The double bind of triple jeopardy: exploring the impact of multiple minority stress on LGBTQ-identified Asian women in America

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Anastasia Yoshiko Taketomo  
The Double Bind of Triple Jeopardy:  
Exploring the Impact of Multiple Minority Stress on LGBTQ-Identified Asian Women in America

ABSTRACT

This study was undertaken to determine the impact of multiple minority stress on LGBTQ-identified Asian women living in America. The research explored how the values of families of origin, communities, and chosen families impact identity negotiations, as well as overall quality of life. The findings of this study were utilized to conceptualize best practices for mental health practitioners around better meeting the needs of individuals experiencing multiple minority stress.

One hundred and fifty-two women living in the United States responded to a series of multiple choice and narrative response questions via Internet survey. They were asked questions focusing on demographics, family of origin, Asian community/ies, LGBTQ community/ies, and chosen families. Participants were also asked to fill out responses to the Comprehensive Quality of Life Scale – Adult (ComQol-A5).

Results demonstrated that LGBTQ-identified Asian women in America struggle to find communities that are accepting of their multiple, intersecting social identities, as experiences of stigmatization and invisibility were common. Distinct themes in the experienced racism and heterosexism within families of origin, Asian and LGBTQ communities were documented, as were the strengths present in chosen family structures. These strengths were explored as learning tools for the development of best practices in the treatment of multiple minority stress.
THE DOUBLE BIND OF TRIPLE JEOPARDY:
EXPLORING THE IMPACT OF MULTIPLE MINORITY STRESS ON
LGBTQ-IDENTIFIED ASIAN WOMEN IN AMERICA

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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Northampton, Massachusetts

2012
ACKNOWLEDGMENTS

In loving memory of my grandfather, Louis Russian, 1922 – 2011. I believe that it was in your tomato garden where you taught me that with love, care and determination, growth is possible.

---

I would like to express the deep sense of gratitude I feel for the incredible individuals and communities in my life that have made this project, and so much more, possible.

To the amazing individuals who participated in my survey, to all of the individuals and communities who supported this project, and to all LGBTQ-identified Asian women in America and beyond, thank you. This is for us.

To my classmates and professors at Smith College School for Social Work, for keeping the balance – for simultaneously challenging and supporting me throughout this incredible academic exercise. Especially to Mira and Liz, whose friendship and love throughout these past two years has been unparalleled; no matter where we go from here, I am taking you with me. Special thanks also to my professor and friend, Eric Hamako, who has been a huge support and source of inspiration to me as a student and as a human being.

To my research advisor, Kristin Mattocks, for your wisdom and insight since day one. Thank you for your constant encouragement and willingness to push me to take on something that has ultimately had such immense meaning to me and to my community. It has been an honor to be your advisee.

To my family of origin, Mom, Dad, Zander and Katherine, for your love and encouragement throughout my life and in this thesis process, and for motivating me to find a way to articulate my hope for a better world.

To my chosen family in New York City, San Francisco, Austin, Portland, Seattle, Philadelphia, Boston and Paris, for giving me a home and for showing me all that is possible. I would be nothing if not for your love, trust, honesty and fearlessness. And to the beautiful chosen family that was brought together by this experience, for your tenderness, tried and true.

To my canine companion, Elvis, for keeping my spirits high and my lap warm, you have been with me through thick and thin and your loyal patience will never be forgotten.

And to Pam, with my whole heart, for everything.
TABLE OF CONTENTS

ACKNOWLEDGEMENTS........................................................................................................ ii

TABLE OF CONTENTS........................................................................................................ iii

LIST OF TABLES................................................................................................................... iv

CHAPTER

I  INTRODUCTION.................................................................................................................. 1

II  LITERATURE REVIEW...................................................................................................... 4

III METHODOLOGY.............................................................................................................. 12

IV  FINDINGS........................................................................................................................ 22

V  DISCUSSION...................................................................................................................... 34

REFERENCES....................................................................................................................... 44

APPENDICES

Appendix A: Human Subjects Committee Approval Letter .................................................. 54
Appendix B: Recruitment Flyer............................................................................................ 55
Appendix C: Recruitment Information for Listservs, Blog Posts and Facebook ............... 56
Appendix D: Recruitment Information for Emails to Individual Contacts......................... 57
Appendix E: Informed Consent............................................................................................. 58
Appendix F: Organization Approval Letter from SALGA.................................................... 60
Appendix G: Qualifying Demographic Questions............................................................... 61
Appendix H: Internet Survey Questionnaire........................................................................ 62
Appendix I: Low Fee Therapy Referrals for Participants................................................... 77
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographic Characteristics</td>
<td>78</td>
</tr>
<tr>
<td>2. Family of Origin</td>
<td>80</td>
</tr>
<tr>
<td>3. Asian Community</td>
<td>81</td>
</tr>
<tr>
<td>4. LGBTQ Community</td>
<td>82</td>
</tr>
<tr>
<td>5. Chosen Family</td>
<td>83</td>
</tr>
<tr>
<td>6. Common Reactions to Intracommunal Heterosexism and Racism</td>
<td>84</td>
</tr>
<tr>
<td>7. Quality of Life</td>
<td>85</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

As a profession founded on and committed to making the world a better place for all people, social work has long been dedicated to the support of vulnerable populations. Since its birth as a profession during the Industrial Revolution, social workers have worked to improve the quality of life of individuals and communities, primarily through efforts to correct perceived issues of social injustice and to promote equality and human rights. Within the last century of evolving social service and social justice efforts, the theory and practice of social work has broadened its scope to include and address the needs of increasingly diverse populations.

Clinical social work, as a subset of the mental health profession, has been an ever-evolving landscape of psychodynamic theories. In contemporary thought and practice, relational theory has often been conceived of as the antidote to some of the shortcomings of more traditional models, particularly Freud’s original conception of psychodynamics. In light of this innovative paradigm, contemporary iterations of clinical social work practice have increasingly focused on the building of the relationship between client and clinician. Understanding that individuals are shaped both by their interpersonal relationships, as well as by cultural traditions, values, and identifications, it seems crucial that clinicians have a strong understanding of both of these components of their clients’ lives (Wachtel, 2010). More and more, social workers, alongside social theorists, are aware of the need for ‘cultural competency.’ Publications have
been produced to bring awareness to the unique needs of ‘special populations,’ including various
ethnicities, sexualities, and gender identities (Mallon, 2008; Morrow, 2006; Muran, 2010).

Due to the efforts of these publications, as well as increased advocacy and research on
related topics, social work and other mental health fields are becoming more aware and sensitive
to the particular needs of clients who have historically been underrepresented and mistreated.
For the first time, minority experience is beginning to be acknowledged within the field, and
treatment options are gradually being tailored to meet the unique needs of various groups. There
continues, however, to be a lack of representation of the experiences of individuals and
communities with intersecting oppressed identities, such as LGBTQ people of color who
experience both heterosexism and racism. It is, however, important to increase knowledge in
this area, to avoid the risk that only one problem (homophobia, for instance) is addressed in
treatment, which might in turn further enact the client’s experience of the other (racism, for
example). Additionally, these identities are concomitant and interwoven, so they are
experienced as a whole identity, separate distinct from either identity experienced individually.

To begin to create a comprehensive analysis of this understudied population, it will be
important to explore how these individuals have constructed their identities. By examining the
themes that are clarified by this research, the hope is to develop a better understanding of the
experiences, as well as the subsequent needs. As has been the goal of previous research in this
area, this study “not only acknowledges that there are multiple interpretations of reality and
alternative interpretations of data throughout [a] study, but… [it is] bound to contextualize the
phenomenon being studied within the lives of the participants” (Poon & Ho, 2002, p. 48). By its
creation, this research will explore the psychosocial impact of developing and holding multiple
identities (e.g. race, ethnicity, ethnoreligion, sexuality, and gender identity) outside of the
dominant perspective (i.e. White, Caucasian, Christian, heterosexual, male) as experienced in individual, familial, and communal contexts. By considering these experiences through a relational theory lens, the research intends to bring a more comprehensive awareness of the mental health needs of LGBTQ-identified Asian American women, and potentially, of all clients who experience the impacts of multiple and intersecting minority identities.

This study will utilize an Internet survey comprised of opened and closed questions, to focus on the primary question: In what contexts do LGBTQ-identified Asian women in America experience multiple minority stress and how do the values of their families of origin, chosen families, Asian and LGBTQ communities impact their identity negotiations, as well as their overall quality of life? And, additionally, the secondary question: How can social workers become better attuned and able to support clients as they cope with these experiences? In particular, this study will examine how thematic trends of multiple minority stress, such as rejection, objectification, and alienation are experienced and expressed by this population (Balsam, et al., 2011) within the varying contexts of their daily lives (i.e. family, chosen family, Asian American, and LGBTQ) in order to better understand the challenges, and therefore the mental health needs, of Asian LGBTQ-identified women in America.

The data collected in this study will be utilized in the completion of the researcher’s Master’s Thesis at the Smith College School for Social Work, submitted in partial fulfillment of the requirements for the degree of Master of Social Work. The researcher will also be presenting the findings of this study amongst Smith College School for Social Work students and faculty. It is possible that the researcher may additionally choose to disseminate the data via future publication, as she believes the topic to be pertinent to several areas of current research relating to multiple minority identities.
CHAPTER II
LITERATURE REVIEW

Historical Context

Since its birth at the turn of the 20\textsuperscript{th} century, the profession of social work has been grounded in the practice of promoting social change through supporting individuals, couples, families and whole communities as they interact with their environments. The actions that social workers make in the field are often described as “interventions,” this language identifies the primary objective of social work: to not only support, but to intercede at the point where clients and client populations are struggling within their environment. To accurately address this objective, and to stay connected to the social justice principle of the work, social workers often focus on scaffolding disadvantaged or oppressed populations, combining an awareness of human behavior and social systems.

To identify and address these populations, the International Federation of Social Workers (2000) has stated that,

“[s]ocial work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognises the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors. The social work profession draws on theories of human development and behaviour and social systems to analyse complex situations and to facilitate individual, organisational, social and cultural changes.”
While older theories of social work practice were less inclusive of these multiple perspectives, focusing solely on human behavior without the incorporation of social systems, it has become increasingly paramount to the conceptualization of social work practice to incorporate the impact of racism, sexism and homophobia, all social systems that greatly impact the lives of individuals, couples, families and communities.

**Relational Practice and Cultural Competency**

To address the complex interactions and possibilities in the lives of clients, and to be attuned to the multiple and varying bio-psychosocial factors, social worker practice is increasingly influenced by multiple theories, as opposed to a single theoretical perspective. In the ever-evolving landscape of the theoretical perspectives that influence social work practice, relational theory has often been conceived of as the antidote to some of the shortcomings of more traditional models, particularly Freud’s original conception of psychodynamics. In light of this innovative paradigm, contemporary iterations of clinical social work practice have increasingly focused on the building of relationship between client and clinician. In building a therapeutic alliance based on this relational model, the clinician must be humanized in order to engage in an intersubjective negotiation with each client, based on the respective individualities of both client and clinician. This intersubjective negotiation forms a relationship through which healing of intrapsychic conflicts via modeling is possible. For this alliance to function, there must be a sense of connection and understanding between the client and clinician.

Paul E. Wachtel (2010) identifies in his text *Relational Theory and the Practice of Psychotherapy*, “[h]uman beings exist in relationships, whether those relationships be to other people with whom they have ongoing interactions, to imagoes of past important figures, to cultural traditions, values, and identifications, or to images and experiences of their own past,
present, and future selves. The individual's personal life history and the relational, social, and cultural contexts in which that life history is manifested are inseparable and reciprocally determinative” (p. 1). Understanding that individuals are shaped both by their interpersonal relationships, as well as by cultural traditions, values and identifications, it seems crucial that clinicians have a strong understanding of both of these components of their clients lives. More and more, social workers, alongside social theorists, have becoming aware of the need for ‘cultural competency.’ Publications have been produced to bring awareness to the unique needs of ‘special populations,’ including various ethnicities, sexualities, and gender identities (Muran, 2010; Mallon, 2008; Morrow, 2006).

Due to the efforts of these publications, as well as increased advocacy and research on related topics, social work and other mental health fields are becoming more aware and sensitive to the particular needs of clients who do not experience the dominant or agent perspective. Targeted experience and subsequent needs are, for the first time, beginning to be acknowledged within the field, and treatment options are gradually being tailored to meet the unique needs of various groups. Within the United States, to date, there is an increasingly substantive amount of literature, as well as empirical data, focused on understanding the specific experiences and interactions with the environment, as well as the mental health needs, of individuals based on race, gender, sexual orientation, and other targeted identities.

