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Khanh T. Dinh, Ivy K. Ho & Yuying Tsong

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INTRODUCTION



Introduction to Special Issue: Trauma and Well-Being among Asian American Women

Khanh T. Dinh^a, Ivy K. Ho^a, and Yuying Tsong^b

^aDepartment of Psychology, University of Massachusetts Lowell, Lowell, Massachusetts; ^bDepartment of Human Services, California State University, Fullerton, Fullerton, California

My gender, “race” and class are not separate persona or persons—they make and re-present all of me in and to the world that I live in. I am—*always and at once*—there all together, for whatever reason that is worth

Expressions such as “immigrant,” “alien,” “foreigner,” “visible minorities,” “illegal,” and so on, denoting certain types of lesser or negative identities are in actuality congealed practices and forms of violence or relations of domination. (Bannerji, 1995, pp. 12 & 24)

This special issue shines a much-needed light on an overlooked public health concern, involving an underserved and understudied population: Asian American (AA) women. The experiences of trauma are diverse and complex, as is the case when we reflect on the varied backgrounds and life experiences of AA women, largely silenced and invisible within the context of the United States. We say from the outset that this special issue is limited in scope—it is limited in its coverage of the diverse experiences and outcomes of trauma, as well as its coverage of the diverse populations of AA women. Nonetheless, it is our hope that the special issue will serve as a catalyst for more intensive and extensive focus, through research, practice, and community and societal engagement, on the various experiences of trauma and outcomes of well-being among AA women. It is also our hope that scholars, practitioners, and other community members engaging in their trauma research and/or healing work with and for AA women do so through a feminist and intersectional lens, while applying a critical analysis of the predominant conceptualizations of trauma and well-being. This lens and critical analysis are a must in order to understand the underlying dynamics of structural and historical oppression and violence that have shaped and are shaping the lives of AA women (e.g., Brown, 2008; Chin, 2000; Cole, 2009; Comas-Diaz & Greene, 1994; Else-Quest & Hyde, 2016; Kawahara & Espin, 2007; Sokoloff & Dupont, 2005; True, 1990). The focus in this special issue is important and needed as AA women and girls comprise the majority (52.2%) of the fastest growing racial population in

CONTACT Khanh T. Dinh  Khanh_Dinh@uml.edu  Department of Psychology, University of Massachusetts Lowell, 113 Wilder Street, Suite 300, Lowell, MA 01854-3059, USA.

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the United States (Brown, 2014; U.S. Census Bureau, 2015). Furthermore, experiences of trauma, in all its forms, have significant consequences for human development and well-being, both in the short- and long-term, involving individuals, families, and communities (e.g., Classen, Palesh, & Aggarwal, 2005; Farley, Golding, & Minkoff, 2002; Marshall, Schell, Elliott, Berthold, & Chun, 2005; Masten & Osofsky, 2010; Schmitt, Branscombe, Postmes, & Garcia, 2014).

Prior to our overview and introduction of the articles in this special issue, we provide some background information to serve as a backdrop for the contributing articles and to help in contextualizing the experiences of trauma and well-being among AA women. We highlight the following topics: diversity among AA women, experiences of trauma, impact of trauma on well-being, and the need to work with AA women through a feminist and intersectional lens.

Diversity among Asian American Women

The Asian American population (alone or in combination with one or more other races and separate from census data for Pacific Islanders) is approximately 21 million people, of which about 11 million are women and girls (U.S. Census Bureau, 2015; American Community Survey (ACS)). In examining the 2015 ACS one-year estimates, it is unclear the precise number of ethnic groups that comprise the AA population and by extension the AA women population (hence, readers will see across some of the articles in this special issue varying statistics regarding the total number of AA ethnic groups). The ACS estimates indicate 21 AA ethnicities plus “other Asian, specified” and “other Asian, not specified,” suggesting a greater number of AA ethnic groups in total. The top 10 largest ethnic groups are Chinese (not including Taiwanese), Asian Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Cambodian, Hmong, and Thai Americans.

