

Silence Speaks: The Language of Internalized Oppression and Privilege in Community-Based Research

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Abstract

The complexity of language, internalized oppression, and privilege in community-based research are explored in this paper. The need for theory and practice that acknowledges these issues is discussed. Specific challenges and lessons from research on the needs of Latina and South East Asian “newcomer” young women, ages 12-18, in San Francisco are identified. The article concludes with a new set of recommendations based on this experience.

Openly discussing one’s oppression or privilege, even among the most progressive and competent professionals, is simply not done. Although people of non-European ancestry are now becoming actively involved as partners in the research endeavor, the discussion of how race affects the psyche is neglected. Moreover, given the racial disparities that exist due to the interrelationship of poverty, political power, racism and segregation (Laveist, 2002; Jones, 2001; Williams, 2002); research on race/ethnicity and health is controversial in and of itself. Without acknowledging the role of gender and pursuant dynamics in the community, it is not possible to create legitimate research partnerships (Schulz, 2000).

How can people who are different from one another hear and be heard by each other? What actions must community-based researchers take at the personal and institutional levels to be better prepared to listen and respond to the silent language of internalized oppression and privilege? Two years ago my colleagues Duran, Baker, Avila, and Wallerstein (2003) and I addressed these questions in, “The Dance of Race and Privilege” a chapter in the book, *Community Based Participatory Research in Public Health*, by Minkler and Wallerstein. At that point we were clear that it is not possible to talk about community-based research without talking about racism. We used dancing as an analogy for exploring race and privilege moving through a three-tiered analytical framework and exploring language as a vehicle for translating culture. It was apparent that the publication had its limitations, namely that it was theoretical in nature, and the practical applications were missing. In addition, racism and privilege were underscored in the publication and this overshadowed interrelationships with other critical dimensions such as gender, education, and age. Nonetheless, my co-authors and I concluded with a set of 10 recommendations to conduct

community-based research and take action to reduce racism and privilege in this work (see Figure 1: Recommendations for CBPR).

Figure 1: Recommendations for Community-Based Participatory Research

The following set of recommendations for community-based participatory research is drawn from a variety of sources (Jones, 2001; Spigner, 2001; Duran, 1999; Chavez, 2001; Wallerstein, 1999; Themba, 1999; Omi, 2000). Its goal is to reduce racism and privilege in community-based participatory research.

- Acknowledge the diversity within racial and ethnic groups. Expand data collection to include questions on ancestry, migration history, and language. Researchers need to be attentive to the increasing heterogeneity of racial/ethnic groups and rethink the nature and types of research questions asked.
- Acknowledge that race is a social construct, not a biologic determinant, and model race as a contextual variable in multilevel analyses.
- Address the present-day existence and impacts of racism (institutionalized, personally mediated and internalized) not only as variables to measure but also as lived experiences within the research process. The complex nature of race relations in post-Civil Rights U.S. requires that we move beyond discussions of race and racism as a black and white phenomenon to multiple racial/ethnic groups.
- Examine the role of racism in diminishing the health of the entire population not just the health of low-income communities of color. Emphasize the “intersectionality” of race, gender, age, and class to examine how different categories engage with racism and with each other.
- Encourage people from communities of color to pursue higher education. They will bring new perspectives to CBPR and will raise new questions. Institutional change, such as diversifying academic research faculty, is an important goal of CBPR.
- Use the research process and outcomes to mobilize and advocate for change to reduce disparities and enhance race relations.
- Listen, listen and listen. Pay close attention to the hidden and public transcripts and speak about privilege and racism.
- Accept that outsiders cannot fully understand community and interpersonal dynamics.
- Recognize that privilege is continually operating to some degree and creating situations of power imbalance. Such an understanding is crucial in honest ongoing communication that builds trust and respect.
- Build true multicultural working relationships and, in a partnership mode, develop guidelines for research data collection, analysis, publication, and dissemination of research findings.

This paper takes these recommendations a step further with an actual research project/case study that explores the strengths and challenges of conducting community-based research with a critical eye to internalized oppression and privilege. The term “internalized oppression” is used here to connect the variables of race, class, gender and age that are part of our contemporary U.S. experience. These variables exist within interlocking hierarchies that create systems of privilege as well as disadvantage (Stoller and Gibson, 1999; Andersen and Collins, 1992). The case study presents issues of language, internalized oppression and privilege in a community-based research project studying the needs of Latino and Vietnamese “newcomer” young women, ages 12-18. Newcomer is defined here to describe immigrants who have been in the United States for less than a decade.

