The SPSSI Graduate Student Committee (GSC) is proud to present the newest edition of our newsletter, Social Issues from Student Perspectives (SISP). After several dormant years, we are excited to once again provide SPSSI members with insights into graduate students’ and early career scholars’ perspectives on important social issues. The featured publications were selected from many impressive entries resulting from the GSC’s Essay Writing Contest and “Producing Policy” Interactive Webinar in 2021. We hope you enjoy this look into what the GSC has been up to this past year and the hard work of our members. We look forward to bringing you even more original content from graduate students in the year ahead.
The SPSSI GSC invited graduate and undergraduate students to participate in the essay competition on ‘Decolonial Perspectives in Psychology’. This essay writing competition was organized to inspire students to explore psychology’s colonial legacies. Scholarly efforts have increasingly begun to interrogate how the prevailing knowledge and practice of psychology reflect and promote the interests of a privileged minority of people in Western, Educated, Industrial, Rich, Democratic settings (Henrich, Heine & Norenzayan, 2010; Adams, Dobles, Gómez, Kurtis, & Molina, 2015). We encouraged student perspectives that examine how dominant psychology theories are interwoven with Euromerican assumptions of thinking, feeling and being, and shape everyday realities of people in the Global South. The following are essays from our winners and honorable mentions from the competition.
The mental health of individuals has become solidified as an undoubtably important aspect of achieving positive quality of life—or so might be the perspective of those from westernised and individualistic cultures. Decolonial perspectives challenge this mainstream thinking to reconsider normative views of domains such as mental health and reinvent this as applicable to minority populations. Decolonial perspectives and practices in mental health require a multimodal and holistic approach to overcome existing barriers. This is essential to achieve steps towards human rights via the improvement of care. Decolonial perspectives will be explored in Indigenous populations of Australia and other global cultures, with consideration to the biomedical model, policy, and reimagined expertise.

When considering decolonial perspectives in mental health research, it is imperative to consider the Aboriginal and Torres Strait Islander Peoples of Australia. Australia’s colonial history is plagued by immeasurable wrongdoings that were inflicted onto the Indigenous Peoples of this land; from abuse, to slavery and the stolen generation, the collective trauma experienced by this population has resulted in their way of life reaching the brink of extinction (Cunneen & Libesman, 2000; Krieg, 2009). Historical attempts to eradicate culture and spirituality via assimilation into western civilisation has had many profound implications for these communities. One of the many domains impacted for Indigenous Australians is mental health, stemming from generational trauma. Unfortunately, attempts to amend these adversities have followed that of our WEIRD (Western, Educated, Industrial, Rich, and Democratic) practices. Consequently, the collectivist nature of Indigenous Australians lives have been impacted (Miller, 2018). The statistics reiterate this bleak story; a 32% increase in Indigenous suicide rates occurred between 1998 and 2015, depicting the unsuccessful reparations of trauma and ineffective mental health care for this population (Coe, 2021).

One of the key components inhibiting the decolonialisation of mental health is the popularity of the biomedical model. This model focuses on the blatant presence of illness, ‘boxing’ people into categories or well or unwell. This compartmentalist approach fragments the individual lives, bodies and spirits of people, which opposes the world views of Indigenous Australians (Garvey, 2008). This approach is detrimental to the effectiveness of care received as it is not consistent with the world-view of Indigenous People and thus is ineffective. There has been recent progress in realising the inapplicability of this method for Indigenous Australians, with a current push to implement a holistic approach, such as SEWB – Indigenous Social and Emotional Wellbeing (Brockman & Dudgeon, 2020). SEWB recognises that many mental illnesses cannot be understood without understanding the circumstances of oppression that foster them (Coe, 2021). Further, adjustment to service practice that incorporates a collaborative approach; involving the ‘family’ effort of health professionals, the individual and their loved ones, pushes back against western medical norms (Fay, 2018). There has been increasing recognition that some psychological disorders (e.g. distress) are products of the ongoing processes of colonialism, and are often healthy or legitimate responses to social structures (Coe, 2021).

