

Mental Health Experiences within the Hmong American LGBTQ Community:

A Qualitative Research Project

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**Abstract**

Mental Health Experiences within the Hmong American LGBTQ Community:  
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This qualitative research project explores the life experiences of six second-generation Hmong Americans individuals who identify as lesbian, gay, bisexual, transgendered, queer, or questioning (LGBTQ). The six participants live in diverse regions of the United States (U.S.) and range in age from 18 to 40 years. In-depth semi-structured interviews were conducted via phone. Participants were asked to share stories of the struggles they have encountered as sexual minorities in their communities, and their experiences of dealing with mental health concerns in the Hmong community and within the U.S. healthcare system at large. The findings provide social workers and other healthcare providers with information to better support members of the Hmong LGBTQ community, to address their mental health needs, and to improve mental health outcomes with this vulnerable and growing population. This study aims to begin to fill a gap in the academic literature by providing insights into the unique challenges that LGBTQ Hmong Americans often encounter in the U.S.

*Keywords: Hmong Americans; mental health; Hmong LGBTQ; Hmong culture; behavioral health; second-generation refugees*

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## Introduction

Forty years have passed since the end of the Secret War in Laos and the commencement of Hmong immigration to the U.S. The Hmong are an Asian ethnic group that originally lived in Southern China (Ng, 2008). During the late eighteenth century, due to political unrest and in search of fertile farming lands, the Hmong began to migrate towards the mountains of Southeast Asia, where many came to consider Laos their new home (Indigenous Peoples Human Rights Initiative, 2006). What many people do not know—and what is not taught in American history—is that the Central Intelligence Agency (CIA) recruited Hmong soldiers in Laos to assist the U.S. military forces during what is known as the Secret War against the North Vietnam Army and Communist forces (Vang, 2013). When the war came to public attention and was brought to an end in 1975, the Americans left all Hmong soldiers and their families behind to live under the new Laos regime, and those who refused to surrender to the Communist government were tortured and murdered (Indigenous Peoples Human Rights Initiative, 2006), fled to refugee camps in Thailand. As a result of the Indochina Migration and Refugee Assistance Act of 1975 and the U.S. Refugee Act of 1980 (Hing, 2003), the first wave of Hmong refugees began resettling in the U.S. throughout the 1980s.

Second- and third-generation lesbian, gay, bisexual, transgendered, queer, or questioning (LGBTQ) Hmong Americans are now seeking to find their place in America (M. Her, 2015). Members of older Hmong generations have a difficult time accepting Hmong who are LGBTQ because they have little interactive experience with queer communities. They often claim that persons who are attracted to the same sex never previously existed in Hmong society (Ngo, 2012), and that homosexuality is something that has been created due to the influence of American culture (Mayo, 2011). For reasons such as these, second- and third generation often

Hmong encounter difficulties when attempting to deal with their sexual identities (M. Her, 2015).

In traditional Hmong culture, there is no place for someone who identifies as LGBTQ. Many Hmong parents are unaware of the struggles and emotions that their LGBTQ children face in their daily lives. Hmong Americans who are LGBTQ not only struggle with how to cope with their sexuality, but also with their identity being “stuck” between two cultures (Mayo, 2013). In some cases, this has led to severe depression or even death by suicide (Boulden, 2009). While some individuals who identify as LGBTQ are slowly finding acceptance by gradually educating the larger Hmong community to become a place of understanding and tolerance (Mayo, 2011), there are still many Hmong individuals who are “in the closet” in regards to their sexuality because non-heterosexuality is taboo and there is little support forthcoming from the community (Flores & Vang, 1999).

Although mental health disorders in the Hmong community are understudied, Hmong Americans experience a higher rate of mental health needs when compared to other Southeast Asian populations in the U.S. (Lee, 2013). Depression, anxiety, substance use, and adjustment issues are some of the common themes found in existing research pertaining to mental health within the Hmong community (M. Her, 2015). Unfortunately, little is known about the specific experiences of Hmong American LGBTQ when seeking mental health services.