**Understanding Targeted Identities**

One model that has become popularized in conceptualizing the different experiences between cultures and other social identities, with specific attention to the difference in social positions is the concept of target and agent identities (Hardiman & Jackson, 1997; Garran & Miller, 2008). “Target identities are those aspects of identity that correspond to social statuses
that are marginalized and scapegoated, in which groups of people suffer exclusion and oppression. Agent identities correspond to social statuses that are privileged by society and reflect dominant norms and assumptions and are afforded unearned and unequal rights by virtue of this status” (Miller & Garran, 2008, p.121). To understand the nature of target identities, it is important to understand how these identities are created by society, but also how they are internalized by individuals over time, as internalized oppression and subordination (Bell, 2007; Miller & Garran, 2008). This thesis research aims, in part, to identify how this process of internalization impacts the psyches of this population.

**Understanding Experiences of Multiple Targeted Identities**

The increase in understanding around the impact of targeted identities on individuals has provided mental health practitioners with important tools for working therapeutically with individuals and communities whose unique needs were previously ignored or undiscovered. The impact of marginalization has had grave impacts across the board – innumerable studies of targeted populations (including people of color, LGBTQ-identified individuals and women) have produced empirical data that speaks to the long-term effects of oppression (including racism, heterosexism and sexism). It has become clear that for social workers to relate to and to be in relationship with clients for whom the experience of oppression is paramount, there must be a deep exploration of the impact of these experiences, an exploration that goes beyond many of the psychoanalytic theories that previously informed clinical social work practice.

Modern social work practice often focuses on a bio-psychosocial model: a model that explores the biological, psychological, as well as sociological components that affect the lives of clients today. As social work discourse has become increasingly interested in the effects of oppression, concepts such as internalized oppression and internalized racism have certainly
become commonplace in discussions of targeted identities. There has not, however, been much representation of the experience of individuals and communities that experience multiple, intersecting targeted identities, such as LGBTQ folks of color who experience both homophobia and racism.

It is, however, important to increase knowledge in this area, to avoid the possibility of only one aspect of a multiple target identity (homophobia, for example) being addressed in treatment as the sole or primary target, which might in turn further enact the client’s experience of the other (racism). While internalized oppression and internalized racism occur by which each targeted individual has the potential to internalize the oppressive messages relayed by agent populations, these occurrences, while toxic, may be less fraught than the experience of complex internalized oppression experienced by individuals who possess multiple targeted identities. It has been observed that individuals who experience internalized oppression often find protection in experiences of internalized domination via other aspects of their identity in which they have agent status (Griffin, 1997; Goodman, 2001; Tappan, 2006).

This concept of internalized domination is explained by Pheterson (1990) as ‘feelings of superiority, normalcy, and self righteousness, together with guilt, fear, projection, denial of reality, and alienation from one's body and from nature. Internalized domination perpetuates oppression of others and alienation from oneself by either denying or degrading all but a narrow range of human possibilities. One's own humanity is thus internally restricted and one's qualities of empathy, trust, love, and openness to others and to life-enhancing work become rigid and repressed” (p. 35). Despite the presence of one target or oppressed identity, an individual may be an agent with privileges in other areas of their life. For example, a gay white man may be targeted and experience internalized homophobia due to his gay identity, but he may also
experience internalized domination because of his whiteness and maleness. But if this man is also a person of color, also Jewish, from low socioeconomic status, or if this person is a woman – with each additional target identity added, this individual will be faced with multiple layers of oppression. These identities are concomitant and interwoven, so they will likely be experienced uniquely from either one individually.

**Double and Triple Jeopardy**

The term “double jeopardy” was popularized in the 1970s and has since been used by scholars, sometimes advanced to “triple jeopardy,” and so on, as a measurement by which to express the cumulative disadvantage placed on individuals possessing increasing multiple targeted identities (Almquist, 1975; Epstein, 1973; Reid & Comas-Díaz, 1990). The original intention of the term was to characterize the concomitant effects of sexism and racism on Black women (Beale, 1979), but variations of the term are now used more widely to identify and include any individual or group possessing more than one target identity. By the 1980s, theorists identified sexual orientation and class as additional target identities impacting the total ‘jeopardy’ of an individual (King, 1988).

There are two main, divergent representations as to how double (or multiple) jeopardy are experienced by individuals. The first, the additive model, assumes that an individual possessing two or more target identities will experience the associated forms of oppression as a total or whole experience. By this assumption, the more targeted identities an individual has, the more ‘lump sum’ oppression they will experience (Almquist, 1975; Epstein, 1973). The alternate representation, the interactive model, assumes that each target identity has a byproduct experience of oppression particular to that specific target, and that in an individual who possesses two or more target identities, there will be two or more separate experiences of
oppression interacting with one another, though not necessarily becoming integrated into this ‘lump sum,’ as suggested in the additive model (Reid & Comas-Diaz, 1990; Settles, 2006; Smith & Stewart, 1983). In either scenario, these models both suggest that individuals with multiple targeted identities experience intersectional oppression and are therefore subject to more and/or more complex discrimination and marginalization than individuals with a single target identity.

**Measuring the Effects of Intersectional Oppression**

Many of the research studies that support the hypotheses of double jeopardy have focused on measuring the social impact on individuals with multiple targeted identities by determining their deficit experience in the workforce. For example, by evaluating that individuals bound by double jeopardy will hold lower occupational titles, have lesser job authority, and make disproportionately lower wages than an individual who contends with one target identity (Almquist, 1975; Epstein, 1973), and in effect, that an individual who experience triple jeopardy will be then at the greatest disadvantage (King, 1988). Further studies have begun to examine not only the professional and fiscal impact of intersectional oppression, but the psychological and psychosocial impact as well. While the majority of original studies of concomitant jeopardy in America focused on the experiences of poor, Black men and women, there has been a more recent push to expand the demographics of these studies, particularly when exploring the psychosocial impact, due to an understanding that cultural norms may also impact the overall effects of complex oppression.

**Male Dominated Data on Double Jeopardy in LGBTQ-identified Asian Men**

To date, the majority of empirical data pertaining to the effects of complex oppression on LGBTQ-identified Asian Americans has been collected in studies of male-identified participants. While these studies do not incorporate the experiences of female-bodied LGBTQ identified
Asian Americans, they do provide a general awareness of the complex negotiations that individuals face when confronting conflicts within the narrative of their concomitant experiences of racism and heterosexism connected to their multiple targeted identities. A trend that emerged in several studies could be described as a common ‘double edged sword,’ in which gay Asian American men experienced discrimination, in the form of racism, within their LGBTQ community or ‘chosen family,’ and simultaneously, discrimination, in the form of heterosexism, within their Asian community or ‘birth family.’ This conflict between sexuality and racial or ethnic identity was shown to have a strong association with increased levels of depression, HIV-risk behavior, as well as group devaluation (Chae & Yoshikawa, 2008; Nemoto et al., 2003; Wilson & Yoshikawa, 2004). There have also been studies that connect the low self esteem and self worth internalized by LGBTQ identified Asian men to be the product of Asian men the historical objectification of Asian men by Whites (Poon & Ho, 2008).

In studies to the effects of discrimination, particularly the effects of racism, heterosexism and sexual stereotyping in both mainstream and White homosexual contexts, research suggests that Asian LGBTQ identified men felt that they experienced the most discrimination and prejudice in LGBTQ settings (Chae & Yoshikawa, 2008; Wilson & Yoshikawa, 2004). This conflict between sexuality and racial or ethnic identity was shown to have a strong association with increased levels of depression, HIV-risk behavior, as well as group devaluation (Chae & Yoshikawa, 2008; Nemoto et al., 2003; Wilson & Yoshikawa, 2004). There have also been studies that link the low self esteem and self worth internalized by LGBTQ identified Asian men to be the product of the historical objectification of Asian men by White people (Poon & Ho, 2008). A more recent study describes the reality of the double bind that is experienced by many LGBTQ people of color in which they feel either tokenized or invisible within the predominantly
White LGBTQ community because of their race and, simultaneously, the same is true in their ethnic or cultural communities in which they feel discriminated against due to the heterosexism of many racial/ethnic minority communities (Balsam et al., 2011).

There are no recent empirical data that address the concomitance of Asian American, female and LGBTQ identity, and only one older study (Li & Orleans, 2001) that has begun to identify themes at that particular intersection. Given the negative mental, as well as physical, health implications for LGBTQ identified Asian American men found in existing studies, it is of the utmost importance to determine the experiences and effects of racism and homophobia (both as separate entities, as well as at their intersection) on LGBTQ identified Asian American women in order to best assess next steps for best meeting the specific needs of these individuals and their communities. Without such a study, social work practitioners and social justice advocates have no way of synthesizing the best methods for addressing the needs of this population.

Why Study Women?

To begin to create a comprehensive analysis of this understudied population, it will be important to explore how these individuals have constructed their identities, influenced by the values of their families, possible chosen families, LGBTQ communities, Asian-American communities, etc. By examining the statistics and themes that are clarified by this research, the hope is to develop a better understanding of the experiences, and subsequent needs, this previously understudied population. As has been the goal of previous research in this area, this study aims to “not only acknowledges that there are multiple interpretations of reality and alternative interpretations of data throughout [a] study, but… [it is] bound to contextualize the phenomenon being studied within the lives of the participants” (Poon & Ho, 2002, p. 48). A
goal of this study is to synthesize the contexts present in the date, to create a basis from which clinicians can more comprehensively understand the experiences and needs of their female LGBTQ-identified Asian American clients.

By considering these experiences through a relational theory lens, this research intends to bring a more comprehensive awareness of the mental health needs of LGBTQ-Identified Asian American Women, and potentially, of all clients who experience the impacts of multiple and intersecting minority identities. This thesis research is being conducted to answer the question, How are the identity negotiations of LGBTQ identified Asian-American women shaped by the values of their families of origin and chosen families, as well as by the values of their surrounding community/ies, and what are the implications of these negotiations on the individual’s capacity to obtain integration of self? And, additionally, the secondary question: How can social workers become better attuned and able to support clients as they cope with these experiences? In particular, it will be important to explore how thematic trends of complex oppression, such as rejection, objectification and alienation are specifically experienced and expressed by this population within the varying contexts their daily lives (i.e. family, chosen family, Asian American, and LGBTQ) in order to better understand the challenges and therefore the mental health support needs, of Asian American LGBTQ identified women (Balsam, et al., 2011).

Chosen Family

In previous literature, there has been a split focus on the impact of family of origin and of community, both Asian and LGBTQ, but no study on multiple minority stress or on LGBTQ-identified Asians in America has explored the impact of chosen family in this context. Chosen family is an expanded view of the more traditional definitions of family, to both quantify and
qualify the group(s) of friends or other non-traditional family members who provide love and support in the same, and sometimes greater, capacity than traditional family members. Despite this lack of previous attention, it appeared that a correlation and significance between the population of this study the concept of chosen family would likely be high, as the emergence of chosen family dynamics came out of studies of family in the context of race, ethnicity, class and gender in the 1970s and 80s (Flax, 1982; Throne & Yalom, 1982; Yanagisako, 1985; Yanagisako 1979). In fact, Sylvia Yanagisako’s articles written in both 1979 and 1985 specifically address the varying definitions of family and love in the context of racial, ethnic and cultural contexts amongst Japanese communities in America. As history moved towards the Gay Rights Movement of the 1970s, concepts chosen family became prevalent in both the literature and politics. In 1987, during the Gay and Lesbian March on Washington, signs read, “Love makes a family.” In these and many other instances it has been shown that individuals faced with targeted identities, and potential rejection from their own family and or community of origin, it is often a chosen family that takes on this vital role of love and support in the lives of individuals (Weston, 1997).
CHAPTER III
METHODODOLOGY

The purpose of this study is to examine how multiple minority experience is expressed in identity formation and community affiliation, as well as how these experiences impact quality of life. To explore these themes, this research will explore how LGBTQ-identified Asian women in the United States form and experience their ethnic, sexual and gender identities in the context of their families of origin, chosen families, Asian and LGBTQ communities. This population has been selected due to a clear gap in the research, identified in the literature review, as well as the researcher’s personal interest and expertise, as an individual member of this population and as a longtime advocate of the community at large.