Moving away from the biomedical model is one step towards a decolonial approach to mental health with the integration of biomedical-opposing approaches into policy allowing for a strengthened response.
Australia’s decolonial history has demonstrated the ability for policy to harm the livelihood of Indigenous Australians exhibited by historical assimilation policies. With more recent recognition of the disparities between Indigenous and non-Indigenous mental health outcomes, government policies have begun to recognise this concern (Booth & Carroll, 2005). A recent study has considered the application of holistic and appropriate mental health approaches within such policies (Coe, 2021). Of the four relevant policy documents examined, the SEWB approach was represented as being a critical approach to decolonial mental health for Indigenous Australians advocating for the integration of this method into current mental health services. Unfortunately, the continued reliance on biomedical health services (e.g. GPs) to be the site in which mental health care occurs, sees a continued influence of western culture (Bacchi, 2009). Further, it is acknowledged that policy is not always translated into practice. There is a need to actively implement policy into services before seeing positive effects. Despite barriers of foregoing the continued western influence, the integration of SEWB into policy to inform practice is a step forward in the right direction for the decolonisation of mental health and well-being.

Decolonial processes around mental health are taking place outside of Australia including Uganda, Chile, and Africa. These countries often find themselves grappling with similar barriers, such as over reliance on the biomedical model but considerations must be taken in the uniqueness of their individual cultures and historical circumstances (Jara & Pisani, 2020). A study based in Africa emphasised the need to interrogate power dynamics, being the role of the physician versus the role of the client, to ensure a decolonial process of mental health care (Horn, 2020). A reconsideration of who knows best and who holds expertise is central to this process. An example was depicted in this study, whereby input was sought from feminists in the region around gender concerns, sexual health and abuse which were causing mental turmoil to the community. These experts were found to be key in decolonising the traditional, western practices of psychology via a culture relevant perspective (Horn, 2020). This example promotes the concept that education and traditional expertise is not always the appropriate way to help Indigenous people improve mental health outcomes. Co-development and integration of voices from those with lived experience are essential to gaining mental well-being.

There are many barriers in the road to decolonising mental health care and well-being practices with Indigenous Peoples. Deconstructing the westernised biomedical model, enforcing relevant and appropriate health care policies and integrating the voices of those most knowledgeable encompass the start of a holistic approach to decolonial mental health care. Further progress is needed to persevere in these areas to overcome the multitudes of barriers that see western ideals dominate practice. Conclusively, the creation of a holistic, multimodal and culturally inclusive decolonial mental health care system will provide Indigenous Peoples inclusion back into their culture and into positive health outcomes.
References

“A woman is not supposed to be curious about these kinds of things,” my grandmother would say. The women in my family rarely talk about sex, consent, and relationships, and this frustrates me endlessly. As a Filipino woman born in a conservative, third-world, Southeast Asian country, sex used to be intimidating and confusing to me. This is a common problem among young Filipinas. Few adolescent Filipino girls feel they can learn about sex from parents and family (Rimban, 2020). The Philippines has rigid ideas of gender and sex; these systems, I have come to learn, are rooted in colonial oppression and hegemonic ideological influence.

Some argue that the very existence of a binary division among sexes is not naturally and universally occurring, as evidenced by the phenomena of asexual reproduction and hermaphroditism. Simone de Beauvoir (1949) argues that differentiation between sexes is not necessary to the enduring of a species and is merely coincidental. Meanwhile, the second-wave feminists of the seventies suggest that sex is biological while gender, as a result of sex, is sociocultural (Fausto-Sterling, 2000). However, this idea lends a sort of validity to the perpetuation of gender inequality on the grounds of biological difference. One may argue that our perceived distinctions between the sexes are not purely physiological. Fausto-Sterling (2000) suggests that the anatomical functions and features we consider to be male or female are inherently tied to what is culturally considered to be masculine or feminine. For instance, if a transgender woman who had undergone sex reassignment surgery were to compete in the Olympics in the women's bracket, some might argue that she would have the strength of a man. But is muscle strength a reliable measure of sex? Not always, because the strengths of men and women, especially Olympic athletes, can overlap.

