



Using functional analytic psychotherapy strategies for supporting Latinas victims of interpersonal partner violence

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La violencia de pareja (IPV, por sus siglas en inglés) es un problema de salud pública mundial que genera altas tasas de discapacidades físicas y conductuales. Los comportamientos para buscar ayuda son claves para brindar soporte en el afrontamiento y el manejo de la violencia de género. El machismo, marianismo y familismo son prácticas culturales relacionadas con conductas de guardar silencio y permanecer en una relación abusiva en mujeres latinas. Asimismo, las dificultades para compartir emociones, establecer límites interpersonales y comunicar necesidades también son barreras para buscar ayuda. Estos factores están asociados a la desconexión social que reduce las posibilidades de que las víctimas sean apoyadas en situaciones de riesgo. Aunque se han desarrollado diversos programas psicológicos y sociales para ayudarlas, se necesita más evidencia sobre adaptaciones que respondan a los factores culturales e interpersonales propios de las mujeres Latinas víctimas de IPV. La Psicoterapia Analítica Funcional (FAP) propone que las relaciones terapéuticas basadas en la intimidad pueden ayudarlas a identificar características de relaciones que brindan ayuda cuando ellas la necesitan. En este artículo teórico se describen diferentes estrategias basadas en FAP con el fin de que los terapeutas que trabajan con Latinas víctimas de IPV puedan ayudarlas.

Palabras clave: Violencia de pareja, Psicoterapia Analítica Funcional, Latinas, Prácticas culturales, Efectividad interpersonal.

Interpersonal partner violence (IPV) is a worldwide public health problem. As a result of IPV, victims report high rates of physical and behavioral disabilities. Help-seeking behaviors are key to obtaining support on facing and managing IPV. Cultural practices such as machismo, marianismo, and familismo are related to keeping quiet and remaining in an abusive relationship in Latinas. Difficulties in sharing emotions, setting interpersonal boundaries, and communicating needs are also behavioral barriers to seeking help in this population. All these factors are associated with social disconnection which reduces victims' chances of obtaining support in risky situations. Although several programs have been developed for helping victims of IPV, more evidence on adaptations to particular cultural and interpersonal struggles faced by Latinas' victims is needed. Functional Analytic Psychotherapy (FAP) proposes that therapeutic relationships based on intimacy can help victims of IPV to identify characteristics of those relationships that provide help when they need it. In this theoretical article, several FAP-based strategies aid therapists working with Latinas' victims of IPV in strengthening clients' interpersonal functioning and defeating cultural barriers when seeking help.

Key words: Interpersonal partner violence, Functional Analytic Psychotherapy, Latinas, Cultural practices, Interpersonal effectiveness.

Interpersonal partner violence (IPV) involves situations in which an intimate partner behaves physically, sexually, and psychologically violent against a current or former partner (Breiding et al., 2015). In physical abuse, perpetrators use objects or their bodies to hurt another person intentionally, producing minor injuries to death. Coercion is another type of abuse, in which perpetrators force their partners to involve in behaviors they do not want to. Some forms of sexual violence involve coerciveness in which perpetrators force their partners to engage in sexual acts they do not agree with. Unauthorized physical touch and penetration are also well-known forms of sexual violence. Psychological abuse is a frequent and underreported type of abuse that includes verbal (i.e., blame, threat, insult) and non-verbal (i.e., ignore, neglect) aggressions

as well as stalking. As a result, perpetrators get control over the emotions, finances, and behaviors of their partners.

One out of three women between 15 and 49-years old have experienced some form of interpersonal partner violence (IPV) at least once in their lives in the American continent (Bott et al., 2019). Between 2003 and 2017 an average of 175.864 cases reported sexual, physical, or both types of abuse in Latin America (Bott et al., 2019). The severity of violent acts perpetrated against women in this region varies among countries. In Perú is reported the highest rate of violence against women (25.5%) while Haiti statistics are the lowest (7.4%; Bott et al., 2019). In general, the prevalence of moderate violent acts (i.e., being slapped, pushed, shoved) in Latino countries ranged between 14.9% and 37.9% (Jaitman et al., 2017).

