

LATINO WOMEN'S EXPERIENCE OF SEXUAL VIOLENCE:

A PHENOMENOLOGICAL STUDY

by

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Sexual violence is a public health problem worldwide that disproportionately impacts women. The consequences for survivors are multiple in terms of their overall health (i.e., reproductive health effects, psychological health, interpersonal unsafety, personal sense of worthlessness). Latino women, in particular, have reported higher rates of sexual violence than other populations in the United States. The aim of this study was to explore the experiences of Latino women who were sexually victimized as children and/or adolescents. In order to develop a better understanding of their lived experiences two research articles were completed: (a) a conceptual paper designed to explore socio-cultural and historical factors that are associated with the prevalence and perpetuation of sexual violence against Latino women, and (b) a descriptive phenomenological study to explore the experiences of 14 Latino women who were sexually victimized in their countries of origin. The conceptual paper revealed how religious symbols and cultural narratives grounded in patriarchal values influence the prevalence of sexual violence among Latino women. The phenomenological research study revealed four emergent themes that portrayed the participants' experience: (a) gender expectations made it difficult for participants

to cope with sexual violence, (b) deficient family support and boundaries made participants vulnerable to sexual violence, (c) experiencing sexual violence had long-lasting consequences for participants, and (d) multiple factors facilitated healthy coping with sexual violence.

Participants acknowledged the need for this phenomenon to be addressed systemically, and the need for survivors to receive as much social support as possible. Researchers, healthcare providers, therapists, and church leaders with the knowledge about sexual violence and its prevalence among Latino women will improve the effectiveness of their participation in prevention and addressing the needs of the survivors.

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by

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DEDICATION

To my wife, Adriana, and to my three little ones, Luciana, Miranda, and Lucas. We have made an extraordinary team throughout all these years. This accomplishment is ours. I also want to dedicate this project to my mother. Her enormous resilience inspired me to advocate for those Latino women who are always fighting for their rights and their dignity. Lastly, I want to dedicate this to the Glenmary Home Missioners. Their deep sense of compassion and fight for social justice inspired me to address this topic.

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PREFACE

I came to the United States in 2008 to work with the Catholic Church as a coordinator for the Hispanic ministry in a semiurban parish, located twenty minutes away from Raleigh, North Carolina. Several years later I was working in a similar position in a rural parish in eastern North Carolina. I was privileged to meet many people from different countries of Latin-America in those two contexts. As I became closer to the people in those parishes, I started listening to individual stories of physical and sexual violence against Latino women, regardless of their countries of origin, level of education, or immigration status. This led me to continue to pursue higher education and to become a Marriage and Family Therapist. As I kept listening to more stories of physical and sexual violence from Latino women while doing my practicum in an integrated care setting, I noticed that many of the survivors were reporting guilt and/or shame related not only to the event of violence itself. Many of them expressed that their bodies were dispossessed from a sense of worth when they were violently touched without consent. Their fundamental value as women changed, some of them said. They were reporting physical and psychological symptoms that originated in a very specific socio-cultural context. Wanting to know what was behind their shame and/or guilt motivated me to do research on the topic of sexual violence with the Latino women population.

A deep interest in understanding the intersection of socio-cultural, biological, and psychological factors involved in sexual violence led me to pursue a PhD in Medical Family Therapy (MedFT) at East Carolina University (ECU). I was especially curious to know how some religious narratives could either facilitate or constrain healthy coping for survivors of sexual violence. MedFT gave me the tools to research what I, anecdotally, heard on several occasions by my former female Latino clients: That they felt constantly dirty after experiencing

sexual violence once or multiple times at very early ages in their lives, and that the social and cultural expectations, shaped by a highly moralized religious-informed conception of the female body, were unsurmountable. The experience of talking with numerous survivors of sexual violence of Latino origin inspired me to do an in-depth search of the literature on sexual violence in the context of Latino women. Even though there is a vast amount of literature on this topic, the scarcity of literature on the intersection between religious narratives and healthy coping for survivors of sexual violence gave me the motivation to write the first article of this dissertation. After a careful examination of socio-cultural and historical factors, the findings illustrate that there is a connection between patriarchal values, traditional gender roles, and religious symbols and narratives. This connection contributes to the perpetuation of sexual violence against Latino women.

Based on the findings of the first article, I decided to implement a descriptive phenomenological research methodology to explore the lived experiences of sexually victimized Latino women. The findings confirmed the connection between patriarchal values, traditional gender roles and religious narratives, and the perpetuation of sexual violence in the context of Latino women survivors. At the same time, the findings suggested that some religious practices and beliefs were as resources to cope with experience of sexual violence. It is my hope that the findings of this project encourage others to further research the topic of sexual violence in the context of minority populations. It is also my hope that the findings culturally inform the practice of healthcare professionals who work with female Latino populations. Lastly, I hope that the findings help religious leaders to facilitate healthy coping for survivors of sexual violence.

CHAPTER 1: INTRODUCTION

Understanding the etiology of human belief systems is essential to comprehend how patients interpret and make meaning of their health condition and, subsequently, how they respond and cope with the dynamics involved (Wright et al., 1996). Beliefs appear intangible but their influence could become concrete and affect the biological structure of human beings (Lipton, 2005). Engel (1977; 1980) suggests that human beings are influenced by levels of organization that are in between the macro-system of the biosphere and the micro-system of subatomic particles. Based on Engel's perspective, though beliefs organize the person's individual experience and behavior, the meaning of those beliefs originate within the domain of culture, and are reinforced by communities and social institutions (i.e., family system, school, local authorities, society, faith communities, etc.) Beliefs may constrain or facilitate individual and relational dynamics, which may either exacerbate symptoms of health conditions or contribute to the acquisition of effective coping mechanisms (Wright et al., 1996).

A Harvard theologian, Mayra Rivera, begins the introduction of her book, *Poetics of the Flesh*, with a profound sentence: "Flesh carries memories of theological passions" (2015, p. 2). Those words offer a flexible scenario for interpretation. Flesh, for instance, could refer explicitly to the human body as a bearer of meanings and a wide variety of memories that have helped the person, throughout a lifetime, to configure a sense of value for his/her own self. Following Rivera's assertion, that sense of value that a person gives to his/her own self seems to be influenced by theological (i.e., meaning of religious nature) beliefs. Gebara and Bingemer (1989), Ruether (2005), and Vuola (2019) coincide with Rivera (2015) on how spirituality and theological beliefs are powerful guides to many people to make meaning of their personal experiences, and as a source of self-worth.

The guiding focus of this study is to make the experiences of women of Latin-American origin, whom will be referred to here as Latino women, whose bodies are bearers of the signs and consequences caused by sexual violence at childhood and/or adolescence. The primary objective of this dissertation is to inform healthcare providers, researchers, and religious authorities about how sexual violence survivors interpret their abuse experience and how they cope with it using spiritual/religious resources that are provided within their own culture. The results should generate a call of action for healthcare providers on the need to assess for sexual violence experiences, particularly among Latino women, a group that collectively are more likely to be victims of sexual assault than any other racial group in the United States (Basile et al., 2015; McFarlane et al., 2005). An additional outcome of this study is to establish a solid ground for future research on this topic, and to discuss the role of churches and communities of faith on the prevention of sexual violence against women and the adoption of appropriate mechanisms to promote healthy coping strategies.

Sexual Violence

Sexual violence is a pervasive public health problem worldwide (World Health Organization [WHO], 2013), as well as a serious crime against the victims' human rights (Stevens & Sheaffer, 2007) that result in significant costs for the victims at the biological and psychosocial levels (Jewkes et al., 2002; Stevens, 2002; Van Der Kolk, 2014). It is estimated that one in three women worldwide have experienced some type of sexual violence (WHO, 2013). Females, particularly at very young ages (i.e., children and adolescents), are at greater risk than males of being sexually victimized (Boesten, 2016; Finkelhor & Brown, 1985). In most of the reported cases, when the abuse occurred, the perpetrator is known by the victims (Gonzalez-Lopez, 2015; Mujica, 2011). Researchers suggest that Latino women from different age groups,

as a result of cultural narratives that perpetuate patriarchal values and inequalities that lead to marginalization (Boesten, 2016), are traditionally exposed to significant risk of sexual violence not only in adulthood but at very early ages in their lives (Blofield, 2008; Gonzalez-Lopez, 2015).

Sexual Violence against Latino Women

To understand the complex phenomenon of sexual violence against Latino women, it is essential to look at what constitutes the context in which Latino women's beliefs systems are generated, what is the origin of their assumed gender roles, and what is the source of their profound sense of resiliency. Historical and cultural forces such as Colonialism and patriarchy, often reinforced by religious institutions (e.g., the Catholic Church), powerfully shape Latino women's gender roles and their beliefs while also contributing, in some cases, to their socio-cultural marginalization (Cordero et al., 2004; Lugones, 2010). Despite the rigid patriarchal structures and experiences of sexual violence, and perhaps trauma, Latino women demonstrate a deep sense of resiliency (Gonzalez-Lopez, 2015). Some Latino women try to challenge the structures of power that perpetuate their marginalization and become social and political activists (Londono-Lopez, 1999), others fight from academia to try to dismantle the patriarchal structures that permeate the intellectual exercise and research at public and private universities (Segato, 2013); and others, because of lack of safety and local opportunities, decide to migrate to other countries to protect themselves and their children and start a new life in a new land (Gonzalez-Lopez, 2015).

Latino Women in the United States

The Latino population in the United States has grown from 35 million in 2000 to close to 60 million in 2017 (Bustamante & Flores, 2019). It has been reported that approximately 51.3%

of this immigrant population are women (Bustamante & Flores, 2019). An important component of the Latino population living in the United States is its deep religiosity, rooted in Catholic Christianity (Ospino, 2013). It is estimated that 84% of the population in Latin America was raised Catholic, while 69% Latinos/as currently identify as such in the United States (Bustamante & Flores, 2019). As beliefs, specifically of religious/spiritual nature, are at the heart of wellbeing (Wright et al., 1996), it is crucial to understand how influential these religious beliefs are, how they are transmitted across multiple generations of Latino women, and how they facilitate or constrain healthy coping mechanisms of Latino women who have experienced sexual violence. In this endeavor, post-colonial theory is helpful to disentangle the historical intricacies behind Latino women's beliefs, and their potential to either facilitate or constrain behaviors oriented to overcoming the consequences involved in experiencing sexual violence.

Theoretical Perspective

In this dissertation, the construct of sexual violence is processed through the lens of post-colonial theory from the perspective of Latin-American scholars (Castro Gomez, 2010; Grosfoguel, 2005; Lugones, 2010; Mignolo, 2000; Quijano, 2017). Post-colonial theory provides a historical perspective to determine how cultural narratives are produced, maintained, and used as mechanisms of control (Castro Gomez, 2010) and to understand how they still perpetuate current practices of oppression. In addition to the use of post-colonial theory, Symbolic Anthropology (Geertz, 1973) is also utilized as a lens by which the complex phenomenon of sexual violence among Latino women can be applied. The theory focuses on cultural symbols and how they contribute to maintaining a socio-cultural order. Symbolic Anthropology, as used in this study, is a useful tool to comprehend the profound significance of religious symbols that underlie cultural narratives, particularly those referencing religious beliefs in Latin-America.

Purpose and Design of Study

The prevalence of sexual violence against women worldwide is a profound public health problem (WHO, 2013). Even though sexual violence is considered a universal phenomenon (Finkelhor & Brown, 1985), many of the impacts depend upon the socio-cultural conditions of the survivors (Gonzalez-Lopez, 2015). Latino women, the target population of this study, share some socio-cultural features as a result of the strong historical heritage influenced by patriarchy (Cordero et al., 2004; Lugones, 2010), colonialism (Dussel, 1983; Grosfoguel, 2005), and a Catholic moral tradition that has molded an understanding of sexuality reinforced by religious symbolism (Cordero et al., 2004; Seibert, 2010; Vuola, 2019). Thus, the purpose of this research study is to explore the essence of the lived experiences of Latino women who were sexually victimized in childhood or adolescence. Two objectives follow this purpose: (a) to inform healthcare providers about both the pervasiveness of sexual violence and its cultural implications for Latino women; and (b) to inform faith communities of specific ways to provide religious/spiritual resources that facilitate healthy coping mechanisms associated with the experience of sexual violence.

The second chapter of this dissertation includes a review of the literature on the topic of sexual violence, particularly in the context of Latino women. The chapter also includes incidence rates of sexual violence among women, a review of the research on the socio-cultural aspects that contribute to the perpetuation of the phenomenon of sexual violence, and the impacts that victimization has on the lives of survivors.

The third chapter includes a conceptual paper describing, with the help of Symbolic Anthropology, how some of the most important symbols and narratives of Latin-American Catholicism, such as the virginity of Mary, have been used, since colonial times, as mechanisms

of behavior control in current and/or former Latino Catholics, specifically for women. The chapter uses elements of post-colonial theory to discuss how strict female gender roles and expectations facilitate sexual violence toward women to the point that it has become a persistent practice in Latin-America. The chapter ends with a call to action for healthcare providers and researchers on the validation and further research of Latino women's experiences of sexual violence.

The fourth chapter includes a description of the qualitative methodology used for the descriptive phenomenological study. As this study aimed to describe the lived experiences of sexually victimized Latino women, a purposive sampling technique was adopted to recruit participants living either in the United States or in several Latin-American countries. Participants in the United States were recruited from community health centers around the country. International participants were recruited from a pool of clients of traditional mental health therapists from Chile, El Salvador, Peru and Colombia. Data were collected via in-depth interviews utilizing the descriptive phenomenological approach (Husserl, 1998; Moustakas, 1994) and were analyzed using Colaizzi's (1978) phenomenological method of analysis.

The fifth chapter of this dissertation includes the results of the descriptive phenomenological study. It depicts a summary of this dissertation and the lived experiences of Latino women who were sexually victimized in childhood and/or adolescence. Finally, chapter six includes the main implications of this study for clinical practice, research, and pastoral/religious practice. Additionally, the implications to the field of Medical Family Therapy, specifically, in relation to the use of individuals' spiritual resources as means to cope with experiences of sexual violence.

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CHAPTER 2: LITERATURE REVIEW

The purpose of this chapter is to explore the relevant research on the topic of sexual violence, with a specific emphasis on studies of Latino women who currently reside in the U.S. or any Latin American country. Such an in-depth review provides a framework on understanding what perspectives Latino women derive from their experiences with sexual violence at such an early age (e.g., childhood and/or adolescence). The review of sexual violence literature also includes an analysis of socio-cultural factors that contribute to the perpetuation of the phenomenon of sexual violence against Latino women.

Sexual Violence

Sexual violence is defined by WHO as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of relationship to the victim” (Jewkes et al., 2002, p. 149). Sexual violence includes a variety of violations, such as military sexual violence (Allard et al., 2011) and childhood sexual violence (Zvara et al., 2017) and is often discussed as a universal phenomenon (i.e., no nation is free from sexual abusers and victims; Finkelhor et al., 2014; Gonzalez-Lopez, 2015). Further, sexual violence in the forms of rape, abuse, and incest are recognized as a disturbing public health concern worldwide (WHO, 2013).

According to the Rape, Abuse, and Incest National Network (*Types of Sexual Violence*, s.f.), sexual violence is a non-legal term used to refer to different types of crimes of sexual nature, such as sexual assault, intimate partner sexual violence, incest, drug facilitated sexual assault, sexual assault of men and boys, and child sexual abuse. Penaranda and Becerra (2019) suggest that sexual violence takes the form of molestation, sexual violence toward sexual

minorities (i.e., LGBTQ+), and sexual violence as a war tool in which women of a particular group (e.g., guerrilla, paramilitary forces) are sexually victimized by members of the antagonistic group to demonstrate power. Another form of sexual violence that has been reported is the commercialization of sexual services via the internet, which has been called prostitution 2.0 (Ayad, 2019; Cunningham & Kendall, 2011). These types of violence can occur simultaneously throughout the life of a survivor (Penaranda & Becerra, 2019). For the purpose of this dissertation, the term sexual violence is used to describe and encapsulate the previously operationalized terms and definitions.

The primary focus of this dissertation, however, is with Latino women's experiences of child sexual violence, defined as any sexual suggestion or physical contact that a child or adolescent is subjected to by different ways such as intimidation, threats, or seduction (Boesten, 2016). Latino women in the United States represent a group that collectively are more likely to be victims of sexual assault than any other racial group (Basile et al., 2015; McFarlane et al., 2005).

Prevalence of Sexual Violence

Worldwide, it is estimated that one in three women have experienced sexual violence and/or physical violence in their lifetime (WHO, 2013). In the United States it is estimated that 43.6% of women have experienced some form of sexual violence in a lifetime (Smith et al., 2018; Black et al., 2011). Among female victims of rape in the United States, 81.3% report that it occurred prior to the age of 25, while 43.2% report that it occurred prior to the age of 18, and 30.5% report that it occurred between the ages of 11 and 17 (Smith et al., 2018). Latino women are reported to have higher rates of sexual victimization in relation to non-Hispanic white women (Basile et al., 2015). It is estimated that 35.6% of Latino women have experienced any type of

sexual violence other than rape (Breiding et al., 2014). The majority of the female victims of sexual violence report that they knew the perpetrator (Black et al., 2011; Gonzalez-Lopez, 2015). Additionally, the overwhelming majority of female victims of sexual violence, 98.1%, report that their perpetrators were men (Black et al., 2011).

It is crucial, however, to keep in mind that not every country has availability to reliable data regarding sexual violence rates, and that less than 40% of female survivors worldwide look for help and denounce the event to the appropriate local authorities (Bongaarts, 2016), making it more difficult to obtain accurate data on the prevalence of this phenomenon. Moreover, industrialized countries are not the exception to the lack of reliable data on sexual violence against women. Most female survivors of sexual violence in the United States do not disclose their experience of abuse to local authorities, healthcare professionals, nor friends (Stevens & Sheaffer, 2007). In the case of Latin-America, it is challenging to obtain accurate data regarding the prevalence of sexual violence against women because of the distrust that survivors have about the institutions that are supposed to protect them (Phinney, 2001).

Prevalence of Sexual Violence in Latin-America

For the sake of clarity, the term Latin-America refers to the portion of the American continent in which languages derived from Latin (e.g., Spanish and Portuguese) predominate (Brian, 2002). The Latino population living in the United States has almost doubled during the last two decades, going from 35 million in 2000 to almost 60 million people in 2017, and 51.3% of the Latino immigrants are women (Bustamante & Flores, 2019). To understand the phenomenon of sexual violence against Latino women, it is crucial to consider some statistics in relation to sexual victimization rates in Latin-America in general.

Data on sexual violence is limited as a result of silence and secrecy within the families of survivors (Gonzalez-Lopez, 2015), and also because of their distrust towards local authorities (Phinney, 2001). In Chile, research on human rights suggests that only 30% of the cases of child sexual violence are reported to the local authorities, and 84% of those cases are disregarded while only 16% of the cases end up with a legal sentence against the perpetrator (Diaz et al., 2017). In Colombia, Lina Maria Arbelaez, executive director of the Colombian national family welfare stated in 2020 that most of the sexual violence cases against children are rarely reported (Revista Semana, 2020). Research suggests, however, that sexual violence co-occurs with other types of violence against adult, adolescent, and child women (Boesten, 2016; Guedes et al., 2016). Data from the United Nations office for Gender Equality and the Empowerment of Women (Women UN, 2011) show that the percentage of intimate partner violence (IPV) with co-occurrence of physical and sexual features against Latino women between the ages of 15 and 49 is 64.1% in Bolivia, 37.4% in Colombia, 46.3% in Ecuador, 46.7% in Mexico, 45.4% in Paraguay, and 70% in Peru. Additionally, sexual violence against women of young ages is portrayed as a preamble to later episodes of different types of violence in adulthood (Guedes et al., 2016). Infants and adolescents are the most vulnerable populations in this continuum of violence (Finkelhor et al., 2014).

It is suggested that re-victimization of Latino women who experience sexual violence during childhood and/or adolescence is not unusual (Jewkes et al., 2002). Sexual violence against adult women, adolescents and infants are not independent phenomena but part of what Liz Kelly (1987) names the continuum of sexual violence. It refers to a compound of beliefs, attitudes, and behaviors that are ingrained in society, and that facilitate sexual victimization of women from early ages until adulthood. Child sexual violence, therefore, reinforces potential

occurrence of adult sexual violence in the future (Guedes et al., 2016). Such a transition from child to adult sexual violence takes place in the midst of socio-cultural dynamics of gender inequality (Segato, 2013), and the perpetrators are generally known by the victims especially in the cases of child sexual violence (Gonzalez-Lopez, 2015).