Lugones (2016) describes this biological dimorphism and “patriarchal organization of relations” (p. 2) as a feature of a colonial gender system—one informed by Eurocentered colonial powers. Colonization has altered the indigenous sense of self, as well as earlier understandings of gender relations. This new colonial conceptualization became a weapon for patriarchal domination and designation of two opposing hierarchical categories.

In the Philippines, gender roles are traditionally tied to heterosexuality. Although women are viewed as having a vital role in the family, there is still an expected dependence and deference to men. Furthermore, for men to go against masculine stereotypes would be evidence of homosexuality and therefore sexual deviance (Valledor-Lukey, 2012). However, precolonial Philippines painted a different picture. Women, like men, were given leadership positions and opportunities to earn significant income. Effeminate men (babaylan) held positions of authority as religious leaders and community doctors (Garcia & Neil, 2008; Lewis, 2014; Stanley, 1990).

Upon the arrival of the Spanish, the image of the ideal Filipina changed into one of a submissive woman (Torralba-Titgemeyer, 1997). Brewer (2004) attributes this to the transition in the Philippines from animistic religions to Catholicism, wherein gender roles were transformed in order to launch an entire colonial enterprise. Resistance to Spanish culture was usually instigated and led by Filipino women and babaylan and continued for over a century after the arrival of Magellan in 1521. The denigration of female status and
authority was necessary for the establishment of the Catholic church, which emphasized clerical celibacy and the repression of female sexuality and power.

As a result of the hierarchical nature of gender, there is an inherent coloniality also involved in the act of sex. Manalastas (2011) argues that sexual pleasure is imbued with meanings within social, cultural, and historical contexts; this implies that what may be considered pleasurable in one culture may not be so in another. Additionally, the processes of sexual pleasure are organized by gender, as Filipino men and women are hierarchically positioned in terms of access and power in sexuality. Filipino women are afforded less access to the pleasures of their own bodies; furthermore, it is seen as inappropriate for them to act as agentic sexual subjects—to talk or ask about sex (Manalastas, 2011).

These colonial ideas of gender and sexuality have resulted in the miseducation of many Filipinas, myself included. There is a natural struggle to position myself within these structures, as they reflect values distanced from my context. To better understand the unfettered Filipino consciousness of gender and sex and to potentially liberate us from the repressive tendencies of these colonial structures, Filipino scholars must pursue more studies oriented towards Sikolohiyang Pilipino (i.e., Filipino Psychology).

Sikolohiyang Pilipino was developed to indigenize the study of psychology in the Philippines (Enriquez, 1975; Pe-Pua & Protacio-Marcelino, 2000; Yacat, 2013). Notable among Sikolohiyang Pilipino studies on gender is a Filipino Gender Trait Inventory developed by Valledor-Lukey (2012), which revealed that a particularly Filipino characteristic for masculinity is having an affinity with others (pakikipagkapwa). In our culture, pakikipagkapwa or fostering a sense of community with others is seen as the root of humanism. Women were seen to be especially intuitive and sensitive to environmental and social cues (maramdamin) compared to men). Meanwhile, an exploration of the Filipino experience of orgasms (Manalastas, 2011) showed that Filipino women tended to first experience orgasm later in life (mid-teens to twenties) than men did (7-12 years old); furthermore, women generally orgasmed in the context of interaction with partners rather than personal exploration. Although many reported feeling pleasure, some reported feelings of confusion and shame. These feelings of guilt stem from centuries of repression from colonial and neocolonial powers.

Viewing my Filipina-ness through a decolonized lens has helped me shed these negative attitudes towards sex and desire and has empowered me to reclaim authority and autonomy over my body. Consequently, I have begun seeing my ethnic features—my flat nose, my eyes, my textured hair—as beautiful. Most importantly, as I depart from colonial gender roles and realize the gravity of change that Filipinas have influenced throughout history, I gain a clearer understanding of my identity, my potential, and my purpose as a woman and as a Filipino.
References


Black Woman Activism: Intersectionality, Radical Hope, and The Case for Post-Resilience Frameworks in Psychology