Other Dimensions of Diversity

In addition to ethnicity, there are other aspects of diversity among AA women. Although specific statistics pertaining to AA women are not easily ascertained from census data, we can gauge for additional dimensions of diversity from statistics reported for the general AA population. Among AAs, 74% are foreign-born, 62% identify themselves by their country of origin, 69% reside outside the state of California, 52% have a bachelor’s degree or higher level of education, 25% are under the age of 18, and 12% live in poverty (Pew Research Center, 2012; PR Newswire, 2017). These statistics implicate some additional aspects of diversity among AAs and by extension AA women,

but they do not explicate the depth of diversity that exists within and between ethnic groups. For instance, Chinese Americans include individuals and families who have been in the United States for generations and also those who are recent arrivals; many first-generation Southeast Asian Americans came to the United States in the aftermath of the Vietnam War; certain ethnic groups, particularly those who are recent immigrants or refugees, face much worse socioeconomic realities than what is suggested by the rate of poverty for AAs overall (Dinh, 2009; Takaki, 1989). Furthermore, other important dimensions of diversity, such as age, gender identity, sexual identity, ability/able-bodied status, documented status, and so forth represent additional intersections of experiences that are crucial to understanding the multiplicity and layered effects of trauma in the lives of AA women. The vast differences in demographics and backgrounds within and between AA ethnic groups give us a rough idea of the extent of diversity in the life experiences of AA women, including lifetime exposure to traumatic events and their potential acute and chronic impact on well-being.

Experiences of Trauma among AA Women

The diversity of the AA women population suggests that the women's experiences of trauma are similarly diverse. However, there are prominent experiences of trauma relating to their shared life circumstances. One such shared circumstance is that the majority of AA women are of immigrant or refugee backgrounds, which may encompass significant life events and transitions, depending on the underlying push and/or pull factors for emigration from their countries of origin. The push factors may include the need to escape from war/genocide, economic deprivation/poverty, political persecution, discrimination, limited life opportunities, and/or other reasons. The pull factors may include a desire to unite with family members already in the United States, to seek a better life for themselves and their families, to attain education abroad, and/or other reasons, such as relationship/marital involvement with U.S. military personnel or with other U.S. citizens. These push/pull factors may signify or lead to numerous traumatic events relating to the pre-migration, migration, and/or resettlement processes (Dinh, 2016), such as war trauma, migration trauma, refugee camp trauma, trauma relating to losses of loved ones and home country, sexual violence trauma, exploitation trauma, economic/deprivation of basic needs trauma, acculturative stress trauma, discrimination/hate crime trauma, domestic violence trauma, and many other kinds of trauma. The landscape of various kinds of trauma is intricately connected to the multiple marginalized statuses of AA women across sociocultural contexts and across time.

Expectedly, another shared circumstance in the lives of AA women relates to their race and gender (cisgender, transgender, and identities in between

and beyond)—all AA women share at least these two statuses. Alone and together, these statuses encapsulate devaluation, invalidation, stereotypes, and invisibility within the racist-sexist context of U.S. society (Kawahara & Van Kirk, 2004; Tien, 2000). On top of these challenges, sexism and patriarchy are integral in many AA communities (Fong, 1997; Lee & Law, 2001; Rimonte, 1991; Wang, 1996). The complex interplay of multiple oppressive contexts with regard to race and gender points to many potential traumatic events faced by AA women, some of which we have mentioned above, such as race/gender discrimination trauma, sexual violence/harassment trauma, domestic violence trauma, intimate partner violence trauma, poverty trauma, and so forth. Moreover, AA women occupying other statuses, such as those relating to their class, sexual identity, ability/able-bodied status, documented status, and so on, may face additional traumatic events across the lifespan. The potential exposure to multiple and intersectional traumatic events across contexts, developmental stages, and generations due to both shared and unique life circumstances may have acute, chronic, and/or cumulative effects on the well-being of AA women.