Child sexual violence is classified based on the relationship between the perpetrator and the victim. The first type is known as sexual abuse by an outsider (i.e., person who is not part of the nuclear nor extended family of the victim), and the second type is known as sexual abuse by relatives (Baita & Moreno, 2015). It is estimated that most child sexual violence events take place in a context in which victims know their perpetrators either because they are relatives or because they are friends known by the survivor's family circle (Gonzalez-Lopez, 2015; Muñoz, 2015). Family closeness between survivors and perpetrators makes it difficult to report sexual violence (Gonzalez-Lopez, 2015). In Chile, for instance, it is estimated that between 70% and 80% of the child sexual violence cases perpetuated within the family circle are not reported which contributes to the impunity of the crime and to the difficulty in obtaining reliable data on this phenomenon (Diaz et al., 2017).

Consolidated data in relation to the prevalence of child sexual violence in Latin-America is scarce. It is suggested, however, that 40% of female adolescents aged 12 to 18 in Peru experience non-consensual sexual relationships as their first sexual experience (Caceres, 2005). Studies from Brazil (Baptista et al., 2008) suggest that the ages in which child sexual violence is more prevalent are between 12 and 14 years old with a 28% prevalence of victimization, and between three to five years old with 20% prevalence of victimization. Boesten (2016) and Caceres (2005) suggest that adolescent birth rates in Latin-America provide important information in relation to non-consensual sexual experiences for female adolescents. Even

though adolescent birth rates in Latin-America have been reduced from 82.9 pregnancies per 1000 women aged 15 to 19 in 2000, to 67 pregnancies per 1000 women aged 15 to 19 in 2015 (Caffe et al., 2017), the average birth rate continues to be significantly higher than the birth rate of 18.8 per 1000 women in this age group in the United States (Martin et al., 2018) and even higher than the average birth rate of 51 pregnancies per 1000 adolescent females worldwide (Caffe et al., 2017). Latin-American high pregnancy rates among adolescents are the second highest adolescent pregnancy rates in the world after Sub-Saharan Africa (Caffe et al., 2017). These data support the need to understand the numerous factors involved in the prevalence and perpetuation of this violation against young women.

Socio-cultural Factors Intersecting Sexual Violence in Latin-America

Numerous factors are believed to underlie the phenomenon of sexual violence in Latin-America. It is important to keep in mind that although some of the factors may seem rooted in historical times that are apparently distanced from current events, the consequences of such historical periods are still present in the minds of individuals and in the collective memory of many Latin-American societies (Castro-Gomez, 1998; Lugones, 2010; Quijano, 2017).

Colonialism, defined as “the control or governing influence of a nation over a dependent country, territory, or people” (Thesaurus, n.d.), a patriarchal order that serve as a platform to maintain male power (McKinley, 2006), the construction of gender roles (Boesten, 2016), and influential religious symbols and beliefs (Cordero et al., 2004), represent some of the most salient socio-cultural factors influencing the phenomenon of sexual violence against women.

Colonialism

Sexual violence against women has been present in Latin-America since colonial times as native indigenous women were systematically raped by the conquerors. Historical documents

show how native women were intimidated and sexually abused by European men as a means to exert power and control over them (Lobo, 1993; Valladares, 2008). Patterns of marital violence, perpetuated by male spouses, were normalized and encouraged as colonialism spread throughout Latin-America (Lugones, 2010; Segato, 2013). Laws from the 18th century pertaining to family life (Bustamante-Otero, 2019) authorized husbands to physically punished their wives if they did not behave according to social expectations (e.g., wives were to be submissive to their husbands and exclusively dedicated to their children). In Latin-America, colonialism is not to be understood only as a mere historical event in which the domination of a specific geographical territory took place. It was the platform to exercise abusive behaviors and dominance over the consciences and the bodies of vulnerable populations (Valladares, 2008). Such abusive behaviors against many Latino women do not belong to the past but continue to take place now (Bustamante-Otero, 2019). The current consequences of colonialism are pervasive in Latin-America and are referred to as coloniality of power (Quijano & Ennis, 2000). It represents the current legacy of colonialism in the form of oppression integrated into the social order. Coloniality of power reinforces the hierarchical ways of understanding human relationships, race, politics, and gender (Lugones, 2010; Mignolo, 2009) that were established in colonial times.

Gender Roles and Patriarchy

While sexual violence has universal characteristics across numerous countries (Finkelhor et al., 2014; Gonzalez-Lopez, 2015), its impact in women's lives varies dramatically by specific socio-cultural contexts. Understanding the context behind gender roles in Latin-America is crucial to comprehend the dynamics of sexual violence against Latino women. Since colonial times, Catholic Christianity helped to establish accepted traditional female gender roles (e.g.,

women as selfless mothers and spouses, dedicated to their homes) in Latin-America (Cordero et al., 2004; Seibert, 2010). Such constructed gender roles legitimize current gender-based violence (Lugones, 2010; Segato, 2013) and promote gender inequality (e.g., reduced opportunities to obtain a job, to study, or to have salaries as high as those for men) placing women, specially from isolated rural areas, in situations of extreme vulnerability (Quinones & Maldonado-Erazo, 2020).

Traditional gender roles affecting Latino women are connected to patriarchy (Lugones, 2010; Segato, 2013; Vuola, 2019). It is defined as a social order that structures power hierarchically in favor of men (Andermahr et al., 2000). It is also conceived as a construct that encompasses a variety of male domination structures that differ depending on the culture (Hunnicut, 2009). In the case of Latin-America, patriarchy was established since times of colonialism and is perpetuated until this day (Boesten, 2016). The historical association between patriarchy and Catholic Christianity is well known (Seibert, 2010). The social organization of the family in Latin-America was structured by the Catholic church in a way that there was a clear hierarchical structure with the father as the head of the household and the other members of the family as his property (Gonzalez-Lopez, 2015). Religious symbols were crucial to establish such hierarchical relationships (Cordero et al., 2004).

Religious Symbolism

Since colonial times, religious symbols have portrayed submissiveness and obedience as ideal feminine roles to be followed. Religious symbols have facilitated the establishment of colonialism in Latin-America, and the institutionalization of patriarchy as a prevalent worldview (Cordero et al., 2004; Seibert, 2010). The biblical character of Mary, the mother of Jesus, was assumed as the female role model because of her sexual purity, submissiveness, and motherhood

style (Cordero et al., 2004). These religious attributes have been historically used to try to regulate women's behaviors, especially in relation to their sexuality (Vuola, 2000). Additionally, sexuality was to be monitored through the practice of confession with a church authority (Gruzinski, 1989), and sexual intercourse was to be practiced only after getting married (Segato, 2013).

The literature suggests that these mechanisms of behavioral control are still present in the form of self-policing (Foucault, 2001). It is described as an internalized mechanism of control to self-regulate behaviors. Self-policing relies on religious symbolism to help individuals monitor their actions while adopting a sense of shame when their behaviors are against what is socially and culturally expected. Female sexual purity is still idealized based on the features of religious figures, and women who deviate from it are stigmatized not only by their families and society in general, but sometimes by themselves as they internalize a sense of shame toward their bodies (Cordero et al., 2004). This involves the implicit idea that women's dignity and value is contingent upon the use of their bodies and sexuality (Sazsz, 1998). With all these socio-cultural dynamics in place, it is not difficult to imagine the multiple mixed feelings, thoughts, and beliefs of female victims of non-consensual sexual relationships. The intersection of patriarchy, colonialism, gender roles and religiosity provide a platform to understand the origins and prevalence of sexual violence against Latino women. These socio-cultural factors add more complexity to the phenomenon of sexual violence.

A Complex Phenomenon

Sexual violence is a complex phenomenon. It has consequences for survivors at the level of their biomedical health as it is associated with sexually transmitted diseases, sexual dysfunction, and gynecological problems (Jewkes et al., 2002; Stevens & Sheaffer, 2007); their

psychological health as it can be related to cognitive deficits, depression, and dissociative symptoms (Van Der Kolk, 2014), and also regarding the survivors' relationships with family and social groups in general as sexual violence is associated with intergenerational cycles of violence, and social stigma (Jewkes et al., 2002). The consequences for Latino women survivors are also present at the level of their religious beliefs and spirituality (Cordero et al., 2004), as faith is an important component for the Latino population in general (Ospino, 2013). It has been reported that Latino women rely on their faith to cope with life difficulties (Vuola, 2019). As the aim of this literature review is to contribute to the understanding of how Latino women cope with the phenomenon of sexual violence, it is important to explore the literature in relation to religiosity and spirituality to have a sense of how these elements can facilitate or constrain healthy coping for Latino women.

Religious Beliefs and Spirituality

Beliefs can constrain or facilitate the necessary healthy coping mechanisms that individuals require to deal with their life experiences (Wright et al., 1996). Research on religious beliefs and spirituality show how people use their spiritual resources to cope with mental health and traumatic experiences (Hill & Pargament, 2003; Koenig, 2018). An important component of the Latino population living in the United States is its deep religiosity (Ospino, 2013). It is estimated that 84% of the population in Latin America was raised Catholic, while 69% of Latinos/as currently identify as such in the United States (Taylor et al., 2012). As Latino men and women continue to be predominantly Catholic in the United States and in Latin-America, it is appropriate to look at how Catholic religious beliefs and worldviews affect the wellbeing of individuals who have been exposed to traumatic experiences, such as sexual violence.

Koenig (2017) shows that there are six areas of research on the intersection between Catholic beliefs and mental health: (a) depression, (b) suicide, (c) anxiety, (d) psychological well-being, (e) obsessive compulsive disorder, and (f) guilt as a moral emotion. Research on Catholic beliefs and depression has ambiguous outcomes. In contrasting mental health symptoms across religious denominations, some authors (Idler & Kasl, 1992) suggest that Catholics are more at risk than Jews to develop depression. In later studies, however, Miller and colleagues (2012), after a 10-year longitudinal study to compare symptoms of depression on Catholic and non-Catholic mothers and their children, suggest that there is no significant difference in the risk of developing depression for both groups. In terms of suicide, Torgler and Schaltegger (2014) report lower rates of suicide among Catholics in comparison with Protestants. They attribute it to the prohibition that Catholic beliefs have regarding suicide as a mortal sin. In relation to other mental health conditions, Koenig (2017) suggests that research on anxiety and obsessive-compulsive disorder in Catholic populations do not show a strong difference when comparing it with people from other religious groups (e.g., Protestants, Orthodox). In addition, Catholics appear to have similar levels of psychological well-being when compared with people from other Christian denominations (Koenig, 2017).

When studying the influence of moral emotions of Catholics in relation to their health, Koenig (2017) asks if Catholics are more prone than other religious denominations to experience guilt, or if it is the product of a traditional stereotype that Catholics have obtained. According to Koenig (2017), guilt seems to be greater in Catholics than in other Christian denominations. Others report similar conclusions and add that guilt can facilitate prosocial behaviors in Catholic populations (McKay et al., 2013). Other studies (Walinga et al., 2005) about the influence of Catholic conceptions of guilt suggest that it can be classified into non-constructive and

constructive guilt. The latter is assumed as an interpersonal/controllable moral emotion that facilitates reparative behaviors in individuals who possess it. The former, however, is portrayed as an intrapersonal/uncontrollable sense of worthlessness that makes it easier for the person to self-reproach. Even though there is research comparing levels of guilt among different Christian denominations, with some researchers indicating higher levels of guilt among Catholics (Koenig, 2017), the question for how moral emotions (e.g., guilt and shame) vary among Catholic populations from different ethnic, gender and cultural backgrounds remains. Furthermore, up until now the question of how Catholic beliefs interfere or facilitate healthy coping to Latino women who have experienced sexual violence has not been responded yet.

Conclusion

Sexual violence is a universal phenomenon and a public health issue (Finkelhor et al., 2014). Although some research suggests that its prevalence is high, with women being more prone than men to be sexually victimized (WHO, 2013), obtaining reliable data is challenging worldwide due to the hesitancy of survivors to disclose their experiences of sexual victimization (Boesten, 2016). In the context of Latin-America colonialism, patriarchy, gender roles and a Catholic informed religiosity are specific socio-cultural factors influencing the incidence of sexual violence against women (Cordero et al., 2004). Literature on socio-cultural factors of sexual violence and biomedical consequences associated with it evidences its complexity. What follows in the next chapter is an in-depth exploration of concepts that facilitate the intersection of religion as a cultural product, historical dynamics such as patriarchy and colonialism that are still pervasive and fueled by religious symbols, and the phenomenon of sexual violence in the context of Latin-American women. The Post-colonial theory as a platform explains a way to explore the intersection of those forces.

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CHAPTER 3: SEXUAL VIOLENCE OF LATINO WOMEN, AN EXPLORATION OF SOCIO-CULTURAL AND HISTORICAL FACTORS

Sexual violence is considered a public health issue in Latin-America (Gonzalez-Lopez, 2015; Ramos-Lira et al., 2001), and worldwide according to the World Health Organization (WHO, 2013). When it is exercised upon women at early ages, it represents one of the most destructive forms of violence affecting survivors of different ages (Boesten, 2016). Its implications are multiple and complex for the victims biologically, psychologically, and socially (Stevens & Sheaffer, 2007). Sexual violence has been associated with sexually transmitted diseases, sexual dysfunction, gynecological problems (Jewkes et al., 2002), cognitive deficits, depression, dissociative symptoms (Van Der Kolk, 2014), intergenerational cycles of violence, and social stigma (Jewkes et al., 2002).

In the United States, 79.6% of female sexual violence victims experience their first sexual violence act before age 25, and half of them (42.2%) during childhood and adolescence (Black et al., 2011). In some Latin American countries, it is estimated that 40% of female adolescents have their first sexual experience without consent (Almeras & Montano, 2007). Sexual violence's prevalence against women during childhood and/or adolescence indicates its immense complexity and the need to address it from multiple levels of analysis.

The purpose of this article is to address the sexual violence phenomenon in the context of Latino women from socio-cultural and historical levels, to inform healthcare providers, researchers, and religious leaders about the multiple implications of this phenomenon for survivors. The structure of this article is intended to be strictly conceptual to find points of connection between Symbolic Anthropology (Geertz, 1973) and Post-colonial theory (Castro-Gomez, 1998; Elam, 2019) as a way to explain the dynamics of sexual violence. It is guided by

the curiosity about how religious symbols and cultural narratives, the idealized features of the biblical figure of Mary the mother of Jesus in particular, have historically shaped the way Latino women's mechanisms of coping with their experiences of sexual violence at an early age.

This article is anchored in a Symbolic Anthropology approach of religion (Geertz, 1973) that portrays it as a cultural system, coupled with post-colonial theory, in the study of the phenomenon of sexual abuse of Latino women during childhood and/or adolescence. This manuscript outlines the following points, a(n): (a) description of the contributions of Symbolic Anthropology to the study of religion as a cultural product, beyond the considerations of it as a supernatural phenomenon; (b) clarification on how some of the most important symbols and narratives of Latin-American Catholicism, such as the virginity of Mary, might be related to colonial and post-colonial mechanisms of behavior control in current and/or former Latino Catholics, specifically for women; (c) explanation and definition of relevant concepts of post-colonial theory; and (d) discussion on how gender roles were generated as a result of the aforementioned mechanisms of behavior control, enabling sexual violence toward women to be a persistent practice in Latin-America. This article concludes with a call of action for further research on the lived experiences of sexually victimized Latino women.

Method of Search

Specific key terms were searched in order to investigate the origins of constructs that are essential to this manuscript: "Colonialism", "post-colonialism", "post-colonial theory", "coloniality", "symbolic anthropology", "religion as a cultural system", "sexual violence", "child sexual violence", "Latino/Hispanic Catholic", and "Catholic symbols". Additionally, some extra terms such as "Cultural Systems", and "Patriarchy" were included to capture any possible intersection between the two approaches: symbolic anthropology and post-colonial theory.

Databases such as ATLA Religion Database, ProQuest, Scientific Electronic Library Online with content in Spanish and Portuguese (SciELO), Hispanic American Periodical Index (HAPI), PubMed, and eHRAF World Cultures were utilized based on their emphasis on Religion as a cultural system, post-colonial theory in Latin-America, sexual violence, and Catholicism.

The following inclusion criteria were utilized to admit books, and research articles as part of the method of search: (a) focused on Latino/Hispanic religiosity and sexual/child sexual violence and written by authors of different cultural backgrounds regardless of their Latino/Hispanic cultural heritage, (b) published in English, Spanish and/or Portuguese, and (c) informed by Post-colonial theory, and/or Symbolic Anthropology. Articles and books were excluded if: (a) they were written with no reference to the effects of colonialism in Latin-America, and (b) their content was exclusively theological in nature without any reference to religion as a cultural system. This search was done purposefully to respond to the question of how Catholic beliefs and narratives, historically ingrained in colonialism, constrain or facilitate healthy coping mechanisms for Latino women who have experienced sexual violence.

Symbolic Anthropology and the Study of Religion

The notion of religion as a cultural system has its roots in Symbolic Anthropology, whose founder is the American anthropologist Clifford Geertz (1973; Pals, 2006). Symbolic Anthropology aims to study culture as a system of meaning that anthropologists have worked to disentangle through the interpretation of symbols and rituals (Pals, 2006). In other words, symbols and rituals are at the heart of the concept of culture and provide a platform to understand cultural dynamics (e.g., traditions, patterns of relationships, and belief systems). The process of unravelling meanings in cultures is done through what Geertz (1973) named thick

descriptions, whose main feature is the provision of a socio-cultural context that facilitates comprehension of the logic behind symbols and rituals.

Symbolic anthropology is particularly important in this manuscript to understand some religious symbols that have traditionally shaped the conceptions of sexuality, and the moral components that underlie it. Geertz (1973) defines religion as “(1) a system of symbols which acts to (2) establish powerful, pervasive, and long-lasting moods and motivations in men by (3) formulating conceptions of a general order of existence and (4) clothing these conceptions with such an aura of factuality that (5) the moods and motivations seem uniquely realistic (p. 277).” What follows is an attempt to connect Geertz’ definition of religion to the use of some of the religious symbols that are part of the Catholic religiosity in the context of Latin-America.

As a system of symbols (Geertz, 1973), religion utilizes tangible and intangible objects (e.g., rosaries, crosses, doctrinal constructs, and books), that bear ideas and help shape worldviews (Pals, 2006). Humans are considered symbol-making individuals (Langer, 1957), who use symbols to communicate and socialize (Cooke & Macy, 2005). Symbols provide meaning to our personal inquiries and allow us to socialize those inquiries with others. In the Catholic church, for instance, symbols such as water, fire, or anointing oil are utilized to reinforce the meaning of sacraments (Catholic Church, 2012).

The word *Sacrament*, which means a sign of grace (Catholic Church, 2012), is the carrier of multiple inquiries about what is morally good or bad, and how to be in communion with others and with God through specific moral precepts. For instance, the sacrament of marriage establishes a sacred and morally acceptable marital union between a woman and a man, the sacrament of penance offers the opportunity of being freed from sin, or the sacrament of holy communion, one of the three sacraments of initiation into the Catholic faith along with baptism

and confirmation, signifies the sense of belonging to the community of faith by sharing the body of Christ (Catholic Church, 2012). According to the Catechism of the Catholic Church (2012), which contains the beliefs, doctrines, and morals of that institution (Ratzinger & Schönborn, 1995), a sacrament is a visible sign of an invisible grace. It involves actions (e.g., months of preparation to finally have access to the ritual of the sacrament), a moral status for the one receiving the sacrament (Catholic Church, 2012), and a sense of belonging to a community of faith. Sacraments in the context of Catholic Christianity are, based on Geertz' definitions, a system of symbols and rituals that provide the believers not just with an opportunity to live their faith as isolated individuals but as members of a community. Sacraments and their symbols are bearers of public meaning about the relationship of Catholic Christians and their God.

Geertz's description of religion as a source of "pervasive, and long-lasting moods and motivations in men by formulating conceptions of a general order of existence (p. 277)" implies the behaviors and emotions that originate as a result of beliefs. Religion facilitates that people feel and behave in particular ways (Pals, 2006). It also offers explanations of what the purpose of life is, generating specific world views and ethical stances (Geertz, 1973). For instance, the concept of the Natural Law utilized by Catholic moral theology, as a compound of universal principles revealed by the Christian God to humankind at the moment of creation, represents an important reference that responds to the fundamental questions of what is good according to God's natural logic, and why is important to do what God wants (Doe, 2017). By responding to moral questions (e.g., is it right or wrong from persons of the same gender to marry? Is it right or wrong for couples to have intercourse before marriage?) Natural Law in the context of the Catholic faith seems to be "clothing these conceptions with such an aura of factuality" (Geertz, 1973, p. 177), as it establishes a unique way to respond to basic human existential questions in

moral ways (Edwards, 1989), generating moods and motivations in current and former Catholics by and large.