Several hypotheses, based on the literature, have culminated in the structure and design of this quantitative study. First, that the conflict between target sexual identity and target racial or ethnic identity is causally related to increased levels of depression and group devaluation (Chae & Yoshikawa, 2008; Nemoto et al., 2003; Wilson & Yoshikawa, 2004). Second, that there is a connection between the low self esteem and self worth internalized by LGBTQ-identified Asian men and the historical objectification of Asian Americans, particularly Asian men, in the United States (Poon & Ho, 2008). And, finally, in studies to the effects of discrimination, particularly the effects of racism, heterosexism and sexual stereotyping in both mainstream and White homosexual contexts, research suggests that Asian LGBTQ identified
men felt that they experienced the most discrimination and prejudice in LGBTQ settings (Chae & Yoshikawa, 2008; Wilson & Yoshikawa, 2004).

Through an examination of this literature, it became clear that a study of LGBTQ-identified Asian women was relevant. Given the hypotheses validated in the empirical data on their male counterparts, clearly illustrating the grave impacts of multiple minority stress, it became important to fully identify the particular impact of multiple minority stress on these women, to create hypotheses specific to the unique experiences relevant to them. To do this, a quantitative study was conducted utilizing a Internet survey model comprised of opened and closed questions, in multiple choice, short and long answer formats (Appendix H). The research aims to answer the question: How are the identity negotiations of LGBTQ identified Asian-American women shaped by the values of their families of origin and chosen families, as well as by the values of their surrounding community/ies, and what are the implications of these negotiations on the individual’s capacity to obtain integration of self? As well as the secondary question: How can social workers act as productive scaffolds to these negotiations?

Sample

One hundred and fifty-two women completed the Internet survey. The inclusion criteria for this project required that all participants to be women who identified as Asian American and Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQ), as this research project aimed to examine identity formation specifically relating to the concomitance of these minority or target identities. To ensure that these inclusion criteria were met, volunteers were required to respond to qualifying demographic questions at the start of the Internet survey (Appendix G). Only individuals who responded affirmatively to all four of these questions were then permitted, via internal computer logic, to participate in the study.
Data Collection

After receiving approval from the Human Subjects Review Committee (Appendix A), participants were sought via nonprobability, convenience and snowball sampling to gain access to the desired population for this study. The researcher utilized personal contacts via a recruitment email (Appendix D) with the attached recruitment flyer (Appendix B), as well as by posting this information on her personal Facebook page (Appendix C). Additionally, the researcher utilized the membership of one non-profit organization, South Asian Lesbian & Gay Association of New York City (“SALGA”), a social, political, and support group for LGBTQ people who identify as South Asian (http://salganyc.org/). SALGA distributed the recruitment flyer to their membership, as well as to their sister organizations, via membership listserv and Facebook posting. This organization was selected due to the researcher’s awareness that the majority of individuals contacted had predominantly East Asian, as opposed to South Asian, communities and networks. The researcher attempted to utilize additional personal contacts and the membership of SALGA in an attempt to level the potential disparity within the sample population. In order to utilize SALGA as a resource for recruitment, an organization approval letter was obtained (Appendix E).

From the recruitment flyer and/or secondary recruitment posts and emails, interested participants were directed via hyperlink to the survey, which first displayed the Informed Consent Form (Appendix F), which gave an overview of the study, outlining all aspects of participation, including inherent risks and benefits, as well as the researcher’s commitment to uphold confidentiality. The Informed Consent Form additionally reminded participants of the voluntary nature of the study, and offered the contact information for both the researcher and the Chair of the Smith College School for Social Work Human Subjects Review Committee to give
the participant the opportunity to inquire further about any aspect of the study. Prior to any volunteer’s participation via Internet survey, it was required that participants sign the Informed Consent Form electronically. Participants who signed the Informed Consent Form and who had been vetted, by responded affirmatively to the aforementioned qualifying demographic questions, were then sent, via the survey’s established computer logic, to the start of the Internet survey (Appendix H). Due to the nature of Internet surveys, each participant completed the survey at a time and location that was convenient to them. Using the Internet survey’s internal computer logic, participants navigated systematically through all sections of the survey.

Demographic data was collected to examine similarities and differences in participants in relationship to several significant variables. The demographics collected included information pertaining to age, race and ethnicity, citizenship, generation (American), structure of family of origin, gender identity, sexual orientation, relationship status, education, and SES. In addition to demographic data, the Internet survey collected both multiple choice, short and long responses to questions categorized into the following categories: Family of Origin, Chosen Family, Asian American Community, and LGBTQ Community. The final section of the study requested that participants complete the Comprehensive Quality of Life Scale (ComQol), a preexisting measure create to determine life satisfaction and happiness.

**Data Analysis**

The data of all 152 surveys was analyzed using a combination of descriptive and inferential statistics. This approach was an important one in order to fully explore the data collected, as the descriptive statistics were used to compare the participants based on a series of variables that could be translated, given the ability of descriptive statistics to be “summarized, and therefore condensing and simplifying, the information provided by sets of numbers”
(Anastas, 2000, p. 433) to order and categorize the sample in numerous ways that assisted the use of inferential statistics. These inferential statistics were used to expose themes amongst participants that were translatable to the larger population of which the participants were a sample by calculating the statistical significance using the $p$ value (Rubin & Babbie, 2010).

**Ethics and Safeguards**

The risks associated with this study were low, though it possible that some participants may have experienced strong emotions in reaction to answering survey questions that elicited responses related to their experiences of identity fission due to racism and heterosexism in the contexts of families of origin, potential chosen families, Asian American, and LGBTQ communities. Some questions may have provoked participants to explore sensitive subject matter relating to the impact that these experiences have had on them personally; therefore there is a possibility that participants experienced discomfort at some point during the survey.

Participants were made aware, via the informed consent form, of their right not to answer any question or to end the survey at any time. Because of the researcher’s awareness of, and sensitivity to, the possibility that these topics might be painful for participants to explore, a list of low fee therapy referrals (Appendix I) was provided to participants at the beginning of the Internet survey, in case participants wanted to seek support around their reactions to the study.

A number of precautionary measures were taken to safeguard confidentiality and any identifiable information. The Internet survey provider, SurveyMonkey, which was used to conduct this research, has an option that was utilized to guarantee anonymity to all participants. Once this option was selected, it could not be undone. In addition, any identifying information that participants included in responses to narrative questions was redacted to further protect participants during the any presentation or publication of this research. For the purposes of
presentation or publication, data will be presented in aggregate form, with narrative quotes or vignettes used only in a manner that disguises potentially identifiable information.

Any materials pertaining to research participants, including contacts made via snowball sampling were secured on the researcher’s computer in a password-protected file. Additionally, the Internet survey itself was password-protected in order to further safeguard the data as it was collected. Though the data was shared, prior to the submission of this Master’s Thesis, with the researcher’s advisor, Kristin Mattocks, Ph.D., all identifying data from the anonymous surveys was removed first, therefore making it unnecessary to have the research advisor sign a confidentiality agreement.

All paper materials will be maintained for three years, as required by Federal regulation. After that time, all materials will be destroyed. In the event that the researcher finds the need to keep any of the data or materials for longer, they will continue to be secured in the aforementioned manner. Once they are no longer being used, any remaining materials will be destroyed. Due to the anonymous nature of these confidential Internet surveys, it is impossible to identify any individual participant’s responses once a survey has been submitted, therefore, data collected cannot be withdrawn. In the case the participants had additional questions or concerns, they were given access to the contact information for both the researcher and the Chair of the Smith College School for Social Work Human Subjects Review Committee.

Benefits of participation in this study included participants’ potential positive feelings in association with participating in this research, as it provided an opportunity for participants to both share their experiences and to contribute to a project whose intent is to bring awareness, and ultimately better resources, to their families and communities. Although there was not financial compensation for taking part in the study, participation via Internet survey provided a unique
opportunity for LGBTQ-identified Asian American women to not only express their experiences and opinions relating to issues of identity formation and LGBTQ and Asian American experiences, but also to participate in the creation of some of the first ever empirical data of this demographic. The contributions made to this study provided important information that may be helpful in educating current and future mental health professionals about ways of better meeting the needs of their LGBTQ-identified Asian American clients going forward, as well as in bringing a more general awareness to the public. While these larger scope aims may not be immediately beneficial, they ultimately have the potential to benefit the larger population of which these participants are representative.
CHAPTER IV

FINDINGS

The researcher analyzed data from 152 surveys. In total, 181 women responded to the Internet survey. The 29 participants whose surveys were not considered were eliminated due to a failure to respond to three or more sections of the survey.

Demographics

Age

The majority of participants (48%) were 26-33, followed by those who were 18-25 (36%), then those who were 34-41 (13%), and finally participants who were 42+ (3%) (Table 1).

Racial Identity

The majority of participants (63%) identified as Asian, followed by those who identified as East Asian (34%) and as South Asian (23%). Many participants identified as Mixed Race (18%), Caucasian or White (17%), and as Biracial (11%) or as Pacific Islander or Hawaiian Native (10%). Fewer numbers identified as Latino/a or Hispanic (3%), as African American or Black (2%) or as American Indian or Alaska Native (1%). Of those who selected ‘other’ (6%), participants identified their race with responses such as Southeast Asian, West Asian and Hapa or Haafu (both terms used to describe Mixed Race folks of Japanese descent, particularly in Hawaii and Japan) (Table 1).
Ethnic Identity

The majority of participants (27%) identified as Chinese, followed by those who identified as Indian (19%). Many participants identified as Filipino/a (16%), Mixed Race (13%) and as Biracial (9%). Equal numbers of participants identified as Japanese as Korean (12%). Other participants identified as Caucasian (9%), Vietnamese (8%), Taiwanese (7%), Pacific Islander (5%), Pakistani (5%), and as Bangladeshi (2%). A few participants identified as Afghani, Hmong, Okinawan, Laotian, and Thai (2% each) and as Indonesian, Iranian, Malaysian and Sri Lankan (1% each) (Table 1).

Citizenship

The majority of participants (86%) were primary citizens of the United States of America, while others were primary citizens of the Philippines and India (2% each) and others of China and Japan (1% each). Some participants identified being primary citizens of Afghanistan, Fiji, Korea, Laos, Pakistan, United Kingdom and Vietnam (1% each).

Several participants identified having secondary citizenship (20%). Of these participants, the majority (16%) were citizens of the Philippines, while others were citizens of Canada (13%), and of India, Taiwan and the United States of America (10% each). Other participants were secondary citizens of China and Japan (7% each), as well as of Afghanistan and Laos (3% each) and of Costa Rica, Hong Kong and Thailand (3% each) (Table 1).

Generation

The majority of participants were second generation (58%), followed by those who identified themselves as first generation (20%). Other participants identified themselves as third generation (7%) and fourth generation (3%), while others (11%) selected ‘other,’ identifying themselves as a combination of first and second generation, many of whom were adopted or
otherwise sent to America as young children, after being born in their country of origin.

Participants in this study have lived in the United States from 1 to 47 years. The mean number of years lived in the United States was 24.4, the median was 25 years and the mode was 27 (Table 1).

**Gender Identity**

The majority of participants (89%) primarily identified their gender as female, while others identified as Gender Queer, Gender Non-Conforming or Gender Fluid (on the Genderqueer Spectrum) (23%). Some participants primarily identified their gender as Female to Male Transgender (2%). Others primarily identified their gender as Male to Female Transgender, Male to Female Transsexual, or as Intersex (1% each). Of participants who selected ‘other’ (7%), primary gender identities ranged from “MALE,” “womyn,” “soft butch,” “…gender is social performance,” “female sex, gender ambivalent,” “masculine of center,” “femme,” “androgynous,” “perform as female, do not particularly identify as any fixed label” to “depends on who I talk to” (Table 1).

**Sexual Identity**

The majority of participants (61%) primarily identified their sexual orientation as Queer. Many participants primarily identified as Lesbian (36%), while others identified as Bisexual (20%), Gay (16%), Fluid (16%) and as Pansexual (9%). Some participants selected ‘other,’ identifying their sexual orientation as “questioning” and “label-less” (2%). One participant noted that they “do not like any of the terms” (Table 1).

**Marital Status**

The majority of participants (38%) were in a long-term relationship, while others were single (34%), dating (15%), in a domestic partnership (7%), or married (3%). Of participants
selected ‘other,’ identifications of marital status included “unlabeled,” “in a long term/partnered non-monogamous relationship,” “engaged,” and “would be legally married if the state I lived in allowed it” (3%) (Table 1).

Education

The majority of participants (44%) had completed a Bachelor degree, followed by others who had completed a Graduate degree (38%). Other participants had completed some college with no degree (13%) or had completed a high school degree or equivalent (ex: GED) (3%). Some had completed an Associates degree (2%) or had completed less than a high school degree (1%) (Table 1).

Income

The majority of participants (76%) made less than $50,000 annually in individual income. Likewise, many participants (44%) made less than $50,000 annually in household income (Table 1).

