as participants learned about healthy relationships and knowledge of DV during the SYP program, the group facilitator addressed the challenges of immigration status and reporting DV experiences with the police department. The group facilitator discussed the role of police officers in the community and basic human rights for all persons living in the United States. For example, in one study conducted by Messing, Becerra, Ward-Lasher, and Androff (2015), an important finding indicated Latinas' willingness to report incidences of violent crimes was related to trust in police officers as opposed to fear of being deported. Although participants in this study did not describe the intersection between immigration status and reporting, it is important to include information in the SYP program about reporting and legal issues on the weekly session of DV. Perhaps, as immigrant Latinas learn more about the role of police officers and their basic human rights, they may be more likely to trust police officers and report incidences of DV.

Another important finding is the intersection between gender roles and the cultural construct of machismo and DV. Several of the participants described conflict with partners that included partners' demonstrating characteristics of machismo and the impact of machismo on relationships. Gender roles changed and fluctuated as participants experienced different "borders" (i.e., physically living in Mexico and the United States) and had access to resources (Campbell, 2008). Immigrant Latinas reported on the challenges of having "macho" partners and, at the same time, described having better communication with their partners and desired feeling respected by them as their understanding of machismo increased and as they shifted in their gender roles in Mexico and the United States. Finally, although in Vidales' study (2010), participants were more accepting of traditional gender roles and were influenced by negative characteristics of machismo, in this study participants described relationship changes as they addressed characteristics of machismo with partners after participating in the SYP program. As participants discussed the cultural construct of machismo with group members and the group facilitator, they felt empowered to address negative characteristics of machismo with partners.

Limitations, Future Research, and Implications for Practice

Several aspects of the current study strengthen our confidence in its contribution to the extant literature. The examination of a curriculum as a method of intervention adds to the existing literature regarding programs and curriculum available for immigrant Latina women. Another strength of the study is the group facilitator's (i.e., Spanish–English bilingual licensed marriage and family therapist) ability to speak Spanish and knowledge of the Latino culture based upon lived experiences (e.g., group facilitator was born and lived in Mollendo, Peru, for more than 30 years and self-identifies as Peruvian of Palestinian ancestry). The ability to speak Spanish fluently and understand the culture provided a source of strength to the study as participants were able to experience the SYP program with a group facilitator who understood the language and culture. Finally, we examined the experiences of the group facilitator to improve the facilitation of the SYP program for future group facilitators and SYP trainings in community-based agencies locally and nationally.

Despite strengths of the study, findings should be considered in the context of limitations. First, this running of the SYP program did not have a comparison group of immigrant Latinas who did not participate in the program and who were not exposed to the SYP curriculum. Thus, it is uncertain whether changes that occurred in self-esteem and DV attitudes among participants were due to the SYP curriculum intervention. In addition, the ARVQ scale used to examine changes in knowledge and attitudes about DV was not culturally sensitive. Although the two scales were translated by a professional Spanish-speaking translator and editor, whether phrases and words used in the items literally translated is unclear, as words and the meanings of words often are different in two languages. Another limitation was that administration of the questionnaire used to assess the participants' qualitative experience with the SYP program in the last session coincided with graduation, with several positive activities (e.g., meal, cake, and certificates of completion) that might have influenced the participants' overall feelings of self which might have influenced their answers on the questionnaire. In addition, social desirability (i.e., participants' answers to questions that might be viewed favorably by others; Monette et al., 2014) might have been a potential limitation. For example, participants' responses might have been influenced if they had a very positive or negative relationship with the group facilitator.

Future Research

As the SYP program becomes better established, future study might include randomly placing participants into treatment/control groups as a method to assess the effectiveness of the SYP curriculum. The future study should include more culturally appropriate measurement scales. In addition, examination of the experiences of group facilitators with group dynamics, process, and group facilitation is needed. Additionally, an in-depth case study approach examining the experiences of mental health professionals who do not self-identify as Latina/Latino and were not born in Latin American countries, but who speak Spanish fluently and understand Latino culture would be a useful study. Mental health professionals who are U.S.-born and who are fluent in both languages and have knowledge about the Latino culture might teach and experience the SYP program differently. Finally, conducting follow-up interviews (e.g., 6 months and 1 year after completing the program) to examine whether observed changes in participants' self-esteem and knowledge and attitudes about DV are maintained might be beneficial. With increased research and cultural awareness, perhaps the curriculum can be extended for use among other groups of women or other subgroups of Latina women.

Implications for Practice

The findings indicated the importance of offering group interventions such as educational groups using the SYP program for this population, in addition to providing individual counseling in direct

practice settings. Social workers or other mental health professionals will likely enhance direct practice interventions by offering educational groups that promote improvements in self-esteem and changes in attitudes toward romantic relationships and dating experiences among immigrant Latinas. The curriculum may serve as a model for DV intervention for immigrant Latina women with specific strategies for social workers within group settings. Social workers or other mental health professionals who work with immigrant Latina women in group settings can expose immigrant Latinas to these types of programs and services toward feeling empowered to potentially positively change their lives.

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