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There is an invisibilization of Black womanhood in society that often disregards how the experiences of gendered racism triangulate women through antiblackness, sexism, and patriarchalism (Keith et al., 2010; Pitre & Kushner, 2015). Psychological science historically invalidates Black women's truths by re-narrating their experiences through a lens that recognizes separate experiences of discrimination but neglects the interlocking nature of structural oppression (Cox & Nkomo, 1990; Harris, 2015; Thomas, 2004). Despite a longstanding history of activism and resistance, Black women have been virtually erased from narratives of American social progress (Barnett, 1993; Harris, 2015; McDuffie, 2011). Lauded for their resiliency and never their courage, Black women continue to be subject to trivialization and historical ignorance. Still, as the COVID-19 pandemic ravaged the globe, Black women refused to surrender to the glaring racial health, economic, and social disparities that pervade the United States.

Since its inception, the United States has capitalized on the mental and physical enslavement and degradation of Black and Brown people (Adewale et al., 2016). The national pledge of allegiance reads, “One Nation under God, indivisible, with liberty and justice for all”—a particularly insolent paradox for Black Americans (Busey & Walker, 2017; Hacker, 2010). Black people have continuously had their civil liberties denied under a nation generally divided by the intersections of race, class, and gender (Grusky, 2019; Verney, 2012). The 1960s were wrought with uprisings and efforts to collectively organize against racism and oppression affecting the African American community on the basis of racial and economic disadvantage. This decade included some of the nation’s most progressive policies, such as the 1964 Civil Rights Act and the 1965 Voting Rights Act. America finally seemed to acknowledge anti-Black violence and sympathize with the Black plight as racial segregation and disenfranchisement were deemed unconstitutional (Marwell et al., 1987).

Despite national leadership lauding Dr. Martin Luther King, Jr.’s peaceful protests for racial equality and civil rights, contemporary instances of racial injustice or mobilization efforts are largely ignored. Content with its adoption of a colorblind mentality, the United States refuses to recognize and address the multiple forms of racism which comprise the nation’s foundation. The COVID-19 crisis highlighted the extent of anti-Black racism as extensive social restrictions allowed the public no choice but to witness the video-recorded murders of countless Black Americans. Previously met with ignorance and disregard, the Black Lives Matter movement was now a topic of national conversation. Cities across the nation gathered in support of Black lives and a radical reimagining of the American police force igniting a cultural shift in lack of tolerance for racism and the importance of critical consciousness.

While Black people were finally receiving national support, the racism pandemic also drew awareness to the nuances of gendered racial violence and trauma as injustices committed against Black women failed to garner attention and sympathy from the media and public alike. The 2020 murders of Southern Black women Breonna Taylor, Alteria Woods, and India Kager received significantly less media coverage than those of Ahmaud Arbery and George Floyd. Despite the founding of the Black Lives Matter movement beginning with three Black women, the invisibility of Black women’s identity and experiences persisted throughout the movement.

A similar phenomenon also occurred in the Civil Rights Era. Black women such as Rosa Parks, who refused to give her bus seat to a white man and thus disobeying the law at the time, set the tempo for a movement seemingly conducted solely by men (Kohl & Brown, 1995). It should be noted that while Rosa Parks’ efforts were incredibly valorous and instrumental to the Civil Rights Movement, her demonstration was also calculated and constructed to assuage gender-based oppression. Fifteen-year-old Claudette Colvin also refused to give up her seat to a White man, but ceased to become a hailed activism icon due to her pregnancy; the National Association for the Advancement of Colored People (NAACP) believed that “it would be controversial and the people would talk about the pregnancy more than the boycott” (Adler, 2009; Kristo, 2010). Claudette also was told she did not have the right “look” as a darker-skinned, lower-class teenager—in contrast to the lightly tanned Rosa Parks of mixed racial heritage (Adler, 2009). This instance introduces three important perspectives regarding Black women and their role in contemporary activism: 1) Black women’s health was too ‘controversial’ to be of value to the American social and political agenda, 2) The threat of attracting attention to the Black female body outweighed the courageous exposition of a Black teen in the rural South and, 3) The character and bravery of a Black woman resisting oppression were meritless unless accompanied with a conventionally appealing physique and higher socioeconomic status.