Family of Origin

For the purposes of the study, participants were instructed to consider 'family of origin' (FoA) to mean the family in which they grew up, regardless of whether they were biologically related to its members. The majority of participants (93%) identified being raised by heterosexual parents, foster parents or guardians; while far less were raised by homosexual parents, foster parents or guardians (2%). Many participants identified having at least one grandparent in their family of origin (46%) and/or having at least one sister (52%) or brother (48%).

The majority of participants (61%) identifying being ‘out’ to some members of their FoA; while others identified being ‘out’ to all members of their FoA (25%) or out to no members
Most participants believed the members of their FoA to be minimally aware of their sexual orientation (63%); while others believed the members of their FoA to be mostly aware (22%) or unaware (15%). The majority of participants (60%) believed the members of their FoA to be minimally accepting of their sexual orientation. Most participants believed the members of their FoA to be mostly accepting (24%); while others believed the members of their FoA to be not accepting (16%) (Table 2).

**Asian Community**

The majority of participants (74%) identified having an Asian community. Many identified that the majority of their Asian community is LGBTQ (52%). Some participants frequently experience their Asian community as heterosexist (27%). Several frequently witness heterosexist speech (36%) and/or heterosexist action (34%) within their Asian community. Some participants identified feeling less desirable within their Asian community due to their LGBTQ identity (15%). Some identified experiences of intracommunity oppression due to their LGBTQ identity (14%) (Table 3).

When given the option to write open-ended content describing their experiences as LGBTQ-identified individuals in the context of their Asian community, many participants articulated the identity fission they experienced as LGBTQ-identified members of Asian communities. These responses included, “I feel repressed. There is so much I can do within my community, but I often have to hide half of myself to do that work, which makes me feel like I am tricking or wronging my community.” “People [within the community] ‘look’ at me, or me with my partner, differently. It is so uncomfortable, and the discomfort stays with/in me.” “Within the… community, constant assumption of heterosexuality and insistence on asking about heterosexual marriage paradigm (e.g. complete strangers asking are you married, why or
why not).” “Being a member of the LGBTQ community feels unacceptable among most of my Asian-American community.” “People do not understand intersectionality of identity.” “[I feel that I have had] to pick which identity, GLBTQ or Asian… and [have been] unable to fully represent my whole self.” One participant identified a need for “more visible and accessible queer Asian-American elders...” Stating that, “…being queer and Asian-American also fractures the ability to feel whole in a lot of cultural spaces.” Another participant similarly said, “There are so few LGBTQ-identified mentors for the community.”

The most prevalent theme that emerged from the narrative data were experiences of the duality of Asian communities. Many participants shared feelings of confusion and trepidation, having had such varied experiences, ranging from acceptance to complete rejection, around their LGBTQ identities. Participants stated that, “My Asian American community is formed out of a project called the Queer People of Color Liberation Project. So that community is very LGBTQ-aware. I feel very tenuously connected to the local Japanese American community because of being mixed race and queer. I fear rejection if I come out to JA people.” “The Asian American community that I consider myself a true part of (active/visible) is one that is primarily oriented to social justice. Nearly all of them are queer. I understand that I am visible/recognized in more mainstream AA community (specifically, AA community in Seattle) but I don't often socialize with this broader AA community in Seattle -- in many cases, due to concerns about being queer and gender-bending.” “In progressive Asian Am circles, I don't feel like I face challenges as a queer individual. However, in my religious community I am not out to anyone, although not really connected to them either. But always feel the pressure of certain milestones being important such as heterosexual marriage, child-rearing, etc. I also feel that once people, particularly family members have expressed their acceptance of me and my sexual orientation,
that it is hard to push back when they say heterosexist or homophobic things. In my head I am thinking, well at least they haven't disowned me or don't treat me differently so I shouldn't challenge them on comments they say that make me feel uncomfortable. For example, comments that essentialize LGBT people, transphobic comments, or heterosexist statements.” “This depends, because I am apart of an queer API community nationally, and a less overtly queer API community locally. I just want to be able to be my whole self, and have everyone else be their whole selves, wherever we are.”

**LGBTQ Community**

The majority of participants (82%) identified having a LGBTQ community. Many identified that the majority of their LGBTQ community is Asian (35%). A few participants frequently experience their LGBTQ community as racist (6%), witness racist speech (6%) and/or witness racist action within their LGBTQ community (5%). Some participants identified feeling less desirable within their LGBTQ community due to their Asian identity (10%). Some identified experiences of intracommunity oppression due to their Asian identity (8%) (Table 4).

When given the option to write open-ended content describing their experiences as Asian individuals in the context of their LGBTQ community, many participants articulated that although they felt that their LGBTQ communities overall were more overtly accepting of Asians, and other people of color, than their Asian communities were of LGBTQ-identified individuals, that oftentimes there were many overt, as well as covert, messages towards Asian in their LGBTQ community that were experienced as a sign of invisibility or invalidation. “Ideas of race and ethnicity are thought of as essential traits, meaning one's Asianness is evident by dress, mannerisms, voice inflections, demeanor, etc. Any deviation from such script of ‘Asianness’ is seen as surprising and something to comment on: e.g. ‘I always forget that you're Asian,’ or,
‘You don't seem very Asian.’ The idea of identifying as Asian and simultaneously as LGBTQ presumes that one aspect of one's identity is inherently stronger, ‘I'm Asian and I'm queer; or; I'm queer and I happen to be Asian,’ the second clause obviously relegated to secondary status of importance.” “Just as Asians/Asian Americans are 'invisible' to white people in America, we are 'invisible' in the largely white LGBTQ community. I've felt excluded more often than I can recall. Being seen for a 'token' Asian American is these communities is degrading!” “To feel un-included in minority communities stings more than when facing general discrimination.” “There is greater awareness of racial-ethnic issues in the LGBTQ community than awareness of LGBTQ issues in the Asian-American community. That said, invisibility of Asian-Americans (in addition to people of color, women, and other marginalized groups) still persists in the media and other mainstream gay establishments.”

Another prominent theme in the narrative data was experiences of being fetishized, or otherwise appropriated based on race and ethnicity. “Tokenized, fetishized, cultural appropriation, trophies, silenced.” “When I was single, a lot of white women I dated stated that I was "too different" from them. I never experienced that with people of color. I also experienced comments about ‘being with an [A]sian’ on several occasions.” “…assumed to be of a certain 'type' of [A]sian… not generally looked at with the same attractiveness as 'white' lesbian… and we are NOT all good with electronics.” “I was often pointed out and used as the "diversity" in LGBTQ talks, speaking events, etc.” “Without meaning to do harm, some people politicize me against my will: ‘You're an 'immigrant,' you're of color, and you're queer. Therefore, you must feel this, this, and this, and I am going to tell people how you feel.’” “Being a minority within a minority, crossing the borders of two identities through which you experience racism/microaggressions in the queer community and homophobia/heterosexism in the
heterosexual/Asian community. Even within a self-proclaimed radical or progressive queer community, Asians are othered, exoticized, fetishized, and stereotyped as passive, subservient, hyper-feminine, or hypersexual.”

Some identified their motivation to engage in LGBTQ communities that are exclusively for people of color and/or Asians to avoid the devaluation and alienation they experience in mainstream, predominantly white LGBTQ spaces. “I actively build community with other queer people of color. I am definitely NOT engaged with the mainstream LGB (white, middle-class, homonormative) community where I live, because I find their implicit and sometimes explicit racism as deeply alienating.” “[M]y LGBTQ community is largely API… in the mainstream LGBTQ community I think there is tons of racism, xenophobia, and lack of cultural competence.” “Unlike my experiences of actively feeling marginalized or oppressed in the South Asian community, I do not actively feel marginalized by the queer community. Perhaps this is because my queer community is at least 50% made up of women of color.”

Several participants expressed being made further invisible within the context of LGBTQ ‘of color’ spaces, due to a lack of representation or knowledge of Asian / Pacific Islander (API) experience. “Most queer people of color spaces have no API representation” “The "emasculaton" for lack of a better word by other LGBTQ communities, of color and non-color.” “We are invisible because we don’t fit in with the white GLBTQ and we don’t fit in the GPOC either because of the model-minority myth.” “It is lonely, and requires energy to navigate these spaces so as to assert my own identity as a person of color who belongs in a LGBTQ person of color community but who feels out of place in LGBTQ people of color communities.” “The experiences of LGBTQ Asian Americans being eclipsed not only by white members of the community but also other members of color. The umbrella term "people of color," though useful
in forging solidarity, also homogenizes LGBTQ Asian American experiences - not recognizing the cultural, historical, personal nuances that make up LGBTQ Asian American experiences.”

**Chosen Family**

For the purposes of the study, participants were instructed to consider 'chosen family' to be an expanded view of the more traditional definitions of family, to both quantify and qualify the group(s) of friends or other non-traditional family members who provide love and support in the same, and sometimes greater, capacity than traditional family members. The majority of participants (77%) identified having a chosen family. Of participants’ that identified having a chosen family, many identified their chosen family’s members as majority Asian (45%), as female (86%) and as LGBTQ (59%).

Participants were surveyed as to the perceived provisions of their chosen family. The majority of participants (98%) perceived a function of their chosen family to be the provision of emotional support. Others perceived support around their sexual identity (93%), around their gender identity (91%) and/or around their racial identity (90%). Most participants perceived their chosen family to hold similar values to themselves (89%), to be understanding (88%), and/or to be non-judgmental (76%). Many participants identified feeling motivated by their chosen family (67%) (Table 5).

When given the option to write open-ended content describing their chosen families, participants’ responses included, “Tries to understand me, inspires me, holds me accountable to growing and developing and being my better self.” “[H]elps me feel not so lonely, not so depressed, not so anxious.” “…they challenge me to meet the anti-oppressive standards we continue to strive towards in our professional, academic, and personal lives.” “[F]ights oppression and all its intersections.” “…provides a space where I finally fit.”
Common Reactions to Intracommunal Heterosexism and Racism

When asked to report the feeling participants had in connection with experiences of heterosexism and racism in their communities, many participants identified frustration (69%), anger (57%), sadness (51%), invisibility (39%), powerlessness (28%), alone or loneliness (27%), depression (17.3%) and/or shame (16%). Several participants identified feeling deeply affected by these experiences (35%). Some participants identified that these experiences had made them wish they were not Asian (11%) and/or that they were not LGBTQ-identified (9%). Some participants identified feeling afraid (8%) and a few had experienced suicidal ideation in connection with these experiences of heterosexism and racism (2%).

Participants were also asked to report on some of their actions in connection with experiences of heterosexism and racism in their communities. Many participants identified speaking up (62%) and/or seeking support from their chosen families (62%). Several identified seeking support from other people of color or LGBTQ people (40%) and others identified staying silent about their experience (40%). Some participants identified using drugs or alcohol to cope with these experiences (17%), seeking support from therapy or counseling (15%) and/or seeking support from their family of origin (6%) (Table 6).

Quality of Life

Participants’ quality of life was measured utilizing the Fifth Edition Comprehensive Quality of Life Scale for adults (ComQol-A5) (Cummins, 1997). This scale scored participants’ overall quality of life, as well the combined importance and satisfaction in each of the following categories: material well being, health, productivity, intimacy, safety responsibility and emotional well being. Each category was measured on a 1-5 scale based on importance and
satisfaction, with 1 representing the low end of the scale (not important at all; terrible) and 5 representing the high end (could not be more important; delighted).

For the purposes of this research, the mean average score was used. The average score for material well being was 2.67, it was 3.33 for health, 4.67 for productivity, as well as for intimacy, 4.00 for safety, 3.00 for responsibility and 3.33 for emotional well being. The overall score for participants in this study was 3.92 (Table 7).
CHAPTER V

DISCUSSION

This chapter will explore the findings of this study in the context of current literature and previous research on multiple minority stress. There will be a discourse around the strengths and limitations particular to this study, as well as a discussion of the relevant implications for social work and suggestions for future research.

Current Findings and Previous Literature

Similar to the findings of in analogous studies with GBTQ-identified Asian men, the data collected for the purposes of this premier study of female-bodied participants clearly depicted the presence of conflict at the intersection of race and sexuality (Chae & Yoshikawa, 2008; Nemoto et al., 2003; Poon & Ho, 2008; Wilson & Yoshikawa, 2004). Findings from this analysis suggest that, as was the case with their male counterparts, the impact of this conflict, commonly referred to as multiple minority stress, had serious mental health implications. The results of this study, combined with the results from the aforementioned earlier studies, identifies multiple minority stress as a major contributing factor to depression, suicidal ideation and self harming behavior prevalent within LGBTQ-identified Asian populations.