Conceiving religion as a cultural system is compelling. It invites researchers to inquire about the public and collective implications of religious beliefs despite the consideration that it strictly belongs to the realm of individual privacy and practice. As religion shapes cultures (How Religion Contributes to Cultural Change, 2014) it models people's moods and motivations. Regarding religion as a cultural system provides critical tools that are necessary to disentangle the cultural discourses that underlie the meaning making of people's lives.

The aim of this manuscript, however, is not to give a general explanation of the multiplicity of symbols that configure Catholic Christianity, nor does this article pretend to affirm that Catholic Christianity implies negative consequences for Latin-American populations, specifically for Latino women. Rather, the intent is to explain how religious symbols related to the Catholic faith in Latin-America, particularly the ones related to sexual purity such as the virginity of Mary, are involved in the interpretations of sexually victimized Latino women about their own experiences of sexual violence. What follows is a brief explanation of the history of the biblical figure of Mary, as a symbol of sexual purity and how it became a pervasive cultural discourse affecting and shaping the lives, moods, and motivations of many Latino women.

Historical Origins of Mary as a Religious Symbol in Latin America

From the myriad of religious symbols within Catholic Christianity, the biblical figure of Mary, the mother of Jesus, in the context of Latin-America is most significant to the focus of this manuscript. Different representations of Mary were utilized effectively during the process of evangelization in South America, Central America, and the Caribbean (Dussel, 1983). The word evangelization in the Catholic context refers to the effort of "bringing the Good News of Jesus

into every human situation and seeking to convert individuals and society by the divine power of the Gospel itself (Catholic Church, 1976; pp. 7)." Evangelization was, therefore, intended to Christianize others. In the 16th century, during colonization, the European Catholic missionaries paid close attention to the diverse worldviews of native indigenous peoples, and of African slaves who were brought to the American continent (Cordero et al., 2004; Dussel, 1983). Once the Europeans identified the symbolic and sacred figures within the worldviews and spiritual beliefs of Indigenous and African populations, they systematically replaced those symbols with Christian symbols (Cordero et al., 2004; Dussel, 1983; Gutierrez, 1974). It was an effective evangelization strategy. One example of this replacement was the strategic transformation of natives' female sacred figures into the Christianized characteristics of Mary, mother of Jesus (Cordero et al., 2004; Vuola, 2000).

Understanding the colonizers' strategies to replace indigenous and African symbols with Christian symbols is crucial to have a sense of how the Catholic moral tradition took place in Latin-America as a result of colonialism (Dussel, 1983). Such moral traditions shaped, and continue to shape, behaviors and motivations of Latino men and women (Gruzinski, 1989). For the sake of clarity, this manuscript does not put forward any doctrinal or theological judgement about the Catholic symbols, particularly the figure of Mary. It aims to facilitate a reflection on how Mary has been portrayed since the 16th century as a cultural symbol of "what being a good woman looks like" in terms of sexual behaviors and gender roles. The image of Mary replaced traditional indigenous and African characters to impose the Catholic moral tradition in women (Cordero et al., 2004). Below are two examples of native feminine deities and sacred figures worshiped by indigenous and African peoples that were strategically transformed into Christian Catholic products.

Feminine Deities

The case of Qana It'zam is one example of the replacement of indigenous feminine deities by Christian characters to spread the moral values of Catholic Christianity. Qana It'zam was known by the Mayans, in what is today Guatemala and Southern Mexico, as a mythological figure whose wisdom was used to take care of nature and to procure harmony between human beings and the ecosystem (Martin et al., 2004). Once the Catholic missionaries from the Dominican order arrived at the area and learned about the symbolic importance of Qana It'zam, they systematically and strategically changed the indigenous symbol by a version of the virgin Mary. Qana It'zam went from being a powerful figure representing the force of nature to a religious figure representing sexual purity and abnegation towards a male God. This is how the Mayans' veneration to their feminine deity was transformed into a contextualized representation of the virgin Mary through what was called "La virgen de los Desamparados" (Martin et al., 2004; "the virgin of the homeless").

In Cuba, Oshún represents another example of transformation and re-adaptation of ancestral spiritual beliefs into Catholic representations and symbols. As narrated by Ajo (2003), African labor was brought to Cuba since the 16th century. Some groups were brought from Nigeria, particularly members of the Yoruba group. The Yoruba people, from Nigeria, were believed to be one of the more solid and stronger ethnic groups as a result of their stratified and diversified worldview (Ajo, 2003). They believed that the Orishas, sacred figures in their beliefs system, were the emissaries of Olodumare, the supreme and omnipotent God of the Yorubas. The orishas were replaced by the images of the Catholic saints. This was a way to Christianize the Yoruba people. In terms of the sacred feminine characters, the figure of Oshún, a feminine deity for the Yorubas, was the personification of beauty and sensuality. She was systematically

replaced by "La virgen de la caridad del cobre" (Virgin of copper) and became another effective tool to evangelize the African people and their descendants (Ajo, 2003). Oshún went from being a symbol of beauty and sensuality to a sacred symbol based on the sexual moral standards of the Catholic faith.

La virgen de los desamparados and la virgen de la Caridad del cobre are only two examples of the transformation of native indigenous and African sacred figures into more Christianized sacred feminine characters for the sake of evangelization. The new symbols (i.e., images of Saints and virgins) embodied specific moral characteristics that facilitated the promotion and perpetuation of values related to the exercise of sexuality and informed by Catholic doctrinal elaborations in relation to the sacredness of the body (Vuola, 2019).

Proselytizing Mary

Almost every country in Latin-America currently has a national representation of Mary, known as the nation's patroness, that has been used to evangelize its people (Matovina, 2013). There are common features shared by different representations of Mary such as her sexual purity, her abnegation, her obedience towards God, and her spirit of sacrifice. These features have shaped the social expectations and gender roles for women (Seibert, 2010). The spirit of sacrifice, in particular, has been considered a virtue to be exercised by Latino women as a way to keep the unity of the nuclear family (Cordero et al., 2004). Some feminist theologians have reported that these Marian characteristics have been established and reinforced by the Catholic church as a way to maintain the power dynamics and differences among men and women in Latin-America (Gebara, 2002; Seibert, 2010; Vuola, 2000), which has had specific consequences for women.

The consequences of the relation between Marian characteristics and gender power differences resemble what has been called internalized oppression, defined as the devaluation of "one's self and one's group (David, 2014; p. 2)." Internalized oppression seems to take place when Latino women lose their power to be autonomous as a result of assuming gender expectations (i.e., be obedient and submissive). In other words, internalized oppression seems to be contingent upon blindly trying to embody Marian characteristics. Interestingly, even though Mary has been exalted as a powerful queen, and as the mother of God, her power has been historically constructed and perpetuated by some of the leaders of the Catholic church referred to as the clergy, a solely masculine and hierarchical elite (Moya, 2003; Seibert, 2010). Mary, as a historical ideal of femininity, seems to represent an ambivalent figure whose power resides in her ability to keep quiet and obedient to a God who has traditionally been portrayed as a male figure (Moya, 2003).

The ambivalent characterization of Mary as a submissive and powerful figure who has become an idealized standard of how to be a good woman is the focus of Latin-American feminist theologians (Cordero et al., 2004; Gebara, 2002; Seibert, 2010). They are not alone in their effort to expose constraining interpretations of some of the Latino religious symbols. Their efforts to check the religious symbolisms from a critical lens overlap with the attempt of Latino scholars of the Post-colonial theory to create awareness about the different types of oppression that Latin-American cultures have experienced since colonial times, and continue to experience today (Grosfoguel, 2005).

Thus far, this manuscript has described some of the contributions of Symbolic Anthropology to the study of religion, and how those contributions can be used in the context of Catholicism in Latin-America. Some of the more relevant symbols of the Catholic faith have

been described here, with a specific emphasis on the figure of Mary as a representation of sexual purity, abnegation and obedience. Next, the manuscript connects the development of the importance of Mary in Latin-America as a model of womanhood to the tenets of Post-colonial theory in the Latino context.

Post-colonial Theory

While Symbolic Anthropology offers a platform to comprehend human beings' use of symbols to enrich their cultures with meaning, Post-colonial theory provides a historical perspective to determine how symbols are maintained and used as mechanisms of control, and to understand how they are connected to broader narratives in present day. Post-colonial theory was consolidated as a theoretical field in the United States and the United Kingdom during the late 1970's (Castro-Gomez, 1998). Its theorists effectively articulated a critique of colonialism (Castro-Gomez, 1998; Elam, 2019), defined as "the control or governing influence of a nation over a dependent country, territory, or people" (Thesaurus, n.d.). This critique to colonialism was initially focused on the European control over Asian and African territories and their people. It had global consequences at the political, aesthetic, historical, and social levels (Elam, 2019; Loomba, 2005; Williams & Chrisman, 1994). Colonialism planted unique European ways of knowing and being into the colonized territories. It was done not only through physical violence but also by setting European ideologies and worldviews into the colonized people's minds (Dussel, 2013; Mignolo, 2009). The European morality and ethics were established into the new territories in conjunction with the Catholic moral tradition (Dussel, 1983). A clear example of this is the introduction of the idea of sin into the new world. Indigenous people were instructed in the idea of sin. They were taught that committing sin was not only a matter of misbehaving. It also involved thinking. In other words, there were not only sinful acts but also sinful thoughts

and intentions. Indigenous groups used to conceive something faulty (e.g., person's misbehavior) as a consequence of a person's actual behaviors, but not as the consequence of the person's thoughts (Gruzinski, 1989). This double feature of sin as the product of behaviors and thoughts facilitated that indigenous groups embraced the notion of sinfulness as an intrapsychic dynamic that involved sexual fantasies and thoughts (Gruzinski, 1989).

It is easy to imagine, then, how native and indigenous ways to understand a wide range of cultural practices and social institutions (e.g., sexuality, romantic relationships, healing practices, gender expectations, etc.) were overridden by European cultural institutions and ways of thinking. This derived into power differentials between the colonizers and the colonized people, which resulted in the oppression (Elam, 2019), and marginalization against the native indigenous individuals and African slaves. What follows is a description of how Post-colonial theory has been used to explain the past and current oppression and marginalization of people in Latin-America.

Even though the beginning of Post-colonial theory focused on the historical period between the 18th through the 20th century in the context of Asia and Africa (Elam, 2019), the Latin-American version of it goes back to the 16th century, right after the conquerors were established in the new land of what is known as Latin-America. Post-colonial theory in the context of Latin-America embodies the efforts of several Latin scholars, like Walter Mignolo, Arturo Escobar, Anibal Quijano, Santiago Castro-Gomez, and Maria Lugones, interested in theorizing about the multiple current effects of colonialism on the lives of Latin-American people (Hernandez-Wolf, 2013). Post-colonial theory provides a critical reflection about the legacy of colonialism from the Spanish and Portuguese empires in Latin-America (Adams et al., 2018; Mignolo, 2009). Post-colonial scholars affirm that colonial legacies cannot be analyzed in

isolation from the concept of modernity (Castro Gomez, 2010; Grosfoguel, 2005; Mignolo, 2009; Quijano, 2017). It is understood as a western hegemonic platform (Adams et al., 2018) utilized to shape Latin-American people's idiosyncrasy at multiple levels (i.e., identity, health, wellbeing, religion, etc). Native and ancestral knowledges (i.e., local epistemologies) of indigenous and African descent communities were marginalized because of the imposition of the objective European logic of modernity. In other words, modernity was the hegemonic epistemology while local knowledges were seen as a compound of marginal epistemologies of less value (Hernandez-Wolfe, 2013). These dynamics do not exclusively belong to the past. Latino post-colonial scholars see colonialism not only as a period in history that was overcome. They affirm that colonialism's consequences are current and pervasive (Adams et al., 2018). They refer to these consequences of colonialism as coloniality of power.

Coloniality of Power

Coloniality of power (Quijano & Ennis, 2000) represents the current legacy of colonialism in the form of institutional oppression integrated into the social order. It reinforces current hierarchical ways of thinking about race, politics, society, education and gender (Lugones, 2010; Mignolo, 2009) that reflect the logic of colonial times. For instance, in terms of race and ethnicity, Europeans were believed to be superior to native Latin-Americans based on their intellectual abilities. It continues to be the same nowadays as suggested by Caba and Garcia (2014) when denouncing how Eurocentric Latin-American universities are (e.g., applying European and Anglo-American theories of human development to Latin-American people). In terms of gender, coloniality of power reinforces the idea that women are not equal to men which facilitates the propagation of strict gender roles and expectations for Latino women (Lugones, 2010), established with the help of a religious moral tradition (Cordero et al., 2004). This

concept of coloniality of power applied to gender and sexuality as suggested by Maria Lugones (2010) is an important tool to understand the experiences of sexually victimized Latino women. The concept of coloniality of power helps to recognize the problem of sexual violence as a matter of men trying to reaffirm and exercise power against women (Segato, 2013).

Coloniality of power embodies a variety of psychological, existential, religious/spiritual, socio-cultural, and economic phenomena with oppression as a common denominator (Quijano, 2017). The relevance of the concept of coloniality of power in this article intersects with Foucault's notion of self-policing (2001) as a mechanism to monitor and regulate behaviors. Foucault's concept of self-policing suggests that power is not to be understood only as an imposition by an external force against a group of individuals, but as an internalized mechanism of control that ends up becoming internalized oppression. Cultural discourses (e.g., women are to be obedient) that reflect social and gender expectations are passed from generation to generation to the point that they are internalized by individuals and become a way of self-monitoring behaviors.

Since colonial times and after the influx of pervasive religious and political narratives, Latin-American marginalized communities have exercised self-control by internalized forms of punishment and oppression (Maldonado-Torres, 2007). In terms of sexual morality those internal oppressive forces seem to be associated with religious symbols. In the case of this manuscript, the cultural interpretation of Mary as a symbol of sexual purity and obedience, is hypothesized to be a source of internalized punishment and oppression when a sexually victimized woman believes that she does not fulfill the socio-cultural expectations (i.e., sexual purity, and/or feminine dignity and honor) after experiencing non-consented sexual intercourse. As expressed before, this manuscript does not state any doctrinal or theological judgement about the figure of

Mary, but a critique, informed by Post-colonial theory, of the possible consequences of portraying Mary as a cultural symbol of what it means to be a “good” woman in terms of sexual behavior and gender roles.

When Religious Symbols Become Oppressive

Latin America inherited its Catholic religious’ traditions and practices from Spain and Portugal through a process of systematic evangelization (Dussel, 2013) as has been discussed earlier. Evangelization and Colonization went hand in hand (Dussel, 1983), and during this process God was portrayed as a male figure of authority, whereas Mary was conceived as the intercessor between God and the rest of the world. Mary’s closeness and obedience to a male God became an ideal relationship (Cordero et al., 2004; Vuola, 2019). Mary, with all her virtues, sexual purity, and her image as the intercessor between God and humankind became the source that fueled the establishment of gender roles (Seibert, 2010). Good women were to behave similarly to the ideal of femininity represented by the virgin Mary (Moya, 2003), which created unsurmountable expectations for many of them (Cordero et al., 2004).

Patriarchy, Gender Roles and Sexual Violence

Gender expectations for women in Latin-America have been shaped by the idea that they are to serve the men in their families (Gonzalez-Lopez, 2015; Segato, 2013). These gender expectations are sometimes unsurmountable to a point in which young women in their teenage years are required to assume the sexual and conjugal roles of their mothers with their own father. This practice is known as becoming the conjugal daughters (Gonzalez-Lopez, 2015). The daughters, in these cases, assume a marital role and become the sexual partners of their own fathers. These young women are forced to have incestuous relationships not only with their father but with their uncles, cousins, and other male figures within their family circle (Gonzalez-

Lopez, 2015). These practices have been reported in Mexico (Gonzalez-Lopez, 2015) and Guatemala (Menjivar, 2011), and represent an example of how women are socialized to serve men in different capacities according to the constructed and religious informed gender expectations (Gonzalez-Lopez, 2005). Those gender expectations can be considered part of a larger patriarchal belief system that intersects Coloniality and Catholic morality (Cordero et al., 2014). Patriarchal values, historically, have facilitated sexual violence since colonial times until these days (Segato, 2013).

It has been documented how sexual violence has been present in Latin America since colonial times when rape of indigenous women by European men became a common practice (Cordero et al., 2004; Segato, 2013). Additionally, patterns of marital violence perpetuated by males were established since 16th century (Lugones, 2010). What underlies these practices is a patriarchal mentality that favored then, and continues to favor now, gender inequalities and a hierarchical understanding of gender roles (Cordero et al., 2004; Seibert, 2010). The intersection of patriarchal values, gender roles and sexual violence against Latino women takes place nowadays (Boesten, 2016). A consequence of this intersection of patriarchy, gender roles and violence is the current belief within some families that the father's role is similar to the one of an hacienda's owner. He has the authority to what he desires with every member of his family, especially with his wife and daughters (Gonzalez-Lopez, 2015). This type of hierarchical classification of gender roles, reinforced by religious narratives, seems to be at the heart of the phenomenon of sexual violence in Latin-America.

Conclusion

Sexual violence is a universal phenomenon that affects women from different ages (Finkelhor et al., 2014; Gonzalez-Lopez, 2015). There are specific contextual factors influencing

the incidence of sexual violence depending on the victims' geographical and social locations. Patriarchy, intersecting inequalities, and impunity resulting from ineffective judicial mechanisms to protect survivors are described as factors that facilitate sexual violence in Latin America (Boesten, 2016). Additionally, the intersection of social, cultural, and historical dynamics in Latin-America serves as the platform for sexual violence to be practiced since times of colonialism and to be perpetuated nowadays as a residual of historically gender-based oppression (Lugones, 2010). With the help of Symbolic Anthropology and Post-Colonial Theory, this article suggests that the historical gender-based oppression towards Latino women has been reinforced by powerful religious symbols that encapsulate influencing ideas about female sexual purity, the value of virginity (Cordero et al., 2004), and the sense that the men in the family are to be served even in terms of their "sexual needs" (Gonzalez-Lopez, 2015). The understanding of these historical and socio-cultural dynamics represents the starting point to future qualitative research that explore the phenomenon of sexual violence against Latino women.

Research on complex phenomena such as sexual violence, that involves the interpretation and the meaning making of it by survivors in a socio-cultural context that is shaped by pervasive religious beliefs, is a necessary task for social scientists and healthcare researchers as well. Qualitative research that explores how religious symbols and narratives facilitate or constrain the acquisition of healthy coping mechanisms for sexually victimized Latino women does not currently exist, and is, therefore, encouraged by this article as a call of action to researchers. It is necessary to explore in detail the lived experiences of Latino women who have been victims of sexual violence. Research of this nature represents a public voice for these survivors to express their pain and to experience healing.

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CHAPTER 4: METHODOLOGY

Sexual violence against women is described as a worldwide public health issue (WHO, 2013). Victims of this type of abuse are significantly affected at multiple levels (Kim et al., 2010; Noll et al., 2003; Trickett et al., 2011). Sexual violence is associated with sexually transmitted diseases, sexual dysfunction, gynecological problems (Jewkes et al., 2002), cognitive deficits, depression, dissociative symptoms (Van Der Kolk, 2014), intergenerational cycles of violence, and social stigma (Jewkes et al., 2002). It is estimated that one in three women worldwide have experienced some type of sexual violence (WHO, 2013). Latino women represent a group that collectively are more likely to be victims of sexual violence than any other racial group in the United States (Basile et al., 2015). Even though an important component of the Latino population living in the United States is its deep religiosity rooted in Catholic Christianity (Ospino, 2013), there is an absence of research about the socio-cultural narratives informed by religious beliefs that facilitate or constrain healthy coping mechanisms for Latino women survivors of sexual violence. For this reason, the primary goal of this study was to explore the experiences of sexually victimized Latino women who were born and raised in traditionally Catholic countries, and to determine how their lives were impacted by sexual victimization and how they learned to cope, and are currently coping, with their experiences of sexual victimization. A descriptive phenomenological methodology was utilized to respond to the question of what is the lived experience of sexually victimized Latino women? This chapter includes a synopsis of the descriptive phenomenological method (Husserl, 1998; Moustakas, 1994), a description of the recruitment process as well as the procedures for data collection and subsequent analysis through Colaizzi's (1978) phenomenological method of analysis. The chapter concludes with a description of the verification methods. Approval for this methodology

was previously obtained from the East Carolina University and Medical Center Institutional Review Board (UMCIRB; See Appendix A).

Phenomenology

Phenomenology is a philosophical movement that aims to investigate the subjective experiences of individuals (Zahavi, 2003). Such experiences, or phenomena, can only be accurately described by the individuals who live them (Todres & Holloway). As this study aimed to explore the subjective experience of individuals, a phenomenological approach was the most appropriate to be used.

