






Navigating Intersectional Identities: Clinical Considerations for Working With LGBTQ Asian American Youth

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LGBTQ Asian American youth face unique challenges related to their marginalized identities. It is well documented that Asian Americans who need mental health treatment access care at lower rates than White populations.¹ Although Asian cultural values are often cited as reasons for decreased help-seeking behavior, research suggests structural barriers including cost, lack of culturally tailored services, and lack of knowledge of available resources as greater contributors to these disparities.¹ Asian Americans have also been subject to the “model minority” myth, the stereotype that the community is universally high achieving, rule following, and well adjusted. This false narrative contributes to negative mental health outcomes driven by racial discrimination and homogenizing the Asian American experience. This masks the diversity in mental health needs among Asian Americans. In addition, LGBTQ Asian Americans experience microaggressions, the perception of being “not queer enough,” and racism from LGBTQ spaces that often primarily cater to a White population.²

Traditional Asian values influence the experiences and mental health of LGBTQ Asian American youth. Collectivism emphasizes group welfare over individual needs and “saving face,” stressing the preservation of the ostensible reputation of an individual and their family. The virtue of

filial piety, a commitment of duty and service to elders, may impose heteronormative and cisgender responsibilities on individuals.³ Examples of this include heterosexual marriage, carrying on a family name for men, and bearing children for women. LGBTQ Asian American youth may feel pressure to hide their LGBTQ identity to maintain support and social harmony with their caregiver networks. Conversely, family cohesion and support are collectivist features that can have a positive impact on LGBTQ Asian American mental health, as communal belonging is associated with decreased odds of mental health disorders.⁴

Given the dearth of LGBTQ Asian American literature in child psychiatry, this article aims to provide an introduction to how this intersectional identity can have an impact on clinical recommendations. We define intersectionality as how social identities of race/ethnicity and queerness interact to afford unique experiences. We acknowledge that we will not cover the vast experiences of the community and that the term “Asian American” includes a wide range of cultural diversity that exceeds the scope of this paper. We use “Asian” to refer to individuals whose origins are of East, South, and Southeast Asian diasporas and “queer” as a term of inclusivity and reclamation to describe the LGBTQ community. The following 3

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fictional yet representative vignettes are used to demonstrate how clinicians can navigate the complex dynamics between the identities of the youth and cultural values within their caregiver networks. By harnessing the positive effects of cultural pride and avoiding harmful stereotypes, we can all better support LGBTQ Asian American youth through their distinct paths toward a thriving future.

VIGNETTE 1: ASIAN CULTURAL VALUES CAN INFLUENCE A PATIENT'S DECISION TO COME OUT

Nate (he/him) is a 15-year-old transgender Malaysian boy on the medical floor. His legal name and sex are different from what he has told you. Nate mentions that he has not come out to his family members except for his sister.

Research shows that LGBTQ Asian American youth are less likely to be out to their parents compared to their White peers.⁵ Internalized heterosexism from an adherence to traditional Asian values (ie, collectivism, filial piety, “saving face”) may lead to less willingness to be out.⁶ Self-determination, or the ability to define one’s identity independent of social norms, is a common theme in the transgender community that is rooted in individualism and directly contrasts with collectivism.⁷ For transgender Asian American individuals, going against familial expectations may result in guilt and shame, and the duty to prioritize familial cohesion can result in a delay in identity exploration and coming out.⁷ For Nate, to assertively request his parents to use certain pronouns may also feel distressing, as it would request him to defy ingrained filial piety expectations. In addition, not being out at this time allows for continued protection provided by familial connectivity and harmony. Our recommendation is to discuss ahead of time with Nate the name and pronouns that he wants to use with different family members, as it is important to support the patient’s choice regarding which contexts the patient wants to disclose their sexual orientations and/or gender identities.