This study examined the feelings and actions LGBTQ-identified Asian women identified as primary responses to experiences of heterosexism and racism within their communities. In line with the current literature frustration, anger, sadness, depression and loneliness were common feelings associated with these injurious occurrences. Correspondingly, substance abuse
and isolation were two of the associated negative actions. While much of the literature focuses on the influence of the values and beliefs of family of origin, Asian community, LGBTQ community and society at large on individuals’ emotions and actions, this study also examined existence and impact of chosen families. The literature on chosen families supports the possibility that while Asian communities may at times be extensions of families of origin that LGBTQ communities, in contrast, may makeup or inform the chosen families of many LGBTQ-identified persons.

One interesting finding was that these participants experienced greater levels of acceptance as Asians within their LGBTQ communities than as LGBTQ people within their Asian community. In studies of men, the opposite was found to be true (Chae & Yoshikawa, 2008; Wilson & Yoshikawa, 2004). This will be discussed further in Strengths and Limitations of the Study, as well as in Implications for Practice and Policy.

While the majority of the data obtained is congruous to the data from previous studies on men, it is important to examine the specifics of these responses, to understand the unique experiences and tendencies of these women in different contexts in order to ultimately be able to provide more competent and comprehensive services. It was notable that of the nearly 75% of participants who identified having an Asian community, over half identified those communities as being majority LGBTQ. This percentage was far higher than proportions found in the studies on men, and also implies intentionality around finding or creating communities in which these identities exist concomitantly. Over 80% of participants identified their membership in LGBTQ communities, 34.5% of which were identified as being predominantly Asian. Interestingly, although there was less intersectionality between Asian and LGBTQ identity in the LGBTQ communities of participants, these communities were also the ones that where participants
identified far less significant levels of phobia and oppression. Further research would need to be done to full investigate this phenomenon, but from the narrative content it seems likely that while there are less Asians amongst these LGBTQ communities, that they are often communities of color.

In the narrative data around the impact of multiple minority stress as experienced in both Asian and LGBTQ communities, themes of stigma, invisibility, rejection, objectification and alienation were clearly described. Throughout these narratives, experience of a double bind was present. Participants close to unanimously recognized the existence of this tension, of feeling caught between the expectations of two cultures and cultural identities, despite their own understanding of the concomitance of these identities in themselves. It is this tension that is at the heart of multiple minority stress, and certainly a source of the reduced quality of life for those who experience it.

This study found several pervasive trends relating to multiple minority stress in the experiences of the 152 LGBTQ-identified Asian women who participated in this study. While the overall score of participants on the ComQol-A5 was 3.92 of a possible 5.0, this was a conglomerate score of the complete scope of the scale. Through an examination of the stratified data, participants held lower scores in the areas of material well-being, health, responsibility, and emotional well being. These results indicate areas in which these women would benefit from increased access to supportive services.

The data on chosen families was an important component in this research, as no previous studies on LGBTQ-identified Asians and multiple minority stress have highlighted the existence of chosen families. Over 75% of participants identified having a chosen family and these families were identified as significant sources of emotional support and understanding, as well as
motivation and support around racial, gender and sexual identities. Chosen family was also overwhelmingly identified as a space made up of others holding similar values, thus creating a non-judgmental environment. Although further exploration would be necessary to fully understand the possible positive impacts of chosen families, this data alluded to the possibility that chosen family might be a major factor in the positive outcomes in quality of life for individuals coping with multiple minority stress.

About the Sample

Racial identity was defined by the racial population residing in the United States as outlined by the United States Census (U.S. Census Bureau, 2010), with further delineation of Asian racial identifications, due to the specific focus on Asian racial identity in this study. Many participants identified their racial identity as a combination of these populations. The distinction of Asians in America was specified not to exclude participants who were not naturalized American citizens, as citizenship was not an inclusion criterion, but rather to focus the research on experiences of Asians whose racial and ethnic identities had been formed and informed, at least in part, by American attitudes towards Asians. Generation status was measured assuming first generation to mean participants who were born a country and were the first generation within their family to immigrate to the United States and second generation to mean participants whose parents were the first generation within their family to immigrate to the United States, and so on.

The LGBTQ inclusion criterion, in the context of this female-identified sample population, was outlined with a keen awareness to the multiple self-identities that LGBTQ-identified individuals may embody. A goal of this research was that its data speak to a broad population of individuals who fall under the LGBTQ umbrella. The minimal preexisting data
addressing the experiences and needs of similar populations focused on Asian American women who identify primarily as lesbian and/or bisexual (Li & Orleans, 2001). While these identities are certainly prominent within Homosexual or Queer Diasporas, the sole focus on them excludes the experience of individuals and communities whose gender identity and/or sexuality exist outside of the gender binary. The researcher used purposive sampling methods with the intent of creating a sample population that was representative of a more inclusive spectrum of experiences. Additionally, to specify trans-inclusion, the researcher intentionally permitted each potential participant to determine whether they fell within the inclusion criteria of the study.

In regard to the gender criteria, the medically assigned sex of the participants was not the focus, nor was whether or not their primary gender identity is “female” or “woman.” Instead, this research aimed to explore experiences of female identity within the context of their family, chosen family, communities, and more generally within the United States. Because female identity is generally experienced as the subordinate identity contextualized by the traditional gender binary prevalent in the United States, and given that many members of the LGBTQ community view gender as a spectrum as opposed to a binary, it was anticipated that there would be great variation in terms of the gender identities that might fall within the gender criteria of the study. This variation was both anticipated and desired, keeping true to the intention around inclusion of the research.

It was necessary for the study population to be literate in English, with the awareness that this requirement would be a limiting factor that might affect the data; there was simply not the financial backing to hire translators, nor was the researcher proficient in any other language enough to translate the survey questions and narrative responses with sufficient accuracy. Because the focus of interest for this study was identity development as the result of interactions
throughout each individual’s life experiences of these coexisting identities, the age perimeters of the study sample were 18 to 50 years old. The decision to cap the age limits at 50 was designated due to the opinion that individuals who recognized their LGBTQ identity post-Stonewall may have experienced their sexual identities differently than pre-Stonewall folks. Additionally, individuals’ experiences of race in the United States would likely be markedly different depending on whether or not they have memories that predate the Civil Rights Movement. Given both of these considerations, this age range was set to produce relevant and coherent date, with the realization it might negate the experience of older generations. Because of this age range, special permissions were not necessary to work with the sample.

While there was no geographic preference in terms of participants' birthplace or current location, it was anticipated that the majority of participants obtained via purposive sampling would be residents of major metropolitan areas, though the hope was that there would be increased variation in terms of birthplace, as the majority of primary point persons and organizations through which snowball sampling was conducted were located in New York City, Boston and San Francisco. There are relatively large Asian American populations in New York City, Boston and San Francisco, liked due to the tendency for LGBTQ identified individuals to locate to major urban areas in pursuit of the increased level of acceptance more common in these spaces (Jerke, 2011; Weston, 1995). For these reasons, this sample was able to maintain a relatively high level of representativeness, despite these geographic limitations.

The racial or ethnic and sexual diversity of this study was inherently high, given the specific inclusion criteria. There was less diversity in gender, as all participants must identify as “women” to qualify for the study, though the hope was for this identity to be represent a spectrum of gender presentations, as well as a range of experiences, thus bringing some gender
diversity to the data. The researcher was cognizant that the sample might not be as representative in terms of having diversity of socioeconomic status (SES) both due to the standard of living in the cities in which the majority of recruitment took place, as well as the SES situations and educational backgrounds of many members of the aforementioned organizations, as well as of the individual points of contact for snowball sampling, and potentially of their contacts as well. That stated, efforts were made to maintain a tenacious commitment to the social justice motivation, and therefore practice, of this research project.

**Strengths and Limitations of the Study**

This thesis study was created and executed to explore the research question: In what contexts do LGBTQ-identified Asian women in America experience multiple minority stress and how do the values of their families of origin, chosen families, Asian and LGBTQ communities impact their identity negotiations, as well as their overall quality of life? And, additionally, the secondary research question: How might mental health practitioners increase the cultural sensitivity of their practices to better meet the needs of individuals experiencing multiple minority stress? The collection and analysis of data from the 152 individuals who participated in the study via Internet survey clearly displayed the negative professional and fiscal, as well as psychological and psychosocial impact of triple jeopardy or multiple minority stress present amongst LGBTQ-identified Asian women in America. It additionally upheld that these women experience similar identity fission in the intricate negotiations they feel they must make when caught between their Asian and their LGBTQ communities as their male counterparts described in previous literature. The data supported the researcher’s hypothesis that individuals who experience multiple minority stress.
For the purposes of this study, quantitative data was collected via an online survey utilizing computer logic. The Internet survey method was selected due to the researcher’s commitment to producing generalizable data on LGBTQ-identified Asian American women. Because this population is diverse and specific, as well as previously under-documented, it was important to reach a large and varied group of members for sampling. Due to financial and time limitations of the study, the researcher felt that an Internet survey would best meet the needs of the study, as this model “can quickly and inexpensively be sent to very large numbers of prospective respondents anywhere in the world” (Rubin & Babbie, 2010, p.117).

While this method did yield a large number of respondents, there were also some deficits to using this method. One deficit that was evident in the literature was the likelihood for underrepresentation of subpopulations that do not have access to the Internet, namely the elderly and the poor. Because the age perimeters of the study were capped at 50 years old, the main anticipated deficit was the potential for underrepresentation of LGBTQ-identified Asian American women of lower income status.

This design ultimately proved to be a strength of this research, as it garnished a high level of participation with rich results that both answered the questions posed by this research project, as well as encouraged further questions for future research. This method was selected due the researcher’s commitment to reaching participants from a wide range of demographic backgrounds. Online surveys are also a cost effective method for researching large groups of individual participants (Anastas, 1999). While some potential participants may not have been able to access the survey due to an inability to utilize the Internet, overall this method aided the researcher in collecting a large quantity of diverse participants for the study without the added time or costs associated with interviews, focus groups or paper survey.
Because participants were recruited using snowball sampling via email, listserv, and Facebook posting, a far larger group of potential participants was reached, and once an individual had agreed to participate, they could do so at the click of a button, at their convenience and in a comfortable and private location of their choosing. These aspects of comfort and convenience certainly encouraged a large number of individuals to participate and to feel confident answering some more personal or potentially upsetting questions due to the complete anonymity of the survey. In total, 181 individuals began the survey and 152 completed the survey and were able to contribute to the data articulated in the Findings chapter.

Additionally, the online survey format, with its combination of multiple choice and narrative response questions, allowed the production of both standardized and individualized data.

Two unique weaknesses stood out in regard to the research design. The first is twofold; one, that while allowing participants to skip any questions they did not want or were unable to answer was a requirement set by the Human Subjects Review Board and also was important to the researcher to ensure that no undue burden be placed upon participants, it did also mean that participants could begin the survey and never finish, or skip large chunks of the survey due to disinterest of lack of time. 29 surveys (16.02%) were eliminated prior to data analysis due to a lack of adequate completion determined by the researcher. Two, given that many individuals have rich and busy lives, there was of course the potential for potential participants to view or receive the recruitment information and to simply forget about it, regardless of their level of interest. Second, while participants did have the option to respond via narrative response to produce more descriptive data, data obtained from a quantitative survey does not garnish the same level of detail and thorough description as interview questions, nor is there the opportunity for clarification due to the anonymous nature of the survey.
One profound strength of this research was that both that this population was previously critically understudied with little to no representation in previous data. Due to this fact, many individuals within the population were wanting and needing to share their experience, particularly when given the opportunity to ultimately better mental health services for themselves and others. This population was passionate and dedicated to this project. The researcher received many personal emails from potential participants thanking her for undertaking this research. Due to this high level of interest on the topic, a major strength of the sample was the level of diversity achieved.

In terms of generalizability of the results, the researcher was able to obtain 152 participants from a wide range of racial groups, sexual identities, relationship and socioeconomic statuses through snowball sampling. The researcher was particularly pleased to note that the disparity between East Asian and South Asian participants common to past research was not an issue in the data. This was likely due to the utilization of SALGA’s listserv and message board, as was the intention in doing so.