These inferences are supported not only by a comparison of Claudette Colvin and Rosa Parks but also by society’s willingness to forgive and overlook explicit grievances in male activists like Dr. Martin Luther King’s marital infelicities. Even more interestingly, Dr. King
choose his impolitic actions while Claudette's pregnancy was the result of statutory rape. Similarly, Claudette's social class was the product of structural oppression and anti-Black racism, the very issues the Civil Rights Movement sought to challenge (Gordon, 2015). Faulted for her appearance and trauma, a message was sent to Black women everywhere: the complex intersection of Blackness and womanhood is undeserving of sympathy and support.

One of the most noteworthy facets of Claudette Colvin's activism story is that it did not end with her single act of resistance on the Montgomery bus. Following the incident, she was found guilty under state law for assault. Although failing to become a national icon, Claudette fought tirelessly for decades in a relentless pursuit of justice. Her testimony in the 1956 Browder v. Gayle case generated a landmark ruling in the fight for civil rights and bus desegregation. However, despite her efforts, Claudette received mockery and disapproval from Black middle-class leadership. Her resistance to Eurocentric beauty standards in the African American community by refusing to straighten her ‘kinky’ hair positioned her as a troublemaker and threat to the larger Civil Rights Movement (Gordon, 2015). As a result, Claudette experienced ostracism from Black and White communities alike, and her legacy has been largely eradicated from Civil Rights Era common history. Given the proven support for social support and belongingness as a moderator for a variety of mental illnesses in young adults, such exclusion (Leary, 1990) and emotional invalidation (Yen et al., 2015) likely yielded psychological pain and trauma (Bronder et al., 2014; Cross, 1998; Prelow et al., 2006; Vélez et al., 2016).

This phenomenon is seen again and again by Black woman activists: their efforts are only of value to racial justice movements if balancing resistance to racism while conforming to sexism and gender-based oppression. Yee's (1992) novel Black women abolitionists: A study in activism suggests that Black women activists bear a unique and difficult decision to forgo inseparable facets of their identity in sacrifice for those with less cultural complexity. As such, Black women remain invisible as their complete identities and complementary experiences go without recognition and validation even while advocating for Black lives.

Fascinatingly, Claudette's story and the experiences of other Black woman activists reveal a mentality that may explain her continued advocacy and resistance when confronted with social rejection that can be described using the Radical Hope Framework (RHF). Like modern Black female activists, Claudette's situation highlights the conundrum of reckoning and positioning their intersectionality with superficially unilateral missions such as civil rights or anti-racist advocacy. This framework is rooted in ethnopolitical and liberation psychology efforts to provide a psychological theory that describes the essence of hope in healing from sociopolitical oppression and cultural trauma for communities of color (Mosely et al., 2020). The following paragraphs will outline the interdisciplinary definitions of radical hope and the suggested pathways to cultivating a radically hopeful mindset when confronted with oppression. Subsequent paragraphs will then explore further how the framework can be used to support intersectional approaches to advocacy in Southern Black women activists by delineating a pathway for simultaneously resisting multiple forms of oppression.

While previous conceptualizations of hope have come from individualistic frameworks, RHF positions hope within collective contexts (Bernardo, 2010; Mosley et al., 2020). Stemming from dominant Western cultural characteristics that value rugged individualism, self-determination, and individual achievement, historical conceptualizations of hope characterize hope as a sensation within the individual and thus experienced as an individual exercise. According to the RHF, Radical Hope in particular, is defined as “the commitment and courage to achieve a vision involving new forms of collective flourishing.” This definition includes cognitive, behavioral, and emotional responses. Cognitively, radical hope is a belief that one can work in harmony with others to achieve a shared goal. Behaviorally, radical hope functions as a compulsion or an urge; those with radical hope feel compelled to act upon injustice and achieve on behalf of their communities. Lastly, hope is an emotion—a desire or aspiration to experience something different (Mosley et al., 2020). Moreover, historical studies of hope have been linked to positive mental health outcomes and psychological well-being (Heidar & Ghodusi, 2015; Venning et al., 2011).