Like non-heterosexuality, seeking treatment for mental health concerns is also stigmatized and considered taboo in the Hmong culture. Many Hmong, especially individuals who identify as LGBTQ, do not seek mental health due to stigma within the community (Mayo, 2011). In many cultures, mental illness is considered to be a sign of religious punishment or possession by evil spirits (Unite for Site, 2000). This belief is commonly held among Hmong individuals. This is an important topic for further research because, according to Hmong

National Development (2013):

The specific mental health incidence rates of Hmong Americans have not been identified nor consistently researched in the past three decades. A small number of important studies have been published that discuss mental health experiences of Hmong Americans, though there has not been any systematic attempt by researchers to estimate the mental health incidence rate among Hmong Americans. And more robust and culturally appropriate initiatives are still needed to help Hmong Americans access mental health (p. 7).

Research that does exist regarding the mental health experiences of Hmong American LGBTQs is grouped together in studies about other Asian ethnicities. The Hmong's experience and journey to the U.S. is unique to that of any other Asian ethnicity. The Hmong are war refugees and were granted asylum in many countries in the 1970s and 80s (M. Her, 2015). Grouping the Hmong in research with people of other Asian ethnicities may not capture the unique experiences and needs of the Hmong, especially those who identify as LGBTQ. The purpose of this research project is to explore the mental health and cultural experiences of LGBTQ Hmong Americans and how they interact with the healthcare system when seeking mental health services.

### *Research Questions*

This research project seeks to explore answers to the following questions: "How are Hmong American LGBTQ individuals affected by mental health status culturally?" and "What challenges do LGBTQ Hmong American individuals encounter when seeking mental health services?"

### *Literature Review*

There are few Hmong researchers, and research on Hmong American families and their

mental health status is rare (Lee, 2013). Much of the existing research on the Hmong focuses on cultural conflicts experienced in areas such as language and education, or on issues such as immigration to the U.S. and problematic outcomes, such as involvement in crime and gangs or difficulties in gaining employment or receiving healthcare (Donnelly, 1994; Hein, 2000; Hing, 2003; Koltyk, 2008; Lee, S.J, 2002; Thao, 2008; Westermeyer, Neider, & Callies, 1989). Limited research has been conducted on how best to support the Hmong, let alone the Hmong LGBTQ community, in areas of mental health (Boulden, 2009). Research pertaining to the Asian American population has largely focused on individuals whose lineage descends from East Asia, such as Chinese, Japanese, and Koreans (Chi, 2005).

A further review of literature reveals that there are inadequate data related to LGBTQ issues in Asian American communities in general (Boulden, 2009). Even though Asian Americans comprise the fastest growing ethnic group in the U.S., policymakers and healthcare providers have largely allowed their special needs to go unrecognized (Nagayama Hall & Yee, 2012). Research has also shown that racial discrimination is related to a disproportionate incidence of illness among diverse racial groups (Gee, Shariff-Marco, & Chae, 2009).

All Asian groups are culturally unique, and research needs to be done with a focus on each group without aggregating them together into one monolithic cluster (Boulden, 2009). Asian Americans are treated differently from individuals of other ethnicities when seeking healthcare, in part because there is a misconception that mental illness does not affect Asian Americans (Gee et al., 2009). Studies have shown, for example, that most mental health therapists are of Caucasian descent, and this makes it hard for some Asian American clients to relate to therapists and return for follow-up appointments (Secrist, 2006). It is important to improve all aspects of mental healthcare services because there are still disparities in treatment for the Asian American population (Nagayama Hall, Hong, Zane, & Meyer, 2011).

Scant data have been collected regarding mental illness among the Hmong living in the U.S. (Lee & Change, 2012). Most Hmong do not seek mental health services, especially those who are LGBTQ, due to stigma and cultural beliefs (Gee et al., 2009). It is a common tradition for older Hmong adults to pursue help from clan leaders and shamans for spiritual healing, while Hmong who have converted to Christianity often seek help in different ways (Gensheimer, 2006).

Mental health is important to those in the fields of social work because assisting vulnerable, marginalized individuals and being an advocate for social change are two of the main goals for which social workers strive. A person living with a mental illness needs hope and a support network to help them cope with their conditions (National Alliance on Mental Health, 2014). Many mental health clients are still unaware of the laws and policies that could be utilized to protect them. In fact, many clients are not familiar with programs and entitlements from which they could benefit (Levine, 1981).