Global costs associated with IPV are higher every year. While Global Gross Domestic Product (GDP) to compensate IPV effects is 0,05%, Latin American countries have higher costs, reaching an average of 0,09% (Fearon & Hoeffler, 2014). Particularly, Colombia GPB costs are around 4,22% (Riberio & Sánchez, 2005), Chile 2%, and Nicaragua 1,6% (Morrison & Biehl, 1999).

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BARRIERS TO SEEKING AND GETTING HELP IN INTERPERSONAL PARTNER VIOLENCE

Women face several barriers to seeking help and withdrawing from IPV relationships. Anderson and Saunders (2003) conducted a meta-analysis of factors associated with leaving an abusive partner, finding that holding traditional religious values and experiencing love towards the perpetrator reduced the odds of withdrawing an abusive partner. Contrary to expectations, women who witnessed domestic violence in their childhood do more likely to escape IPV relationships (Anderson & Saunders, 2003; Kim & Gray, 2008). In addition, marital status and length of the relationship did not predict staying in an abusive relationship.

From social determinants of health perspective, research has found that the lack of employment and income are other factors that hold back women in IPV relationships. Kim and Gray (2008) identified that financial dependence was associated with low rates of leaving perpetrators. Indeed, women's income and employment status were powerful predictors to leave (Anderson & Saunders, 2003). Behavioral variables such as fear to be harmed, shame, poor perception of control, minimizing and denying the abuse are linked to difficulties in acknowledging and withdrawing IPV relationships. Rather, strong social networks characterized by providing informational, instrumental, and emotional support were significantly associated with sustainable wellbeing in women that have escaped abusive relationships (Anderson et al., 2003).

While social determinants factors of health such as employment, income, and social networks are crucial to overcoming barriers to withdraw IPV relationships, survivors seldom report saving money or asking for support from others (e.g., family, other survivors, health providers, or police) as coping strategies (Rizo et al., 2017). In this line, medical and mental health providers face the challenge of finding strategies to aid IPV survivors in engaging in healthy emotional support and finding sustainable sources of income.

IPV IN LATINAS: BARRIERS FOR SEEKING HELP

Factors associated with IPV in Latinas have some similarities with those described in other ethnic groups. A systematic review among Hispanic women living in the U.S. identified that low SES and income are tightly linked to IPV in this population. Contrary to IPV studies conducted with mainly Caucasian women living in the US, inter-generational violence is a relevant risk factor for Latinas (Ali & Naylor, 2013; González-Guarda & Becerra, 2012).

Studies have identified that some socio-economic factors such as access to a retirement fund, education, and salary differ based on gender in Latinx communities. Comparing time spent over the age of 15 years of paid and unpaid work in four Latin-American countries (Colombia, Mexico, Ecuador, Uruguay), disparities are marked between men and women of all ages in those countries. While paid hours per week fluctuate between 10 and 20 hours for women, labor hours paid to men ranged between 20 and 48 hours. The prospect is bleak when contrasting unpaid hours. Women used to work between 20 and 50 hours weekly without getting paid for it while men only spend 10 hours on average in unpaid jobs. Additionally, the unemployment rate is higher in women than in men across Latin-American countries. Women also face challenges associated with motherhood. For instance, the average duration in school for Latinas

who were adolescents' mothers is lower than those who were not, reducing the chances of getting a well-paid job and financial independence (Bárcena et al., 2016). These socioeconomic factors make Latinas financially vulnerable that is a main contributing factor to staying in violent relationships. Public health policies that reduce gender-based disparities and protect women's human rights need to be on the agenda of governments to reduce the impact of these factors that greatly contribute to IPV (Milosavljevic, 2007).