In many ways, the outcomes and mechanisms of internalized oppression and privilege are difficult to uncover and address because they are deeply personal. The goal of this paper is to provide a rationale as to why community-based research must go beyond our comfort zones and let in discomfort to gain the insight and cultural competency necessary to proceed with a radical research agenda. Before a description of the project, a definition of Community-Based Participatory Research and a discussion of the powerful role of language are introduced as the context for internalized oppression. Challenges, opportunities and potential errors that emerged in translating cultural constructs are identified. The article concludes with lessons learned and a new set of recommendations for multicultural community-based research partnerships based on this experience.

The Language of Research versus the Language of the Community

The denial of the impact of racism and its inter-relationship with other kinds of oppression is rampant in the American psyche. To complicate things further, most of us forget how much our thoughts are influenced by language and how culture and society shape our words (Scott, 1985). Research operates within language conventions that come from institutions outside “the community.” Dissemination of research, even this article, subscribes to a set of rules agreed upon and understood by people with a certain level of education and professional duties that most likely does not represent the voices of indigent populations we write about. Academia has its official codes and assumptions that often clash with those of the majority of people in the communities where research is conducted. The frame of reference for disseminating research findings is guided by acceptable language venues of academia, e.g., publication in peer-reviewed journals or presentations at professional meetings. Indeed, professionally trained researchers often take for granted words, acronyms and concepts, expecting that if someone doesn’t agree or understand them they will simply speak up and ask. This assumption produces silence. Community partners may not readily say what is on their minds — to disagree, challenge or ask questions. The silence, however, does not mean they are happy or in agreement with all that goes on in the research process.

What something means and how to study, speak and write about it are central issues of contemporary community-based research. Language is a sensitive tool that reveals what goes on between people and within the self. The language people speak goes well beyond voice. Information is made of verbal and body language and is always changing in meanings. Academic/professional language seldom includes emotions and contradictions in its presentation of problems. The language of biomedicine, in particular, is of little usefulness in exploring the impacts of violations of dignity on physical, mental and social well being (Mann, 1998). Enmeshed in the Western scientific tradition, researchers tend to have limited ability to understand alternative belief systems and cultural patterns. As Jonathan Mann points out in his classic essay on public health and human rights, “An exploration of the meanings of dignity and the forms of its violation may help uncover a new universe of human suffering, for which the biomedical language may be inapt and even inept.”

Researchers of color are often not in the role of primary investigator of a research study. Instead we tend to act in other capacities in order to bridge the gap between communities of color and academia, bringing knowledge across both sides. Some of us are bilingual researchers who speak the language of the community as well as the language of research. Having access to academic and community standards empower us to see things from both sides and make visible what may be lost in translation. However, there is a danger in believing that all researchers of color speak the language of the community or even understand the need to question the language behind the empirical paradigm. Moreover, a bilingual researcher can become privy to the “hidden transcripts” (Scott, 1985) within communities of color and come across “data” that for both ethical and practical grounds must be kept confidential. A researcher who learns and publishes information that should have remained hidden can cause considerable conflict and pain within the community if and when this breach of confidence comes to light. It is essential to keep in mind that the work in community-based research is not only about obtaining findings to research questions; the real work is about establishing a process that builds trust, capacity and relationships across our differences.

Community-Based Participatory Research

Community-based participatory research (CBPR) in public health is defined as a collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process (Israel, et al., 1998). This approach to research adds the word participator to emphasize the challenge of genuinely involving diverse community members, service providers and traditional researchers with a collaborative approach (Brown and Vega, 1996; Bruce and Uranga McKane, 2000; De Koning and Martin, 1996; Green et al., 1995; Israel et al., 1998; Wallerstein, 1999). Each partner contributes unique strengths and shared responsibilities that enhance the understanding of a given phenomenon and integrate the knowledge gained with action to improve the health and well being of community members (Minkler and Wallerstein, 2003).