The Radical Hope Framework also provides support for the concept of radical resistance, which is defined as “a person's commitment to living a joy-filled life despite a critical awareness of racial trauma and oppression.” Traditional psychological understandings of human behavior have placed Black women's resistance into demonstrations of resilience (Haris-Lacewell, 2001). While generally regarded as a desirable characteristic, mainstream American culture has used resilience to create dangerously damaging expectations and standards for Black women (Aniefuna et al., 2020; Harris-Lacewell, 2001; Scott, 2017). The myth of resiliency trivializes the plight of Black women by reinforcing the Strong Black Woman trope (Abrams et al., 2019; Donovan & West, 2015) and perpetuating the implicit belief that Black women's minds and bodies are naturally designed to endure inhumane volumes of pain and trauma (Baker et al., 2008; Ndao-Brumblay & Green, 2005; Williams, 2009).

RHF reframes communities of color's ability to successfully cope with trauma and race-related stress by asserting that those with sociopolitically marginalized identities develop an intentional resistance to oppression (Mosley et al., 2020). This resistance is especially evident in Black woman activism; Black women actively resist structural oppression and White supremacy through their clothing choices, advocacy, and other demonstrations to authentic living and community empowerment.
References


India was once a country deeply rooted in a cultural history based in religion and ancient texts. The hijra people, “generally male-born persons who describe themselves as emasculates or ‘eunuchs from birth’, wear feminine clothing, [and] usually adopt feminine names” (Hinchy, 2014, p. 274), are represented in those texts. However, when the British Raj arrived, they imposed their own ideas of gender upon Indian society and forced the hijras into isolated communities where they became vulnerable to disease, poverty, violence, discrimination, marginalization, and mental health problems.

The first known understanding of a third gender in this region is mentioned in the Kamasutra (400 BCE - 200 CE) (Sweet & Zwilling, 1993). In the Hindu epic, Ramayana (200 BCE - 200 CE), hijras are rewarded for loyalty by Lord Rama (Singh & Kumar, 2020). And, in a Hindu creation story, Shiva castrates himself. “Paradoxically, as soon as Shiva's phallus ceased to be a source of individual fertility, it became a source of universal fertility” (Nanda, 2003, p. 195). These representations gave hijras the social power to perform and bestow important blessings or curses of fertility upon families at weddings and birth ceremonies, giving them a source of income, and a place in society. In the 11th century CE, India saw the rise of Muslim rule which gave opportunity for hijras to experience an increase in social mobility because Muslims believed eunuchs to have an ability to mediate barriers therefore, they could save humankind from disorder (Marmon, 1995). This closeness to nobility gave them their highest status in history, some gaining high positions in administration and politics (Jaffrey, 1998).

When the British Raj gained power over the Mughal empire in the 1850s, the status of hijra people took a detrimental turn. The colonists found hijras to be repulsive, offensive, and a threat to colonial values and public safety (Hinchy, 2014). Hijras were seen as a group needing to be kept out of public space for the fear of “moral infection” (Hinchy, 2014). Their performances were frowned upon because the colonists believed that they led to prostitution and that Indian men were too immoral, deviant, and unmanly to not engage in sodomy after seeing hijra performances (Hinchy, 2014). This misguided belief that gender variance is innately connected to sexual deviance also led colonists to believe that hijras were involved in crimes of kidnapping, sodomy, and forced castration (Hinchy, 2014). This ultimately led to their identification as a “criminal tribe” and their persecution under the Criminal Tribes Act of 1871 (CTA) outlawed hijra traditions (Hinchy, 2014). This stripped hijras of their cultural identities, careers, social status, and ultimately, their civil rights.