Types of Phenomenology

Wojnar and Swanson (2007) suggest that there are two types of phenomenological studies: (a) the descriptive approach, and (b) the interpretive approach. The former is characterized as the most faithful to the philosophical tradition of the founder of phenomenology, Edmund Husserl (1998), in regard to his effort to revive Classical Philosophy's aim to determine the nature, or essence, of the human experience (Creswell & Poth, 2018). In this case, the task of the phenomenological researcher using a descriptive approach is to inquire for a clear description of the participants' subjective experience of the phenomenon. One of the most important goals for the researcher when assessing the participants' experience is to achieve what Husserl (1998) coined as transcendental subjectivity. It refers to the researcher's ability to monitor his/her biases and preconceptions to minimize their influence on the study (Lopez & Willis, 2004, p. 727).

The Interpretive approach, on the other hand, was founded by Martin Heidegger (1962) as a way to inquire for the meaning of existing as an individual in a particular context, and to counteract the efforts of the positivist epistemological tradition of quantifying as much as possible the human experience (Espitia, 2000). Heidegger (1962) suggests that human beings'

subjective experiences are rooted and influenced by the realities they are immersed in (Lopez & Willis, 2004). The researcher using the interpretive approach focuses on how context influences the meanings that individuals make of their subjective experiences (Espitia, 2000; Lopez & Willis, 2004). When comparing how both approaches assume the phenomenological inquiry, it is important to notice that an interpretive phenomenological researcher would ask questions in relation to how the context influences the participants' meaning-making (i.e., how being a Latino immigrant in the United States influences the meaning you make of immigration?), whereas a descriptive phenomenologist interested in Latino individuals' experiences of immigration in the United States would inquire for a general experience of being an immigrant of Latino origin in the United States (i.e., what it is like to be a Latino immigrant?), and less about the meaning of it.

Even though both approaches to phenomenological inquiry are equally valid, this research followed the descriptive phenomenological approach (Husserl, 1998; Moustakas, 1994), and Colaizzi's (1978) method of phenomenological analysis. The descriptive phenomenological approach utilizes pure descriptions from the participants about their experience with the phenomenon of study with minimum interference by the researcher (Moustakas, 1994). As this research intended to explore the lived experiences of Latino women's sexual victimization at childhood and/or adolescence, the descriptive phenomenological approach was an appropriate platform for this endeavor.

Participants

As part of the criterion sampling, women of Latino origin – identified as current or former Christian Catholic – who have previously reported being sexually victimized at a younger age (i.e., childhood and/or adolescence) were recruited to participate in in-depth interviews. The justification for the number of participants was determined as a result of the nature of the

phenomenological study. Creswell (1998) recommends that the number of participants in phenomenological studies should be no less than five and no more than 25. The purpose was to further explore the participants' lived experience in the context of sexual violence until saturation was reached. Interviews were considered substantial to obtain the thematic saturation necessary to better understand the nature of the phenomenon (Creswell & Poth, 2018).

The inclusion criteria for the sample in this study included (a) being 18 years or older, (b) being of Latino origin, (c) having reported experiences of sexual violence as a child or adolescent, (d) identifying as a former or current Christian Catholic, (e) being able to read and write in Spanish, and (f) living in the United States or in any Latin-American country. Persons diagnosed with serious mental disorders that will impede the participants' required informed consent were excluded from the study.

Procedures

Recruitment

A purposive sampling technique was used to recruit participants living either in the United States or in any Latin-American country. Participants were recruited from a poll of clients of traditional mental health therapists. Counselors and therapists were provided with a script (See Appendix G for Recruitment Script) detailing the purpose of the study and a formal invitation to participate. Counselors and therapists gave the script to potential participants. Subsequently, the participants contacted the principal researcher to manifest their willingness to participate in the study.

Data Collection

Before beginning data collection, this project was submitted to the Institutional Review Board within East Carolina University (See Appendix A). Each participant was given an

electronic informed consent document in Spanish (See Appendix B for informed consent document). They knew about their rights to continue or to step out of the study. To avoid issues of confidentiality the principal investigator conducted all the interviews. Participants were asked about demographic information to provide context to the research (See Appendix C for the demographic survey). The in-depth interviews were semi-structured, facilitating a conversational dynamic between the participant and the researcher (Roller & Lavrakas, 2015). All the interviews were conducted via zoom, recorded, and encrypted. Professional treatment was suggested for those who were at risk of feeling re-victimized. Pseudonyms were used to protect the participants' identities. Each interviewee was asked a total of ten essential open-ended questions in a flexible manner, and some other clarifying questions were asked. The researcher conducting the interviews had an interview guide (See Appendix D for a complete list of questions) designed to collect detailed information about the phenomenon under inquiry (Moustakas, 1994). Each interview was transcribed and translated from Spanish to English by the principal investigator. During the transcription process, the researcher used headphones as a way to ensure confidentiality. The audio and electronic data were saved in a power drive and were both encrypted, and password protected.

Data Analysis

The central research methodology of this study was a descriptive phenomenology (Moustakas, 1994). The lived experiences of sexually victimized Latino women were examined through this lens. A phenomenological analysis was justifiable as the confluence of multiple elements that took place within the narratives of sexual violence survivors. Brunet, Belzunegui and Pastor (2000) describe phenomenological research as the opportunity to deeply inquire about a phenomenon while the interviewer and the interviewee are dialoguing in a non-directive way.

As the experience of sexual violence had the potential of carrying unpleasant memories for participants, the non-directive dialogue approach was appropriate to establish a minimum of trust between the interviewees and the principal investigator (Brunet et al., 2000). This sense of trust was crucial to minimize the participant's potential shame. The non-directive approach served as an underlying facilitator of compassion and empathy throughout the interviews.

Once the interviews were completed, the principal investigator followed Colaizzi's (1978) seven steps method of phenomenological analysis: (a) reading of the transcripts; (b) identification of significant statements; (c) creation of meaning statements from the significant statements; (d) grouping of themes from the meaning statements and creation of emerging themes; (e) writing of an exhaustive description; (f) creation of a statement of identification; and (g) validation of the findings (Colaizzi, 1978). The transcripts were translated from Spanish to English by the principal investigator, who identified significant statements in English and contrasted them with the original transcript in Spanish. Subsequently, formulated meanings were constructed to capture the participant's significant statements. The formulated meanings were grouped into thematic clusters that formed emergent themes. Researchers articulated an exhaustive description to summarize the emergent themes in a cohesive way and elaborated a statement of identification. After this process of analysis, participants were invited to read a Spanish translation of the findings for the search of accuracy. A triangulated researcher reviewed the coding, and the translation of the transcripts. Lastly, the principal investigator and the triangulated researcher met to discuss the whole process and potential different findings. Once there was a consensus between the triangulated researcher and the principal investigator, the final product of the analysis was produced.

Verification

The process of verification for this study was done in accordance with Lincoln and Guba (1985). They suggest four criteria to determine the level of trustworthiness in qualitative research: (a) credibility, (b) transferability, (c) dependability, and (d) reliability.

Regarding the concept of credibility, or the level of confidence in the accuracy of the findings, Lincoln and Guba (1985) suggest that researchers use activities that: (a) increase the probability that credible findings will be produced, (b) provide an external check on the inquiry process, and (c) test findings and interpretations directly with the communities or groups of human beings that are being studied. The principal investigator chose to use reflexive journaling, and a triangulated researcher to help manage the study's credibility.

The principal investigator used a reflexive journal to monitor credibility by reducing the influence of investigator bias and recording "new learnings" about the culture of the interviewees or the "contextual factors" (Lincoln & Guba, 1985; p. 304). In addition, the principal investigator invited a triangulated researcher into the project during the data analysis phase to discuss impressions and interpretations in relation to the collected data content in the transcripts (See Appendix E for an example of the reflexive journal).

Peer debriefing is a verification method proposed by Lincoln and Guba (1985) that entails a "process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (p. 308). The participation of a third party in this process was essential to reaching credibility. Co-researchers who are experienced investigators contributed with their expertise to conscious evaluations of the analysis.

The criterion of transferability is understood as the potential applicability of the findings to other cases (Lincoln & Guba, 1985). Using thick descriptions becomes an essential tool when applying the criteria of transferability in qualitative research (Creswell, 2012). This phenomenological study made use of thick descriptions in the findings as a way of determining the level of transferability of them.

The last two criteria in relation to trustworthiness (Lincoln & Guba, 1985) refer to dependability and confirmability. The former refers to the fact that the findings could be repeated in the future (Lincoln & Guba, 1985). The latter consists of finding ways to determine that the results are not shaped by the researchers' biases (Lincoln & Biases, 1985). To respond to these two criteria, it is suggested to use an audit trail (Lincoln & Guba, 1985). The principal investigator kept an audit trail with three main components: (a) a research log, (b) analysis and interpretation of memos, and (c) a reflexive journal. All contacts with participants and key findings as well as summaries of important points were documented on the research log. Through the analysis and interpretation of memos the principal investigator documented the reflections and ideas during the process of data collection. The main idea here was to have a clarity on how the principal investigator was interpreting the findings (Koelher, 2014). Reflexive journaling became instrumental as a way of looking closer to the principal researcher's biases and insights (Koelher, 2014).

Statement of Bias

Principal Investigator

Any research question, as scientifically appropriate as it can be, is not free from biases (Popper, 1992). The principal investigator's position as a Latino, heterosexual, college educated male was prominent to the development of this study. A first step in phenomenological research

is what is called *epoche* (Husserl, 1998), or bracketing (Moustakas, 1994), which refers to the ability of researchers to classify any personal assumptions into groups of potential biases. It is instrumental to group those biases in relation to what is being expected in the findings. It is a way to suspend the researcher's judgements about the phenomenon being studied (Moustakas, 1994). Furthermore, bracketing personal assumption facilitate objectivity regarding the phenomenon being studied. In Colaizzi's words (1978), "objectivity is fidelity to phenomena. It is a refusal to tell the phenomenon what it is, but a respectful listening to what the phenomenon speaks of itself" (p. 52).

The principal investigator developed a process of reflexivity as a way to monitor his influence in the process of phenomenological inquiry. It was done through reflexive journaling (See Appendix E for an example of the reflexive journal). This activity was instrumental for the principal investigator to be aware of personal assumptions such as: (a) every sexual violence survivor developed trauma after the event(s); (b) most female survivors are hesitant to disclose their experiences of sexual violence to a Latino male; and (c) many Latino women are probably resentful towards religious beliefs, or religious institutions, that promote sexual purity. It was important for the principal investigator to be as aware as possible about these assumptions as a way to reach objectivity and to honor the participants' personal stories. Besides reflexivity, the principal investigator engaged in dialogue with female Latino peers to determine what was appropriate for him to ask as a Latino male doing research about a phenomenon involving Latino women. Moreover, considering the probabilities of revictimization of women who have experienced sexual violence at early ages (Boesten, 2016), the principal investigator was aware of the need to develop an empathetic stance when talking with participants about their personal stories of pain. He was especially aware of his own privileges as a college educated male figure

and of the potential power dynamics that could take place at the moment of the interview. The principal investigator tried to embrace cultural humility and openness to learn from the participants. Lastly, as many of the participants reported that the interview was a way for them to feel heard, the principal investigator adopted a genuine curiosity to constantly ask if there was something they wanted to add to the interview.

Triangulated Researcher

It was mentioned earlier that a triangulated researcher was utilized by the principal investigator to discuss impressions and interpretations in relation to the collected data content in the transcripts, and to increase the study's level of trustworthiness (See Appendix F for the triangulated researcher's statement of bias). On several occasions, both the principal investigator and the triangulated researcher discussed over potential biases and assumptions that could affect the study. The race, ethnicity, gender, religious affiliation, and education level affected the triangulated researcher's perspective on sexual violence against Latino women on several levels. His role as a member of the clergy within the Catholic church facilitated the access to many testimonies of sexual victimization made by Latino women. He was aware of the socio-cultural factors influencing Latino women survivors after many years of experience in ministry with this population. Furthermore, he was aware of the importance of faith and spirituality for Latino women, especially for those who have had to cope with traumatic experiences such as sexual violence.

Summary

This descriptive phenomenological study was designed to explore the lived experiences of Latino women who were sexually victimized at childhood and/or adolescence. This qualitative phenomenological study facilitated a broader comprehension of the phenomenon of sexual

violence in the context of Latin-American culture. It provided the principal investigator with vast information to identify factors that impact Latino women's acquisition of healthy coping mechanisms to deal with their experiences of sexual violence. Lastly, the results of this qualitative study were used to make recommendations to clinicians who see members of this population on a daily basis, researchers in the fields of healthcare and social science, and religious authorities whose use of religious narratives can either help heal the survivors' pain or enable the survivors' revictimization.

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CHAPTER 5: LATINO WOMEN'S EXPERIENCES OF SEXUAL VIOLENCE: A PHENOMENOLOGICAL STUDY

The aim of this phenomenological study was to explore the experiences of Latino women who were sexually victimized as children and/or adolescents. Latino women have reported higher rates of sexual violence than other populations in the United States (Basile et al., 2015). This study utilized a descriptive phenomenological approach (Moustakas, 1994) to explore the experiences of 14 Latino women who were sexually victimized in their countries of origin. In depth, semi-structured interviews, were used to collect the data while Colaizzi's (1978) method was utilized to do the analysis of data. Four emergent themes portrayed the participants' experience: (a) gender expectations made it difficult for participants to cope with sexual violence, (b) deficient family support and boundaries made participants vulnerable to sexual violence, (c) experiencing sexual violence had long-lasting consequences for participants, and (d) multiple factors facilitated healthy coping with sexual violence. Participants acknowledged the need for this phenomenon to be addressed systemically, and the need for survivors to receive as much social support as possible. Researchers, healthcare providers, therapists, and church leaders with the knowledge about sexual violence and its prevalence among Latino women will improve the effectiveness of their participation in prevention and addressing the needs of the survivors.

Sexual violence is a persistent public health problem worldwide (World Health Organization; WHO, 2013), as well as a serious crime against victims' human rights (Stevens & Sheaffer, 2007) that results in significant costs for the victims at different levels (Jewkes et al., 2002; Stevens, 2002; Van Der Kolk, 2014). Latino women are reported to have higher rates of sexual victimization when compared to non-Hispanic white women (Basile et al., 2015). It is

estimated that 35.6% of Latino women in the United States have experienced some type of sexual violence (Breiding et al, 2014) compared to one in five black and white non-Latino women in the United States (Black et al., 2011). Such findings are consistent with Kelly's (1987) concept of the continuum of sexual violence that suggests that most women will experience some type of sexual violence throughout their lives. In the particular case of Latino women, the continuum of violence seems to intersect with socio-cultural factors such as the history of colonialism, patriarchal values (e.g., men are to be in charge of the household), and religious symbolism which are believed to be salient elements that undergird sexual victimization against women in Latin-America (Cordero et al., 2004; Lugones, 2008). To the researchers' knowledge, there do not seem to be any studies indicating how such socio-cultural factors influence the healthy coping mechanisms of Latina survivors of child sexual violence. The primary objective of this study was to examine the lived experiences of Latino women who were sexually victimized at childhood or/and adolescence and their ways of coping with the experience to determine how their lives were impacted by sexual victimization and how they are living now after the victimization.

Literature Review

Sexual violence is defined by the World Health Organization (WHO) as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of relationship to the victim" (Jewkes et al., 2002, p. 149). The consequences for child, adolescent, and adult survivors are multiple in terms of their physical health, reproductive health effects, health behaviors, psychological health, and sense of interpersonal safety (Stevens & Sheaffer, 2007). Chronic pelvic pain, gastrointestinal disorders, infertility, high risk sexual practices,

anxiety, depression, isolation, and re-victimization are some examples of the multiple consequences of sexual violence (Stevens, 2002). In the United States it is estimated that 43.6% of women have experienced some form of sexual violence in a lifetime (Black et al., 2011; Smith et al., 2018). Statistically, Latino women have one of the highest rates of sexual violence victimization in the United States (Basile et al., 2015), with 35.6% of them having experienced it in their lifetime (Breiding et al, 2014). However, these data vary from study to study because Latino women are less likely to report sexual violence and to look for help compared with non-Latino women (Sabina et al., 2012). Intersecting inequalities of gender, race, class, geography, and age, and a poor judicial process for perpetrators resulting in impunity exacerbate the experiences of sexual violence against women in Latin-America (Boesten, 2016). Underlying sociocultural factors (e.g., patriarchal values, a history of colonialism, traditional gender roles) serve as a platform for such inequalities and facilitate the normalization of sexual violence practices by men to exercise their patriarchal power (Gonzalez-Lopez, 2015; Segato, 2008).

Sociocultural Factors Intersecting Sexual Violence Against Latinas

The impact of sexual violence against Latino women has profound consequences on physical, emotional, social (Boesten, 2016), and spiritual levels (Cordero et al., 2004). Additionally, there are socio-cultural and historical elements that are necessary to consider in order to understand this phenomenon from a broader perspective. Colonialism, patriarchy, and religion are three contextual elements that serve as the platform to grasp the complexities involved in sexual violence against Latino women.

Colonialism, Patriarchy, and Religion. Female sexual violence survivors from Latin-America often share a common context that has been historically influenced by socio-cultural elements such as patriarchy (Cordero et al., 2004; Lugones, 2008), colonialism (Dussel, 1983;

Grosfoguel, 2005), and a Catholic moral tradition that has shaped an understanding of sexuality, sexual narratives, and religious symbolism (Cordero et al., 2004; Seibert, 2010). Colonialism in Latin-America initiated in the 16th century and is generally defined as “the control or governing influence of a nation over a dependent country, territory, or people” (Thesaurus, n.d.). In terms of patriarchy there is not a monolithic definition (Hunnicut, 2009). It encompasses a variety of male domination structures that differ depending on the identified culture (Hunnicut, 2009). Using Hunnicutt’s (2009) articulation of patriarchy, a form of male domination established since times of colonialism is still perpetuated today.

Sexual violence against women has been present in Latin-America since colonial times as native indigenous women were systematically raped by European conquerors (Bott et al., 2004; Lugones, 2008). Patterns of marital violence, perpetuated by males, were normalized and encouraged as colonialism took place in Latin-America (Lugones, 2008). Such behaviors have existed because of a patriarchal mentality that facilitated a hierarchical understanding of gender roles and undermined the dignity of many women. The establishment of both the colonialism and patriarchy was further reinforced by the Catholic moral tradition (Cordero et al., 2004; Vuola, 2019), resulting in moral standards for Latino women’s sexual behaviors. Sexual purity before marriage, for instance, was highly encouraged for women while sexual promiscuity was encouraged for men (Cordero et al., 2004).

Religious symbols associated with the Catholic tradition facilitated the establishment of patriarchy as a prevalent worldview (Cordero et al., 2004). Biblical characters like Mary, the mother of Jesus, were used as powerful tools to promote specific expectations for women such as sexual purity, submissiveness, and the idea that being a mother was the ultimate goal for “good women” (Cordero et al., 2004). Additionally, sexuality was monitored through the practice of

confession with a male church authority (Gruzinski, 1989). Sexual intercourse, specifically, was strongly monitored and confined to religiously sanctioned marriage (Szasz, 1998; Segato, 2013).

As female sexual purity was idealized based on the features of religious figures, those women who deviated from it were stigmatized (Cordero et al., 2004). In the case that women were involved in intercourse before marriage, they were to marry later to repair the transgression (Szasz, 1998). Women's dignity and value were contingent upon their good and sacred use of their bodies and mediated by the sacred union through marriage (Szasz, 1998). Additionally, these historical factors from colonialism continue to be present as a historical inheritance in the mentality of the Latin-American people (Lugones, 2008; Segato, 2013).

Method

Current Study and Design

Even though researchers have exposed the prevalence of sexual violence against Latin-American women (Black et al., 2011; Boesten, 2016; Jewkes et al., 2002), and have explored social, cultural, and historical factors such as colonialism, patriarchy and religion that have facilitated sexual violence practices (Cordero et al., 2004; Dussel, 1983; Lugones, 2008), there does not seem to be studies focused on how these factors, including religious narratives about the body and sexuality, influence Latino women's experiences of sexual victimization, and their healthy coping mechanisms. The purpose of this study was to examine the lived experiences of sexually victimized Latino women and to understand how they have coped with it. As this study explored the subjective experience of individuals, a descriptive phenomenological approach (Moustakas, 1994) was considered the most appropriate to implement. The descriptive phenomenological approach utilizes pure descriptions from the participants about their experience with the phenomenon of study with minimum interference by the researcher

(Moustakas, 1994). For this study, the primary author (JC) wrote a reflexive journal to neutralize his own biases and to keep track of his own insights. Additionally, the primary author wrote his statement of bias and made it available to all members of the research team. Lastly, a triangulated researcher was invited as a way to minimize the chances that data could be influenced by personal biases.