The research was, however, less generalizable in three distinct arenas. The first, due to the researcher’s decision to create an age cap, as described in the methodology chapter, the results of this research are likely not applicable to elder LGBTQ-identified Asian women, as their experiences have been seated in a very different historical context, in terms of their experiences as women, as Asians, and as LGBTQ-identified persons. Second, due to the contacts utilized by the researcher, as well as the requirement for all participants to be Internet savvy, an overwhelmingly high proportion of participants were extremely educated, having obtained Bachelors or higher academic degrees. It would be important to recognize the potential role that education could have for individuals coping with systems of oppression; knowledge
might be able to serve as a mechanism for coping with multiple minority stress. Finally, while almost a quarter of participants identified their gender as Genderqueer, Gender Non-Conforming or Gender Fluid, there was not a great deal of transgender representation in the sample. While the researcher made efforts in the recruitment language, and throughout the study, to promote trans-inclusion, the results of this study do not necessarily include the additional experiences of oppression experienced by transgender individuals within this population. Further researcher would need to, and should, be done to more accurately and thoroughly include the transgender experience in this discourse around minority and multiple minority stress.

**Implications for Practice and Policy**

The exploration of LGBTQ-identified Asian women in America’s experiences of oppression and multiple minority stress raise many important implications for best practices in social work, as well as opportunities for policy reform and opportunities for further research. From the start, a catalyst of this research was to better understand how the trend of social work focusing on ‘cultural competency’ might be understood in contexts of co-occurring minority social identities. The findings of this research clearly delineate the added complexities of the intersection of race, gender, and sexual identity, and point to the need for clinical practice that is both aware of some of common experiences of different cultural groups, and simultaneously being willing to suspend these assumptions and to recognize that each individual experience of multiple minority stress is negatively and positively impacted by contextualized experiences that are both unique and personal.

The data exposed many of the strengths of, as well as challenges within, the families of origin, culturally based communities, and chosen families of these women, clearly identifying that these are some of the major influences, both positive and negative, on their identity
formation and experience of that identity. Therefore, it is critical not only that mental health practitioners become increasingly versed in the diverse variety of these experiences, but that social work policy enforce education and practice that support practitioners in best practices that are attuned to clients outside of the dominant perspective.

This work, going forward, has the possibility of taking on many shapes and forms. As a starting place, further research must be conducted to increase and expand the data available to current mental health practitioners, as well as to those newly entering the field. As the gap in the research on this topic narrows, educators will have increased access to comprehensive resources, making it possible for an increasingly universal understanding of the specific aspects of treatment prevalent for this population. Some areas for future research might include studies around health implications, family and group therapy treatment options, building a therapeutic alliance as a non-LGBTQ, non-female and/or non-Asian clinician, and a further exploration of the roles and impact of chosen family within the lives of LGBTQ-identified Asian women in America. The data from this future research would have the potential to increase academic programming within Bachelors and Masters-level institutions, as well as to offer more advanced trainings and certificate programs on multiple minority stress and treatment options.

With this push around further research and increasing academic materials, educational institutions and professional organizations, such as the National Association of Social Work (NASW), in recognition of these future findings, would have standing on which to impart regulations that enforce requirements around attunement to these important issues that so many client populations face. As social work curricula and professional conferences currently offer elective, if not mandatory, programming on cultural competency, the hope is that going forward there will be a continuation on that theme to include offerings on intersectionality and multiple
minority stress. Finally, as the lens that incorporates multiple minority experience became commonplace within the field, new theory has the potential to be develop; theory that is attuned to and works to empower, rather than oppressed, the experience of LGBTQ-identified Asian women in America, as well as other populations experiencing multiple minority stress due to concomitant target identities.

**Recommendations for Future Research**

In the course of this research project, many opportunities for further research presented themselves. Clearly, more research must be done to better understand experiences of multiple minority stress, across different cultural groups and at various intersections. Additionally, once the impact of this stress is more thoroughly understood, research should be done to develop theories and practices that best address the specific needs of individuals coping with the increased impact of concomitant and intersecting target identities. One particular area of interest for future research that stemmed from the literature and data results of this project was how mental health practitioners might learn a great deal from the behavior and function of chosen families when determining how to best support the identity struggles of individuals and communities struggling with multiple minority stress. As for the particular area of research focused on in this thesis project, it would be a great opportunity to examine specific populations, for example transgendered women or women for whom English was not a first language, to further explore some of the particular intricacies that can contribute to the full impact of multiple minority stress within the whole population of LGBTQ-identified Asian women in America.
REFERENCES


Shapiro, J., & Ross, V. (2002). Applications of narrative theory and therapy to the practice of family medicine. *Family Medicine, 34*(2), 96-100.


doi:10.1080/10538720902772212


Appendix A

Human Subjects Committee Approval Letter

January 27, 2012

Dear Anastasia,

You did a great job of using our feedback and your study now fits all federal compliance regulations. Thank you for your thoughtfulness and professional tone.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your research.

Sincerely,

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee

CC: Kristin Mattocks, Research Advisor
Appendix B

Recruitment Flyer

THE DOUBLE BIND OF TRIPLE JEOPARDY:
EXPERIENCES OF IDENTITY FORMATION AND FUSION
IN LGBTQ-IDENTIFIED ASIAN AMERICAN WOMEN

Dear Potential Research Participant,

My name is Anastasia Taketomo and I am an MSW student at Smith College School for Social Work conducting quantitative research for my Master’s thesis. The purpose of my research is to examine how LGBTQ-identified Asian American women form and experience their ethnic, sexual and gender identities in the context of their families of origin, chosen families, Asian American and LGBTQ communities. The data from this study will increase awareness of these experiences and will encourage social work practitioners to provide more comprehensive services to LGBTQ-identified Asian American women.

As a participant, you will be asked to complete a 30-minute, anonymous web-based survey. To qualify for participation, you must self-identify as Asian American, LGBTQ, and female. As an LGBTQ affirmative researcher, I recognize that sexuality and gender identity exist on a spectrum that may be both personal and political. For the purposes of this survey, I encourage potential research participants to consider the inclusion criteria based on their personal identity and experience, regardless of imposed social identities and experiences. Likewise, this research aims to address experiences across the Asian American Diaspora, with particular awareness to the historical silencing of South Asian and Mixed Race voices in the context of research on Asian American experience.

Participation in the web-based survey is voluntary and confidential; the web-based survey is anonymous and any individual identifiers present in narrative responses will be removed from the presentation of the study findings. There is no monetary compensation for participation in this research, although benefits of participation include the potential for increased awareness and understanding of the LGBTQ-identified Asian American female experience, within the social work context and beyond.

If you or someone you know would be interested in participating in this research study, please follow this hyperlink: https://www.surveymonkey.com/s/XMM7TYS.C. For additional questions about participation, please contact me by email at anastasia.taketomo@gmail.com.

Thank you for your interest!

Graphic art by Adrian Tomine

Anastasia
Appendix C

Recruitment Information for Listservs, Blog Posts, and Facebook

Dear Potential Research Participant,

My name is Anastasia Taketomo and I am an MSW student at Smith College School for Social Work conducting quantitative research for my Master’s thesis. The purpose of my research is to examine how LGBTQ-identified Asian American women form and experience their ethnic, sexual, and gender identities in the context of their families of origin, chosen families, Asian American, and LGBTQ communities. The data from this study will increase awareness of these experiences and will encourage social work practitioners to provide more comprehensive services to LGBTQ-identified Asian American women.

As a participant, you will be asked to complete a 30-minute, anonymous Internet survey. To qualify for participation, you must self-identify as Asian American, LGBTQ, and female. As an LGBTQ affirmative researcher, I recognize that sexuality and gender identity exist on a spectrum that may be both personal and political. For the purposes of this survey, I encourage potential research participants to consider the inclusion criteria based on their personal identity and experience, regardless of imposed social identities and experiences. Likewise, this research aims to address experiences across the Asian American Diaspora, with particular awareness to the historical silencing of South Asian and Mixed Race voices in the context of research on Asian American experience.

Participation in the Internet survey is voluntary and confidential; the Internet survey is anonymous and any individual identifiers present in narrative responses will be removed from the presentation of the study findings. There is no monetary compensation for participation in this research, although benefits of participation include the potential for increased awareness and understanding of the LGBTQ-identified Asian American female experience, within the social work context and beyond.

If you or someone you know would be interested in participating in this research study, please follow this hyperlink: https://www.surveymonkey.com/s/XM7TY5C. For additional questions about participation, please contact me by email at anastasia.taketomo@gmail.com.

Thank you for your interest!

Anastasia
Appendix D

Recruitment Email for Individual Contacts

Dear Colleagues, Friends, and Family,

As many of you know, I am in my final year of study at the Smith College School for Social Work, currently conducting quantitative research for my Master’s thesis. The purpose of my research is to examine how LGBTQ-identified Asian American women form and experience their ethnic, sexual and gender identities in the context of their families of origin, chosen families, Asian American, and LGBTQ communities. The data from this study will increase awareness of these experiences and will encourage social work practitioners to provide more comprehensive services to LGBTQ-identified Asian American women.

I am seeking volunteers who self-identify as Asian American, LGBTQ, and female to participate by completing a 30-minute, anonymous Internet survey. As an LGBTQ affirmative researcher, I recognize that sexuality and gender identity exist on a spectrum that may be both personal and political. For the purposes of this survey, I encourage potential research participants to consider the inclusion criteria based on their personal identity and experience, regardless of imposed social identities and experiences. Likewise, this research aims to address experiences across the Asian American Diaspora, with particular awareness to the historical silencing of South Asian and Mixed Race voices in the context of research on Asian American experience.

If someone you know would be interested in participating in this research study, please refer them to the following hyperlink: https://www.surveymonkey.com/s/XM7TY5C. For additional questions about participation, please contact me by email at anastasia.taketomo@gmail.com. I have also attached my recruitment flyer, which contains additional information.

Thank you for your help and support!

Anastasia

Attachment: AYTaketomoRecruitmentFlyer.pdf
Appendix E

Informed Consent

Dear Research Participant,

My name is Anastasia Taketomo and I am a graduate student at the Smith College School for Social Work. I am conducting a research project designed to examine how LGBTQ-identified Asian American women form and experience their ethnic, sexual, and gender identities in the context of their families of origin, chosen families, Asian American, and LGBTQ communities. I am conducting this research for my MSW thesis, for professional presentation, and for possible future publication. The data from this study will increase awareness of these experiences and will encourage social work practitioners to provide more comprehensive services to LGBTQ-identified Asian American women.

You have been asked to participate in this study because you (a) identify as Asian American, (b) identify as LGBTQ and (c) you identify as a woman or with female gender identity. In addition, English is your primary language and you are between 18 and 50 years of age. As a participant in this study, you will be asked to complete an anonymous, Internet survey. This survey consists of a combination of both open and closed-ended questions, in multiple choice, short answer, and narrative response formats. You will be asked questions pertaining to Demographics, Family of Origin, Chosen Family, Asian American Community, LGBTQ Community, and Life Satisfaction/Happiness.

Although this is a low risk study, participation in this study may trigger some strong emotions, as you will be asked to respond to questions pertaining to your thoughts and feelings about your own identity, your family or families, your community or communities, and your experiences with sexism, heterosexism, and racism. A list of local, low fee therapy referrals will be provided in case you would like support around these reactions. There will not be financial compensation for taking part in this study however, as a participant, you will have the unique opportunity to express your experiences and opinions relating to issues of identify formation and LGBTQ and Asian American experience, but also to participate in the creation of some of the first ever empirical data of this demographic. The contributions made to this study will provide important information that may be helpful in educating current and future mental health professionals about ways of better meeting the needs of their LGBTQ-identified Asian American clients going forward, as well as in bringing a more general awareness to the public.

Your identity will be protected in a number of ways. SurveyMonkey, the Internet program that will be used to conduct the survey, will be set to collect all data anonymously. Once this option is set, it cannot be undone. In addition, any identifying information that you may include in your narrative responses will be removed from the data prior to presentation or publication. Participation in this study is voluntary. You may withdraw from the study prior to your completion of the survey by exiting your Internet browser and you may refuse to answer any question(s). Due to the anonymous nature of these confidential Internet surveys, it is impossible
to identify a participant’s responses once a survey has been submitted, therefore, data collected via a completed survey cannot be withdrawn.

If you have any additional questions about participation, please contact me, Anastasia Taketomo, by email at anastasia.taketomo@gmail.com or by telephone at (XXX) XXX-XXXX. Please keep a copy of this consent form for your records. If you have any concerns about your rights or any aspect of the study, you may contact me, or the Chair of the Smith College School for Social Work Human Subjects Review Committee by telephone at (413) 585-7974.

Thank you for participating in this study.