The CTA forced most hijras into isolated communities where they were free to express themselves but were separated from their families and society. This separation left them highly vulnerable to many risk factors as access to resources and social support diminished. The CTA was repealed in 1952, but that did not mean instant freedom for the hijra people. The stigma and marginalization that was established against hijras by the British Raj still rendered the hijras untouchable in Indian society. By this point, the prevalence of traditional weddings and birth ceremonies had declined, so they had become social outcasts who mainly relied on begging, dancing, and sex-work to survive (Mokhtar, 2020). There has been some movement towards change, culminating in a landmark decision by the Indian Supreme Court in 2014, recognizing that only allowing citizens to identify as either male or female was a violation of their constitutional rights and that
there would now be the option of “third gender” (Indian Supreme Court Recognises Right to Self-Identify as Third Gender, 2014). Those with this identification would have equal rights, freedom of expression, and protection against bias and discrimination. The pattern of colonizers imposing a gender binary that erased traditional non-binary identities also affected Maori society (Tan et al., 2019), North American indigenous populations (Greensmith & Giwa, 2013), and more throughout the global south (Picq & Tikuna, 2019).

Psychology’s role in the oppression of the hijras was first one of complicity. Rooted in the same patriarchal structure as British imperialism, it took psychology until the 1950s to even begin to look at gender expression beyond the binary (American Psychological Association, 2015). This allowed societies to further oppress non-binary groups by maintaining their invisibility. More dangerous, however, is psychology’s promotion of itself as a natural science, meaning that research funding and political interests are placed on studies that promote scientific understandings of gender…not cultural understandings. This scientific formulation of gender does not have space for the expression of cultural gender identities. These identities are also further pathologized through the DSM-V which labels “gender dysphoria” as a mental disorder (American Psychiatric Association, 2013).

The challenge for psychology, when addressing the concerns of hijras and other traditional non-binary populations, is their complex, heterogeneous identity that doesn’t fit neatly into the western conceptualization of LGBTQ+. So, while on one hand, they are experiencing movement towards liberation with the rise of the LGBTQ+ movement in the west and globally; on the other hand, this western label further distances them from their traditional identities and imposes onto them the metacolonial idea of what it means to be transgender; disconnecting them from their culture and binding them to the colonizer. The Pehchan program (Shaikh et al., 2016) has found an effective approach that can begin to guide the necessary work needed to protect these vulnerable populations. The program aimed to improve access by “transgender” participants, including hijras, to many services such as HIV and STI services, condom distribution, and mental health services (Shaikh et al., 2016). The researchers used a capacity-building approach to help strengthen community-based organizations in the areas needed to approach the targeted interventions based on the needs of “transgender” communities (Shaikh et al., 2016). Notably, the study used “transgender” as an “umbrella term that also includes hijra” (Shaikh et al., 2016, p. 2), depriving hijras of their own identity in a study aimed to improve their mental health. However, in order to truly decolonize psychology, non-western gender identities should be studied separately as they are not equatable to the western notions of LGBTQ+.

Facing this challenge starts with educating society and practitioners using an emic approach to create an understanding informed by the populations themselves, not by western concepts, to reduce stigma and discriminatory practices. To address the mental health concerns created by longstanding colonial trauma, practitioners who can establish rapport with community leaders are essential to a capacity-building approach. This will enable providers to work with communities to utilize existing strengths, collaborate to meet community needs, and address the enduring impact of colonialism.
References

Producing Policy

Based on the topics discussed in SPSSI GSC's collaborative 'Societal Psychosis' webinar series, the GSC ended the series with an interactive webinar in August 2021 focused on 'Producing Policy'. All participants were taught to create a Policy Brief, Resolution, Fact sheet, or Infographic on one of the following topics: criminal justice, immigration, or racial justice/coalition-building. This hands-on component aimed to impart concrete advocacy tools to those in attendance. At the end of the series, participants were invited to submit their work for publication. Submitted policy work appears on the following pages.