### *Theoretical Framework*

In most of the existing research, the mental health experiences of LGBTQ Hmong Americans are reported to include struggles with dual identities, sexual orientations, family dynamics, and being stuck in the middle of two cultures. The literature also explains that their struggles with mental health can lead to the use of substances as a coping mechanism, suicide attempts, and other potentially deadly actions (M. Her, 2014). In this research, Acculturation Theory is used to interpret and better understand the mental health experiences of Hmong American LGBTQs.

According to Acculturation Theory, acculturative stress results from the process of cultural change when individuals or a group of people relocate and begin a transition from a culture and traditions they are accustomed to and start to integrate themselves into the dominant

culture (Lakey, 2003). For example, when the Hmong first arrived to the U.S., most brought with them their old customs and traditions that were learned and passed down from generation to generation (Moua, 2003). Some of their customs and traditions, such as family structures, have started to fade away, while others have started to evolve as they have begun the assimilation process (Hien, 1994). This illustrates that in order for Hmong refugees to survive in the U.S., they have had to adapt to a new culture and to different lifestyles to which they were accustomed.

Non-heterosexuality is considered by some to have never existed in the Hmong culture, and many among the first-generation Hmong Americans believe it is a lifestyle and identity resulting from exposure to American culture. Therefore, someone who is a Hmong American LGBTQ may never feel comfortable “coming out of the closet” for fear that they will not be accepted by their family members or community (Mayo, 2011). For example, this belief has made it difficult for LGBTQ Hmong Americans to establish healthy relationships with their parents, causing stress and related mental health issues as they strive to balance living in the middle of two cultures (Boulden, 2009). This illustrates that acculturation can cause conflict and other behavior issues among families (Kim, Ahn, & Lam, 2009).

### **Method**

Semi-structured, in-depth interviews were conducted with each participant via phone. Each interview was approximately thirty minutes in duration. Each participant was asked the same open-ended questions. The interviews were recorded, transcribed, and then coded using standard qualitative techniques to identify themes based on the participants’ responses. Congruent with Grounded Theory (Charmaz, 2000), four major themes were deduced after the interviews were transcribed and coded using axial coding. In order to identify the major themes, coding of the six participants were compared together according to the individual questions

posed. Codes were grouped according to the context of each participant's response. For example, when participant 1 discussed "shame" and participant 2 mentioned "judgment," the researcher categorized the two responses together under the keyword "stigma". The major findings from this process are presented in the discussion section.

### *Sampling*

Purposive and snowball sampling was used for the research. In order to recruit participants, the researcher posted messages on multiple LGBTQ Hmong/Hmoob Facebook pages and online forums. The Facebook groups are closed groups for individuals who self-identify as Hmong LGBTQ and allies. In the researcher's Facebook post, potential participants were directed to email the researcher directly if they were interested. This was a way of concealing the potential participant's identity and ensuring their anonymity. Individuals were required to be eighteen years or older, identify as Hmong American, and LGBTQ in order to participate. The researcher provided potential participants with a consent form and required their signature before scheduling an interview. Before each interview begin, the researcher read over the consent form and answered any questions. In the end, a total of eight participants who self-identify as Hmong American and LGBTQ were interested, but only six consented to participate. Fictitious names and ages were created to keep the identities of the six participants confidential.

### **Results**

The (fictitious) names, age, gender, and self-identified sexual orientations of the six participants are listed in Table 1. All six participants are second-generation Hmong Americans and are part of the LGBTQ Hmong community. The participants range in age from 18 to 40 years and live in diverse regions of the U.S. Lee (28 years) and Moua (18 years) both identify as gay males. Lor (21 years) and Khang (40 years) are bisexual men. Xiong (23 years) Vang (36 years) are both lesbian females.