Other factors such as cultural values are also related to IPV in Latinas. Some qualitative studies have identified a negative contribution of gender roles to relationships' balance and IPV in Latinas. Hispanic women consider that *machismo* (a cultural belief that men are superior to women and masculinity should be exaggerated) and *marianismo* (a cultural practice that encourages women's behaviors of submission and demure) put themselves at higher risk to IPV (González-Guarda & Becerra, 2012; Márquez-Espinoza, 2019). *Machismo* and *marianism* are considered two cultural phenomena based on gender-based behaviors from men and women. While *machismo* is defined as an aggressive attitude in interpersonal relationships and an exaggeration of virility, *marianismo* is conceptualized as a practice in which women's worth relies on spirituality, superior morality, and having the ability to give birth (Moisés, 2012). Such cultural practices facilitate abusive behaviors in romantic relationships as they promote men's power over women by holding control of women's actions, money, sexuality, and so forth (Moral de la Rubia & Ramos Basurto, 2016; Terrazas-Carrillo & Sabina, 2019). These gender roles also normalize the cycle of violence, equating love with emotional dependence which holds back victims from leaving and perpetuating violence and (Moriani Mateo, 2015).

Familismo (family idealization) is a sociological term used to understand the family cultural practice in which members communicate often and should maintain reciprocal ties in order to get mutual help and feel socially connected (Garrido & Chuliá, 2021). However, *familismo* can have a dark side, particularly, when leading women to believe that a real family should remain together and forgive faults because love heals everything; thus, leaving a partner is not an option and could lead to marginalization (Echeburúa-Odriozola et al., 2002). This is linked to other cultural practices around romantic love that promote women's sacrifice for their partners as proof of real love (Echeburúa & Muñoz, 2002).

CONSEQUENCES OF IPV IN LATINAS VICTIMS

Victims of IPV faced several consequences in different life domains. At the work level, absenteeism and problems to be productive are frequent. These affect their ability to keep a stable wage and job (Ministerio de la Mujer y Poblaciones Vulnerables; MIMP, 2017). Further, IPV victims have a lower income compared to women who are not in abusive relationships. Reproductive health is another area impacted by IPV; a high rate of sexually transmitted infections has been found in this population. Pregnancy could be also risky as complications during childbirth have been observed. In addition, mental health consequences such as anxiety, hypervigilance, fear of being abused, depression, and traumatic symptoms are often reported (MIMP, 2017). Social isolation, conflicting interpersonal relationships, problems with self-care, self-esteem, feelings of guilt, justification of violence, and dissociation are other psychological effects of IPV (Vaca-Ferrer et al., 2020). IPV does not only impact



direct victims, but it also affects members of the nuclear and extended family. For instance, children from IPV victims have higher chances of being late into school, getting sick (e.g., respiratory, fever, diarrhea, anemia), or facing developmental delays.

Research on interpersonal and social consequences of IPV in Latinas living in the US showed that severely battered women often have a weak social network and low social contact which reduces their chance to leave (Briones-Vozmediano et al., 2016; O'Neal & Beckman, 2017). Studies conducted with health providers at shelters for battered women in Spain identified that weak and ambivalent social and family networks are a result of IPV that turned into a barrier to leaving abusive relationships (Moriana Mateo, 2015). On a behavioral level, a systematic review on the socioemotional effects of IPV in Hispanics showed that victims frequently presented difficulties on interpersonal effectiveness, particularly, a limited repertoire of problem-solving and emotional communication (Blázquez-Alonso & Moreno-Manso, 2008).

The combination of socio-economic and cultural barriers, as well as interpersonal and behavioral consequences of IPV, contribute Latinas to being held in abusive relationships which result in high levels of isolation and marginalization. Individual interventions for this particular population may be boosted by including strategies to strengthen the following interpersonal repertoires: (a) expressing emotions and needs, (b) establishing and maintaining interpersonal limits, and (c) asking for help. In addition, to overcome interpersonal and cultural barriers, aiding victims to identify nurturing environments in which those effective interpersonal behaviors would be acknowledged and maintained is crucial to strengthen social networks and contact alternative cultural practices.

PSYCHOLOGICAL INTERVENTIONS FOR IPV VICTIMS

Interventions for reducing the effects of IPV have been conducted from different approaches. Eckhardt et al. (2013) conducted a review of intervention programs for IPV victims that were published in English and without a particular analysis over participants' ethnicity. This study found that several treatment outcomes were evaluated in studies conducted with IPV victims, including post-traumatic stress disorder (PTSD), self-esteem, and social support. Examining treatment outcomes, cognitive-behavioral therapy (CBT) showed good evidence in reducing PTSD and depression symptoms, as well as promising results on helping victims to transition from shelters to an independent life. Supportive group interventions showed promising but limiting evidence on social support and emotional distress.

