

Culturally Competent Approaches for Serving Asian and Pacific Islander Lesbian, Gay, Bisexual, and Transgender Populations in California

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The “Golden State,” or the “Left Coast” as California is affectionately called, boasts a rich fabric of culturally diverse people, including the largest Asian and Pacific Islander (API) population of any state. Many API individuals and families reside in the San Francisco, Los Angeles, Sacramento, San Diego, and Fresno areas; in fact, Los Angeles County has the distinction of being the county with the largest population of APIs in the country. California is also home to the largest population of API people who identify as lesbian, gay, bisexual, and transgender (LGBT). According to self-reported data on the 2000 U.S. Census, California has the highest number of API same-sex households of any state, with over 13,000 as compared to over 38,000 nationwide. San Francisco County has the highest rate of API same-sex couples (2.2 per 1,000 households), while Los Angeles County has the largest number of API same-sex couples (1,929).¹ California is also home to a large number of API transgender people, though estimates on the size of this population vary.

API LGBT people report a high degree of discrimination and harassment, lack of acceptance in API families and communities, and racism in the LGBT community.² This stress contributes to chronic health conditions, substance abuse, and mental health issues in this population. Yet there is limited data on API LGBT healthcare needs. Cultural insensitivity on the part of health service providers can make it difficult for members of this population to fully access health services. This article presents best practices for serving this population, including terms and identities, health disparities, family issues, and suggestions for creating a welcoming environment.

Terms and Identities

Asian and Pacific Islander communities represent dozens of ethnic groups with varied languages, cultures, and immigration histories. They include, but are not limited to, people of East Asian descent (Chinese, Japanese, Korean), Southeast Asians (Filipino, Vietnamese, Thai, Cambodian, Hmong), South Asians (Indian, Pakistani, Bangladeshi, Sri Lankan), and indigenous people from Hawaii, Samoa, Guam, and Tonga. In the U.S., the largest Asian group is Chinese (24%), followed by Filipinos (18%), Asian Indians (16%), Vietnamese (11%) and Koreans (11%).³ Of Pacific Islanders, Native Hawaiians account for the largest population at over 100,000 and 37% of the Pacific Islander population. Samoans follow at 23% and Guamanians are 15%.⁴

API LGBT people living in the United States have varied identities, which may include API-specific concepts that differ from American LGBT identities. The following is a sampling of the many LGBT terms and identities indigenous to API cultures. In the Philippines, the term *bakla* is used to describe a biologically male person who is attracted to men, which in American concepts would be perceived as a gay man or transgender woman (male-to-female transgender individual).⁵ *Mars* and *pars* describe femme and butch lesbian identities, respectively, in Filipino culture. Female-to-male transgender individuals in Japan are referred to as *Newhalf*.⁶ In India, the *hijra* are biological males or intersex individuals who are considered neither male nor female. They live and present as female, and have special social roles at weddings and childbirth, but often live in dire economic straits begging for food. The Bengali term *shamakami* literally means “love for your equal or same,” and is a reclaimed word that describes a woman who desires other women.⁷ The Hawaiian term *mahu* usually describes male-to-female

individuals who are considered a third gender and who may be living as women, or as gay men who are perceived as effeminate. Some lesbians identify with this term as well. The Samoan term *fa'afafine* describes biological males with a strong feminine gender orientation who are often respected as having the spirit of women. They have special social roles in childrearing and caring for the home.⁸

Many API LGBT people in the U.S. refer to themselves as LGBT or lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ). Many API LGBT people identify with the term *queer*, which can denote the larger spectrum of LGBT identity within a sociopolitical context. Some prefer not to use language to describe their sexual orientation or gender identity and expression. When working with LGBT clients, it is best to use the standard terms lesbian, gay, bisexual and transgender, which are considered neutral and descriptive, and to listen to the terms that people use to describe themselves and mirror them when appropriate.