Table 1. *Participants*

<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>sexual orientation</b>
<i>Lee</i>	<i>28</i>	<i>Male</i>	<i>Gay</i>
<i>Xiong</i>	<i>23</i>	<i>Female</i>	<i>Lesbian</i>
<i>Moua</i>	<i>18</i>	<i>Male</i>	<i>Gay</i>
<i>Vang</i>	<i>36</i>	<i>Female</i>	<i>Lesbian</i>
<i>Lor</i>	<i>21</i>	<i>Male</i>	<i>Bisexual</i>
<i>Khang</i>	<i>40</i>	<i>Male</i>	<i>Bisexual</i>

The major findings of this research are discussed below under four thematic headings: (1) Depression, Anxiety, and Panic Attacks; (2) Mental Health Stigma; (3) Religion; and (4) Cultural Humility/Experience of Mental Health Providers.

*Depression, Anxiety, and Panic Attacks*

*I have experienced mental health issues in terms of depression and anxiety. As a child I felt lost and confused. Most of my life I thought something was wrong with me. I believe this led to all my suicidal thoughts as a young adult. – Vang*

*I have never been diagnosed with depression or anxiety. Upon doing my own research, I realized that was what I was experiencing as a teenager. I started to notice I was attracted to the same sex and I felt abnormal. I hated myself and became very angry with everything and everyone. I started lashing out with anger towards my family, but at the same time I was really sad inside. I had no one to turn to and that made it worse. – Moua*

All six participants reported experiences with depression, anxiety, and panic attacks at some point in their lives. Lee shared that he had his first panic attack when he was 25 years old. He recalls that he was in a doctoral program at a Research I university and the program was very stressful, causing him a lot of anxiety. He was far from his main support systems, which were his

family and friends, and soon became very depressed.

Xiong reported having panic attacks, which were manageable, throughout her childhood. In 2012, she became very depressed after coming out as a lesbian, which caused her to lose some of her long-time friends. She was no longer able to manage her panic attacks and believes she had a mental breakdown. She recalls becoming so helpless with no motivation to get herself out of her house. She moved back home with her parents for support and because having her parents present made it possible for her to regain a sense of safety.

When Moua was 13 years old, he started to notice that he was not like a lot of his male friends. He noticed that he was attracted to the same sex. He started feeling depressed and became very anxious when he was around his family and friends. This led him to become angry and he started lashing out towards his family and friends.

Vang started experiencing depression and anxiety due to dissatisfaction with her body when she was 11 years old. She believes these were the causes of her suicidal thoughts as a young adult. While she was in college she was able to find the support she needed to cope with her depression. However, after she graduated, she was unable to find employment and again became very depressed. She shared that this time she started cutting herself, and when she visited her parents, her mother noticed and asked her to move back home.

Lor was 16 years old when he started noticing his attraction towards the same sex. One day he decided to do a Google search for information on Hmong LGBTQs. He found a story about two Hmong lesbians who died by suicide due to their parents finding out about their dating. After reading the article, he believed this would be his fate as well. He forced himself to surround himself with and date women. He started to notice how depressed he became and that he had stopped loving himself. He felt lonely and believed no one cared about him.

Khang started experiencing depression and anxiety when his parents passed away. Unlike

the other five participants who knew about their sexuality at a young age, Khang was 32 years old when he realized that he was bisexual. His sexual identity was another factor contributing to his depression. He stopped being social and started keeping to himself. It was difficult for him to be around his friends and family.

### *Mental Health Stigma*

*I did not seek mental health services because of the mental health stigma within the Hmong community. My parents are very well known in the community. It's bad enough they have to deal with gossip about their gay son. They do not need to deal with me being crazy. — Moua*

*I did not feel right reaching out to the Hmong community for help. When I was growing up, they were very judgmental and teased me a lot for not being able to speak Hmong. I also did not want to deal with the gossip, labeling, and shame within the community. It was very hurtful as a child. — Vang*

When each participant was asked how they dealt with mental health culturally and the reasons why they did or did not seek mental health services, mental health stigma was a common theme among all participants. Stigma was reported as the reason why Moua, Vang, and Lor never sought mental health services. Xiong and Moua had similar experiences when it came to dealing with mental health culturally. They both shared how they did not want to be a disappointment to their family, since their families had good reputations and are well known in the community. Eventually, Xiong was able to overcome the stigma and started seeking mental health services. She noticed her mental health was starting to affect her work performance and her relationship with her ex-partner.