Therapeutic approaches based on contextual behavioral science have also shown positive effects on IPV victims' functioning. Iverson et al. (2009) adapted Dialectical Behavioral Therapy (DBT) to a 12-sessions group modality for women victims of IPV, including the following strategies: (a) pre-treatment, (b) agreement of schedules and groups, (c) group skills (mindfulness, interpersonal effectiveness, emotional regulation, distress tolerance), and (d) transversal validation. This program decreased participants' depressive symptoms and hopelessness while increasing social functioning and general psychiatric distress. This program shows promising results for continuing implementing contextual behavioral intervention with this population.

CBT and DBT programs have mainly focused on reducing psychological symptoms and improving victims' assertiveness.

However, there is not enough information on how those treatments shape specific interpersonal behaviors hindered by IPV (DBT program mainly focused on assertion needs and interpersonal boundaries). They neither offered a culturally adapted intervention for reducing the impact of social practices on victims. Cultural variables have proven to be boosters and buffers of evaluation and intervention processes in psychological therapies (Bernal et al., 2009). In addition, they do not provide a rationale for therapists to manage interpersonal and cultural challenges when clients are hesitant to complete treatment and generalize behavioral changes. In this context, this paper offers some strategies based on Functional Analytic Psychotherapy that can be implemented by therapists struggling with particular cultural and interpersonal barriers presented by Latina's victims of IPV.

FUNCTIONAL ANALYTIC PSYCHOTHERAPY: A CONTEXTUAL BEHAVIOR THERAPY

Functional Analytic Psychotherapy (FAP) is a contextual behavioral therapy focused on strengthening effective interpersonal repertoires through modifying behavioral mechanisms within the context of the therapeutic relationship (Kohlenberg & Tsai, 1991; Callaghan & Follette, 2020). In the latest years, some FAP authors have proposed models for interpersonal functioning (i.e., social connection, intimacy) by extending behavioral principles into middle-level terms (Maitland et al., 2017; Marin-Vila et al., 2020); however, those models are still under development and require more supporting evidence. Because of that, this article will be developed based on the original FAP model developed by Kohlenberg & Tsai (1991).

In FAP, therapists provide natural social reinforcement within the therapeutic setting to shape clients' effective interpersonal behaviors (Clinically Relevant Behaviors 2; CRB2s) such as emotional communication, asserting needs, conflict resolution, and bidirectional communication (Callaghan, 2006). In addition, FAP seeks to reduce problematic interpersonal repertoires (Clinically Relevant Behaviors 1; CRB1) that include hiding emotions, minimizing needs and opinions, establishing weak interpersonal limits, isolating, and concealing information from meaningful relationships (Holman et al., 2017; Kanter et al., 2020).

FAP procedures include implementing five therapeutic rules by therapists (Kohlenberg & Tsai, 1991). Rule 1 is therapists' active observations in order to identify clients' Clinically Relevant Behaviors (CRBs) within the therapeutic interaction. Rule 2 involves therapists' behaviors in the services of evoking CRBs. Rule 3 includes therapists' implementation of contingent reinforcement. When clients present CRB2s, therapists provide positive natural reinforcers (e.g., support, validation, acknowledgment, warmth) to enhance clients' interpersonal effective behavior (TCRB2). In the case that clients emit problematic interpersonal behaviors (CRB1s) such as shutting down, minimizing themselves, concealing, etc., therapists apply differential reinforcement of alternative behaviors to reduce ineffective behaviors and create the opportunity for CRB2s (TCRB1). Rule 4 is the action by which therapists check whether their implementation of contingent reinforcement was or not effective. Finally, through rule 5 therapists promote generalization and discrimination of interpersonal behaviors from the therapeutic setting to the everyday life environment (Kohlenberg & Tsai, 1991; Kanter et al., 2010; Holman et al., 2017).