Health Disparities

Though health data on API LGBT communities is limited and primarily focuses on HIV-related health issues for API men who have sex with men, there is some data on substance abuse and mental health issues in this population, and the health effects of discrimination. API LGBT populations are impacted significantly by discrimination based on race, sexual orientation, and gender identity and expression. In a large-scale nationwide survey of API LGBT people, 86% of 863 respondents reported experiencing discrimination and/or harassment based on race or ethnicity. Seventy-six percent reported that they had experienced discrimination and/or harassment based on their sexual orientation. Of the respondents in California (37% of the sample), 91% stated that homophobia and transphobia are problems within the broader API community, and 79% reported experience with racism and ethnic insensitivity within the larger LGBT community.

The impact of racial discrimination on health status has been well documented. One study of Filipinos demonstrated a clear association between unfair treatment by institutions and individuals, and substance abuse. This association has also been demonstrated among other groups that experience racial discrimination, including African Americans and American Indians.⁹ This study of Filipinos in San Francisco and Honolulu found an association between respondent reports of unfair treatment, and dependence on prescription drugs, illicit drugs, or alcohol.¹⁰ Other studies have found associations between discrimination directed at Filipinos and chronic health conditions and depression.¹¹

A recent article on the relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the U.S. indicates that more than two thirds of LGB adults in a large national sample reported at least one type of discrimination in their lifetimes. Researchers found that the odds of past-year substance use disorders were nearly four times greater among LGB adults who reported multiple types of discrimination prior to the past year than for LGB adults who did not report discrimination.¹²

API transgender individuals experience pervasive discrimination, harassment, abuse and hate violence, and consequently struggle with high substance abuse rates. Because of limited English capability, difficulties securing employment, and other factors, many API transwomen resort to commercial sex work. In a San Francisco study of transgender women of color, nearly one-half of the sample of 110 API transwomen reported having sex under the influence of drugs in the past 30 days, which was associated with commercial sex work. Over half of the sample used illicit drugs in the past 30 days, which was also associated with commercial sex work. Sex under the influence was also associated with those individuals who had a college degree.¹³

Discrimination compounds mental health issues as well. The National Latino and Asian American Survey, a national household probability psychiatric survey of 4,488 Latino and Asian American adults, found that approximately 4.8% of persons interviewed identified as lesbian, gay, bisexual, and/or reported recent same-gender sexual experiences. Among men, gay and bisexual men were more likely than heterosexual men to report a recent suicide attempt. Among women, lesbian and bisexual women were more likely than heterosexual women to evidence positive 1-year and lifetime histories of depressive disorders.¹⁴ In the study of transgender women of color in San Francisco, 22% of the API transgender participants met criteria for depression, and 18% had attempted suicide. Thirty-six percent expressed the need for psychological counseling.¹⁵

Refugee status has been associated with disproportionate rates of substance abuse and mental illness, including depression, anxiety, and post-traumatic stress disorder. API refugees have experienced severe stress, including continuous threat to life or freedom, traumatic flight, death of family members and/or friends, torture and imprisonment, living in concentration or refugee camps, uncertainty and lack of control over relocation, and inability to return to their homeland.¹⁶ Their mental health may be jeopardized by multiple losses of country, family, and status as well as other major disruptions, such as unemployment, that often accompany resettlement in a new country.¹⁷ LGBT children growing up in refugee families experience severe stress, including lack of family acceptance, disownment, abuse, and mental health issues (their own as well as that of their family members).¹⁸

Family Issues

API cultures are very family-oriented. Yet for many families, the discovery that their child is LGBT can send very painful shock waves into their concept of family. One Southern California provider described a tragic case in which a Cambodian father disowned his middle-school aged son after discovering that he was gay. The boy lived from relative to relative, and ended up on the streets. Ultimately the father was so overwhelmed by the stress and shame he felt that he committed suicide.¹⁹