Impact of Trauma on Well-Being among AA Women

The general research literature has extensive evidence of the significant and complex impact of prominent traumatic experiences on human development and well-being (e.g., Agaibi & Wilson, 2005; Atkinson, Nelson, & Atkinson, 2010; Classen et al., 2005; Masten & Osofsky, 2010; Miller & Rasmussen, 2010; Schmitt et al., 2014; Williams, Neighbors, & Jackson, 2003), but information is limited when it comes to the general AA population, including AA women (Sue, Cheng, Saad, & Chu, 2012; Yoshihama, 2000). Where there is available literature for AA women, areas of focus include the impact of refugee pre-migration and migration trauma on post-migration adjustment (e.g., Chung, 2001; Chung & Bemak, 2002), domestic/intimate partner violence (e.g., Dasgupta, 2007; Liao, 2006; Yick & Agbayani-Siewert, 1997; Yoshihama, 2000), and sexual violence (e.g., Abraham, 1999; Lee & Law, 2001). Even in these areas of trauma that have received some attention from scholars and clinicians, more recent works are limited, as well as empirical evidence of their effects on outcomes of well-being. Thus, it is unclear the extent and intensity of trauma impact on various dimensions of well-being among AA women. In addition, conceptualizations of “trauma” and “well-being” are typically in the realm of mental health conditions and outcomes, as defined by the American Psychiatric Association in their Diagnostic and Statistical Manual of Mental Disorders. What may constitute “trauma” does not necessarily involve only direct or indirect “exposure to actual or threatened death, serious injuries, or sexual violence” (American Psychiatric Association, 2013, p. 271) and what may constitute “well-being” does

not necessarily encompass only mental health, but also other important areas of functioning.

Despite the limitations in the research literature on AA women, we can extrapolate from the general literature, some of which are cited above, that the consequences of traumatic experiences on the well-being of AA women are as diverse as their experiences of trauma. Acute, chronic, and/or cumulative exposure to trauma can affect all aspects of development and well-being, such as those relating to psychological, physical/biological, social, spiritual, economic, and other realms of living. We also can extrapolate that these aspects of well-being are dynamic across time and contexts, interacting with each other within the person, as well as with factors and forces outside the person. Moreover, the consequences of trauma affect not just AA women directly exposed to traumatic events, but also their families and communities and across generations, such as the intergenerational impact of the Chinese Exclusion Act of 1882, the Immigration Act of 1924, Japanese American internment during WWII, and legacies of Western colonialism and imperialism in Asia (David & Okazaki, 2006; Nagata & Cheng, 2003; Takaki, 1989). Additionally, consequences of trauma are not always negative, as they may include both negative and positive effects, such as posttraumatic growth and thriving that have been observed across individuals, families, and communities with histories of trauma (e.g., Calhoun & Tedeschi, 2014). Taken altogether, so much is still unknown about the all-encompassing impact of traumatic experiences in the lives of AA women.

Working with AA Women through a Feminist and Intersectional Lens

The diverse backgrounds of AA women living within racist-sexist sociocultural environments, as well as other oppressive and confining forces, require a feminist and intersectional lens in order to understand the complexity and nuances of their lived experiences. We cannot objectively or subjectively, whether in our scientific or clinical work, separate the multiple and intersectional realities in the lives of AA women. We must attend to the whole person and the dynamics and histories that make up her wholeness. Works by diverse feminist psychologists (e.g., Brown, 2008; Chin, 2000; Cole, 2009; Comas-Diaz & Greene, 1994; Kawahara & Espin, 2007; True, 1990) implore that we take a deep and broad critical examination of the interacting systems and environments that breed or exacerbate trauma for AA women, while creating barriers to their optimal growth and functioning. Theoretical and critical works by other diverse feminists (e.g., Himani Bannerji, Judith Butler, Kimberlé Crenshaw, bell hooks, Ranjana Khanna, Mari J. Matsuda, Minh Ha Trinh, Patricia J. Williams, and many other feminists) also provide an array of analytical tools and insights to help us name the trauma and situate it within

the complex web of intersectional oppressions that is part of historical and present-day realities for AA women.

In thinking about trauma and well-being, especially from a feminist perspective, we also must attend to the strengths of AA women and their capacity to push against and through life challenges, while surviving and thriving. The works of Margaret Cho, Cecilia Chung, Maxine Hong Kingston, Grace Lee Boggs, Jhumpa Lahiri, Sonia Shah, Amy Tan, Ta Phong Tan, Mitsuye Yamada, Helen Zia, and many other women, visible and invisible, speak to the talents and tenacity of AA women. Individually and collectively, AA women have survived and overcome numerous life events (e.g., war, genocide, rape, exploitation, discrimination, poverty, etc.), and despite the many challenges, they continue to make contributions, large and small, to their families, communities, U.S. society, and beyond.