Participants

The sample consisted of a combination of Latino women already living in the United States and those living in any Latin-American country. Upon availability, Latino women living in North Carolina, Texas, Peru, Chile, El Salvador, and Colombia were recruited for this study. The inclusion criteria for the sample in this study included: (a) being 18 years or older, (b) being of Latino origin, (c) having reported experiences of sexual violence as a child or adolescent, (d) identifying as a former or current Christian Catholic, (e) being able to read and write in Spanish, and (f) living in the United States or in any Latin-American country. The exclusion criteria included diagnoses or symptoms of serious mental disorders (i.e., psychosis, intellectual disability, substance intoxication, dementia) impeding the participants to complete the required informed consent.

This purposive sample resulted in 14 women of Latino origin who participated in in-depth interviews (See Table 1 for Demographic Information). The justification for the number of participants was determined because of the nature of the phenomenological study. Creswell (1998) recommended between five and 25 participants. Researchers decided that between 10 to 20 interviews were considered substantial to obtain the thematic saturation necessary to better understand the nature of the phenomenon (Creswell & Poth, 2018), and, as the project progressed, sufficient saturation of participant themes were reached with 14 interviews.

Procedures

Enrollment and consent

Participants in the United States and internationally were recruited from a pool of clients of traditional mental health therapists. This study was approved by the East Carolina University and Medical Center Institutional Review Board (IRB) before participant recruitment commenced (see Appendix A). Each participant was provided with an electronic informed consent document in Spanish (See Appendix B for informed consent document).

Data Collection

To avoid issues of confidentiality the principal investigator conducted all interviews. Participants were asked demographic questions (e.g., what is your religious affiliation? What is your country of origin?). The in-depth interviews were semi-structured, facilitating a conversational dynamic between the participant and the principal investigator (Roller & Lavrakas, 2015). All the interviews were conducted via zoom and were recorded and encrypted. Professional treatment options were offered to all participants. Pseudonyms were used to protect the participants' identities. Each interview was transcribed and translated from Spanish to English by the principal investigator. The translation was reviewed by a bilingual triangulated researcher. During the transcription process, the principal investigator used headphones to ensure confidentiality. The audio and written data were saved in a password-protected power drive.

Data Analysis

Once the interviews were completed, the principal investigator followed Colaizzi's (1978) seven steps phenomenological analysis method: (a) reading the transcripts; (b) identifying significant statements; (c) creating meaning statements from the significant statements; (d) grouping themes from the meaning statements and creating emerging themes; (e) writing an

exhaustive description; (f) creating a statement of identification; and (g) validating the findings (Colaizzi, 1978). Subsequently, formulated meanings were constructed to capture the participant's significant statements (See Table 3). The formulated meanings were grouped into 17 thematic clusters that formed four emergent themes. Examples of this process of emergent themes construction are included in Table 4. Researchers articulated an exhaustive description to summarize the emergent themes in a cohesive way. After this process of analysis, participants were invited to read a Spanish translation of the findings to check for accuracy. Ten participants were invited and all of them expressed that the findings captured their experience of sexual violence. A triangulated researcher reviewed the coding, and the translation of the transcripts. Lastly, the principal investigator and the triangulated researcher met seven times in a period of three months to review the whole process from the reading of the transcripts in English and Spanish to the validation of the findings. Once there was a consensus between the triangulated researcher and the principal investigator, the final product of the analysis was produced.

Verification

The process of verification of this study was done in accordance with Lincoln and Guba (1985). They suggest four criteria to determine the level of trustworthiness in qualitative research: (a) credibility, (b) transferability, (c) dependability, and (d) reliability.

For Lincoln and Guba (1985), credibility focuses on how the participants and the researchers can recognize the experience that is being studied, and how those different views fit. Credibility requires the use of activities that: (a) increase the probability that credible findings will be produced, (b) provide an external check on the inquiry process, and (c) test findings and interpretations directly with the communities or groups of human beings that are being studied.

The principal investigator chose to use reflexive journaling, and a triangulated researcher to help manage the study's credibility.

The principal investigator used a reflexive journal (See Appendix E) to monitor credibility by reducing the influence of investigator bias and recording "new learnings" about the culture of the interviewees or the "contextual factors" (Lincoln & Guba, 1985; p. 304). In addition, the principal investigator invited a triangulated researcher into the project during the data analysis phase to discuss impressions and interpretations in relation to the collected data content in the transcripts.

Peer debriefing is a verification method proposed by Lincoln and Guba (1985) that entails a "process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (p. 308). The participation of a third party in this process was essential to reaching credibility.

The criterion of transferability refers to potential applicability of the findings to other cases. For this study it was crucial to pay close attention to the participants' narratives and to find contextual information that enrich their experiences (e.g., what was required of women in terms of sexual behaviors in their particular culture, how it was communicated and who communicated it in their culture). The use of contextual information is at the heart of thick descriptions as a way to capture the entirety of the experience (Ponterotto, 2006) of sexual violence. The use of thick descriptions becomes an essential tool when applying the criteria of transferability in qualitative research (Creswell, 2012). This phenomenological study made use of thick descriptions in the findings as a way of determining the level of transferability of them.

The last two criteria in relation to trustworthiness (Lincoln & Guba, 1985) refer to dependability and confirmability. The former refers to the fact that the findings could be repeated in the future (Lincoln & Guba, 1985). The later involves discovering ways to determine that the results are not shaped by the researchers' biases (Lincoln & Guba, 1985). To obtain these two criteria, an audit trail was suggested (Lincoln & Guba, 1985). The principal investigator kept an audit trail with three main components: (a) a research log, (b) analysis and interpretation of memos, and (c) a reflexive journal. Summaries of important pieces of information, key words from participants, as well as documentation related to the participants' contacts were part of the research log. Through the analysis and interpretation of memos the principal investigator documented the reflections and ideas during the process of data collection. The main idea here was to have a clarity of how the principal investigator was interpreting the findings (Koelher, 2014). Reflexive journaling became instrumental as a way of looking closer to the principal researcher's biases and insights (Koelher, 2014).

Results

The study found four emergent themes, 17 thematic clusters, 190 formulated meanings and 316 significant statements that reflected the experiences of sexually victimized Latino women. The emergent themes include: (a) gender expectations made it difficult for participants to cope after sexual violence, (b) deficient family support and boundaries made participants vulnerable to sexual violence, (c) experiencing sexual violence had long-lasting consequences for participants, and (d) multiple factors facilitated healthy coping with sexual violence. Each emergent theme is described below, as well as the thematic clusters underlying the emergent themes. An exhaustive description is offered as a way to connect each one of these elements into a whole structure with the purpose of portraying the participants' experiences of sexual violence.

Emergent Theme 1: Gender Expectations Made It Difficult for Participants to Cope after Sexual Violence

Participants expressed their interpretations about the social and cultural elements that influenced their own experience of coping with sexual violence. The thematic clusters that portray their experiences are described below.

Thematic cluster 1a: Participants saw that sexual violence was a common experience for many women they knew

Sexual violence was seen by some participants as a common experience for many women. Four participants indicated that they felt as if the phenomenon of sexual violence was normalized in society, which made it even more difficult to be reported. Eli expressed that “there was a time I thought that no girl was free of physical or sexual violence, and [she thinks] there is a lot of normalizing these things.” Teresa added, “I have known many women who have gone through these experiences, but this is very difficult to talk about because we are afraid and because we feel ashamed.”

As part of the conditions for it to be normalized, four participants indicated that sexual violence was a multigenerational problem. Antiparra stated that “Many [of us] see our mothers experiencing violence, and we repeat the same experiences.” Roxy added, “We can see that there are patterns that are being repeated [within families]. For example, a mother who experienced sexual violence is not going to easily teach her daughter about boundaries [to stop the problem]”. Three participants suggested that women have traditionally been seen as a source of sexual satisfaction for men, and that this has been socially accepted. Ruby stated that “Women [have been considered] as sexual objects by men and that is accepted socially. There is a lot of machismo.”

Thematic cluster 1b: Participants were exposed to standards that dictated how a good woman should be

Participants described their experiences of socialization at home and how they learned their roles as women through their mothers, aunts, sisters, cousins, and grandmothers. Antiparra stated that she used to “hear that when a woman gets married, she has to take care of her husband, she has to be pretty for when he comes home from work, [and that] she has to have the dinner warm [for him].” Eli added, “At home, I heard many times: what are you going to do when you have a man because you don’t know how to cook? A woman is to serve her man and to keep the house clean.” Some participants described how, as part of their roles, they were instructed to keep the family’s harmony by being quiet despite what was happening to them. Noemi described how her mother “used to say that we had to be good women, women of one man. That we had to keep quiet. That we were not to tell anybody of what was happening at home.” Lucero stated that when her mother was trying to defend herself from physical abuse by her husband, her mother-in-law recommended that “she should not react [against her husband], because it was going to create conflict.”

As part of the gender roles, there are particular ways women should behave and dress, as described by some participants, as a way to comply with socially acceptable standards. Such behaviors were described as ways to avoid sexual victimization. Lucia, for instance, stated that “[her] cousin always said that one, as a woman, had to be reserved in the way of dressing in order not to provoke men.” Later on, she indicated that women, through certain behaviors gain the respect they deserve. She stated that “It is said that women have to dress in reserved ways, [and] it is said that women have to be more careful than men... One has to make herself be respected as a woman in order for things to change.”

Thematic cluster 1c: Religious beliefs created gender expectations in relation to women's sexual behaviors

Participants described how religious beliefs were imposed in Latin-American societies, and how it facilitated the origin of gender expectations for women that were and are perpetuated in time. In addition, participants described how these dynamics created ideas regarding self-value, sexual purity and dignity for Latin-American women. Antiparra stated that she was exposed to “ideas such as [women] have to get married in a church, dressed in white, and [women] have to be virgin, and [being] married for life”. Eli added, “the [Catholic] church makes you believe many things in relation to women like we have to be submissive to men, like we are the ones to be [sexually] pure, and these things are being transmitted through generations.” Teresa stated, “when we went to church... I heard [women are to be submissive]. When I was preparing for my sacraments, I heard these things. It was everywhere.”

Some participants indicated that religious beliefs became a source of control to make women comply with their socio-cultural gender expectations. Patricia suggested that “religion is so influential. There are some people who believe that dressing in certain ways goes against religion, or that a woman who decides to work or going to reach her professional goals is going against what God mandates for women.” Eli added, “I think these beliefs about gender roles are rooted in our culture, and perhaps they are transmitted through the [Catholic] church. Like for example: Women come from Adam's rib, and we, as women, are to be submissive to men since [the times of creation].” She also stated that “the [Catholic] church makes you believe many things in relation to women like we have to obey men, like we are the ones to be pure, and these things are being transmitted through generations.”

Thematic cluster 1d: Social punishment was exercised when gender expectations were not fulfilled

Participants expressed that there were social consequences involved in not fitting in the model of women created in their societies. Roxy described her experience, “I had a boy before I got married, and my mother told me that I had to make sure if, later on, the next person I was going to be with was going to accept my son. That was a machista thought. I didn’t have to wait to be accepted with my son.” Roxy later indicated how social punishment became violent. In her case, she was socially punished as a result of not being sexually pure, “I experienced violence for not being a virgin. I was in love with my second partner, but his family didn’t love me because I already had a son”. Maria indicated how social punishment was inflicted by her own family, “I had a big dream of becoming a veterinarian. When I got pregnant my family were so mad at me saying that I was so dumb. I was expelled from home”. In some cases, participants were punished without even having played an active role in the breaking of the cultural standards. Patricia manifested, “my family didn’t talk to me anymore as they thought I wanted to give my virginity to [my perpetrator], but it was him who raped me”.

Emergent Theme 2: Deficient Family Support and Boundaries Made Participants

Vulnerable to Sexual Violence

Participants shared several factors that made them vulnerable to experiencing sexual violence. They described the lack of clear boundaries between adults and children as a facilitator of sexual violence, especially when the perpetrators were generally part of the survivor’s family system. They expressed how other types of violence happened concurrently with, or facilitated, sexual violence. Below, there are descriptions of four thematic clusters associated with the risk factors that participants expressed made them more vulnerable to experiencing sexual violence.

Thematic cluster 2a: Lack of boundaries between children and adults facilitated sexual violence

Several participants indicated that their experiences of sexual violence started in childhood and/or adolescence. Antiparra described her own experience, “I had several sexual molestation events, and I never told my family, nor my mother. It made me feel so insecure, so afraid of everything, like when I was in the bus going to my school, I felt that men were trying to touch me all the time. I didn’t know how to protect myself, and I had to keep going. It happens since I was 10 until when I was 16”. Lucero expressed, “I had an experience that I’ll never forget, and I was seven years old... my neighbor took me to the patio and closed the door. He tried to touch me. I was afraid and I cried out so hard.” Lucia reported a similar experience, “my uncle used to touch me when I was little”. Noemi described her experience, “my brother had friends that offered me money for letting them touch my genitalia. They showed me their genitalia and threatened me to not tell anybody, or they were going to do harm to my brother. I was eight years old.”

Participants described how a lack of clear communication about young girls’ rights to be protected and safe, as well as lack of clear boundaries between adults and children, facilitated sexual violence. Roxy expressed, “I think the little girls are afraid about speaking out because there is a fear to adults, and that will never change because one always, as a child, follows orders of adults. If there is no adult who tells the child about the boundaries between other adults and children these things will continue to happen”. She added, “as we don’t communicate this to children, they will continue to be afraid of adults and be silenced about what they experience”. Some participants expressed that establishing boundaries between children and adults affected family harmony. Lucero described her experience, “I remember that my paternal uncle used to

touch my genitalia. When my mother caught him doing it, she immediately reacted and protected me... My mother's reaction was judged as exaggerated". In addition, she expressed how an act of molestation was seen as an act of affection, "My paternal family said that my uncle was not doing anything wrong with me, and that he was being affectionate with me."

Some participants manifested that if they had had a clear communication and open dialogue about sexuality it would have been a protective factor. Rubi expressed "I think it is normal that parents talk with their children about sexuality. I never had the chance to do that with my parents, neither at school". As a result of the association of lack of communication on sexuality and experiences of sexual violence, some of them stated that they established a clear communication later in life with their children. Manuela stated, "I have always asked my children to tell me anything, and that I am going to believe them".

Thematic cluster 2b: Other types of violence interacted with sexual violence

Several participants indicated that their experience of sexual violence was preceded by, or concurrent with, physical violence towards them or towards members of their family. Rubi mentioned, "my mother didn't know how to manage her anger and she retaliated against her children. I grew up with the idea that if I was yelled at, if I was insulted, if I was hit by her, it was because she loved me, because she wanted the best for me". Manuela expressed, "I lived with a violent father, and with submissive mother. He abused my mother physically and verbally". Lucia described her experience, "my mother has always been rude to me. She has treated me like if I were dumb. When she was mad at me, she called me names, or hit me." Gloria stated, "my father used to hit me with what was close to his hand and insulted me and my mother". Noemi added, "I used to live in a very poor environment. I felt that I was the maid of everybody. When I refused to do anything, I was bitten by my mother, or my brothers. I didn't

have the freedom to say I don't want to do [certain] things". Maria described her experience, "I experienced different types of violence at home. Physical violence, sexual violence, verbal violence. It was daily." Vicky expressed, "I always thought that I was the dumbest in the family because they screamed at me, mainly my brother".

Thematic cluster 2c: Closeness with perpetrators facilitated sexual violence

According to some participants' testimonies, risk factors can be associated with the closeness of victims and their perpetrators, as well as with the sense of authority and power that perpetrators exercise against the victims. In the majority of cases, participants reported that their perpetrators were known to the family. Roxy described her experience, "when I had my experience of sexual violence it was with somebody close to the family. It made me so insecure because I didn't have the chance to tell anybody. That is hard." Antiparra expressed, "I was raped during several years for that friend of my family".

Several participants expressed how their experiences of sexual violence were perpetrated by members of their families. Teresa stated, "I was nine years old when I had my first experience of sexual violence, and it was with my grandfather". Maria expressed, "it was hard when my mother got cancer. That's when my brother raped me". Some participants reported multiple sexual violence experiences perpetrated by men known and unknown by their families. Eli stated, "I experienced sexual violence (rape) by a neighbor, and by my maternal uncle". In a few cases, participants reported that the perpetrator was somebody unknown to the family. Vicky reported, "I had my sexual violence experience at the age of 15 and it was with somebody external to the family. I was innocent and didn't think on how evil some people can be".

In some cases, participants indicated that perpetrators were known by the family and that they were perceived as having a high level of authority in society. Some participants, for

instance, had their experiences of sexual violence at school with a teacher. Rubi told, “when I was at school, my teacher in elementary school used to kiss me and touch me”. One participant reported that her perpetrator was a religious figure. Eli described her experience, “a priest tried to rape me”. She recognized him as a figure of authority, and thought it was her who was looking for those type of sexual encounters, “I really liked the priest. He was a figure of authority to me. But I came to think that I was looking for those types of situations”.

Thematic cluster 2d: Feeling unprotected and unsupported by family members made participants vulnerable to experiencing sexual violence

Participants described how parents’ absenteeism and a perceived lack of social support by their nuclear families led them to experiencing sexual violence. In terms of the topic of parent’s absenteeism as an example of lack of protection, Gloria expressed, “when I was 11 years old, I used to spend a lot of time on the streets and was under the care of my brother”. Manuela told, “my mother used to leave us under the care of another family to be able to work. They were unknown for us, and it was a traumatic experience.”

In terms of the participants’ perceived lack of social support by their families, experiences such as Patricia’s exemplify participants’ generalized perceptions. She stated, “when I was 14, I went through a difficult situation with my family. I escaped because I was feeling so lonely and didn’t have any friends at school. I experienced a lot of bullying at school”. Maria stated, “I came to think I was not part of my family because of the violence [I experienced with them]”. Antiparra shared, “I used to go to that house to play with the only friends I had at that time... Since I was a child, I learned to stay quiet about it because nobody was there to protect me, and I followed the same pattern until I was an adult”. Noemi expressed, “sometimes I felt that nobody loved me enough. I felt that I wasn’t part of my family”. Roxy added, “when I was

growing up, I was always alone. I didn't have a lot of nets of support... [and] I had a lot of emotional needs as a result of being alone”.

Emergent Theme 3: Experiencing Sexual Violence Had Long-Lasting Consequences for Participants

Participants described general consequences resulting from their experiences of sexual violence. Difficulties to disclose the experience despite the need to do it were reported. Several participants disclosed their experiences later in life as adults. Some participants reported emotional confusion after the traumatic event as a result of their closeness to their perpetrators. Some participants indicated that they were revictimized as adults while living with a partner or spouse. Several of them reported that there are memories of their experience of violence that are still present. These general topics structure the emergent theme of experiencing sexual violence had long-lasting consequences for participants as illustrated below.

Thematic cluster 3a: Survivors experienced confusing emotions toward perpetrators and toward themselves after experiencing sexual violence

Some participants indicated confusion, and even a sense of emotional attachment to their perpetrators, especially when he was a relative or somebody known to the family. Maria described her experience, “I felt so confused when my brother raped me. I didn't know anything about that. It was so hard coming from my own brother”. Roxy expressed, “the experience was something similar to the Stockholm syndrome because that person was close to me, and I was always waiting for him to say hello, to speak to me.”

As part of the confusing emotions, one participant indicated how confused she was about her own value as a person after multiple experiences of sexual violence. Noemi described it, “I

got used to receive money for showing my genitalia [to other kids] as I didn't care anymore". She added, "There are moments in which one feels that one lost one's value as a woman".

Thematic cluster 3b: Survivors developed a sense of ambivalence between disclosing and avoiding disclosure of their experiences

Participants indicated several factors as influential in avoiding disclosure of their experience of sexual violence. Fear, shame, not wanting to break the family's harmony, and waiting until adulthood to feel safe were the most salient reasons to not disclose their experiences. Some participants expressed that not being able to tell anyone was even more difficult than the experience itself. Roxy expressed, "sometimes it is more difficult not to be able to tell anybody than the experience itself". Several participants indicated they didn't disclose their experience because they were afraid. Eli described, "I didn't tell anybody about my experiences of sexual violence as a child because I thought that I was going to be blamed for it". Rubi stated, "I didn't want to tell my mom because she would have reacted with rage... When you experienced this in your own body you develop a lot of fears, and many things that make you not to speak out". Vicky reported, "I never said anything because I was so afraid. I thought I was going to be scolded. It was only until recently that I told my sister". Some participants expressed fear of the power dynamics involved when the perpetrator was a public figure of authority. Rubi expressed, "I was afraid, and disgust for him. It was my word against his. It was the teacher's version versus a student's version. And that student, me, had an awful behavior. He was nominated as the school's principal later." Some participants reported that shame was another factor not to disclose. Teresa stated, "I have known many women that have gone through these experiences, but this is very difficult to talk about because we are afraid and because we feel ashamed". Manuela similarly expressed, "many times, we don't tell our stories because we

are afraid or because we feel ashamed. That is why it is important to have somebody that the person can trust in order to speak out”. Noemi manifested, “I was so afraid about what other people were going to think about me after these experiences. That’s why I never spoke out.” Several participants expressed that disclosing their experiences meant disturbing a sense of harmony with their families. Antiparra expressed, “many women don’t talk about the sexual violence, and it is even harder when the perpetrator is part of the family like a step-father because, perhaps, they see that their mother is happy. That is why they keep quiet. Many young women perhaps ask: what is going to happen in my family if I speak? Are they going to believe in what I say?” Some participants expressed that they needed to feel safe in order to report their experiences. Feeling safe was defined as waiting until they were adults, or when they find somebody to trust to in order to tell their experiences. Noemi shared, “I never told anybody until I was an adult that I felt more confident to do it. I felt that experiences of sexual violence were behind me all the time. I found many men who exposed their genitalia. It becomes part of one’s life.” Antiparra expressed, “I never told anybody. I only discussed this with the fathers of my children, and it was kept between us. I had to accept this situation in silence”. Similarly, Roxy stated, “I was able to tell my experience to my partner. I felt more transparent because I told him”.