Vang was afraid of the family gossip and of being labeled “crazy.” She talked about how depression and anxiety would be considered “not normal for a Hmong woman.” Similarly, Lor

felt ashamed and did not want his friends or family members to think that his mental health issues were due to his sexuality. Like Vang, Khang was also afraid of the gossip and labeling, so for a long time he self-medicated and moved to a locale without a Hmong community.

Mental health stigma was also a barrier for Lee, but his experience was different from those of the others. Lee's experience with stigma did not have much to do with the Hmong culture. The stigma he was confronted with was due to his being a mental health therapist. He was afraid his clients and colleagues would judge him because he was expected to be the expert in providing services and support to others.

### *Religion*

*As a child, I told my parents about how I was feeling and experiencing. They told me it was my calling to become a shaman. My parents thought I would start my journey when I was old enough. When I told them about my panic attacks and depression, they attempted to cure it by performing spiritual ceremonies – Xiong*

*I did not want to talk to my family about my mental health. I did not want them to think evil spirits possessed me. I have heard stories about other Hmong families and how they would have spiritual ceremonies every weekend to help treat their symptoms. If that were to happen to me, I would feel really ashamed. – Lor*

Religion was also a common theme as to why participants had a difficult time dealing with their mental health needs and seeking services. As an adolescent, Xiong's parents told her that her panic attacks and anxieties were part of her spiritual calling to be a shaman. They told her that she would start her journey once she was old enough. When she told her parents about her panic attacks and feeling depressed, they would perform spiritual ceremonies to "cure it." Her parents believed she was surrounded by evil spirits trying to hurt her.

As an adult, her mental health started to worsen. She was afraid to seek mental health

services because she did not want to disappoint her parents. She also felt that if she did seek services, it would mean she was going against her belief system and letting her parents down. The pressure of her parents pushing her to start her journey as a shaman was a factor in her mental breakdown in 2012.

Lor and Moua shared similar belief systems. They both grew up animist, and according to their beliefs, someone experiencing any type of mental illness is considered a victim of demonic possession, a family curse, or a form of karmic punishment for misdeeds committed in a past life. Their belief system has caused them not to seek any type of mental health treatments or services.

During Lee and Khang's interviews, both described growing up as Christians. In their church, they were taught that God does not accept people who are LGBTQ, and that all members of the LGBTQ community will go to Hell instead of Heaven. Lee has since converted to Buddhism, but prior to converting he was very confused about how someone whom he loves so much could not accept him. He became very depressed and did not enjoy attending church until he moved away to obtain his undergraduate degree. He found a church that was very accepting of his lifestyle with members with whom he could relate. Khang, on the other hand, is not troubled about what God may think of him. He knows he is a good Christian and will somehow end up in Heaven. He feels his belief system has nothing to do with his mental health.

#### *Cultural Humility/Experience of Mental Health Providers*

*I was looking for a therapist who understood the Asian family dynamics as well as queer issues. I was also looking for someone who could call me out on my b.s. since I knew what to say and what not to say. – Lee*

*I have gone through a lot in my lifetime, from losing both my parents and then ending my relationship with my partner of five years all within a year. Going to see a therapist has*

*helped me a lot. I think I would be in a different place today—like not having a career or not having a sober life—if I didn't go to therapy. I was able to find a therapist who cared and listened to me. Even after not seeing each other for a few weeks, she still remembered what we discussed in our last session. I know not very Hmong people have the same experience. – Khang*

Out of the six participants, Lee, Xiong, and Khang were the only participants who had made attempts to seek mental health services. Lee and Xiong saw multiple therapists before finding clinicians they were comfortable with. Khang reported only seeing one therapist with whom he had a very positive experience. The three of them are in agreement that their positive experiences were due to their respective therapists' demonstration of cultural humility and having experience with Asian cultures, as well as different types of coping mechanisms.

During Lee's interview, he shared that he was a mental health therapist and he knew exactly what to and what not to say in a session. He was looking for someone who knew what he was doing and who was able to call him out. In addition, he was looking for someone who was familiar with the dynamics of Asian families and was also knowledgeable about queer issues.