FAP has been implemented as a booster intervention for several



contextual behavioral therapies (Kanter et al., 2010). A particular area in which FAP has gained support as a standalone intervention is interpersonal and social functioning. Some studies with Latinx populations have shown positive outcomes when implementing FAP for improving interpersonal repertoires. Esparza-Lizarazo et al. (2015) found FAP procedures reduced emotional dysregulation patterns in- and out-of-sessions in two women and one man in Colombia. In the same country, Rincón et al. (2021) implemented FAP with three Latino self-identified gay men who presented difficulties in intimacy-related behaviors, finding a large effect size in intimacy after finishing the intervention. In Spain, Ferro-García et al. (2021) used FAP for treating a wide variety of behavioral problems such as anxiety, depression, obsessive-compulsive disorder, etc., presented by 10 participants. They formulated cases using FAP interpersonal functional categories rather than using syndromal categories. In this study, FAP was associated with a reduction in behavioral problems as well as improvements in interpersonal functional classes.

FAP emphasizes that therapeutic relationships are a model of healthy relationships (e.g., bidirectional, supportive, connected) by which this therapy results in a good fit for reducing interpersonal barriers in victims of IPV. There is not a standalone FAP intervention for IPV victims; however, Vaca-Ferrer et al. (2020) developed a group program with Hispanic victims of IPV that included procedures from various behavioral contextual therapies such as FAP, acceptance and commitment therapy (ACT), and behavioral activation. In this study, initial sessions were focused on strengthening the therapeutic relationship through implementing FAP. In addition, they focused on promoting several effective interpersonal repertoires (CRB2s) such as involvement in protective behaviors, identification of indicators of violent behaviors within relationships, and participation in pleasant activities and relationships in the program. As a result, they found a reduction in distress and risk behaviors in IPV victims. In addition, participants enhanced closeness and openness with others. These are promising results on the utility of including FAP within treatments for Latinas' victims of IPV.

CULTURAL PRACTICES, CONTEXTUAL BEHAVIORAL SCIENCE, AND FAP

From a contextual behavioral perspective, cultural practices are constituted by group-shared behavioral patterns susceptible to be modified (Glenn, 2004). Particularly, Glenn (2004) specifies that macrocontingencies, a type of cultural practice, are the result of cumulative effects of individual behaviors and their consequences within a group. When individuals systematically interact with other groups who offer alternative patterns of behaviors, their old cultural practices can be altered, and learn new cultural rules. For instance, if IPV victims who hold machismo and marianismo cultural practices interact with others who promote equalitarian gender roles, it is likely that their macrocontingencies turn over and new cultural patterns emerge.

FAP therapists' emphasis on shaping and modeling a reciprocal therapeutic relationship with equalitarian gender roles makes this therapeutic approach a good fit for Latinas' victims of IPV. In addition, FAP offers an alternative avenue to develop intimate behavioral patterns fundamental in establishing and maintaining reciprocal relationships. Intimacy refers to the interchange of vulnerable

behaviors (responses punished in the past) within alternative contexts that offer validation, care, and understanding (Cordova & Scott, 2001). In the following section, a description of how FAP promotes key interpersonal repertoires that are at a low rate in Latinas due to IPV is presented. This therapy framework provides some ideas for therapists interested in helping clients seek help timely, stretch social support networks, and identify alternative cultural practices in relationships.

FAP APPROACH TO PROMOTE EFFECTIVE INTERPERSONAL BEHAVIORS IN LATINAS VICTIMS OF IPV

A basic repertoire to establish relationships and maintain meaningful relationships is emotional communication. Cordova and Scott (2001) described how expressing vulnerable emotions and experiences is key to building up intimacy. Concealing emotional experiences associated with being a victim of IPV is common in Latinas, as well as shame and fear of rejection from family and friends which deteriorates social support (Blázquez-Alonso & Moreno-Manso, 2008). Thus, reducing the impact of emotional concealment is crucial to help victims to maintain strong and safe relationships.