The principles of CBPR emphasize direct benefits to the community involved (Schulz et al., 1998) with research produced and disseminated for multiple audiences in clear, useful and respectful language. The commitment to disseminate research and communicate back with the community where the data was gathered requires that CBPR researchers go outside the usual academic standards. For example, in order to present the case study in this article, I had to obtain permission of all research partners I worked with on this project. I outlined the goals of the writing and invited them to collaborate on this project. Nevertheless, it is equally important not to presume that my research partners have the same interest in participating in writing more than what is required by the grant we were working from. Writing articles has different meanings to the different partners involved. As a university professor, I am required to contribute to the knowledge base and publish regularly. It is expected that any lessons learned from my participation in a research project be shared with others. This is not the case for everyone in a CBPR partnership.

Internalized Oppression and Community-Based Research

Paolo Freire, one of the most influential thinkers in the last half of this century (Kohl, 1997) wrote extensively on the notion of internalized oppression as it related to research and education. Over the last three and a half decades his theory and methods, developed originally from literacy work with peasants in Brazil and later in Chile and Guinea-Bassau, have been re-articulated in the U.S. with special attention to communities of color (Freire, 1970, 1973, 1989, 1998; hooks, 1985, 1994, 2004; Giroux, 2000; McLaren, 2001; Darder, 2003). Freire's research philosophy is explicitly not neutral; he has a preference for the less powerful in society and insists that community participation be the basis of all research and education. The geopolitical analysis he uses situates health and social problems within the historical context of economic disparity, white supremacy and gender inequality (Highlander Research and Education Center, 1990). His method, also known as praxis, involves the analysis of semantic relations between generative words, what they signify and what they point to. Praxis includes the demystification of the structure of language and implies a parallel understanding of the connections between personal, political and societal structures.

Internalized oppression (Freire, 1970; Fanon, 1963, 1967; Martin-Baró, 1989; Memmi, 1967; Sherover-Marcuse, 1986) refers to the interpersonal dynamic whereby individuals internalize the structures that dominate them and replicate them in their intimate lives. The core of this perspective is that an oppressive society recreates itself in its victims' hearts. As Sherover-Marcuse points out, the notion of internalized oppression has been used most often to understand systematic mistreatment and violence:

“Oppression is recycled; mistreatment is passed along by the victims themselves.... In the natural cycle of oppression, individuals have choices with the socially pre-existing roles of victim and perpetrator, these roles themselves

are recreated and imposed on new generations of human beings through the normal mechanisms of an oppressive society.”

A more relevant application to the community-based research process is the subtle display of internalized oppression that presents itself in culturally diverse research partnerships. By culturally diverse I mean research teams made up of people with different relationships to the dominant culture by virtue of their privilege or disadvantage. In racially integrated research partnerships power imbalances exist by default. For example, one team member’s income and education may be radically different than another’s. Or partners may have a different agenda based on the needs of the community they represent or their resources.

To understand the subtle ways that internalized oppression works means recognizing that CBPR is embedded in a colonial legacy by which people with less power have always been required to learn the worldview of those in power. People learn over generations that they are inferior or superior – wrong, less than, or right and entitled. And, we internalize these lies. The patterns of internalized oppression look different for different groups depending on stereotypes as illustrated by the following examples:

- Youth learn that they are perceived as causing crime and mayhem, or are sexually and socially irresponsible.
- Latinos learn that Spanish accents are ugly and show that one doesn’t belong in U.S. society. People in poverty with less education believe they know less and question their intelligence.
- African-Americans learn to value light skin color and straight hair over darker skin complexion and natural hair.
- Women learn to differentiate and distance themselves from other females perceived as “bitches” and “hoes.”
- Gay, lesbian, bisexual and transgendered individuals may keep silent for fear that speaking out will make straight people feel uncomfortable.

The list is endless, but what is consistent across these examples is the duality of believing that the dominant culture is the reference point and the belief in negative information about one’s group outside of the dominant culture.

Internalized oppression addresses subjectivity, questions of power, and the part each of us plays in the evolution of his or her own life story. It acknowledges that oppression does not only come from an external intersection of multiple systems of inequality; the enemy also is within. Furthermore, it is important to point out that people can simultaneously experience internalized oppression along one dimension and privilege along another. For this very reason community partners involved in CBPR may not be able to speak out about their community’s assets. Before one can name the gifts, talents and resources in a community, the community members themselves have to believe these exist. Moreover, silence can come from being in the habit of letting those with more status, privilege and power speak for us, speak on our behalf and lead the way.