API LGBT people experience varying degrees of family acceptance, from unconditional love, to tolerance, denial, ridicule, disownment, and physical abuse. Studies have shown that lack of family acceptance negatively impacts health status. In a study of family rejection of sexual orientation and gender expression during adolescence among Caucasian and Latino young adults, researchers found that higher rates of family rejection were alarmingly associated with

poorer health outcomes. Lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families who reported no or low levels of family rejection.²⁰

Many API LGBT people struggle with unyielding cultural and social stressors associated with lack of family acceptance. One study of Asian American lesbian and gay young adults found that many have to choose between ethnic identity—often making personal sacrifices for family tranquility—and sexual identity. This family-related stress is in addition to stresses associated with racism, sexism, acculturation, homophobia, and transphobia. The study found that the Asian lesbians in the sample were less likely to conform to traditional gender roles and receive emotional support from their families, and more likely to compete with men for male privilege. They transgressed cultural norms that render them invisible and silent, and family values that place value on marrying men and having children with men. Consequently the lesbians in this study exhibited higher incidence of tobacco use, binge drinking, marijuana, and other drug use than gay men, and heterosexual men and women.²¹

The study on family acceptance also found that people from families with little or no family rejection were at significantly lower risk for negative health outcomes.²² Organizations such as API Family Pride (www.apifamilypride.org) developed to address the need for culturally appropriate support systems for families of API LGBT people. Publications such as “Beloved Daughter,” developed by Mandarin-speaking Asian and Pacific Islander Lesbian and Bisexual Women’s Network (MAPLBN), describes family acceptance of parents and siblings towards their lesbian family member in both Chinese and English. (www.apiqwtc.org) The Family Acceptance Project at San Francisco State University (<http://familyproject.sfsu.edu/>) is a research, intervention, and training initiative that examines the impact of family rejection and acceptance on LGBT youth. They have partnered with API Equality (www.apiequality.org) to develop Chinese-language resource materials for family members of API LGBT people.

In addition to “family of origin” issues, many API LGBT people have created families with partners, children, and friends. According to U.S. Census data, 55% of API same-sex couples in California aged 25-55 are raising children.²³ There is no family data on API transgender people. API transgender people, in particular, often suffer family rejection when they transition; there are anecdotal accounts of API female-to-male individuals who have been denied access to the children they bore, once they transitioned to a full-time male identity. Since many API LGBT people have varied experience with family rejection because of their LGBT status, “families of choice” have particular significance among a people raised in family-oriented cultures.

Access to Care

API LGBT people experience significant barriers to culturally appropriate health services. Because there is limited health and behavioral risk data on API LGBT people, resources often get directed to other populations, with limited or no acknowledgement or assessment of API LGBT healthcare needs. Lack of alcohol, tobacco, and other drug awareness and education in API communities contributes to substance use and abuse. Language capability plays a significant role. In the large-scale survey of API LGBT people, only 55% of respondents from California said that English was their native language. The most frequently cited native languages were Mandarin (8%), Cantonese (7%), Vietnamese (7%), and Tagalog (7%).²⁴ Most health education materials, and most LGBT information and advocacy materials are produced in English; few LGBT resources are available in any Asian language.

Access to care is limited by access to insurance; 17% of APIs nationwide do not have health insurance.²⁵ The national survey of API LGBT people found that 11% of the sample did not have health insurance. Women reported that they had no insurance at a rate of 13%, while men, at a rate of 7%. Sixty percent received health insurance from a job or union, 11% paid for their healthcare, and 10% percent received health insurance from their parents. Only 4% received health insurance from their partner. Twenty-two percent of Vietnamese respondents reported that they had no health insurance, the highest of any ethnic group.²⁶

API transgender people, like other trans people, have historically had great difficulty obtaining health insurance coverage because of their transgender status. Most health insurance companies do not cover transition-related care, and often do not cover care for transgender people that is unrelated to transition. Even when insured, 42% of respondents in a California transgender study reported delaying care because they could not afford it, and 26% reported that their condition worsened because they had postponed care.²⁷