Difficulties expressing emotions would be the result of ongoing exposure to punishment and invalidation within the abusive relationship. Thus, creating a genuine, caring, and honest therapeutic relationship is the first step to promoting effective emotional communication. To do so, FAP therapists intentionally evoke emotional expression from their clients. In the case of victims of interpersonal violence every emotional expression would count, that is why asking for their experience, their deepest sense, or their sensations when storytelling would help evoke emotional expressions from the client. Once clients disclose emotions and feelings, therapists are encouraged to reinforce them in a natural supportive way (Callaghan, 2006). For instance, a client who left her partner after an episode of physical abuse may isolate from family so that they would not criticize her for leaving her partner (a cultural practice associated with *familismo*). A therapist may ask for her feelings after making such a decision and acknowledge the meaning of sharing her shame and bravery for protecting herself. Interchanging emotional support and social reinforcement would likely strengthen the client's emotional expressiveness and an intimate therapeutic relationship.

Establishing and maintaining interpersonal limits is another repertoire often thwarted in Latinas' victims of IPV. Interpersonal boundaries are tightly related to identifying and communicating needs and opinions. Often, history of abuse shapes ineffective communication patterns from victims. They learned to send confusing or unclear messages about what they want and need from relationships that result in difficulties from others to be attentive and responsive, perpetuating a loop of misunderstandings and indirect communication (Callaghan, 2006). In this case, FAP encourages therapists to identify those circumstances in which clients show indirect or unclear messages that may lead to difficulties in setting interpersonal boundaries within the therapeutic interaction. Natural opportunities can come up through therapy, for instance, when rescheduling a session, setting the agenda, or being late. Therapists are also encouraged to explicitly ask clients to make requests, describe their needs, and state their opinions regarding therapy and



the therapeutic relationship. When those evoking opportunities happen and clients behave assertively, therapists offer natural reinforcement to needs communication by providing what clients need. Then, it is expected that therapists establish parallels between in-session and daily life behaviors to promote generalization to other relationships.

A more complex repertoire embedded within assertion needs in victims of IPV is asking for help from others. Intertwined characteristics of Latino social factors may contribute to maintaining low rates of seeking help by IPV victims in this culture. A pervasive history of punishment when requesting support and understanding by social contexts likely shapes patterns of avoidance intimacy promoting behaviors such as asking for help (Callaghan, 2006). In addition, the cultural practice of *familismo*, in which what happens at home should remain inside the home, perpetuates a pact of silence among Latinas' victims of IPV. In therapy, it is common that clients to avoid asking for help from their therapist. For this reason, noticing subtle requests of help is crucial to enhance this repertoire. Directly evoking petitions from clients and inviting them to talk about it would normalize asking for help. Thus, naturally reinforcing small steps towards disclosing personal matters outside the family would increase support-seeking from friends and community, defeating barriers associated with *familismo*.

In FAP, natural social reinforcement is the mechanism that produces behavioral change (Callaghan & Follette, 2020; Muñoz-Martínez, 2019). Identifying the most valuable social reinforcers for clients is highly important to increase the chance of modifying interpersonal repertoires. While showing support, validation, and closeness are effective ways of reinforcing emotional communication in the majority of cases, they may be not such effective when targeting assertion of needs behaviors. For enhancing communication of needs and setting boundaries, providing or eliminating what clients state may be a more powerful reinforcer. For instance, if a client asks a therapist to be in the hearing at the court (needs assertion), the natural reinforcer would be accepting the invitation and going to court (reinforcer matches client's request), if possible, rather than showing their deep appreciation for her request (consequence does not match client's petition).

Helping Victims to Discriminate Interpersonal Safe Environments

Ongoing interactions in invalidating and abusive environments hinder individuals' ability to discriminate safety and caring social context. Discrimination implies people's skills to identify what particular "consequence is administered for a particular behavior when a specific stimulus is present but not when another stimulus is present" (Sarafino, 2012, p. 214). In the context of IPV, victims likely present difficulties to clearly distinguish people's characteristics that indicate that they are safe or dangerous.

Discrimination repertoires for identifying safety environments can be promoted in the context of supporting the development of interpersonal effective behaviors. For instance, when clients assert their needs or address conflicts effectively within the therapeutic relationship, the therapist can prompt clients to identify what factors from the relationship, and the therapist facilitates their engagement with effective behaviors. This would help clients to discriminate factors that favor their skillful behavior. Likewise, it is important to ask for the difference between the therapeutic environment and outside social

contexts, particularly, those features that would indicate danger vs safety.