Internalized Privilege and Community-Based Research

First, a warning: to openly discuss our privilege gets personal. For professionally trained researchers of European ancestry or those otherwise advantaged through education, income, gender, sexual orientation or age, privilege is one of the most important and difficult issues to address because it is taken for granted. Just like the fish that doesn't give a second thought to its reliance on water, people of privilege take it for granted and do not question its power. To look at ways one may have an advantage over others is a long-term commitment to social justice and requires deep inner-work that researchers may not be prepared to take on.

Indeed, the primary roots of oppression worldwide are economic, racial and gender disparities (Marmot, and Wilkinson, 1999; Kim, 2000, others). Yet, in order to address these inequalities it is crucial that community-based researchers look within to the experience of privilege that goes with being of the dominant race (McIntosh, 1989; Cooper, 1989; Hurtado, 1996; Krieger, 1999; Omi, 2000). White supremacy (hooks, 2004) is an explicit name to call the phenomenon that manifests when the experience of one's group is regarded as "the norm" with which every other group is compared (McGuire, 1999). This form of privilege is likely to go on without being discussed or addressed in even the most authentic of research partnerships. Research on Americans from European ancestry suggests that they do not experience their ethnicity as a definitive aspect of their social identity unless they work or live in diverse communities (Omi, 2000). Omi remarked on the manifestation of privilege on a college campus:

"Whites tend to locate racism in color consciousness and find its absence in color-blindness. In so doing, they see the affirmation of difference and racial identity among racially defined minority students as racist. Black students, by contrast, see racism as a system of power, and correspondingly argue that they cannot be racist because they lack power."

Being of European ancestry, male, and middle or upper class provides advantages that are independent from feelings of racism. In the past, white supremacy was asserted through blatantly racist acts and political policies. Today the mechanisms of white supremacy are more complex and firmly entrenched. White supremacy is part of a system of privilege that is reproduced by:

- A sense of meritocracy; the feeling that one deserves what one has (Mills, 1999);
- Mistaking prevalent white culture as culturally neutral;
- Not recognizing that privilege is not automatically shared or conferred on others;
- Not having to deal with the consequences of internalized oppression (Kivel, 1996; McIntosh, 1989; Cooper, 1989; Hurtado, 1996; Krieger, 1999).

Community-Based Research with Newcomer Young Women in San Francisco

“It’s safe to say that, we learned as much from each other as agencies and individuals as we did from the research: effective outreach strategies, managing the interviewers, facilitating focus groups, collecting interviews, developing partnerships with key community stakeholders. We also learned from the interesting racial dynamics that were present.”

-Newcomer research team member

In January 2003, the Department of Children Youth and their Families (DCYF), Department of Public Health (DPH), Central American Resource Center (CARECEN), Vietnamese Youth Development Center (VYDC), and San Francisco State University (SFSU) embarked on an assessment of needs and strengths among Latina¹ and Vietnamese “newcomer” girls (The term Latina is offered as the most accepted representation category by the research team. Latinas in the study were defined as young women with ancestry from Latin America. Mexican Americans represented 57 percent, Central Americans, 35 percent, and “other Latinos,” eight percent).

The project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and initially was designed for DPH to conduct the assessment. However, institutional representatives identified early on that the best way to carry out this project was to genuinely involve and bring to the center of the research community-based organizations with expertise in meeting the needs of each of these communities. SAMHSA supported the structural changes in the research plan and the Vietnamese Youth Development Center (VYDC) and Central American Resource Center (CARECEN) were brought onboard. As the representative from San Francisco State University, I designed the process evaluation for the project and co-created with the group conditions for the community-based participatory research that our partnership followed.