Overview of the Special Issue

The idea for this special issue stems from the work of members of the Section on the Psychology of Asian Pacific American Women (Section 5), of the Society for the Psychology of Women (Division 35), of the American Psychological Association. Section 5, with its core mission of advancing Asian Pacific American feminist psychology, was established in 2008 with a handful of founding members and, since then, has become a professional home to almost 200 feminist psychologists of diverse backgrounds and professional interests. We, the guest editors of this special issue, are among the founding members of Section 5 and certainly our affiliation with the Section had made it possible for our collaboration on the special issue. In addition, the Editor of *Women & Therapy* (*W & T*) and a number of our contributing authors and reviewers also are members of Section 5, demonstrating the importance of such an organization in bringing together AA feminists.

This special issue is a culmination of collaborative work over a 3-year process between the editor of *W & T*, the guest editors, the contributing authors, and the reviewers. The process encompassed various stages of work, including development of special issue topic and timeline, general call for abstracts, selection of abstracts for full manuscript development, selection of invited authors for additional manuscripts, selection of peer reviewers, several rounds of review and editing, submission of manuscripts and this introduction to *W & T*'s editor, review of articles by *W & T*'s editor followed by additional revisions as needed by authors, final submission of manuscripts to *W & T*'s editor, and publication of special issue.

In our general call for abstracts, we invited submissions of quantitative and/or qualitative works, theoretical pieces, review papers, and best practices concerning any area of trauma and well-being. We initially solicited works involving AA as well as Pacific Islander (PI) women, but received no submissions

for the latter group. Hence, we revised the title to reflect more accurately the populations included in the special issue. We call for more future work on PI women as they also represent a much understudied and underserved population in the U.S. In our selection of abstracts for full manuscript development, we attempted to include as much as possible from the submissions, diverse works on trauma and well-being that attend to contexts and critical analysis of social statuses and intersectionality, as well as feminist theories and approaches in research and practice.

Special Issue Articles

There are nine articles in this special issue, including four quantitative articles, two qualitative articles, two combined review–best practices articles, and one review article. The articles cover some of the prominent areas of trauma relating to war, genocide, refugee/immigrant history, racial and sexual objectification, sexual and racial harassment, sexual assault, model minority myth, intimate partner violence, and maternal loss. These articles collectively depict the complex and textured lives of AA women and the many challenges they face in their life journeys.

The special issue opens with a combined review–best practices article on the legacies of war and the direct and intergenerational effects of war trauma on AA women (Kim-Prieto et al., 2018). Kim-Prieto and colleagues (2018) recognize the extensive diversity of the AA population but pinpoint a central commonality—history of war trauma and colonialism that connects the lives of AA women within and across generations. In their review of the literature, the authors highlight the deleterious impact of war trauma on mental health, particularly affecting AA women. They also point to the importance of examining war trauma in the broader context and systems of other forms of trauma and oppression to fully understand all its impact and manifestations in the lives of AA women. They further delve into the literature to present an overview of best practices in mental health services to AA women, specifically focusing on practices pertaining to language barriers, culture-centered approaches in challenging oppression, and issues of invisibility. To demonstrate these segments of knowledge and best practices as they relate to legacies of war trauma, Kim-Prieto and colleagues (2018) present a narrative reflection based on the authors' involvement in a professional women's group that may serve as a model for cultivating healing and empowerment among AA women.

The article by Uy and Okubo (2018) is another combined review–best practices work that further underscores the human condition in the aftermath of war and genocide among Cambodian refugee women in the U.S. The authors present a review of Cambodian history and culture to contextualize the lives of these women. In addition, their integration of literature on posttraumatic growth and feminist narrative perspective provides theoretical frameworks

for examining trauma and its varied consequences, including potential for positive outcomes. These theoretical frameworks also serve as a foundation for applying best practices in clinical work with Cambodian refugee women. Through a case illustration, the authors detail the process of clinical work with a Cambodian American female client that entails careful consideration of history, culture, circumstances of trauma, and feminist narrative to re-construct a coherent life story, making it possible for facilitation of posttraumatic growth.