Lee's first therapist was not a good fit. Lee reported that even though the therapist was Asian, she had no knowledge of queer issues or Asian family dynamics. Lee felt the therapist had little to no experience with counseling. For example, he shared the therapist suggested that he start to journal about his emotions, and he felt that she ignored the reason why he was there. Lee never returned for a follow-up visit. Lee reports that although he had a bad experience, that did not prevent him from attempting to seek services from another provider. In contrast, Lee's second therapist was an older white male. Although the therapist was neither Asian nor queer, he had both knowledge and experience. Lee felt the therapist validated his need for support. Lee continued working with this clinician until he relocated.

Xiong was looking for a therapist with both cultural humility and experience with different types of coping mechanisms for her depression and panic attacks. She said that her first experience with a therapist was very negative. She shared that the therapist dismissed her feelings and her belief system. Xiong also said that she felt ignored, and that the therapist kept pushing to prescribe her antidepressants. Xiong left the session disappointed and did not return for a follow-up.

A few months later with the support of Xiong's ex-partner, she went to see a different therapist. This time she had a positive experience. She felt the second therapist listened to her and was open to hearing more about her belief system and how it affected her mental health. Xiong continued having sessions with the second therapist, and at the end of their work together, she was very satisfied. Xiong left with new skills and strategies for coping with her mental health symptoms.

Khang was referred to a therapist by his employer. He shared that he had a very positive experience with the therapist. He felt the therapist was very experienced and listened to him. For example, Khang shared that his therapist could vividly remember details of their conversations from previous months. The therapist was able to help Khang develop ways to cope with his depression and alcohol use.

Moua, Vang, and Lor did not seek services due stigma and because their health insurance did not cover mental health services. They are not completely confident about seeking services if health insurance was not an issue for them.

## **Discussion**

This qualitative research project explored the mental health experiences of six Hmong American individuals who identify as LGBTQ. During in-depth semi-structured interviews, the researcher asked the participants to openly relate how they are affected by mental health issues

culturally, as well as the challenges each individual has encountered while seeking mental health services. The project allowed the individuals to share their mental health experiences for the first time. In participating and sharing their narratives in this research, they hope to inspire other LGBTQ Hmong Americans to seek mental health treatment and challenge the mental health stigma within the Hmong community.

Past research indicates that depression, anxiety, substance use, and adjustment disorders are common themes found in mental health research conducted within the Hmong community (M. Her, 2014). Hmong Americans struggle with how they cope with their Hmong American identity and being in the middle between two cultures (Boulden, 2009). All the participants in the research described their belief that their mental health issues were due to the struggles with adjusting to their dual identity, being in the middle of two cultures, and their sexuality. They also expressed how their mental health was compromised by losing friends and families as their support systems as they started to openly share their sexuality and mental health issues. The nurturing and support they received through relationships with people they had known for numerous years ceased to exist.

According to existing research, mental health stigma is a major cause of many Hmong not utilizing or seeking treatment for mental health concerns (Mayo, 2011). The participants in this research believed mental health stigma within the Hmong community was a reason they did not seek mental health services. For example, Xiong shared how she was afraid of being judged by the Hmong community; while Vang spoke of her concern that seeking treatment would mean she was admitting that she was “crazy.” This demonstrates how powerfully mental health stigma can affect one’s decision in seeking mental health treatment.

Religion was identified as another barrier in seeking treatment. Many Hmong Americans are animist and believe someone who is struggling with a mental illness is experiencing either

demonic possession or a calling to start his/her/their journey towards becoming a shaman, or a punishment for actions from their previous life (Mayo, 2011). Many also believe mental illness can be cured by performing a spiritual ceremony (Lee, 2013). For example, when Xiong was an adolescent, a shaman often performed spiritual ceremonies to cure her panic attacks. The shaman believed Xiong was surrounded by evil spirits trying to harm her. Her parents also believed her panic attacks indicated she had a calling to be a shaman. In the Hmong culture, shamans are chosen by helper spirits who then give them signs and healing powers (Petracchi, 1990). This shows how one's belief system can be a barrier for seeking the proper mental health treatment.