Thematic cluster 3c: Survivors were likely to experience revictimization

Participants indicated experiences of sexual revictimization at young ages and as adults as well with long-lasting consequences. Antiparra described, “after the first situations of sexual violence, I experienced others”. Lucia reported that despite the first sexual violence experience she was revictimized, “The experience of sexual violence is one of the most difficult experiences. After my experience with my uncle, I had more experiences at school, and I had to

deal with them by myself”. Teresa stated, “I had other experiences of sexual violence when I was older, like at the age of 15 with an adult man who was not part of the family”. Vicky shared a similar experience with a relative after having had a first experience of sexual violence, “my uncle wanted to kiss me, and I thought I was going to get pregnant after that. I never received information about those things at home.” Some participants described situations that, although not ended up in rape, were revictimizing experiences. Rubi expressed, “I almost experienced [sexual violence] again in a job I had, and I got so panicked”. Some participants continued to have contact with their perpetrators as a result of their closeness as family. They indicated that seeing their perpetrators again was an extremely difficult experience. Lucia expressed, “I feel fear and revulsion every time I see my uncle close. I try to be away from him”. Manuela, referring to a similar situation with her uncle, stated, “I was never able to see my uncle as my mother’s brother. I saw him as a very despicable man”.

Thematic cluster 3d: The sexual violence experiences generated a permanent sense of shame in the participants

Several participants expressed that, despite the years that have passed, they were still finding difficult to think and remember the experiences of sexual violence. They indicated that those memories were still present and affected their self-perception and self-esteem. Eli described, “[the experience of sexual violence] made me think of myself as an even uglier woman, dirty, impure, different from other girls... I worked the topic of my self-value in therapy with a therapist. I thought that people had value as they were successful. I ended up discussing the topic of my experiences of sexual violence with her, and I realized that I was underestimating/despising myself since the moment I experienced the abuses”. Feeling ashamed about their bodies was described by some participants as one of the current consequences of

sexual violence even after many years have passed. Lucia expressed, “when I remember those things, I feel repugnancy especially when I am taking a shower, but I try not to think about it and keep going... I feel ashamed but I tried to assimilate it and tried not to think about it”. Vicky stated, “I felt ashamed about my body. I felt that I didn’t have any value, that I was dirty, that no man was going to love me, that I was not a good woman”. Maria described her experience and memories about it as a source of constant disgust, “I felt dirty, I felt bad with myself. When I looked my image in the mirror, I felt disgusted”.

Emergent Theme 4: Multiple Factors Facilitated Healthy Coping with Sexual Violence

Participants indicated a total of six factors that facilitated coping with their experiences of sexual violence. They expressed a need for having gender equality as a principle of hope to change power dynamics between men and women, they expressed that social support within family, school, and faith communities can make a difference in coping with experiences of sexual violence, and the development of a sense of self-value and dignity could facilitate coping as well. The following thematic clusters exemplify these factors.

Thematic cluster 4a: Hope for gender equality facilitated participants’ ability to cope with sexual violence

Several participants expressed that there is a need to change the power dynamics between Latino men and women. Lucia, after stating that there were fixed conditions for men and women, expressed a desire for different socio-cultural conditions, “It is said that women have to dress in reserved ways, it is said that women have to be more careful than men. I wish everything be the same for women and men”. Manuela concluded that “Men are complement to women but no superior to women”. Roxy, explaining that she had to reach a level of autonomy through having a job to gain her husband’s respect, described, “I changed my way of thinking because I realized

that I was helping to the finances in the household. I have always worked”. Others expressed that individual agency was needed to fight for respect for women. Lucia stated, “one has to make herself be respected as a woman in order for things to change”.

Thematic cluster 4b: Knowing that somebody believed in their stories facilitated coping

Several participants expressed the importance of receiving the support of their families to cope with the experience. Many of them expressed how difficult it was to not be believed by their families. Teresa expressed, “having to go through this once is devastating, having to go through this more than once is horrible, but that your mother does not believe in what you are saying is the worse”. Manuela described her experience of not being believed by her mother, “I told my mom and my sisters about what happened with my uncle. My mother didn’t believe me. She said that he was her brother, and he was not going to do such a thing. It was very painful because my mother didn’t believe me... It was horrible, it was hard that my mother didn’t believe me. With time I was able to overcome it”. Lucia stated that her family did not do much when she told them, “I told them at the age of 15 but they didn’t do anything. It was very frustrating”.

Some participants described family’s role in coping as having the support of their partners once they have disclosed their experiences to them. Roxy indicated, “I was able to tell my experience to my partner. I felt more transparent because I told him”. Other participants expressed that their children gave them the strength to cope with the experience. Antiparra expressed, “I wanted a different future for my daughters and for me too... I changed my way of thinking because of my daughters”. Vicky stated, “My children have helped me to keep going. I have to be strong for them. I feel satisfied with that, it feels that I came to this world for something, for my children.” Maria expressed, “It was really hard to feel so alone after my

mother passed away and getting pregnant after it. My only company at that time was the baby I was expecting... It helped me keep going”.

Thematic cluster 4c: Attending school was a facilitator to cope

One participant indicated that school helped them to have a different perspective on the experience. Eli expressed, “I was good at school and it helped a lot and kept me going... I have been a very resilient woman, I try to look for alternatives to keep going, like studying”. She added, “I told myself that I was not going to be subjected to anybody. My teachers and the counselor at my school influenced me to continue to think this way”.

Thematic cluster 4d: Loving oneself and exercising self-pardoning were facilitators to cope

Participants expressed the importance of developing a sense of self-love and of accepting that their dignity was beyond their experiences of sexual violence. Antiparra stated, “I would tell a girl of 6 years old that she is beautiful, that she has a lot of value, and that she needs to learn to say no”. Noemi expressed, “I would say to any woman who has experienced this that it does not matter what has happened, she has a value and dignity as a human being”. She added, “Never is too late, it does not matter the age, in which one finds out that one has value. It is important to never stop dreaming”. Others endorsed self-love as a transformative factor. Roxy indicated, “in a moment of my life, I started to love myself, and everything changed”. Others, like Lucia, expressed, “I would tell my inner child to love herself, to take things easy, and to be careful not to be abused by anybody”.

As part of developing self-love and endorsing dignity, some participants expressed a need to offering themselves the opportunity to self-pardon as they were not responsible for the experience, or for not telling anybody. Noemi stated, “it is important to forgive oneself because sometimes one feels guilty for not having spoken”. Others endorsed resilience as a way to cope.

Manuela expressed, “I would tell my inner child to keep going because she needs to stand up and continue with life”. Roxy expressed the importance of a strength sense of self, “when one has children, one thinks that it is important to keep going for them. Then, one thinks that it is important to keep going for the grandchildren, and then one asks: when am I going to keep going only for myself?”

Thematic cluster 4e: Use of spirituality and religion were resources to cope with sexual violence

Several participants expressed the importance of using their faith, either in the form of an institutionalized religion or spirituality, to cope with their experiences of sexual violence. Noemi expressed, “I am Catholic and being practicing has helped me a lot to heal”. Lucia reported a spiritual event as her opportunity to start her healing process, “I was invited to a spiritual retreat, and I felt healed... It was helpful to go [there] and to ask God for help and for the strength to keep going. He is the one who gives me the strength that I need... Faith and spirituality were very important to overcome this”. Lucero described how her experience and perception of a loving God was helpful to cope with her experience, “the love of my mother, her support, was very helpful. Also, finding the love of God was very helpful. Since I was a child, I was told that God loved me”. Similarly, Vicky expressed, “despite my life hasn’t been a good life, I feel that God really loves me. I feel that God cares about me. I think that is the most important thing. I feel that he is not going to abandon me and that he is always there for me”.

Exhaustive Description

Once all the themes were identified, an exhaustive description was constructed. The purpose of it was to capture the way the participants made sense of sexual violence after having experienced it. The exhaustive description was provided as follows:

As part of the socio-cultural factors and gender expectations that made it difficult to cope with sexual violence, participants described how sexual violence has been normalized, becoming a common experience for many Latin-American women at early ages of their lives in public places and within families. An important part of the normalization of this phenomenon was its multigenerational nature. Participants manifested that their mothers, aunts, or grandmothers experienced sexual violence as well, becoming a cycle of normalized violence against women. This was reinforced by learned gender roles that mandate how a woman needs to behave, and how to establish a relationship with a man. Adhering to strict gender roles facilitated vulnerabilities to sexual violence. On the other hand, gender roles were reinforced by religious beliefs around the place of women in family life, and women's exercise of their sexuality (e.g., the belief that women are not to have many sexual partners as it goes against what the church teaches). Women who deviated from such cultural and social expectations were socially punished. For instance, a single mother was questioned by her family as she may not find a husband to value her as much as he may value a woman without a child.

Lack of boundaries and deficient family support made participants more vulnerable to sexual violence. The former, accompanied by a hierarchical relationship between children and adults, was seen as normal in many families which became a risk because of the power dynamics involved in the interaction among children and adults. Participants manifested, as part of their experiences in childhood, how they were invited by male relatives to interact with them, which ended up in sexual molestations and emotional confusion in the girls. As these relationships were influenced by a hierarchical understanding in which adults were to be obeyed, the girls chose to keep quiet as they were not guaranteed to be listened to nor feeling supported by their families. Another risk factor that made them vulnerable was the different types of violence (e.g., physical,

verbal, emotional violence) that survivors witnessed within their families, or experienced personally. Physical violence preceded or happened concurrently with sexual violence. A third risk factor involved the closeness between the survivor and the perpetrator. Common characteristics were shared among perpetrators: (a) they represented authority (e.g., a priest, a teacher, an uncle, an older brother), and (b) they were commonly known to the family of the survivors and, and in many cases, perpetrators and victims were blood related. The closeness among survivors and perpetrators combined with the fourth factor, the lack of protection for young female survivors, increased the overall risk of sexual victimization. Feelings of isolation facilitated the exposure of participants in their childhood/adolescence to high-risk contexts for sexual victimization.

Within the possible effects of sexual victimization, there were confusing emotions from the victims toward their perpetrators, especially when there was a family bond between them. Some participants experienced emotional attachment toward their perpetrators after the victimization, and others developed a two-fold feeling of love-hatred towards their perpetrators. Other confusing emotions were influenced by the number of revictimization episodes. Some participants expressed that they became habituated to being touched and molested because they lost a personal sense of dignity and value. These experiences of confusion that were originated earlier in life were believed to have an impact in the participants' current relationships as adults (e.g., some participants expressed feelings of fear and uncertainty when relating to men). A second effect of sexual victimization was the difficulty to tell others about the experience. Fear to feel ashamed, fear to not being believed, fear to feel guilty for the event were common elements behind the participants' avoidance to tell their stories. Only until they felt safe to tell their experiences, they did it. It was not until they found a group, a therapist, or a special spiritual

event when they disclosed their experiences. It helped them processing the victimization, which facilitated the discovery or acquisition of inner resources (e.g., resilience, spirituality, determination) to cope with potential episodes of revictimization. The third effect associated to experiencing sexual violence was the revictimization. Several participants expressed that they were victimized in different forms later in life (e.g., through experiencing physical and emotional violence by their partner). A fourth effect highlighted by the participants was the ever-present memories of the event(s), which made it difficult for survivors to develop a sense of self-worth. This led to feelings of uncleanness, shame, and low self-esteem.

Participants identified several factors that facilitated coping with their sexual violence experiences. The hope for more egalitarian relationships and opportunities for women was described as an ideal to pursue. This hope encouraged the participants to raise their children in ways that they were aware of the abuses against many women. Participants manifested the need to have open conversations with them and to provide trust for when their daughters may experience sexual violence as well. Secondly, social support within families facilitated keep going with their lives. Several participants manifested the difficulty they faced when their families did not believe in their testimonies. They expressed that not being believed was even more difficult than the experience of sexual violence itself. As many of them did not have that support earlier in life, they found it later as adults in their own families. Thirdly, schools were portrayed as settings in which survivors can be supported and empowered by their teachers and school counselors to keep going with their personal lives. Lastly, opportunities to develop a sense of self-worth were seen crucial to deal with the shame and guilt that resulted from the experiences. Several participants manifested how their faith provided them with such a profound sense of self-worth. They indicated that experiences such as spiritual retreats were opportunities

to believe that they were not alone, and that they were supported by a spiritual entity. They expressed that feeling God's love was the antidote to cope with the profound and painful feelings of abandonment that they developed after experiencing multiple episodes of sexual violence.

Statement of Identification

Colaizzi (1978) suggested the use of a statement of identification as a way to condense the exhaustive description and to show the essence of participants' lived experience. In this study, it incorporated the main elements of the exhaustive description into one organic statement. The statement of identification for this study was as follows:

There are social and cultural factors that the participants recognized as facilitators and perpetuators of sexual violence. Unsurmountable gender expectations informed by religious beliefs, rampant patriarchy and gender inequalities represent systemic forces behind the participants' experiences of sexual violence that are to be dismantled in their social contexts. Despite such factors involved in sexual victimization, participants recognized the importance of having support from family members, teachers, and faith communities to discover or acquire effective coping mechanisms (e.g., practicing spirituality, becoming more active at church, raising children who are aware of gender inequalities, engaging in their own professional goals) to deal with their painful experiences and continue with their lives.

Discussion

The purpose of this study was to facilitate a broader understanding of the experiences of Latino women who were sexually victimized at early ages, and how the socio-cultural and historical factors facilitated or constrained effective coping strategies for them to cope with their experiences of sexual victimization. There are studies about socio-cultural factors influencing sexual violence (Boesten, 2016), and studies on family dynamics contributing to the perpetuation

of sexual violence in Mexico (Gonzalez-Lopez, 2016) and Guatemala (Menjivar, 2011). However, to the researchers' knowledge this is the first study about the intersection of socio-cultural and historical factors of sexual violence and the acquisition of healthy coping mechanisms of sexually victimized female survivors of Latino origin. This study was conducted to explore the lived experiences of sexually victimized Latino women to learn about the phenomenon and to eventually inform healthcare providers, researchers, and religious authorities about the survivors' experiences.

Five Descriptive Elements of Sexual Violence

The four emergent themes in this study indicate five important points in relation to the nature of the sexual violence experience of Latino women during childhood and/or adolescence: (a) the establishment of traditional gender roles, informed by religious beliefs, exacerbates sexual violence and evidences it as a phenomenon that intersects historical power dynamics, (b) the use of oppressive and highly moralizing narratives in relation to women's sexual behaviors interfere with survivors' coping abilities, (c) sexual violence affects multiple generations of Latino women, (d) the revictimization of survivors appears as an ongoing possibility if there is not enough awareness of the consequences of sexual violence for survivors, and (e) there are specific and effective coping mechanisms that empower Latino women to embrace a sense of agency. These points either confirm what has been reported by previous research and/or add new knowledge in relation to the phenomenon of sexual violence against Latino women.

Gender roles as facilitators of sexual violence

The findings suggested that gender roles, informed by patriarchal values, facilitated scenarios in which sexual violence became a common experience for many Latin-American women. This confirms what previous research have suggested in relation to the normalization of

sexual violence in its multiple modalities, from sexual molestation to rape (Boesten, 2016; Gonzalez-Lopez, 2015). Through this dynamic of violence, women's bodies become scenarios in which the exercise of patriarchal power takes place. This goes in accordance with what Rita Segato (2008) described as the cruelty of patriarchy and its narratives against women's bodies.

Oppressive Narratives

Participants recognized the historical influence of the Catholic church in the existing cultural narratives regarding women's bodies. Some of them coincided in affirming how discourses such as sexual purity, and the cultural idea that "women are to be reserved for only one man" have been reinforced since colonial times by the features of submissiveness and sexlessness attributed to the virgin Mary. It has shaped a socio-cultural expectation for women in relation to the exercise of their sexuality. This confirms previous findings by Latin-American feminists and theologians (Cordero et al., 2004). Furthermore, the findings suggested that these narratives are still present and make it difficult for sexual violence survivors to cope with the consequences of their experience. Additionally, participants reported a sense of shame and worthlessness after the victimization, which has been reinforced by the value that their socio-cultural contexts give to women with less sexual experiences.

The Multigenerational Aspect of Sexual Violence

Participants in this study manifested that sexual violence has affected multiple generations of Latino women. Ironically, their grandmothers, aunts, and mothers who have promoted adherence to traditional gender roles have previously experienced sexual victimization and physical violence by men. Such a generalized experience of sexual violence confirms what Kelly (1987) has coined as the continuum of sexual violence, suggesting that most women must deal with any form of it throughout their lives. As this type of experience is likely to happen to

many women, participants declared that closeness to perpetrators, lack of boundaries between children/adolescents and adults within the family circle, lack of social support for potential victims, and previous exposure to other types of violence (e.g., physical and emotional) are important risk factors for young girls. This confirms previous findings in relation to the nature of the perpetrators, and the boundaries between perpetrators and victims. Gonzalez-Lopez (2015) suggested that most of the perpetrators of sexual violence are men related by blood with their victims (e.g., uncles, brothers, father, stepfather). Additionally, fears about not being believed, or fears about altering the family's harmony, prevent many women from reporting the abuse and denouncing their perpetrators, which helps to keep the violence going. The findings on this regard evidence a need to educate families on ways to assess for potential risks of sexual violence for girls, and to effectively establishing reasonable boundaries between them and the male figures within the family.

Long-lasting Effects

Participants manifested that long-lasting effects followed their experiences of sexual violence, which coincides with what has been reported in previous research. It has been suggested that the direct and indirect effects for survivors are multiple in terms of their physical health, reproductive health effects, health behaviors, psychological health, and sense of interpersonal safety (Stevens & Sheaffer, 2007; Van Der Kolk, 2014). Participants who were raped by a family member experienced an emotional confusion confirming the complex compound of feelings of shame, guilt, and betrayal that the literature previously suggested (Gonzalez-Lopez, 2015). These initial experiences of abuse followed by emotional confusion ended up making subsequent romantic relationships more difficult for some participants, in addition to the decreased sense of self-worth that many of them endorsed at the moment of the

interview. Participants affirmed that memories of these experiences continue to be present, facilitating a constant revictimization. This is extremely important for healthcare providers to take into consideration as many of the survivors visit primary care settings regularly (Stevens & Sheaffer, 2007). Healthcare providers can, indirectly, perpetuate re-victimization if they are not informed of the long-lasting effects of sexual violence (Pittsburg Action Against Rape, 2007), and if they do not display empathy and sensitivity towards survivors (Stevens & Sheaffer, 2007). Additionally, survivors can be revictimized by their faith communities as a result of the punishing religious narratives used when referring to divorced women, to women who decided to have an abortion, or to behaviors related to pre-marital sex. Several participants reported that these moralizing discourses perpetuated even more their pain and sense of worthlessness.

Facilitators of Healthy Coping

The findings showed some important factors that were perceived by participants as facilitators of coping with their experiences of sexual violence. They expressed that a hope for gender equality was something that kept them going. Participants wanted to be seen as equals with their partners. Some of them were establishing an open communication with their sons and daughters (e.g., describing the challenges faced by many women in a society in which patriarchal values are still prevalent) as a way to contributing to this ideal. It was clear for them that they can contribute to gender equality by raising children aware of the different victimizations that many women are going through. Furthermore, many participants coincided in the importance of having the support of the family as a way to cope with the victimization. Not feeling heard nor believed by close family members was portrayed as even more difficult than the sexual violence event itself, confirming what other researchers have found in terms of survivors not having possibilities to disclose and being listened to (Finkelhor & Browne, 1985; Gonzalez-Lopez, 2015).