Whereas the first two articles focus on war-related trauma, the review article by Cheng and Kim (2018) examines experiences of racism and sexism among AA women in relation to trauma symptomatology that includes posttraumatic stress, body image concerns, and disordered eating. The authors utilize an objectification theoretical framework to critically examine the interconnection of racism and sexism in the broader context of oppression, as well as the link between racial and sexual objectification and mental health issues uniquely experienced by AA women. In their critique of the research literature, Cheng and Kim emphasize the need for future research to expand beyond the DSM definition of trauma to include experiences of racial, sexual, and other kinds of oppression and to examine the intersectionality of these experiences. Furthermore, they call for expanded conceptualizations of body image concerns and disordered eating that apply more accurately to the lives of AA women. The authors also present implications in clinical work with AA women, underlining the need for clinicians to attend to racial and sexual objectification trauma and their connection to trauma symptoms that go beyond the DSM definition.

Following the review article by Cheng and Kim (2018) on racial and sexual objectification is a quantitative research article on sexual and racial harassment as they relate to depression and posttraumatic stress among 129 college-aged AA women (Buchanan, Settles, Wu, & Hayashino, 2018). Buchanan et al. (2018) utilize an intersectional theoretical framework to examine the relationship of sexual and racial harassment to mental health outcomes. An important finding in this study that is consistent with previous research involving other populations: AA women often report experiences that represent harassment, but do not label such experiences as harassment. This indicates the advantage of using behavioral measures that assess more accurately AA women's experiences of harassment. Their results also show that specific dimensions of sexual harassment and racial harassment are associated with depression and/or posttraumatic stress. In their research and clinical implications, Buchanan, Settles, Wu, and Hayashino (2018) emphasize the importance of examining intersectional experiences of marginalized statuses in future work with AA women.

Similar to the work by Buchanan, Settles, Wu, and Hayashino (2018), Ho, Dinh, Bellefontaine, and Irving (2018) also utilize quantitative data to study sexual harassment among 109 college-aged AA women. However, they

investigate specific modes of cultural adaptation, namely Asian cultural orientation and White cultural orientation, in relation to sexual harassment attitudes and experiences. Their results show the importance of considering the interaction of these two primary modes of cultural adaptation in AA women's accepting attitudes of sexual harassment. Their results also show that almost every participant endorsed at least one sexual harassment event, indicating the high prevalence of such experiences faced by AA women. Ho and colleagues call attention to the need for a careful examination of the process of cultural adaptation and the intersection of marginalized experiences in understanding sexual harassment. They also call for the development of sexual harassment measures that tailor to the life experiences and cultural backgrounds of AA women.

The quantitative research article by Tsong and Ullman (2018) focuses on post-assault coping strategies and how cognitive responses toward sexual assault victimization may relate to choice of coping strategies within two community samples of 64 AA women. Their primary results show that AA women survivors use coping strategies of Acceptance and Self-distraction most frequently in post-assault. Survivors who perceive less control over their recovery process tend to turn to coping strategies, such as substance use, that may hinder recovery. Tsong and Ullman recommend culturally sensitive approaches in clinical work with AA women survivors, particularly an emphasis on helping survivors to gain a sense of control over their recovery process, rather than on disclosure of the details of sexual assault experiences or prevention of future sexual assaults. The authors stress the need for researchers and clinicians to consider the broader context of cultures and social statuses in understanding the varied ways AA women perceive and cope with sexual assault.

Whereas the last three articles are based on quantitative research, the work by Noh (2018) uses narrative analysis of qualitative data to explicate the role of the model minority myth as an insidious form of trauma in suicidality among 44 AA women suicide survivors. Situated within theoretical frameworks of women of color feminism, critical race studies, postmodern psychology, and critical anthropology, Noh extricates the model minority myth as a product of the systems of oppression that is destructive to the physical and psychological lives of AA women. She details the ways in which this myth plays out in AA women's suicidality through her analysis of the stereotypes of AA success, the internalization of model minority, and the myth serving as a major barrier to addressing the needs of AA women in the U.S. societal context. The life narratives of AA women suicide survivors demonstrate these prominent themes and expose the underlying forces of the model minority myth in undermining their core identities and well-being. Noh further speaks to the need for expanding the definition of trauma to include experiences of discrimination and oppression and to go beyond current psychological approaches to trauma.