Several factors led to the initiation of this project. San Francisco is one of the most ethnically and culturally diverse communities in the United States. Often called a “city of refuge,” San Francisco has a large percentage of foreign-born residents. While it is difficult to track exact numbers of immigrants due to issues such as different data sets, aggregated data and undocumented immigrants, some demographics are available. In 1990, more than 34 percent of the city’s residents were foreign-born. Approximately half of them arrived in the U.S. in the 1980’s (US Census, 2000). In the early to mid 1990’s, the two largest groups of documented immigrants in San Francisco came from Asia (particularly Southeast Asia) and Latin America, and the predominant non-English languages spoken in the city were Spanish, Cantonese, Vietnamese, and Tagalog. San Francisco also has a very large but uncounted population of undocumented immigrants, particularly from Latin America. The largest group of long-term refugees is Vietnamese, with a small number of refugee arrivals still coming

into the city. Many Vietnamese have naturalized and are now immigrating family members through non-refugee channels.

The research team followed the principles of community-based participatory research as outlined in Schulz et al (1998) (see Figure 2: Principles of CBPR). In particular, the philosophy guiding this project included building capacity, collaboration/collective ownership, honoring participation and giving voice to the young women and their families. One of the most interesting aspects of this project was the process and opportunity to combine the efforts of three distinctly different institutions: higher education, city government and community-based organizations. It is critical to point out that like other government entities, the Department of Public Health (DPH) and Department of Children, Youth and their Families (DCYF) are not used to giving up control and have historically played a significant role in funding and policy-making. Furthermore, San Francisco State University was initially subcontracted to serve as the research “expert.” As a faculty member from a prominent educational institution it was expected that I would oversee the group’s scientific research process. The community organizations were brought in as subcontractors to implement a culturally respectful and linguistically appropriate community assessment, assist in data analysis and carry out the programs that came out of the assessment process.

Figure 2: Principles of Community-Based Participatory Research

1. Local relevance and attention to the social, economic and cultural conditions that influence health status.
2. Developing, implementing and evaluating plans of action that benefit the community.
3. Enhancing community capacity.
4. Having partners involved in major phases of the research process. Doing research that strengthens collaboration among partners.
5. Projects are conducted via open communication.
6. Research is produced, interpreted and disseminated to community members in clear, useful and respectful language.
7. Joint agreement on access and location of data. Participants are consulted about submission of materials and invited to collaborate as co-authors.
8. Research adheres to human subjects review process, rules and regulations. —

**Adapted from Schulz et al, 1998*

There were seven representatives of these institutions – two from each of the community organizations, one from DPH, one from DCYF and myself from the university. To be a successful partnership with all of our varied personal and professional backgrounds and experiences, it was necessary to have each partner nourish a sense of mutual respect, accountability and influence. Furthermore, to achieve the goal of true community-based participatory research, it was critical that the balance of power be shifted in the favor of the community partners. However, this had

one huge obstacle. The community organizations did not write the original grant. People from outside the community developed the research design. Nonetheless, the community organizational ties established the trust necessary to conduct 250 interviews with newcomer girls and their parents/caregivers, 10 focus groups and 50 key informant interviews. Newcomer young women between the ages of 18 – 24 of Latino and Vietnamese heritage were hired and trained to conduct the interviews with the young women and their caregivers. These community members were bilingual in English and in their native language (Spanish, Vietnamese). Upon data collection, summaries were taken back to the communities from which they were gathered to solicit feedback on analysis and recommendations.

The history, leadership and knowledge of the communities studied enabled our newcomer research team as a whole to recruit young women, design and implement surveys, and organize individual and focused group interviews. Together we developed a transparent process and delegated responsibilities so that everyone around the table had equal input to oversee the process. Minor details, like where and what time meetings were held, setting the agenda and following up on assigned tasks were taken very seriously to insure equity in the process. The team solved problems, made adjustments and corrected mistakes on an ongoing basis. The result was consensus building and group ownership, in spite of a rocky start and a bumpy road.

Challenges, Issues and Lessons Learned

The time from initial meetings to completion of the assessment was more than 18 months. The entire process took much longer than anticipated for several reasons related to doing linguistically and culturally competent community-based research. More importantly, this time was needed to develop and strengthen the partnership, grow in trust and learn the issues of importance to each community in order to develop appropriate tools. Since there were no existing tools appropriate to carry out culturally relevant research of this nature, our team developed the survey and interview instruments collegially building on various areas of expertise: survey development, implementation, cultural understanding, etc. Together we determined the scope of questions, developed the tools (survey and interview questions) and pilot tested the tools in both communities in English. The tools were then translated and assessment data was collected in Vietnamese, Spanish and English. It is important to note that discussions regarding challenges in implementing the survey were made even during the data collection process.