Participants conveyed the importance of having a strong social support and a social network to cope. Institutions that are part of the survivor's social network such as schools and communities of faith were considered important in facilitating coping with the experience of sexual violence. Schools can empower girls to adopt narratives that help them to not see themselves as victims but as agents of their own healing process. Moreover, several participants expressed how they learned to cope with their experiences after attending spiritual retreats or becoming active in their faith communities. This confirms what has been widely reported (Koenig, 2017, 2009; Tepper et al., 2001) about religion and spirituality as coping resources to life stressors. Notably, although participants expressed how Catholic religious beliefs have helped perpetuating socio-culturally accepted narratives that contribute to sexual violence, spiritually and religiously oriented activities such as spiritual retreats were important resources to cope and to feel empowered as worthy human beings. They indicated that these spiritual resources are still crucial in their process of healing. Further research is needed in relation to religious narratives that can either contribute to victimization or to empowerment and agency of sexually victimized women.

Implications and Recommendations

The findings suggested how sexual violence affect survivors at multiple levels, which is in accordance with previous research (Boesten, 2016; Stevens & Sheaffer, 2007; Van Der Kolk, 2014). An integrative epistemological platform that encompasses the various needs of survivors is required in order to respond to the complexity of this phenomenon. Additionally, a comprehensive understanding of the survivors' socio-cultural context involved in the phenomenon is necessary. For this reason, the researchers believe that the biopsychosocial-Spiritual (BPS-S) model (Engel 1977, 1980; Wright et al., 1996), and the study of the current

consequences of Colonialism in Latin-America (Castro-Gomez, 1998; Dussel, 1983; Elam, 2019), particularly for Latino women (Lugones, 2010), are going to be instrumental to explain the multiple implications of these findings in the areas of research, and pastoral/religious practices.

Research Implications

Further research is needed to better understand how some religious and cultural narratives can facilitate and/or constrain healthy coping with sexually traumatic experiences for minority populations. Sexual and gender minority populations, for instance, report how some conservative religious ideas can perpetuate trauma and constrain healthy coping (Levefor, Huffman, & Blaber, 2021). The BPS-S model (Engel 1977, 1980; Wright et al., 1996), because of the various levels of analysis (i.e., biological, psychological, social and spiritual) that it entails, can be the platform for qualitative research that is intended to respond to the influence of religious narratives in biological, psychological, social and spiritual problems in minority cultural groups.

Since the findings suggested that sexual violence can be repeated across generations of Latino women from the same family, further research on the transmission of multigenerational trauma related to sexual violence within Latino communities is going to be significant for healthcare professionals. It has been indicated how symptoms of trauma are transmitted from one generation to the next (Lurie-Beck, 2007). Latino populations experience higher rates of traumatic events than any other ethnic groups in the United States (Benuto & Bennett, 2015). To the researchers' knowledge, there is not any research about how multigenerational trauma in relation to sexual violence is transmitted in Latino communities nor how it is clinically addressed by healthcare providers.

Pastoral Implications

All of the participants in the study were Catholic, therefore, the pastoral implications presented here are specific to the Catholic context. These findings represent a call of action for dioceses, bishops, priests, and lay ministers to enhance mechanisms of participation for Latino women in their communities of faith in activities oriented towards discussing their dignity despite traumatic, and potentially shameful, experiences such as sexual violence. The Catholic Archdiocese of Chicago, for instance, has a ministry oriented towards helping the victims of domestic violence (Domestic Violence Outreach, n.d.). They train lay and religious leaders in the church to do outreach and to help victims of domestic and sexual violence in the Chicago area. They also promote talking on gender violence from the pulpit by priests as part of their sermons. Secondly, spiritual retreats that emphasize spiritual healing are important resources to be implemented. One example is the Cursillo, a 3-day spiritual retreat that has become popular in the United States among Catholics and Protestants alike (Nabhan-Warren, 2013). It facilitates the person to live both a personal and a collective experience of healing from difficult events in life. Latino women whose experiences of sexual trauma have been aggravated by a moralized sexual narrative that indirectly condemns them for having had sexual intercourse before a sacred union could benefit from the Cursillo, and other types of spiritual retreats in which spiritual and emotional healing is the main purpose. Lastly, faith formation and religious education programs can use information provided by this study's findings to educate children on equal rights for men and women in the context of the dignity of every human life that the Catholic church defends.

Conclusion

This qualitative study investigated the lived experiences of sexually victimized Latino women currently living in the United States or Latin-America. Findings highlighted the

importance of considering specific socio-cultural and historical factors as essential components to understand the phenomenon, the need to both recognizing risk factors involved in sexual violence and the long-lasting consequences that survivors are exposed to, and the role of the survivors' multiple resources to cope effectively with their experience of sexual violence. Spirituality and/or religious beliefs were portrayed by the participants as essential sources of healthy coping. Findings highlighted the twofold nature of religious beliefs for participants. In one hand they intersected with traditional gender roles and patriarchal values. On the other hand, religious beliefs represented vital resources for participants to acquire healthy coping mechanisms when facing experiences of sexual violence. Healthcare professionals should capitalize on the survivors' sense of spirituality/religiosity and resilience as a way to promote the survivors' agency and facilitate their whole wellbeing. Also, religious leaders should pay close attention to moralizing narratives around sexuality that can potentially revictimize survivors.

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Table 1

Participants Demographics

| | Lucero | Patricia | Gloria | Manuela | Rubi | Noemi | Antiparra | Vicki | Eli | Roxy | Lucia | Maria | Mary | Teresa |
|--------------------------|--------|----------|--------|---------|------|-------|-----------|-------|-----|-------|-------|-------|------|--------|
| Age | 42 | 35 | 35 | 23 | 22 | 46 | 41 | 59 | 29 | 45 | 26 | 34 | 38 | 64 |
| Gender | F | F | F | F | F | F | F | F | F | F | F | F | F | F |
| RA | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat | Cat |
| EST | UE | UE | UE | E | E | I | I | I | E | I | UE | I | UE | E |
| Marital Status | M | M | M | S | S | D | D | D | M | M | S | M | M | M |
| Highest Education | Col | HS | MS | Col | Col | MS | Col | ES | MDe | HS | HS | HS | Col | MS |
| Country of Origin | CMB | Peru | Peru | Peru | Peru | MX | Chile | MX | ESa | Chile | CMB | ESa | CMB | MX |
| Current Location | USA | Peru | Peru | Peru | Peru | USA | Chile | USA | ESa | Chile | CMB | ESa | USA | USA |

Note. List of Abbreviations:

Cat = Catholic

CMB = Colombia

Col = College

D = Divorce

E = Employed

EST = Employment Status

ES = Elementary School

ESa = El Salvador

F = Female

HS = High School

I = Independent

M = Married

MDe = Master's Degree

MS = Middle School

MX = Mexico

RA = Religious Affiliation

S = Single

UE = Unemployed

Table 2

Examples of Significant Statements

| Significant Statements | Transcript No. |
|---|----------------|
| “It is said that women have to dress in reserved ways, it is said that women have to be more careful than men. I wish everything be the same for women and men.” | 4 |
| “I remember that my paternal uncle used to touch my genitalia. When my mother caught him doing it, she immediately reacted and protected me.” | 6 |
| “It was really hard to feel so alone after my mother passed away and getting pregnant after it. My only company at that time was the baby I was expecting and a couple of friends. It helped me keep going.” | 7 |
| “I would tell a girl of 6 years old that she is beautiful, that she has a lot value, and that she needs to learn to say no.” | 3 |
| “I would say to any woman who has experienced this that it does not matter what has happened, she has a value and dignity as a human being.” | 2 |
| “It is important to forgive oneself because sometimes one feels guilty for not having spoken.” | 1 |
| “When one has children, one thinks that it is important to keep going for them. Then, one thinks that it is important to keep going for the grandchildren, and then one asks: when am I going to keep going only for myself?” | 10 |
| “There were times when I felt so ashamed about my body. I didn’t want to look at myself in the mirror.” | 10 |
| “It was helpful to go to a spiritual retreat and to ask god for help and for the strength to keep going. He is the one who gives me the strength that I need.” | 11 |
| “I think these beliefs about gender roles are rooted in our culture, and perhaps they are transmitted through the church (catholic). Like for example: the woman comes from Adam’s rib, and that we, as women, are submitted since then.” | 12 |

Table 3

From Significant Statements to Formulated Meanings

| Significant Statements | Formulated Meanings |
|---|---|
| <p>“I felt so confused when my brother raped me. I didn’t know anything about that. It was so hard coming from my own brother.” (Transcript 7).</p> | <p>Participant endorses confusion when a family member is the perpetrator</p> |
| <p>“Many women don’t talk about the sexual violence, and it is even harder when the perpetrator is part of the family like a step-father because, perhaps, they see that their mother is happy.” (Transcript 13).</p> | <p>Participant indicates that some survivors don’t speak as a way to maintain harmony at home</p> |
| <p>“I was able to tell my experience to my partner. I felt more transparent because I told him.” (Transcript 1).</p> | <p>Partner facilitated disclosure of experience</p> |
| <p>“I was so afraid about what other people were going to think about me after these experiences. That’s why I never spoke out.” (Transcript 3).</p> | <p>Participant indicates fear and shame are factors not to speak out</p> |
| <p>“Despite my life hasn’t been a good life, I feel that God really loves me. I feel that God cares about me. I think.” (Transcript 8).</p> | <p>Participant endorses spirituality and God’s love as factors to cope with experience</p> |

Table 4

From Thematic Clusters to Emergent Themes

| Thematic Clusters | Emergent Theme |
|---|---|
| Survivors experienced confusing emotions toward perpetrators and toward themselves after experiencing sexual violence | Experiencing Sexual Violence Had Long-lasting Consequences for Participants |
| Survivors developed a sense of ambivalence between disclosing and avoiding disclosure of their experiences | |
| Survivors were more likely to experience revictimization | |
| The sexual violence experiences generated a permanent sense of shame in the participants | |
| Lack of boundaries between children and adults facilitates sexual violence | Deficient Family Support and Boundaries Made Participants Vulnerable to Sexual Violence |
| Other types of violence interacted with sexual violence | |
| Closeness with perpetrators facilitated sexual violence | |
| Feeling unprotected and unsupported by family members made participants vulnerable to experiencing sexual violence | |

CHAPTER 6: IMPLICATIONS FOR ADDRESSING SEXUAL VIOLENCE AGAINST LATINO WOMEN

The findings of this dissertation illustrate the lived experiences of sexually victimized women from five Latin-American countries. Chapter one introduced the topic of sexual violence with special emphasis in the context of Latin-American women. Chapter two offered a review of the literature on the topic of sexual violence and of the research on the socio-cultural aspects that have traditionally contributed to the perpetuation of this phenomenon. Chapter three described the influence of religious symbols and narratives in the establishment of gender roles and expectations for Latino women. Chapter five presented a descriptive phenomenological study examining the lived experiences of Latino women who were sexually victimized at childhood and/or adolescence. The purpose of this chapter is to discuss the multiple implications of the findings of this dissertation in the areas of clinical practice, research, pastoral/religious practices, and in the field of Medical Family Therapy (MedFT).

Participants in the study expressed how important it is for them to have access to support at different levels after their experiences of sexual violence (i.e., individually, socially, spiritually, familial). Therefore, one of the main implications of the findings is the need of an integrated approach that can respond to the biomedical, psychological, social and spiritual needs of Latino women who have been sexually victimized since childhood/adolescence. Furthermore, a historical framework is necessary to understand the socio-cultural dynamics underlying Latino women's experiences of sexual violence. For this reason, the researchers highlight the importance of the Biopsychosocial-Spiritual (BPS-S) model (Engel 1977, 1980; Wright et al., 1996), and the study of the current consequences of colonialism in Latin-America (Castro-Gomez, 1998; Dussel, 1983; Elam, 2019), particularly for Latino women (Lugones, 2010), to

explain the multiple implications of these findings in the areas of clinical practice, research, pastoral/religious practices, and in the field of MedFT.

The BPS-S model conceives health as a compound of biological, psychological, social (Engel, 1980; 1977) and spiritual factors (Wright et al., 1996). Society, culture, community, family, nervous system, and cells are examples of the levels of organization in which human beings are immersed (Engel, 1977). The BPS-S model structures these levels of organization into a whole that makes the comprehension of health and healthcare more wide-ranging. Health care providers from various disciplines make an impact in multiple systems at the same time (Hodgson et al., 2018). Moreover, research on church members' positive health outcomes facilitated by religious leaders (Baruth & Wilcox, 2013; Hopoi & Nosa, 2020) confirms the crucial role of spirituality in health and healthcare that the BPS-S model suggests. The implications described below are informed by the BPS-S model and aim to honor the complexity involved in the lived experiences of sexually victimized Latino women.

Clinical Implications

The clinical implications below involve healthcare professionals in general who work with Latino populations. For the sake of clarity, some clinical implications are specifically circumscribed to mental health clinicians (i.e., professionals who provide psychotherapeutic services) as indicated later. As part of the findings, participants stated how difficult it was for them to disclose their experiences as a result of fear and shame. This created an ambivalent feeling between needing to tell their stories but not wanting to be judged. This coincides with previous findings from other research on stories of incest in Mexican families (Gonzalez-Lopez, 2015). The topic of sexual violence is particularly critical and difficult to assess because of the secrecy involved in the families of survivors (Gonzalez-Lopez, 2015), or because victims face

high rates of impunity in Latin-America when they try to report their experiences to local authorities (Boesten, 2016). The survivors' hesitation to report sexual victimization is not exclusive of Latin-America. In the context of the United States, Stevens and Sheaffer (2007) suggests that 63% of rapes against women are not reported to the police. It is suggested that two of the reasons many survivors do not report the abuse is the lack of trust in the legal system, and the resulting shame associated with the event (Jewkes et al., 2002). In addition, many survivors of sexual violence whose perpetrators are blood related, and who decide to report the event(s) to a member of their nuclear family (e.g., their mothers) are generally silenced in order to maintain the family's harmony (Gonzalez-Lopez, 2015), which has been confirmed in the results of this dissertation.

Many adult and adolescent women report that they would not oppose to be asked about their current and past experiences of sexual violence (Littleton et al., 2007; McAfee, 1995; Stevens & Sheaffer, 2007; Zeitler et al., 2006). After the first year of the event, visits to healthcare providers by sexual violence survivors increase by 60%, and by 30% after the second year of the event (Koss, 1993; Stevens & Sheaffer, 2007). As 43.6% of women experience any type of sexual violence in a lifetime (Black et al., 2011; Smith et al., 2018), the possibility that a healthcare provider sees a sexual violence survivor in a healthcare setting is high. However, the average rate of screening for sexual violence at healthcare settings is of 15.5% for physicians and 18.3% for nurses (Stayton & Duncan, 2005; Stevens & Shaeffer, 2007). What this study's findings suggest is that victims in general seem to be willing to speak out and report their experiences of sexual violence if there are adequate and safety conditions for them to do so. They need to be believed. A call of action for healthcare providers is to incorporate ways to assess for current and past sexual violence experiences. It requires the development of relational

skills that facilitate the trust in the provider, as well as the development of cultural sensitivity by providers to know how to ask. Relational values such as trust, sensitivity and a caring attitude by healthcare providers are essential to build trust among survivors and providers to initiate a more effective assessment and potentially effective interventions (Battaglia et al., 2003; Stevens & Shaeffer, 2007).

As Latino women present with higher rates of sexual violence than other ethnic groups in the United States (Basile et al., 2015), there is a need for clinicians in general not only to assess and talk about sexual violence in healthcare settings as a way to facilitate disclosure, but to be educated on the historical and cultural roots of sexual violence and what they represent for Latino women. Understanding the historical and cultural dynamics (e.g., colonialism, history of gender inequality in Latin-America, religious beliefs that shape women's feelings about their bodies and their exercise of sexual rights) of Latino women is a call of action for healthcare professionals in general. Additionally, as disclosing the experience of sexual violence adequately is associated with healthy coping, adopting a non-judgmental approach is also essential for Latino women survivors of sexual violence to tell their stories and to continue to heal (Gonzalez-Lopez, 2015). This is particularly important in primary care settings as it is the primary context in which these patients are assessed about their overall health and wellbeing (Stevens & Shaeffer, 2007).

Our findings reflect what has been discovered in Latino families in previous research in relation to repetitive patterns of sexual violence throughout multiple generations (Boesten, 2016; Gonzalez-Lopez, 2015). Participants manifested that several generations of women from the same family have been exposed to experiences of sexual violence. This entails a shared experience of potentially traumatic events. It seems, therefore, appropriate to incorporate clinical

interventions and assessments such as genograms (Bowen, 1985) as part of the clinical work in traditional mental health settings with sexually victimized Latino women as it could create possibilities for survivors to avoid self-blaming. This could facilitate that they recognize how culturally and historically pervasive this phenomenon is, and that they are not alone in their pain.

Lastly, because a high percent of survivors of child sexual violence experience revictimization through their partners later in life (Cuevas & Sabina, 2010), it is extremely important for healthcare professionals to be familiar with other local and national resources such as lawyers, family therapists, social workers, etc., as well as members of the survivor's support system that can provide help. In other words, there is a need for healthcare professionals to expand the system and to be connected to other local and national resources to protect victims as much as possible.

Research Implications

Research on the intersection between religion, spirituality, and health provide evidence on how spirituality and/or religion facilitate coping mechanisms for people dealing with diverse health conditions (Koenig, 2011). Delbridge, et. al., (2014) show the importance for healthcare professionals to honor the spiritual factor of their patients as an essential element in the meaning making of their health conditions and as a source of agency for patients. Pargament (1997) recognizes the potential of spiritual resources for patients to better cope with overall health difficulties. Moreover, there is research linking religious beliefs, and spiritual traditions, with the development of moral emotions such as guilt and shame that may affect the course of mental health conditions (Koenig, 2017; McKay et al., 2013; Walinga et al., 2005), which reinforces the fact that beliefs can constrain or facilitate the necessary copying mechanisms that individuals require to cope with their health conditions (Wright et al., 1996).

The findings of this project suggest that some religious beliefs and religious informed narratives regarding sexuality can negatively affect ways of coping with experiences of trauma resulting from sexual violence. At the same time, some of the participants stated that their use of religious and spiritual resources facilitated coping with their experiences of sexual violence and an increase in their sense of wellbeing. In other words, participants recognized the constraining nature of some religious beliefs that have been in place since colonial times, and at the same time used their religious/spiritual resources to cope with experiences of sexual trauma. A call of action is made for researchers to explore, through qualitative research, what types of religious narratives can facilitate coping and what religious narratives can constrain coping with difficult personal and traumatic situations besides sexual violence.

Pastoral and Spiritual Implications

All the participants in the study reported that they are Catholic; therefore, the implications described in this section are to be understood in the context of Catholicism. The findings indicate that some of the participants were aware about the influence of their religious beliefs and religious education on the perpetuation of gender inequalities, and of how it made it difficult for women to cope adequately with an experience of sexual violence. It coincides with research made by Latino feminist theologians in relation to how some Catholic authorities, since times of colonialism until now, have maintained and encouraged a socio-cultural structure grounded in patriarchy (Cordero et al., 2004), which has traditionally worsened the problem of gender inequalities in Latin-America (Gebara, 2002). Additionally, the findings indicate that some participants made use of their religious and spiritual resources to cope with their experiences of sexual violence. A three-day spiritual retreat in a peaceful place, away from the noises, was reported to be a restorative experience for them. Also, becoming active in their

parishes by serving in different ministries (e.g., as catechists, lectors, or leaders) empowered them as human beings, and facilitated the development of a loving and compassionate relationship with the God they believe in.

It is suggested that many Latino women who have experienced sexual violence, develop a deep sense of shame which makes it more difficult to disclose their traumatic experiences (Cuevas & Sabina, 2010; Rudolfsson & Tidefors, 2015). For this reason, these findings represent a call of action for dioceses, bishops, priests, and lay ministers to enhance mechanisms of participation for Latino women in their communities of faith in activities oriented towards discussing their dignity despite traumatic, and potentially shameful, experiences such as sexual violence. Furthermore, given the prevalence of sexual violence's experiences among Latino women it seems necessary to talk about it in homilies, sermons, and reflections. Lastly, faith formation and religious education programs can use information provided by this study's findings to educate children on equal rights for men and women in the context of the dignity of every human life that the Catholic church defends. These three ideas are developed below.