The quantitative research article by Maru and colleagues (2018) also examines suicidality among 173 AA women, specifically 1.5 and second-generation Chinese, Korean, Vietnamese, and multi-Asian American women. However, instead of the model minority myth, the authors investigate suicidality in relation to intimate partner violence (IPV), while controlling for childhood physical and sexual abuse. Their results show that the majority of AA women participants reported incidents of IPV, especially psychological aggression, sexual coercion, and physical assault, within the past six months, and that 70% of the participants reported lifetime suicidal ideation or intent. Their results also show IPV as a significant risk factor, specifically dimensions of physical assault and sexual coercion, for lifetime suicidality among AA women, even after accounting for history of childhood abuse and other relevant variables. The work of Maru and colleagues points to the serious consequences of IPV and other forms of violence, including childhood abuse, on the health and mental health status of AA women. They call for culturally sensitive health services, community outreach, and systemic changes in addressing all aspects of IPV affecting the lives of AA women.

The special issue closes with the final qualitative research article by Sharma and Natrajan-Tyagi (2018) on South Asian American daughter–father relationships in the aftermath of maternal loss. Further complicating this experience of loss is the immigrant context in which it takes place. Through their gender and intersectional analysis of interviews with five daughter–father dyads, the authors examine three major themes pertaining to the bereavement process, the transforming daughter–father relationship, and the common and unique ways daughter and father cope with the loss. Sharma and Natrajan-Tyagi further examine, through their dyadic analysis, the similar and differing dynamics between daughter and father in the process of coping with maternal/spousal loss and the ways in which this process transformed the roles of daughter and father within the immigrant family. The authors further discuss cultural and gender implications of maternal loss for daughters and the central role of mother as the primary figure in the family and in transmitting cultural knowledge to her children. Hence, maternal loss is not just a loss of a parent but also a loss of that cultural connection and support that is unique to the daughter–mother relationship.

Conclusion

The aim of this special issue is to bring much needed attention to the life experiences of AA women, specifically a focus on trauma and its consequences on well-being. Part of this aim is to highlight the extensive diversity that exists among AA women, as well as the diversity of their trauma experiences. The articles included in this special issue showcase some of this diversity and provide a window for us to glimpse into the lives of AA women, their

struggles and their strengths, and the intersectional dynamics and contexts of their lived experiences. As we stated at the outset of this introduction, this special issue is limited in scope. However, we believe it will help in advancing research, practice, and other works on trauma and well-being with and for AA women. We also believe that the work will be done best when it is carried out through a feminist and intersectional lens that allows for the complexity of AA women's lives to become visible and seen. Only through this critical work can we say we have an understanding of their life experiences.

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Appendix

Scholars and clinicians who served as reviewers for the special issue:

- Christopher Allen**, Ph.D., University of Massachusetts Lowell
Leilani Salvo Crane, PsyD, Private Practice
Christie Eppler, Ph.D., Seattle University
Hilda Glazer, Ph.D., Capella University
Diane Hayashino, Ph.D., California State University, Long Beach
Grace Kim, Ph.D., Wheelock College
Chu Kim-Prieto, Ph.D., The College of New Jersey
Phi Loan Le, PsyD, California State University, Fullerton
Soni Kim Monroe, PsyD, Crossroads Institute for Psychotherapy and Assessment
Hannah Nguyen, Ph.D., California State University, Dominguez Hills
Eliza Noh, Ph.D., California State University, Fullerton
Rebekah Smart, Ph.D., California State University, Fullerton
Natasha Thapar-Olmos, Ph.D., Pepperdine University
Phitsamay Uy, Ed.D., University of Massachusetts Lowell
Kayoko Yokoyama, Ph.D., John F. Kennedy University
Jennifer Young, PsyD, Counseling and Outreach Unit, Peace Corps