Check out a recording of the webinar here: https://www.youtube.com/watch?v=n1PBxkq-kp8
A Call for More Research on Women’s Post-Incarceration Reentry Programs

Women have disproportionately negative post-incarceration outcomes compared to men, ranging from higher likelihood of homelessness and unemployment\(^1\) to less likelihood of familial support\(^2\). Between 1980 and 2020, women’s prison population increased at a rate of 775%, an increase 50% faster than men’s population.\(^3\)

- Racial/ethnic disparities found in rates of arrest, conviction, incarceration, and recidivism between women are just as pronounced, if not worse than these rates for men.\(^5\)
  - In 2019, Black women were imprisoned over 1.7x, and Hispanic women over 1.3x, the rate of imprisonment for White women.\(^1\)
- Intersectional factors (e.g., gender, socioeconomic status) significantly impact women, their rates of arrest and conviction, experiences while incarcerated, and recidivism.\(^6\)
- 68% of adult women in the U.S. criminal justice system reported having been abused, molested, beaten, or burned when they were young girls.\(^7\)

Women are being overlooked in research on reentry programs. Women have unique histories prior to incarceration and obstacles to face post incarceration. However, there remains a lack of research on the specific needs of formerly incarcerated women and research dollars disproportionately go to men & men’s outcomes.\(^8\)

- Post-incarceration reentry programs are important sources of support for formerly incarcerated individuals, and, when implemented successfully, can provide assistance finding employment, mental health services, and housing, as well as reduce recidivism.\(^9\)
- However, women often report receiving un-useful advice from parole officers, as the advice given revolves around research done with men, neglecting to consider the experiences of women, particularly women of Color.\(^10\) Although more research is needed, this issue could extend to other reentry programs as well.

Research Recommendations:

- Researchers should focus on investigating the ways that incarceration uniquely impacts women.
- Further research is needed to develop and validate gender-responsive risk assessments, as well as to create assessments that are specific to women’s needs at different stages of the criminal justice process.
- Researchers hoping to reach policymakers should focus their efforts on gathering data that illustrates the impact of reentry programs on communities and society at large, not just on formerly incarcerated individuals.

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**POLICY BRIEF**

**ADDRESSING THE TRAUMA OF FAMILY SEPARATIONS AT THE BORDER**

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**SUMMARY**

The US-Mexico border is often a lifesaving portal for many individuals and families who attempt to escape extreme poverty, warfare, drug violence, domestic violence, gang violence, and similar traumas from their country of origin. To deter entry via the US-Mexico boundary, there are apprehensions and detentions of individuals and families. According to the Pew Research Center, in 2018, there was a dramatic increase in apprehensions with a total of 467,000 arrests. The spike in apprehensions is believed to be accounted for by the influx of family units entering the US (Pew Research Center, 2019). For example, in 2018, there was a total of 163,000 family units detained, a record high since 2012.

In addition to experiencing detentions, families who enter the US via the border may also be separated. During the Zero Tolerance Policy from April 2018 to June 2018, there was a substantial increase of family separations. According to the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), as of December 2018, 2,737 children were identified as separated from their parents. It is of note that this number seems to be an underestimate of family separations (HHS, OIG, 2019). Amnesty International published a report in October 2018 with revised numbers and stated that 6,000 family units were separated from April to August 2018 alone. A heaping total of about 8,000 families were reported to have been separated in 2017 and 2018 (Amnesty International, 2018). Children who are taken into custody at the border are transferred to the Office of Refugee Resettlement (ORR) who then places the child in the least restrictive environment which may be reunification with a family member, if available, or placement with Child Protective Services.

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**ISSUE TO ADDRESS**

**Separations**

Consequences of separating children from their parents are shown to disrupt attachment in children and have negative consequences for cognitive, physical, and emotional development into adulthood (Muniz de Pena et al., 2019). There is also increased risk for psychopathology across the lifespan. Separation from parents and caregivers becomes a trauma itself, placing children at increased risk for stark negative outcomes in the future. The prognosis worsens the younger the child is at the time of separation and the longer the child is separated from the caregiver. Furthermore, children traveling with their parents across the border likely already had preexisting trauma which contributed to the family's initial decision to flee their country of origin (Perreira & Ornelas, 2013). If not addressed, the consequences of separations, can render these children, future adults with difficulties in all spheres of functioning.

**Policy Recommendations**

Reunify children and their caregivers expeditiously. Upon doing so, provide short-term trauma-informed culturally sensitive therapy to address the trauma incurred crossing the border as well as the trauma of the temporarily severed caregiver-child relationship during the separation.

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