Women's Participation in Faith-related Activities

It has been reported how Latino men and women have traditionally participated in the life of the Catholic church in the United States to the point of being considered the voice of conscience for this institution in America (Brown, 2018). Women's participation in the different ministries in their faith communities and in local and national pastoral encounters has significantly increased (Brown, 2018). Participants in this study reported how important it was for them to become active in their communities of faith. It was a way for them to recover their sense of dignity. This represents an opportunity for church leaders to encourage Latino women's participation in events that are guided towards spiritual healing. One example is the Cursillo, a 3-

day spiritual retreat that has become popular in the United States among Catholics and Protestants alike. It was originated in Spain in 1944 as an opportunity for lay people to reconnect with their faith and spirituality (Nabhan-Warren, 2013). There is a Cursillo for men and a Cursillo for women. It facilitates the person to live both a personal and a collective experience of healing from difficult events in life. Latino women whose experiences of sexual trauma have been aggravated by a moralized sexual narrative that indirectly condemns them for having had sexual intercourse before a sacred union could benefit from the Cursillo, and other types of spiritual retreats in which spiritual and emotional healing is the main purpose.

Talking on Sexual Violence from the Pulpit

The Catholic Archdiocese of Chicago has a ministry oriented towards helping the victims of domestic violence (Domestic Violence Outreach, n.d.). They train lay and religious leaders in the church to do outreach and to help victims of domestic and sexual violence in the Chicago area. They encourage priests and religious authorities to preach from the pulpit, and to speak out loud, about the consequences of domestic and sexual violence to survivors and their families. When reading about their ministry and connecting what they say about their outreach efforts with the findings of this study, it is inevitable to think that this type of initiatives benefit victims of sexual violence as they know they are being taken into consideration, that they are being heard and believed. Their stories of pain and trauma are being recognized. This is an example of what religious authorities can do to recognize and validate Latino women's experiences of sexual violence, and to contribute to their healing process.

Catechesis

Every year, many children start preparing to receive the sacraments within the Catholic church. This process of faith formation, or religious education, is called catechesis, and is

considered essential for individuals to embrace the Catholic faith (Catholic Church, 2000). This study's findings represent a source of information for catechists about the reality of sexual violence and how it can affect children, adolescents, and families alike. These findings are a call of action for people involved in faith formation to encourage children to think, from early ages, in equal rights for men and women, to acquire a profound sense of respect towards women and women's bodies, and to establish strong spiritual values to guide children's actions. Additionally, catechesis can become an opportunity for educators to honor the sacredness of life, as commonly claimed by Christian denominations, by looking for signs of abuse or sexual violence, particularly against children and adolescents. Catechesis is an opportunity to learn about the teachings of the Catholic church and the rich religious symbols used by it. It is imperative to monitor how the religious symbols that are used in catechesis can become oppressive and a powerful source to perpetuate gender inequalities.

Medical Family Therapy Implications

This study's findings represent a call of action for Medical Family Therapists (MedFTs) to explore the connections between spirituality/religion of patients and their sense of agency/communion in the event of sexual victimization, while paying especial attention to the socio-cultural and historical factors that shape the patients' faith traditions.

The concepts of agency and communion are fundamental parts for the field of Medical Family Therapy (Doherty et al., 1994). Making committed decisions in favor of one's own health and becoming involved in one's own process towards wellbeing delimit the meaning of Agency (Doherty et al., 1994). Embracing a sense of connection with those who belong to one's social support system (e.g., family, friends, faith community members, and healthcare providers), and acknowledging their fundamental role in one's sense of wellbeing represent Communion

(Doherty et al., 1994). MedFTs, in other words, work with patients' individual and collective resources by bridging them for the sake of positive health outcomes. Regarding the participants of this study, the findings indicate that survivors of sexual violence embraced their agency by using their own spiritual resources. As spirituality/religion has been portrayed as an important source for families and individuals in times of crises (Delbridge et al., 2014), MedFTs are equipped to explore the role of spirituality/religion in patients and their families to cope with the multiple health conditions derived from traumatic events. Additionally, the findings indicate that some religious narratives can perpetuate revictimization of sexually victimized survivors. Therefore, there is a need for more research on how MedFTs can effectively assess for factors informed by cultural and religious narratives that can facilitate or constrain agency in patients exposed to sexual trauma.

Sexual violence affects individuals and their families from different angles (Boesten, 2016; Gonzalez-Lopez, 2015) with multiple implications in terms of the survivors' physical and reproductive health, psychological health, and their sense of interpersonal safety (Van Der Kolk, 2014; Stevens & Sheaffer, 2007). Researchers want to make clear that MedFTs are prepared to respond to the individual and systemic complexities of sexual violence. It is crucial for MedFTs, however, to continue to be exposed to the richness of cultural diversity and multiple minority populations in order to embrace cultural humility. We believe that MedFTs who are informed by a variety of cultural manifestations will be more equipped to respond to the multiple challenges and to the richness involved in a multicultural society.

Conclusion

Chapter six has offered recommendations for healthcare professionals in terms of how to treat Latino women who have been exposed to sexual violence. Moreover, this chapter has

offered suggestions on future research topics related to sexual violence against Latino women that are still to be addressed. Implications for religious leaders and MedFTs have been described here from the lens of spirituality/religion as an individual and collective resource for sexual violence survivors. Our hope as researchers is that this study, and the recommendations derived from it, shed some light on the importance of addressing the topic of sexual violence against Latino women from the biomedical, psychological, social, cultural and spiritual complexities that survivors experienced on a daily basis.

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APPENDIX A: UMCIRB APPROVAL FORM



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
4N-64 Brody Medical Sciences Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
rede.ecu.edu/umcirb/

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB
To: [Julian Crespo](#)
CC: [Damon Rappleyea](#)
Date: 1/11/2021
Re: [UMCIRB 20-002741](#)
Sexual Violence Against Latino Women

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) occurred on 1/11/2021. The research study is eligible for review under expedited category # 6, 7. The Chairperson (or designee) deemed this study no more than minimal risk.

As the Principal Investigator you are explicitly responsible for the conduct of all aspects of this study and must adhere to all reporting requirements for the study. Your responsibilities include but are not limited to:

1. Ensuring changes to the approved research (including the UMCIRB approved consent document) are initiated only after UMCIRB review and approval except when necessary to eliminate an apparent immediate hazard to the participant. All changes (e.g. a change in procedure, number of participants, personnel, study locations, new recruitment materials, study instruments, etc.) must be prospectively reviewed and approved by the UMCIRB before they are implemented;
2. Where informed consent has not been waived by the UMCIRB, ensuring that only valid versions of the UMCIRB approved, date-stamped informed consent document(s) are used for obtaining informed consent (consent documents with the IRB approval date stamp are found under the Documents tab in the ePIRATE study workspace);
3. Promptly reporting to the UMCIRB all unanticipated problems involving risks to participants and others;
4. Submission of a final report application to the UMCIRB prior to the expected end date provided in the IRB application in order to document human research activity has ended and to provide a timepoint in which to base document retention; and
5. Submission of an amendment to extend the expected end date if the study is not expected to be completed by that date. The amendment should be submitted 30 days prior to the UMCIRB approved expected end date or as soon as the Investigator is aware that the study will not be completed by that date.

The approval includes the following items:

| Name | Description |
|--|---|
| Crespo.Interview.Guide.FINAL | Interview/Focus Group Scripts/Questions |
| Demographic SurveyPseudonym_ English | Surveys and Questionnaires |
| Demographic SurveyPseudonym_ Spanish | Surveys and Questionnaires |
| GAD-7 in English | Surveys and Questionnaires |
| GAD-7 in Spanish | Surveys and Questionnaires |
| Informed Consent in English | Consent Forms |
| Informed Consent Spanish | Consent Forms |
| Informed consent Spanish Final II | Translated Consent Document |
| Marianismo Beliefs Scale | Surveys and Questionnaires |
| PHQ-9 English | Surveys and Questionnaires |
| PHQ-9 Spanish | Surveys and Questionnaires |
| Protocol with amendments | Study Protocol or Grant Application |
| Resources for domestic and sexual violence-English | Additional Items |
| Resources for domestic and sexual violence-Spanish | Additional Items |
| Script in English with corrections | Recruitment Documents/Scripts |
| Script in Spanish with corrections | Recruitment Documents/Scripts |
| Trauma Related Guilt Inventory | Surveys and Questionnaires |

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: INFORMED CONSENT

Informed Consent to Participate in Research

Information to consider before taking part in research that has no more than minimal risk.

Title of Research Study: Sexual Violence Against Latino Women: The Role of Religious Beliefs as Coping Mechanisms for Survivors

Principal Investigator: Julian Crespo (Person in Charge of this Study)

Institution, Department or Division: Department of Human Development and Family Science in the College of Health and Human Performance at East Carolina University

Address: 114 Redditt House

Telephone #: 252-481-2099

Researchers at East Carolina University (ECU) study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research.

Why am I being invited to take part in this research?

The purpose of this research is to understand the lived experiences of Latino women that have gone through sexual violence. You are being invited to take part in this research because you identify as a Latino woman, are older than 18 years, have experienced sexual violence in your lifetime, and are fluid in Spanish. The decision to take part in this research is yours to make. By doing this research, we hope to learn about the biopsychosocial and spiritual factors that allow sexually victimized Latino women cope with the experience of sexual violence.

If you volunteer to take part in this research, you will be one of about 20 people to do so.

Are there reasons I should not take part in this research?

You should not volunteer for this study if you are under 18 years of age, or are not able to consent

What other choices do I have if I do not take part in this research?

You can choose not to participate in this research

Where is the research going to take place and how long will it last?

The research will be conducted via ZOOM, as the principal investigator is residing in McAllen, TX. The principal investigator will be doing the interviews via ZOOM from a private office in the University of Texas at Rio Grande Valley in Edinburg, TX. The total amount of time you will be asked to volunteer for this study is 60 minutes over the next three months.

What will I be asked to do?

- You will be asked to fill out two forms online: (1) A PHQ-9 form to determine if you are having symptoms of Depression, and (2) A GAD-7 form to determine if you are having symptoms of Anxiety.
- You will be asked to respond to a demographic survey online
- You will be asked to respond to two scales online: (1) The trauma related guilt inventory, and the (2) Marianismo beliefs scale
- You will be asked to participate in an interview via ZOOM that will be recorded, transcribed by the interviewer, translated into English by the interviewer, and destroyed/erased after it is transcribed.
- You will be asked to select a fake name (Pseudonym) in order to protect your identity.

What might I experience if I take part in the research?

We don't know of any risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. We don't know if you will benefit from taking part in this study. There may not be any personal benefit to you, but the information gained by doing this research may help others in the future.

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this study.

Will it cost me to take part in this research?

It will not cost you any money to be part of the research.

Who will know that I took part in this research and learn personal information about me?

ECU and the people and organizations listed below may know that you took part in this research and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

- The University & Medical Center Institutional Review Board (UMCIRB) and its staff have responsibility for overseeing your welfare during this research and may need to see research records that identify you.
- People designated by Julian Crespo and Damon Rappleyea.

How will you keep the information you collect about me secure? How long will you keep it?

Informed consent forms, and other documents with identifying information of the participants will be kept safe in a locked cabinet in the Reditt building located on the ECU campus. A list with the names of the participants and their assigned participant number (used to de-identify participants in the demographic surveys) will be kept safe in a password protected folder, and in a server only accessible to the principal investigator, Julian Crespo. The transcribed interviews and the analyses with the pseudonyms of the participants will be saved in another password protected folder in order to protect the participants' identities.

What if I decide I don't want to continue in this research?

You can stop at any time after it has already started. There will be no consequences if you stop and you will not be criticized. You will not lose any benefits that you normally receive.

Who should I contact if I have questions?

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator, Julian Crespo, at 252-481-2099 from Monday through Sunday from 8 am to 5 pm.

If you have questions about your rights as someone taking part in research, you may call the University & Medical Center Institutional Review Board (UMCIRB) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director for Human Research Protections, at 252-744-2914

Is there anything else I should know?

Most people outside the research team will not see your name on your research record. This includes people who try to get your information using a court order.

I have decided I want to take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
 - I know that I can stop taking part in this study at any time.
 - By signing this informed consent form, I am not giving up any of my rights.
 - I have been given a copy of this consent document, and it is mine to keep.

| | | |
|-----------------------------------|------------------|-------------|
| Participant's Name (PRINT) | Signature | Date |
|-----------------------------------|------------------|-------------|

Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above, and answered all of the person’s questions about the research.

| | | |
|---|------------------|-------------|
| Person Obtaining Consent (PRINT) | Signature | Date |
|---|------------------|-------------|

| | | |
|---|------------------|-------------|
| <i>Principal Investigator (PRINT)</i> <i>(If other than person obtaining informed consent)</i> | <i>Signature</i> | <i>Date</i> |
|---|------------------|-------------|

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

Demographic Survey Pseudonym:

Directions: Please circle the responses to each question below and where appropriate, write in the information as it best reflects you.

1. What is the highest level of school you have completed or the highest degree you have received?
 - a. Less than high school degree
 - b. High school graduate (high school diploma or equivalent including GED)
 - c. Some college but no degree
 - d. Associate degree in college (2-year)
 - e. Bachelor's degree in college (4-year)
 - f. Master's degree
 - g. Doctoral degree
 - h. Professional degree (JD, MD)
2. Are you Hispanic or Latino in your ethnic origin?
 - a. Yes
 - b. No
3. What is your current religious affiliation?
 - a. Christian Catholic
 - b. Christian Protestant
 - c. Other
4. Which of the following races, you may select more than one, best represents you?
 - a. White
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Pacific Islander
 - e. American Indian or Alaska Native
 - f. Other Latina
5. To which gender identity do you most identify?
 - a. Female
 - b. Male
 - c. Transgender Female
 - d. Transgender Male
 - e. Gender Variet/Non-Conforming
 - f. Not listed: _____
 - g. Prefer not to answer
6. Would you please give your best guess? Please indicate the answer that includes your entire household income in (previous year) before taxes. Numbers refer to US Dollars:
 - a. Less than \$10,000
 - b. \$10,000 to \$19,999
 - c. \$20,000 to \$29,999

- d. \$30,000 to \$39,999
 - e. \$40,000 to \$49,999
 - f. \$50,000 to \$59,999
 - g. \$60,000 to \$69,999
 - h. \$70,000 to \$79,999
 - i. \$80,000 to \$89,999
 - j. \$90,000 to \$99,999
 - k. \$100,000 to \$149,999
 - l. \$150,000 or more
7. Are you now married, widowed, divorced, separated or never married?
- a. Married
 - b. Widowed
 - c. Divorced
 - d. Separated
 - e. Never Married
8. Which statement best describes your current employment status?
- a. Working (paid employee)
 - b. Working (self-employed)
 - c. Not working (temporary layoff from a job)
 - d. Not working (looking for work)
 - e. Not working (retired)
 - f. Not working (disabled)
 - g. Not working (other)
 - h. Prefer not to answer
9. How many people are you responsible for providing care to currently (e.g., shelter, food, medical support, financial support).
- a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5 or more
10. How long have you been living in the United States?
- a. Under one year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. 16-20 years
 - f. Over 20 years: _____

APPENDIX D: INTERVIEW GUIDE

Participant #: _____

1. When you were growing up, what experiences influenced how you thought about yourself as (a) a woman, (b) a Latina, and (c) a current or former Catholic?
2. When you were growing up, what did you hear about being a good or ideal woman, and a good or ideal spouse? Also, what experiences influenced how you thought about yourself?
3. When you think about your childhood and adolescence as a Latina, what experience(s) would you say made it most difficult for you to see yourself as (a) an ideal woman, and/or (b) an ideal spouse?
4. What were your thoughts, feelings, beliefs growing up about women who had non-consented pre-marital intercourse? What are your thoughts and feelings about that now; how have those thoughts and feelings changed from your childhood/adolescence to now?
5. How do you think female, Latina, current or former Catholic children or teenagers make sense out of having non-consented sexual intercourse, harassed, or assaulted prior to marriage or committing to an established couple relationship? In your case, how did you personally make sense of such experience?
6. Did you notice changes to your body, physical or mental health in response to this experience? Did you disclose the event to anyone? If so, who? What was their reaction?
7. Describe any cultural or religious symbols or messages (either from family, a circle of friends, church, or mass media) that you have heard, witnessed, or received about pre-marital sexual intercourse? How do you think it influenced (either positively or negatively) Latina girls or adolescents who experienced non-consented sexual intercourse?
8. What things did you hear about the value of a woman's body when you were a child/adolescent? Whom (either people from family, the circle of friends, church, or mass media) did you usually hear talking or referring to the value of a woman's body? How did your thoughts and feelings in relation to the value of your body change after experiencing a non-consented sexual intercourse experience?

9. How do you make sense out of the most difficult and hurtful things that have happened in your life, including the experience of non-consented sexual intercourse? From your system of beliefs, including your religious beliefs, what informs the way you make sense of the most and hurtful difficult things that happened in your life?

10. What do you wish you could say to your childhood or adolescent self about (a) ideal women, (b) being Latina, and (c) being a current of former Catholic? OR What do you wish you could say to a child or adolescent who has gone through a nearly identical life as you about (a) ideal women, (b) being Latina, and (c) being a current or former Catholic?

APPENDIX E: REFLEXIVE JOURNAL SELECTIVE ENTRIES

12/19/20

“I am having a lot of questions about how to start this project. I know being organized is key, but what elements I should be organized about? How to start structuring all of the elements for the IRB to accept the project? How to organize the process of interview for potential participants to perceive that their stories are being taken seriously? I am writing all these elements on the board to have a clear picture of what is needed to be done.”

01/14/21

“IRB accepted all the documentation and I feel very excited! It is now time to start recruiting potential participants. As I have been reflecting lately on how to start the epoche process, I can see how crucial it is for me to discern what my privileges are, and how they can potentially affect the interviews. It seems that there is a value in transparency in order to reach objectivity in qualitative research. What do I need to be transparent about? I believe it should be about my own privileges as a Latino, Christian, male with college education.”

02/23/21

“Although it is satisfying to be able to do the interviews, all of the participants’ stories are so moving. I was feeling frustrated and with a sense of impotence after listening to so many narratives of pain. What is needed to be done? In which ways is patriarchy affecting me as well? How to demonstrate empathy while being objective? It is challenge to administer different hats (i.e., the therapist, the interviewer, the person desiring social justice) while doing these interviews!”

03/04/21

“It was crucial to talk to the triangulated researcher to clarify tasks and roles. I am so happy that he accepted to engage in this. His experience can shed much light on the themes that are appearing. I just hope that we can have a smooth experience of communicating our own interpretations. One aspect I like is his openness to dialogue about the context of our interpretations. An important thing that we need to consider, though, is that we come from places of male privilege.”

03/23/21

“I feel satisfied with the categorization of the significant statements and with how the major themes are taking form. It has been challenging to simplify some topics, but it has been a very good exercise for me to discern what is meaningful for my research and what describes the participants’ experience. The narratives seem to talk by themselves, and one has to honor that. Doing this exercise, I feel like an artist who uses his hammer to hit a rock to give it the shape that he sees in reality. Reality in this case, is determined by the participants’ narration of their experience.”

APPENDIX F: TRIANGULATED RESEARCHER STATEMENT OF BIAS

It was mentioned earlier that a triangulated researcher was utilized by the principal investigator to discuss impressions and interpretations in relation to the collected data content in the transcripts, and to increase the study's level of trustworthiness. On several occasions, both the principal investigator and the triangulated researcher discussed over potential biases and assumptions that could affect the study. The race, ethnicity, gender, religious affiliation, and education level affected the triangulated researcher's perspective on sexual violence against Latino women on several levels. His role as a member of the clergy within the Catholic church facilitated the access to many testimonies of sexual victimization made by Latino women. He was aware of the socio-cultural factors influencing Latino women survivors after many years of experience in ministry with this population. Furthermore, he was aware of the importance of faith and spirituality for Latino women, especially for those who have had to deal with traumatic experiences such as sexual violence.

APPENDIX G: RECRUITMENT SCRIPT

Research About Sexual Violence Against Latino Women

The purpose of this research is to understand the lived experiences of Latino women that have gone through sexual violence. You are being invited to take part in this research because you identify as a Latino woman, are older than 18 years, have experienced sexual violence in your lifetime, and are fluid in Spanish. The decision to take part in this research is yours to make. By doing this research, we hope to learn about the biopsychosocial and spiritual factors that allow sexually victimized Latino women to cope with the experience of sexual violence.

If you volunteer to take part in this research, you will be one of about 20 people to do so.

Nothing is going to happen if you decide not to participate. Also, if you decide to participate and want to terminate your participation at any moment you are free to do that.

If you decide to participate, you will be asked to:

- Chose a fake name (Pseudonym) in order to protect your identity when it is time to report the results.
- Respond to as much as you feel comfortable to the questions in relation to your experience of sexual violence. Remember that you can finish your participation at any time.

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator, Julian Crespo, at 252-481-2099 from Monday through Sunday from 8 am to 5 pm, or via email (crespoj15@students.ecu.edu), if you are willing to participate.

Thanks for your participation in this research. Many women who have experienced sexual violence will be benefited from this project.