2003						2004
Jan-Apr.	May	Aug-Jan. 2004	Feb.-Mar.	Apr.-Aug.	Sept.	Oct.
Partnership Tool Development & Outreach	Translated & Piloted	Data→ Collection 10 focus groups 50 key informants interviews 250 surveys	Data Entry→	Analysis/→ Community Meetings	Final Report→	Dissemination

Understanding cultural differences with regard to culturally based forms of outreach, development of survey and interview questions, data entry, analysis and plans for dissemination was crucial. Research team meetings had to address difficult discussion of race, racism, and existing data limitations such as few published studies about immigrant health, lack of an accurate immigrant census, immigrant fears of participating in studies, and scarcity of resources required to conduct multilingual studies. There were moments that on the surface appeared “fine” and yet very little progress was being made. The evaluation design aimed to address unspoken tension and frustration that was felt but not heard. Individual interviews with each partner revealed different expectations and challenges in implementation due to the blueprint outlined in the original grant. Like, most research, the grant did not include any discussion of language or cultural translation. The assumption was perhaps that non-English-speaking participants bring complexity of cultural variables and the expense of translating and administering research instruments. Process evaluation reports were created every four months to check the pulse of the group, document progress and address challenges. For instance, to develop the survey the team had to ask each other questions such as, “How to say empowerment in Spanish?” or, “What is the meaning of sexual harassment for Vietnamese young women versus for their parents?” Our discussions took hours of patient deliberation beyond translation. As the evaluator in this process it was important for me to work on clarifying partnership roles and responsibilities, research objectives, and create the space necessary for the voice of representatives from the community-based organizations to come forward and speak out. I had to follow my own advice and “listen, listen and listen – pay close attention to the hidden and public transcripts and speak about privilege and racism” (see list of recommendations #8). As a result, I often found myself having lengthy discussions with community and institutional representatives about the characteristics of CBPR and taking a step back from the “expert” role bestowed on me at the inception of the research project.

It was important for me during this process to point out to the research team that practitioners have been grappling with questions about translating empowerment and communicating cultural constructs since the first time this word appeared in the literature (Erzinger, 1994). I had to emphasize to the team that the question itself, “How to say empowerment in Spanish?” raises the question of whether other empowerment, or other health concepts are relevant, meaningful and translatable across cultures. I posed to the group the dilemma that data collection instruments rely not only on literal translations but also on a deeper translation of meaning, concepts and cultural constructs. Taking on this educational role was difficult in the early stages of the research process, particularly when silence was heard loud and clear. I could feel myself be perceived as annoying and problem producing. This was very difficult for me. I wanted to give the answers and solve the problems – but the principles of CBPR are very clear that my role was first to bring “local relevance and attention to the social, economic and cultural conditions that influence health” (see principles of CBPR #1). Initially, when I questioned the dominant research paradigm proposed in the grant the community representatives were silent and the institutional representatives felt that I was bringing time-consuming and unnecessary controversy

into the process. The idea of developing a tool that was sensitive to issues of collectivism or family and group centeredness, a socio-behavioral orientation in many communities of color (Spigner, 2000; Braithwaite and Taylor, 2000; Aguire-Molina, Molina and Zambrana, 2001) was way beyond the expectations of the original grant writers for this project. Our team reconciled these issues by stressing the importance of triangulating survey data with focus group data. Concepts, like empowerment, are more likely to be analyzed qualitatively than by a survey instrument. Qualitative methods are important in CBPR because they are tools that can give voice to the community and present their issues in a full and complex fashion.