BY CHECKING “I AGREE” BELOW YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

[ ] I AGREE
Appendix F

Organization Approval Letter from SALGA

Smith College School for Social Work  
Lilly Hall  
Northampton, MA 01063

To Whom It May Concern:

South Asian Lesbian and Gay Association (SALGA) gives permission for Anastasia Taketomo to utilize our listservs, web boards, and/or Facebook pages as sources for recruitment of participants for her research. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work’s (SSW) Human Subject Review Committee (HSR) performs a review of the research proposed by Anastasia Taketomo. SALGA will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

Suma Reddy  
Coordinator, South Asian Lesbian and Gay Association

January 18, 2012
Appendix G

Qualifying Demographic Questions

Volunteers must answer affirmatively to all four qualifying demographic questions to participate in the study.

1) Do you identify as a woman?

2) Do you identify as Asian American?

3) Do you identify as LGBTQ?

4) Are you between the ages of 18 and 50 years old?
Appendix H

Internet Survey

Demographics

How old are you?
__ 18 – 25
__ 26 – 33
__ 34 – 41
__ 42 – 49
__ 50+

What is your race?
__ Asian
__ East Asian
__ South Asian
__ Pacific Islander
__ Biracial
__ Mixed Race
__ Caucasian or White
__ Latino/a or Hispanic
__ African American or Black
__ American Indian or Alaska Native
__ Other _____

What is your ethnicity?
__ Afghani
__ Bangladeshi
__ Bhutanese
__ Biracial
__ Burmese
__ Cambodian
__ Chinese
__ Filipino/a
__ Hmong
__ Indian
__ Japanese
__ Korean
__ Laotian
__ Mixed Race
__ Nepalese
__ Pacific Islander
__ Pakistani
__ Sri Lankan
__ Taiwanese
__ Tibetan
__ Vietnamese
__ Other _____

What is your primary citizenship?
__ Afghani
__ American
__ Bangladeshi
__ Bhutanese
__ Biracial
__ Burmese
__ Cambodian
__ Chinese
__ Filipino/a
__ Hmong
__ Indian
__ Japanese
__ Korean
__ Laotian
__ Mixed Race
__ Nepalese
__ Pacific Islander
__ Pakistani
__ Sri Lankan
__ Taiwanese
__ Tibetan
__ Vietnamese
__ Other _____
If applicable, what is your secondary citizenship?

- Afghanistan
- American
- Bangladeshi
- Bhutanese
- Biracial
- Burmese
- Cambodian
- Chinese
- Filipino/a
- Hmong
- Indian
- Japanese
- Korean
- Laotian
- Mixed Race
- Nepalese
- Pacific Islander
- Pakistani
- Sri Lankan
- Taiwanese
- Tibetan
- Vietnamese
- Other

What is your generation status?
(If you are Biracial or Mixed Race, please refer to your Asian-American lineage when responding to this question.)

- First generation
- Second Generation
- Third Generation
- Fourth Generation
- Other

How many years have you lived in the United States?


How do you primarily prefer to identify your gender?

- Female
- Gender Queer, Gender Non-Conforming or Gender Fluid (Genderqueer Spectrum)
- Transgender (MTF)
- Transgender (FTM)
- Intersex
- Other

How do you primarily identify your sexual orientation?

- Lesbian
- Gay
- Bisexual
- Queer
- Pansexual
- Fluid
- Other

What is your current relationship status?

- Single
- Dating
__ In a Long-Term Relationship
__ In a Domestic Partnership
__ In a Civil Union
__ Married
__ Other _____

What is the highest level of school you have completed or the highest degree you have received?
__ Less than high school degree
__ High school degree or equivalent (e.g. GED)
__ Some college but no degree
__ Associates degree
__ Bachelor degree
__ Graduate degree

Which of the following categories best describes your employment status?
__ Employed, working 1-39 hours per week
__ Employed, working 40 or more hours per week
__ Not employed, looking for work
__ Not employed, NOT looking for work
__ Retired
__ Disabled, not able to work

What is your total annual INDIVIDUAL income?
__ Less than $10,000
__ $10,000 to $19,999
__ $20,000 to $29,999
__ $30,000 to $39,999
__ $40,000 to $49,999
__ $50,000 to $59,999
__ $60,000 to $69,999
__ $70,000 to $79,999
__ $80,000 to $89,999
__ $90,000 to $99,999
__ $100,000 to $149,000
__ $150,000 or more

What is your total annual HOUSEHOLD income?
__ Less than $10,000
__ $10,000 to $19,999
__ $20,000 to $29,999
__ $30,000 to $39,999
__ $40,000 to $49,999
__ $50,000 to $59,999
__ $60,000 to $69,999
__ $70,000 to $79,999
__ $80,000 to $89,999
__ $90,000 to $99,999
__ $100,000 to $149,000
__ $150,000 or more

Family of Origin

For the purposes of this survey, please consider 'family of origin' to mean the family in which you grew up, regardless of whether you are biologically related to its members.
Is the family you grew up in biological, adoptive, or through foster and/or legal guardianship?

__ Biological
__ Adoptive
__ Foster and/or Legal Guardianship

My family of origin is made up of the following members: (Please select all that apply.)

__ Heterosexual parents
__ Homosexual female parents
__ Homosexual male parents
__ Mother only
__ Father only
__ Stepparent(s)
__ Heterosexual foster parent(s) and/or other legal guardians
__ Homosexual foster parent(s) and/or other legal guardians
__ Brother(s)
__ Sister(s)
__ Grandparents
__ Grandmother(s) only
__ Grandfather(s) only
__ Aunt(s)
__ Uncle(s)
__ Female cousin(s)
__ Male cousin(s)
__ Other _____

To whom in your family of origin are you ‘out’ to about your sexual orientation?

__ Everyone
__ All members of your generation (i.e. siblings and/or cousins)
__ Some members of your generation
__ All members of your parents’ generation (i.e. parents and/or aunts and uncles)
__ Some members of your parents’ generation
__ Grandparents
__ Some grandparents
__ No one
__ Other _____

Within your family of origin, please identify the level of AWARENESS you feel its members have in relation to each of these identities, in terms of how you conceive of them, as well as in terms of how they impact your life, both individually and as a whole.

Options: Complete awareness, a good amount of awareness, a moderate amount of awareness, a minimal amount of awareness, no awareness.

__ Your ethnic identity?
__ Your gender identity?
__ Your sexual identity?
__ Your whole identity?

Within your family of origin, please identify the level of ACCEPTANCE you feel its members have in relation to each of these identities, in terms of how you conceive of them, as well as in terms of how they impact your life, both individually and as a whole.

Options: Complete acceptance, a good amount of acceptance, a moderate amount of acceptance, a minimal amount of acceptance, no acceptance.

__ Your ethnic identity?
__ Your gender identity?
__ Your sexual identity?
__ Your whole identity?

**Chosen Family**

For the purposes of this survey, please consider 'chosen family' to be an expanded view of the more traditional definitions of family, to both quantify and qualify the group(s) of friends or other non-traditional family members who provide love and support in the same, and sometimes greater, capacity than traditional family members.

Do you have what you would consider a ‘chosen family’?
__ Yes
__ No

Who are the members of your chosen family? (Please select all that apply.)
__ Friends
__ Current significant other(s)
__ Past significant other(s)
__ Members of my family of origin
__ Teachers
__ Mentors
__ Spiritual leaders
__ Co-workers
__ Other _____

How many members of your chosen family identify as Asian?
__ All
__ Half
__ None
__ Most
__ Some
__ Many
__ A few

How many members of your chosen family identify as women?
__ All
__ Half
__ None
__ Most
__ Some
__ Many
__ A few
How many members of your chosen family identify as LGBTQ?

__ All  __ Half  __ None
__ Most  __ Some
__ Many  __ A few

Please fill in the blank in the following sentence: My chosen family _____. (Please select all that apply.)

__ provides me with emotional support
__ provides me with financial support
__ motivates me
__ understands me
__ is non-judgmental
__ holds similar values to mine
__ is supportive of my racial identity
__ is supportive of my gender identity
__ is supportive of my sexual identity
__ Other ____

Asian Community

Are you a member of an Asian community?

__ Yes
__ No

If yes, what kind of community? (Please select all that apply.)

__ Local  __ Personal/Social
__ National  __ Political/Activist
__ Virtual/Online

How many people in your Asian community would you say identify as LGBTQ?

__ All  __ Half  __ None
__ Most  __ Some
__ Many  __ A few

The next several responses pertain to how you have witnessed and/or experienced your Asian-American community's engagement with issues pertaining the LGBTQ community

Options: All of the time, most of the time, some of the time, rarely, never.

__ I experience my Asian-American community as aware of LGBTQ issues.
__ I experience my Asian-American community as thoughtful about LGBTQ issues.
__ I experience my Asian-American community as actively pro LGBTQ rights.
I experience my Asian-American community as passively pro LGBTQ rights.
I experience my Asian-American community as heterosexist.
Within my Asian-American community I witness heterosexist speech.
Within my Asian-American community I witness heterosexist action.
Within my Asian-American community I feel oppressed because of my sexual identity.
Within my Asian-American community I feel less desirable because of my sexual identity.

If applicable, please describe or explain some of the challenges of being an LGBTQ identified in an Asian-American community.

LGBTQ Community

Are you a member of an LGBTQ community?
_ Yes
_ No

If yes, what kind of community? (Please select all that apply.)
_ Local
_ National
_ Virtual/Online
_ Personal/Social
_ Political/Activist

How many people in your LGBTQ community would you say identify as Asian?
_ All
_ Half
_ None
_ Most
_ Some
_ Many
_ A few

What is the majority race within your LGBTQ community?
_ Asian
_ Black
_ Latino/a
_ Mixed Race or Biracial
_ Native American
_ Pacific Islander
_ White
_ Other

How many people in your LGBTQ community would you say identify as Asian?
_ All
_ Half
_ None
_ Most
_ Some
_ A few
The next several responses pertain to how you have witnessed and/or experienced your LGBTQ community's engagement with issues of race and racism.

Options: All of the time, most of the time, some of the time, rarely, never.

[_] I experience my LGBTQ community as aware of race and racism.
[_] I experience my LGBTQ community as actively anti-racist.
[_] I experience my LGBTQ community as passively anti-racist.
[_] I experience my LGBTQ community as racist.
[_] Within my LGBTQ community I witness racist speech.
[_] Within my LGBTQ community I witness racist action.
[_] Within my LGBTQ community I feel oppressed because of my racial identity.
[_] Within my LGBTQ community I feel less desirable because of my racial identity.

If applicable, please describe or explain some of the challenges of being an Asian identified in an LGBTQ community? _____

**Reactions to Intracommunal Racism and/or Heterosexism**

In moments where you have experienced racism and/or heterosexism within your community or communities, how have you felt? (Please select all that apply.)

[_] I was deeply affected.
[_] I was not deeply affected.
[_] I felt angry.
[_] I felt sad.
[_] I felt frustrated.
[_] I felt alone.
[_] I felt invisible.
[_] I felt ashamed.
[_] I felt depressed.
[_] I felt suicidal.
[_] I felt powerless.
[_] I felt afraid.
[_] I wished that I was not LGBTQ.
[_] I wished that I was not Asian.
[ ] None of the above
[ ] All of the above
[ ] Other _____

In moments where you have experienced racism and/or heterosexism within your community or communities, what actions have you taken? (Please select all that apply.)

[_] I spoke up.
[_] I was silent.
I sought support from my family.
I sought support from Asian-American friends.
I sought support from other friends of color.
I sought support through therapy or counseling.
I got drunk or high.
None of the above
All of the above
Other _____

Quality of Life

The remaining three sections of the survey pertain to quality of life. The first will ask you for some factual information. The next two will ask how you feel about various aspects of your life.

This first section asks for information about various aspects of your life. Please select the response that most accurately describes your situation.

Section 1

Where do you live?
___ A house
___ A flat or apartment
___ A room (e.g. in a hostel) or caravan

Do your parents own the place where you live or do they pay rent? (If neither, please do not respond to this question.)
___ Own
___ Rent

How many possessions do you have compared to your peers?
___ More than almost anyone
___ More than most people
___ About average
___ Less than most people
___ Less than almost anyone

If your parents have paid work, please give the name of their job(s):

How many times have you seen a doctor over the past 3 months?
___ None
___ 1-2
___ 3-4 (about once a month)
___ 5-7 (about every two weeks)
___ 8 or more (about once a week or more)
Do you have any on-going medical problems? (e.g. visual, hearing, physical, health, etc.)
(If yes, please specify.)
  __ Yes
  __ No

If yes, please specify: (e.g. visual, require glasses for reading; diabetes, require daily injections; epilepsy, require daily medication; etc.)

How many hours do you spend on the following EACH WEEK? (Average over past 3 months.)

Options: 0, 1-10, 11-20, 21-30, or 31-40+.