BEING CONNECTED: CREATING MEANINGFUL RELATIONSHIP

Strong and reliable social networks are crucial for Latinas leaving IPV relationships. Asking for help is unlikely when no social support is available. The therapeutic relationship can be a fruitful context to learn various forms of engaging in effective social support and connection (Holman et al., 2017). Connectedness as people's sense of closeness to others by being actively involved with another person, groups, and social world is a relevant factor associated with healthy interpersonal functioning and wellbeing (Dunkel Schetter, 2017; Townsend & McWhirter, 2005). Victims of traumatic experiences are more willing to engage in interpersonal risks, such as sharing shameful and difficult experiences, when feeling socially connected within the interaction (Gabriel et al., 2017)

Kanter et al. (2020) proposed a model based on FAP to promote social connection based on the development of an intimate and reciprocal therapeutic relationship. To do so with IPV clients, therapists are encouraged to initiate therapeutic interactions in which they reinforce clients' vulnerable behaviors such as emotional expressions, self-disclosures, ask personal questions, and so forth (e.g., sharing memories of abuse). As a response to clients' disclosure, therapists are prompted to be vulnerable and sensitive (e.g., expressing emotions evoked by clients' narratives), reinforcing intimacy and closeness. Building up a reciprocal interchange of vulnerable experiences between therapists and clients creates a sense of connection and belongingness in the therapeutic relationship, which can aid victims to ask for help from others as the therapeutic relationship has shaped intimate behaviors and discriminate contextual features that favor such repertoires.

CONCLUSION

Latinas' victims of IPV face several barriers and consequences that hinder their ability of help-seeking. Growing within a culture in which gender roles (*machismo*, *marianismo*) and family duties (*familismo*) regulate what people are allowed to share with others increases the chances of being held in abusive relationships. These cultural practices plus invalidating and emotionally neglectful social contexts are a breeding ground for ineffective interpersonal behaviors in Latinas.

FAP's emphasis on building an intimate and caring therapeutic relationship aid Latinas' victims of IPV to defeat interpersonal barriers such as concealment of shame and guilt, following gender roles promoted by Latino culture, and isolation. From this approach, social support to leave IPV relationships would be seeded in the context of an intimate therapeutic interaction. Doing so implies that therapists actively engage in an ongoing vulnerable interchange with clients, creating a sense of belonging and connection within the therapeutic relationship.

As this is a theoretical article, empirical research is needed to test whether the implementation of the strategies proposed here is useful and effective in aiding Latina victims' help-seeking and therapist support to them. While many of the FAP recommendations are focused on supporting victims to strengthen interpersonal repertoires



and creating a safe therapeutic environment which opposed to problematic cultural practices, it would be useful to test whether they could have an additive effect to other therapies that have demonstrated positive effects in symptom reduction in other populations (e.g., CBT). Blending FAP with other contextual behavioral therapists' approaches will be also useful, particularly with DBT that has shown good outcomes in social functioning. It would be interesting to evaluate whether blending DBT and FAP in individual sessions can boost other interpersonal repertoires such as emotional communication and refine relational behaviors by discriminating nurturing environments.

As noted in this article, Vaca-Ferrer et al. (2020) found improvements in closeness, openness, and distress of Hispanic IPV victims who completed a program that combined FAP, ACT, and behavioral activation. Future research would dismantle this program to evaluate whether FAP-alone could have similar effects or event extended if including modules that target discrimination of safe environment and alternative cultural practices in Latinas as proposed in this manuscript.

In sum, FAP invites therapists to keep the therapeutic relationship as the core to model more functional interpersonal repertoires and interactions when working with Latinas' victims. Its functional nature conceptualizes the lack of help-seeking behaviors as the result of victims' interaction with problematic social environments and cultural practices. This perspective reduces bias over the reasons why Latinas' victims stay quiet and remain in IPV relationships as it does not pathologize them. In this line, FAP therapists would focus on transforming victims' interpersonal dynamics. Doing so would enable victims of IPV to build up social connections and discriminate characteristics of people who could offer help when they need it.

CONFLICT OF INTEREST

There is not conflict of interest

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