Another place where the research team grappled with issues of privilege and internalized oppression was around our discussion on inclusion criteria for research participants. While the original grant was written to target only Mexican, Central American and Vietnamese young women, mid-way through the tool development process, the community partners proposed to change the criteria. During this time (Summer 2003), as the community partners were gaining a sense of voice and ownership, they noted that even though their agencies were designed to serve the needs of the Vietnamese, Mexican and Central American communities, they did not want to exclude other Latina or Southeast Asian young women from being involved in the research. They expressed that the inclusion criteria was exclusive and did not allow them to reflect the full sense of “community” they were used to in their work and could potentially harm their relationships with the community. After a heated discussion about quantitative research needs versus the needs of the community, the study was expanded to include or Latinas and Cambodian young women. As the data collection was completed it turned out that most of the participants were Mexican, Central American and Vietnamese. However, it was important for the institutional representatives to let go of the need to control the process and stick with exclusionary criteria. We saw it as a success that all partners reached consensus that the priority of the assessment project was to build community relationships of trust – not just to “meet the numbers.”

A New Set of Recommendations

“In reflecting on language(s) as a crucial site for social change, theory should precisely challenge a compartmentalized view of the world and render perceptible the linguistic cracks existing in every argument while questioning the nature of oppression and its diverse manifestations.”

–Trinh T. Minh-Ha, *Framer Framed*

What are most significant in CBPR are the action component and the benefits that will come to the community from participating in the research process. The newcomer young women research project is now in its final stages of dissemination and developing an action plan to integrate research with practice. The outcome of this project is a report of the findings with recommendations that will be distributed to service providers and institutional representatives in the city and county of San Francisco. A goal of these recommendations is to promote positive mental health and

body image, reduce depression and suicide ideation and ensure mental health professionals are informed about and can relate to and understand the experiences of newly immigrated young women from Mexico, Central America and Vietnam. Other community centered recommendations focus on parent participation in school conferences, the need for bicultural counselors, and safe school campuses. Several recommendations speak to the need for cultural competency as it relates to providing neighborhood based services to newcomers throughout San Francisco and creating vibrant networks of referrals and collaboration. I will help the research team disseminate their findings to the larger public health community as we collaborate as co-authors on a publication that presents how the assessment process was designed to build capacity among community agencies as well as within the focus population.

The “new” set of recommendations for CBPR research is action items to be included on grant proposals, research design and plans for sustainability. They are based on my experiences with the newcomer’s young women’s project and build on the principles and recommendations presented in Figures 1 and 2.

- First and most important, make the time to build the relationships of trust, multicultural competence and commitment to social justice required for this kind of work. It takes time and an investment of resources to become a partnership that sees others and ourselves in a historical, political and economic context. Create a forum that welcomes common interests and makes visible agreements of differences. Acknowledge differences. It will take time to look at differences due to race, income, education, sexual orientation, gender or institutional affiliation and take action to find ways to bring about a balance of power and control.
- Identify and predict potential power dynamics based on privilege, oppression and internalized oppression before you apply for funding or explore possibilities for research projects. Openly discuss experiences of power, privilege and power sharing. Share creatively how to manage internalized oppression and privilege as it actually manifests in research meetings and or community forums, i.e.: limit dominance by one person or one group of people, look for non-verbal cues that incorporate diversity and respect for differences.
- Be ready and open to create safe spaces for people to have honest dialogue without repercussion. Practice how to give up power. Remember that CBPR is in the business of border-crossing and breaking ground. Negotiate with funding sources for additional resources, different objectives or a change in expectations. Keep your eyes on the prize with a vision toward long-term sustainable projects and constantly evolving working relationships.
- Pay attention to silence. People always have something to say even when it appears like they have nothing to say. Investigate the silence while accepting that, as an outsider, you cannot fully understand community and interpersonal dynamics. People from poor communities of color have historically been denied a position of power where they are the leader that calls the shots and makes the decisions. It is

most likely that their contributions have come from the sidelines and as a result they cannot freely voice their opinions. The challenge will be how to approach this so that partners are not defensive with each other, but create an environment for learning and growth.

Conclusion

To be effective listeners and really hear where “the community” is coming from, community-based participatory researchers must be polyglots – skilled in speaking and understanding different kinds of language to access each other’s ideology and share our own. As a professor in a racially diverse, working class University, I listen to my student’s impressions about CBPR and hear why this approach makes sense to them. In theory, they say CBPR acknowledges the importance of community-based knowledge, community rights to control data and research, and community participation. In practice, CBPR may be the only ethically sound approach to a long time dilemma. Or, as one student put it, “Doing research on the problems we face in my community is a disgrace! How are you going to try to tell me what my problems are and not do anything about them?”

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