VIGNETTE 2: NAVIGATING THE COMING OUT PROCESS WITH FAMILY MEMBERS

Joy (she/her) is a Chinese American high school student. Joy is out to her friends and teachers but not to her parents. When Joy discloses to her parents that she has a girlfriend, they state that Joy has been “brainwashed by social media” and to “stay away from bad influences.” In subsequent

encounters, you learn that Joy’s parents immigrated from China in the 1990s with the narrative that being gay is an illness. Her parents have a predominantly heteronormative friend group with limited exposure to positive representation of LGBTQ communities. Joy’s parents tell her they wanted to protect her from discrimination and reacted out of fear of the unknown.

Joy’s circumstance illustrates how in some Asian communities, existing outside of cisgender, heteronormative frameworks, may be viewed as deviant or unsafe.⁸ Common reactions from caregivers may include an initial shock that they “no longer know their children,” a sense of guilt they have “failed” the duties of parents, and the fear of shame from their larger communities.³ Joy’s parents may think that they are acting in her best interest without realizing that denying her queer identity or trying to keep her away from LGBTQ friends and resources can lead to isolation and loss of community. Support from friends has been shown to significantly reduce suicide risk and is an important protective factor for Asian American LGBTQ youth.⁵ Caregivers’ reactions to their children’s coming out may also change over time, as they require time to work through shame, guilt, and fears of the unknown. Clinicians should approach patients and their families with humility, listen to their histories, and not judge where families are in the journey of understanding their children’s queer identity. Affirm Joy’s parents that she is still the same child they love and allow space for difficult emotions, as they may be mourning the narrative of who they thought she would be. Resources can be provided for Joy’s parents to address common misconceptions about LGBTQ experiences in addition to positive narratives of LGBTQ Asian Americans living fulfilling lives (Table 1).

VIGNETTE 3: CULTURAL BACKGROUND SHOULD NOT BE VIEWED AS A BARRIER TO A PERSON'S LGBTQ IDENTITY

Sruthi (she/her) is a Bangladeshi American college student who has been attending her college’s LGBTQ discussion groups at their diversity and inclusion center. In a group, she talked about how her parents supported her coming out process and recently joined her in volunteering at an LGBTQ non-profit organization. Individuals in her predominantly White discussion group responded with “it’s surprising that your family is so open.” Sruthi informs you that she does not understand why her peers reacted that way and that she feels uncomfortable going back to that discussion group.

When working with LGBTQ Asian American patients, cultural background should not be viewed as a barrier to a

TABLE 1 Resources for Clinicians and Families

- **Asians and Pacific Islanders for LGBTQ Equality (API Equality LA)** provides fact sheets addressing commonly asked questions and misconceptions about the LGBTQ experience. These are available in Chinese, Hindi, Bahasa, Tagalog, Urdu, Vietnamese, and several other languages. <https://www.apiequalityla.org/organizations-1>
- **Asian Pacific Islander Parents, Families, and Friends of Lesbians and Gays (API PFLAG)/API Rainbow Parents** provide information and support groups to Asian-Pacific Islander caregivers and parents who have LGBTQ family members. They meet regularly via online support groups. <https://www.pflagnyc.org/families/api-rainbow-parents/>
- **The Asian Pride Project** is a media campaign created by multiple organizations including PFLAG, NQAPIA, Q-WAVE, and GAPIMNY. These videos feature stories in different languages told by parents, siblings, elders, and children describing their experiences with their family members coming out journeys. <http://asianprideproject.org/>
- **Desi Rainbow Parents & Allies** offers education and support groups for South Asian LGBTQ individuals and their families to discuss issues related to gender identity and sexual orientation. They host monthly online support and discussion groups. <https://www.desirainbow.org/>
- **The Family Acceptance Project** has developed materials for ethnically and religiously diverse families to support their LGBTQ and gender expansive children. Resources include behavioral guides for parents to reduce LGBTQ children's risk for mental health issues and to promote wellbeing. These guides are available in multiple languages including Spanish and Chinese. <https://familyproject.sfsu.edu/publications>
- **The National Queer Asian Pacific Islander Alliance (NQAPIA)** provides education and resources on topics such as coming out and family acceptance for AAPI LGBTQ individuals. These materials are available in multiple languages. They also have affinity groups across the country and hold the nation's largest AAPI LGBTQ conference every three years. <https://www.nqapia.org/>