According to existing research, most mental health therapists in the U.S. are of Caucasian descent and Asian clients find it difficult to relate to them. Asian clients often do not return for follow-up therapeutic sessions, possibly related to cultural mismatch (Secrist, 2006). Other research indicates that some Caucasian therapists lack cultural humility and often confuse the ethnicities of their Asian clients (Gee et al., 2009). In this research, Lee, Xiong, and Khang received mental health treatments and endorsed having positive experiences. Unlike Khang, Lee and Xiong both had negative experiences with their first therapists. They both felt that the therapist lacked both experience and cultural humility. Their second therapists were better able to meet their needs.

Mental health stigma and religion affected the participants' decisions in seeking mental health treatments. The Hmong culture played a role in how each individual managed to deal with depression, anxiety, and panic attacks. When it comes to what challenges the three participants encounter when seeking mental health services, they reported lack of experience and cultural humility on the part of mental health clinicians.

In Acculturation Theory, in order for a person or a group to survive and thrive following relocation, they must immerse themselves into the dominant culture, which causes them to lose

important aspects of their own culture and identity (Lacky, 2003). Even though the Hmong have been in the U.S. for several decades, first-generation Hmong have yet to accept or support the LGBTQ Hmong American community (M. Her, 2015). LGBTQ Hmong Americans have found support from each other and organizations such as Shades of Yellow (SOY) to cope with their mental health. SOY is the first and only organization that specifically provides support to the Hmong American LGBTQ community, as well as others who identify as Asian and Pacific Islanders (SOY, 2007). There is a lack of research, education, and support for the Hmong American LGBTQ community, and SOY is the first organization of its kind to reach out to the community in socio-culturally relevant ways (Mayo, 2013). The results indicate that further research should be conducted on mental health accessibility and barriers to treatment within the Hmong American LGBTQ community.

### *Conclusion and Implications*

Many first-generation Hmong are likely to suffer from the effects of historical trauma since immigrating to the U.S. following the Secret War in Laos. Despite their own experiences with extremely difficult and painful experiences, many first-generation Hmong do not seem to understand the struggles that second- and third-generation community members experience while growing up in the U.S., especially those who are part of the LGBTQ community. For example, second- and third-generation Hmong and Hmong LGBTQ are heavily influenced by American culture, and generally lead lives very different from those of their parents. Greater and more culturally relevant support not only needs to come from the Hmong community, but also from the larger healthcare system as well.

It is important for social workers, as well as other healthcare professionals, to focus on mental health issues within the Hmong LGBTQ community so that issues of access, barriers, and unmet needs can be addressed. Social workers need to advocate for members of all marginalized

groups, including resettled Hmong refugees. It is also crucial for social workers to understand and educate themselves on the cultural factors pertinent to the Hmong LGBTQ community.

### *Ethical Considerations*

The Hmong LGBTQ community in the U.S. is a small community, and there is a good chance that someone may be able to deduce the identity of the participants. Due to some of the participants not being open about their sexuality, pseudonyms were used to protect their identities. Once the interviews were transcribed and coded, the recordings were permanently deleted from the researcher's hard drive.

### *Limitations*

The research was conducted with a small sample comprised of six participants. The findings may not represent the experiences of the Hmong American LGBTQ community as a whole. The focus of the research is on mental health experiences within the adult Hmong American LGBTQ community. Mental health experiences for Hmong American LGBTQ adults may differ from those of Hmong LGBTQ youth. Although participants identify as LGBTQ, mental health experiences of individuals who identify as gay, lesbian, or bisexual are likely different from those who identify as transgender or questioning.

Future studies should include a larger sample size of LGBTQ Hmong Americans not just those who are gay, lesbian, and bisexual. Future studies should also include both a qualitative and quantitative approach in order to capture the essence of mental health experiences within the LGBTQ Hmong American community in order to better support and address their multi-faceted needs. Mental health measuring tools such as the Patient Health Questionnaire (PHQ-9) could be used to report and measure the severity of Hmong LGBTQs experiences with depression or mental health status. Furthermore, future research should include interviews and the voices of healthcare providers.

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