Indeed, many API LGBT people do not seek care for a number of reasons, including health beliefs that differ from Western medical practices, distrust of authority, and multiple experiences with discrimination. Refugees, like many other immigrant APIs in the United States, often have great difficulty obtaining traditional medical, mental health, and other health services, and do not typically seek care until times of crisis, such as crisis counseling or inpatient treatment.²⁸

Creating a Welcoming Environment

Health service providers can create a welcoming and affirming environment for API LGBT populations by recognizing the particular health service needs of this population. Cultural competency involves understanding the language, cultural norms, and circumstances of a population, yet treating everyone as individuals. Providers can be more effective with API LGBT populations by recognizing that many API LGBT people do not subscribe to Western medical beliefs. For instance, in Hawaiian culture, the phrase “mental health” is not used, but rather *pilikia*, which means trouble. Psychological concerns are viewed within a broader context of imbalance between the individual, family, natural, and spiritual realms.²⁹

In API cultures, treatment for physical and emotional health concerns may involve spiritual approaches, traditional healers, acupuncturists, and herbalists. Health services are more accessible when they are integrated with complementary care approaches, or at least allow for the possibility that the client may have a different perspective on how to address health concerns. Mental health and substance abuse providers may need to incorporate more holistic treatment approaches that include assessment of cultural, familial, spiritual, political, and community influences. For instance, the mental health status of LGBT individuals dropped significantly after the outcome of the Proposition 8 marriage equality ballot measure.

Since members of this population have likely experienced multiple forms of discrimination and insensitivity in health service settings, providers will be more effective when they exhibit behaviors that build trust. Many APIs are not accustomed to verbally expressing their emotional state to outsiders. Mental health and substance abuse providers are encouraged to employ treatment modalities that do not require the sharing of personal information in a group setting, as this approach is incongruent and uncomfortable for many API people. Many API LGBT people are very concerned about whether or not they will experience discrimination, denial of services, or other negative outcomes if they disclose their LGBT status. Any indication of a non-judgmental approach to LGBT identities can open the door. Some appropriate self-disclosure by the provider can facilitate cultural alliance and build trust and confidence. Interventions that are family-centered, culturally aware, and initially not too emotionally demanding of the client can help build a therapeutic partnership with API LGBT populations.

In addition, though it seems obvious, it unfortunately bears noting that providers should not make race-based assessments, judgments, and pronouncements directed at API people, cultures, languages, bodies, and food. A comment such as “I always feel hungry an hour after eating Chinese food” is insensitive and makes a judgment on the perceived insubstantiality of Asians and Asian food. Pejorative comments about accents, body size, or sexual exoticization are inappropriate and offensive, and will likely result in failure to access care for this underserved population.

Since linguistic access is a concern for many API LGBT people, access to care can be greatly improved by providing health education materials and services in API languages. Recognition of families, both chosen families and families of origin, acknowledges the tremendous cultural value placed on families in API cultures. Above all, providers are most effective when they do not make assumptions about the values, immigration history, English or API language capability, degree of acculturation, family acceptance, or family status (i.e. parenthood) of API LGBT individuals. When it is relevant to care, it is appropriate to ask questions, as long as they are not threatening, directly confrontational, or too invasive about past trauma until a deeper relationship has been established.

Finally, visual cues that depict APIs and LGBT people demonstrate awareness and a welcoming approach. Magazines, newspapers, posters, stickers, and other visuals that resonate for this population can go a long way in creating a friendly and affirming service environment.

Providers are encouraged to develop their knowledge base about API and other LGBT populations. California-based organizations can access free LGBT training and technical assistance to develop staff skills and LGBT-inclusive organizational systems through ADP-funded contracts. With attention to cultural beliefs and recognition of racial, socioeconomic, LGBT-related, acculturation, and family stressors, providers can be more effective with API LGBT populations.

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