Organizations affiliated with academic research centers:

- **Yale Compassionate Home, Action Together (CHATogether)** is a research and community outreach organization focusing on Asian American mental health and the use of improvisational theater and other artistic outlets as therapeutic interventions for Asian American families. <https://chatogether.com/>
- **Stanford Communication Health Interactive for Parents of Adolescents and Others (CHIPAO)** is an organization that uses vignettes and workshops to facilitate discussion of topics related to Asian American health. <https://www.stanfordchipao.com/>
- **The Lets Talk!** is an annual conference series supported by Harvard Graduate School of Education and Massachusetts General Hospital focuses on the promotion of success and well-being of Asian and Asian American students by highlighting intergenerational experiences with cultural identity and mental health. <http://www.talkhgse.org/>

person's LGBTQ identity. As discussed in Vignette 1, the concept of collectivism vs individualism is commonly dichotomized as a source of conflict for LGBTQ Asian American youth. However, clinicians should be careful not to fall into the cognitive bias that negative mental health outcomes are due to "cultural reasons". Racial micro-aggressions are a significant source of negative mental health outcomes.⁹ Research suggests that cultural pride can be a protective factor for mental health.^{3,10} Clinicians can support patients by cultivating their racial or cultural identity by encouraging youth to join community organizations and events. This allows patients to build resilience in coping with discrimination, to understand dominant narratives and systems of oppression, and to embrace an awareness of their other social identities.³ This approach further promotes increased access to support networks and culturally conscious resources, resulting in a positive perception of one's own ethnic and sexual identities.³

Although not present in this vignette, LGBTQ Asian American youth may also experience "intersectional

invisibility," the failure to recognize an individual's multiple minority identities.¹¹ Individuals may feel compelled to hide their queer identity within their cultural community because of homophobia/transphobia and lack of acceptance. To address negative feelings from this extended marginalization, clinicians can conduct an individualized values assessment and acknowledge that culture and queerness are not mutually exclusive. Moreover, it is essential to normalize uncertainty by exploring both the tension and joy of a patient's identity and by creating opportunities for positive self-affirmations.

CONCLUSIONS AND INVITATION FOR CULTURALLY INFORMED CARE

Acculturative gaps, language barriers, and unprocessed emotional trauma that may exist across generations can compound with pre-existing complex dynamics. We invite physicians to care for this unique population with cultural literacy, humility, and curiosity. Specifically, we encourage physicians to initiate conversations to optimize a safe

environment (Vignette 1) and nonjudgmentally approach to both youth and caregivers (Vignette 2); to advocate for engagement with culturally relevant community organizations (Table 1); and to perform individualized values assessments and provide space for dignity and preferences (Vignette 3). Incorporating cultural components into conventional practice can help LGBTQ Asian American youth navigate their intersectionality and align parents toward a common ground in their child's best interests. We call for action to adapt culturally informed and family system approaches in caring for LGBTQ Asian American youth, now and into the future.

This article is part of a special series devoted to addressing bias, bigotry, racism, and mental health disparities through research, practice, and policy. The series is edited by Assistant Editor Eraka Bath, MD, Deputy Editor Wanjikū F.M. Njoroge, Associate Editor Robert R. Althoff, MD, PhD, and Editor-in-Chief Douglas K. Novins, MD.

This article is part of a special Clinical Perspectives series shedding a new and focused light on clinical topics within child and adolescent psychiatry. The series, which includes Clinical Perspectives, Translations, Commentaries, and Letters to the Editor, covers problems, controversies, or tenets of the care of children and adolescents with psychiatric disorders from a new vantage point, including populations, practices or clinical topics that may be otherwise overlooked. The series was edited by Deputy Editor Schuyler W. Henderson, MD, MPH, and Douglas K. Novins, MD, Editor-in-Chief.

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