  __ Hours work for pay (not counting pocket money)
  __ Hours at school or college
  __ Hours unpaid childcare

In your spare time, of how often do you have nothing much to do?
  __ Almost always
  __ Usually
  __ Sometimes
  __ Not usually
  __ Almost never

On average, how many hours TV do you watch each day?
  __ None
  __ 1-2
  __ 3-5
  __ 6-9
  __ 10 or more

How often do you talk with a close friend?
  __ Daily
  __ Several times a week
  __ Once a week
  __ Once a month
  __ Less than once a month

If you are feeling sad or depressed, how often does someone show they care for you?
  __ Almost always
  __ Usually
  __ Sometimes
  __ Not usually
  __ Almost never
If you want to do something special, how often does someone else want to do it with you?

Almost always
Usually
Sometimes
Not usually
Almost never

How often do you sleep well?

Almost always
Usually
Sometimes
Not usually
Almost never

Are you safe at home?

Almost always
Usually
Sometimes
Not usually
Almost never

How often are you worried or anxious during the day?

Almost always
Usually
Sometimes
Not usually
Almost never

Below is a list of leisure activities. Indicate how often in an AVERAGE MONTH you attend or do each one for your enjoyment (not employment). (Please respond to this question using whole numbers.)

Go to a club/group/society
Meet with friend(s)
Watch live sporting events (not on TV)
Go to a place of worship
Chat with neighbors
Eat out
Go to a movie
Visit family
Play sports or go to a gym

Do you hold an unpaid position of responsibility in relation to any team, club, group, or society?

Yes
No
If yes, please indicate the highest level of responsibility held:

__ Committee Member
__ Committee Chairperson/Convener
__ Secretary/Treasurer/Team Vice-Captain
__ Captain, Group President, Chairperson or Convener

How often do people OUTSIDE YOUR HOME ask for your help or advice?

__ Almost every day
__ Quite often
__ Sometimes
__ Not often
__ Almost never

How often can you do the things you REALLY want to do?

__ Almost always
__ Usually
__ Sometimes
__ Not usually
__ Almost never

When you wake up in the morning, how often do you wish you could stay in bed ALL DAY?

__ Almost always
__ Usually
__ Sometimes
__ Not usually
__ Almost never

How often do you have wishes that CANNOT come true?

__ Almost always
__ Usually
__ Sometimes
__ Not usually
__ Almost ever

Section 2

How IMPORTANT are each of the following areas in your life to you?

There are no right or wrong answers. Please choose the box that best describes how IMPORTANT each area is to you.

How IMPORTANT TO YOU are the things you own?

__ Could not be more important
__ Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU is your health?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU is what you achieve in life?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU are close relationships with your family or friends?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU is how safe you feel?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU is doing things with people outside your home?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all

How IMPORTANT TO YOU is your own happiness?
Could not be more important
Very important
Somewhat important
Slightly important
Not important at all
Section 3

How SATISFIED are you with each of the following areas in your life?

There are no right or wrong answers. Please choose the box that best describes how SATISFIED you are with each area.

How SATISFIED ARE YOU with the things you own?
__ Delighted  __ Pleased  __ Mostly satisfied  __ Mixed  __ Mostly dissatisfied  __ Unhappy  __ Terrible

How SATISFIED ARE YOU with your health?
__ Delighted  __ Pleased  __ Mostly satisfied  __ Mixed  __ Mostly dissatisfied  __ Unhappy  __ Terrible

How SATISFIED ARE YOU with what you achieve in life?
__ Delighted  __ Pleased  __ Mostly satisfied  __ Mixed  __ Mostly dissatisfied  __ Unhappy  __ Terrible

How SATISFIED ARE YOU with your close relationships with family or friends?
__ Delighted  __ Pleased  __ Mostly satisfied  __ Mixed  __ Mostly dissatisfied  __ Unhappy  __ Terrible

How SATISFIED ARE YOU with how safe you feel?
__ Delighted  __ Pleased
Mostly satisfied
Mixed
Mostly dissatisfied
Unhappy
Terrible

How SATISFIED ARE YOU with doing things with people outside your home?
Delighted
Pleased
Mostly satisfied
Mixed
Mostly dissatisfied
Unhappy
Terrible

How SATISFIED ARE YOU with your own happiness?
Delighted
Pleased
Mostly satisfied
Mixed
Mostly dissatisfied
Unhappy
Terrible
Appendix I

Low Fee Therapy Referrals for Participants

New York City (NY)
LGBTQ
*Callen Lorde Community Health Center*
385 West 18th Street, New York, NY 10011
(212) 271-7200
http://www.callen-lorde.org/

Asian American
*Hamilton Madison House*
50 Madison Street, New York, NY 10038
(212) 349-3724
http://www.hmhonline.org/

Boston (MA)
LGBTQ
*Fenway Health – Behavioral Health Center*
Ansin Building
1340 Boylston Street, Boston, MA 02215
(617) 927-6202
http://www.fenwayhealth.org

Asian American
*South Cove Community Health Center*
South Street Clinic
145 South Street, Boston, MA 02111
(617) 521-6700

San Francisco (CA)
LGBTQ
*San Francisco Therapy Collective*
470 Castro Street, Suite 205, San Francisco, CA 94114
(415) 659-8282 x102
http://www.sftherapycollective.org/

Asian American
Asian & Pacific Islander Wellness Center
730 Polk Street, San Francisco, CA 94109
(415) 292-3400
http://www.apiwellness.org

National
NASW National Social Worker Finder
http://www.helpstartshere.org
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>LGBTQ-identified Asian Women (n = 152)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
</tr>
<tr>
<td>18 – 25</td>
<td>35.5%</td>
</tr>
<tr>
<td>26 – 33</td>
<td>48.0%</td>
</tr>
<tr>
<td>34 – 41</td>
<td>13.2%</td>
</tr>
<tr>
<td>42+</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>62.9%</td>
</tr>
<tr>
<td>East Asian</td>
<td>33.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>23.2%</td>
</tr>
<tr>
<td>Pacific Islander or Hawaiian Native</td>
<td>9.9%</td>
</tr>
<tr>
<td>Biracial or Mixed Race</td>
<td>28.5%</td>
</tr>
<tr>
<td>Caucasian or White</td>
<td>16.6%</td>
</tr>
<tr>
<td>Latino/a or Hispanic</td>
<td>2.6%</td>
</tr>
<tr>
<td>African American or Black</td>
<td>2.0%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>88.8%</td>
</tr>
<tr>
<td>Gender Queer, Gender Non-Conforming or Gender Fluid</td>
<td>23.0%</td>
</tr>
<tr>
<td>Transgender (Male to Female)</td>
<td>0.7%</td>
</tr>
<tr>
<td>Transgender (Female to Male)</td>
<td>2.0%</td>
</tr>
<tr>
<td>Transsexual (Male to Female)</td>
<td>0.7%</td>
</tr>
<tr>
<td>Intersex</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Lesbian</td>
<td>35.5%</td>
</tr>
<tr>
<td>Gay</td>
<td>16.4%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>20.4%</td>
</tr>
<tr>
<td>Queer</td>
<td>61.2%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>8.6%</td>
</tr>
<tr>
<td>Fluid</td>
<td>15.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>34.2%</td>
</tr>
<tr>
<td>Dating</td>
<td>15.1%</td>
</tr>
<tr>
<td>In a Long-Term Relationship</td>
<td>37.5%</td>
</tr>
<tr>
<td>Domestic Partnership, Civil Union or Married</td>
<td>9.9%</td>
</tr>
<tr>
<td>Other</td>
<td>3.3%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Some College or Less</td>
<td>18.5%</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>44.1%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>37.5%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Personal income $50,000 &gt;</td>
<td>76.0%</td>
</tr>
<tr>
<td>Household income $50,000 &gt;</td>
<td>44.4%</td>
</tr>
</tbody>
</table>
### Table 2

**Family of Origin**

<table>
<thead>
<tr>
<th>Family Structure</th>
<th>LGBTQ-identified Asian Women (n = 152)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised by heterosexual parents, foster parents, or guardians</td>
<td>93.0%</td>
</tr>
<tr>
<td>Raised by homosexual parents, foster parents, or guardians</td>
<td>2.1%</td>
</tr>
<tr>
<td>Had at least one brother</td>
<td>48.3%</td>
</tr>
<tr>
<td>Had at least one sister</td>
<td>52.4%</td>
</tr>
<tr>
<td>Had at least one grandparent</td>
<td>46.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Openness and Perception of Acceptance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is ‘out’ to all members of family of origin</td>
<td>25.2%</td>
</tr>
<tr>
<td>Is ‘out’ to some members of family of origin</td>
<td>60.8%</td>
</tr>
<tr>
<td>Is ‘out’ to no one within family of origin</td>
<td>14.0%</td>
</tr>
<tr>
<td>Believes FoO is mostly aware of their sexual identity</td>
<td>22.4%</td>
</tr>
<tr>
<td>Believes FoO is minimally aware of their sexual identity</td>
<td>63.0%</td>
</tr>
<tr>
<td>Believes FoO is unaware of their sexual identity</td>
<td>14.7%</td>
</tr>
<tr>
<td>Believes FoO is mostly accepting of their sexual identity</td>
<td>24.1%</td>
</tr>
<tr>
<td>Believes FoO is minimally accepting of their sexual identity</td>
<td>59.6%</td>
</tr>
<tr>
<td>Believes FoO is not accepting of their sexual identity</td>
<td>16.3%</td>
</tr>
</tbody>
</table>
Table 3  
Asian Community

<table>
<thead>
<tr>
<th>Has an Asian Community</th>
<th>LGBTQ-identified Asian Women (n = 152) 74.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Community Composition</td>
<td></td>
</tr>
<tr>
<td>Majority of Asian Community is LGBTQ</td>
<td>51.9%</td>
</tr>
<tr>
<td>Experiences of Intersectionality with LGBTQ Identity within the Community</td>
<td></td>
</tr>
<tr>
<td>Frequently experiences community as heterosexist</td>
<td>27.2%</td>
</tr>
<tr>
<td>Frequently witnesses heterosexist speech</td>
<td>35.8%</td>
</tr>
<tr>
<td>Frequently witnesses heterosexist action</td>
<td>33.8%</td>
</tr>
<tr>
<td>Frequently experiences oppression due to LGBTQ identity</td>
<td>13.6%</td>
</tr>
<tr>
<td>Frequently feels less desirable due to LGBTQ identity</td>
<td>15.2%</td>
</tr>
</tbody>
</table>
Table 4

LGBTQ Community

<table>
<thead>
<tr>
<th>Has a LGBTQ Community</th>
<th>LGBTQ-identified Asian Women (n = 152)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81.6%</td>
</tr>
</tbody>
</table>

LGBTQ Community Composition

| Majority of LGBTQ Community is Asian | 34.5% |

Experiences of Intersectionality with Race within the Community

| Frequently experiences community as racist | 6.4% |
| Frequently witnesses racist speech | 6.4% |
| Frequently witnesses racist action | 4.6% |
| Frequently experiences oppression due to Asian identity | 8.2% |
| Frequently feels less desirable due to Asian identity | 10.2% |
Table 5

Chosen Family

<table>
<thead>
<tr>
<th>Has a chosen family</th>
<th>76.8%</th>
</tr>
</thead>
</table>

**Chosen Family Composition**

<table>
<thead>
<tr>
<th>Composition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majority of chosen family is Asian</td>
<td>44.6%</td>
</tr>
<tr>
<td>Majority of chosen family is female</td>
<td>86.3%</td>
</tr>
<tr>
<td>Majority of chosen family is LGBTQ</td>
<td>59.1%</td>
</tr>
</tbody>
</table>

**Strengths of Chosen Family**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived to provide emotional support</td>
<td>98.2%</td>
</tr>
<tr>
<td>Perceived to provide motivation</td>
<td>67.3%</td>
</tr>
<tr>
<td>Perceived to be understanding</td>
<td>88.2%</td>
</tr>
<tr>
<td>Perceived to be non-judgmental</td>
<td>75.5%</td>
</tr>
<tr>
<td>Perceived to hold similar values</td>
<td>89.1%</td>
</tr>
<tr>
<td>Perceived to provide support around racial identity</td>
<td>90.0%</td>
</tr>
<tr>
<td>Perceived to provide support around gender identity</td>
<td>90.9%</td>
</tr>
<tr>
<td>Perceived to provide support around sexual identity</td>
<td>92.7%</td>
</tr>
</tbody>
</table>
Table 6

Common Reactions to Intracommunal Heterosexism and Racism

<table>
<thead>
<tr>
<th>Feelings connected with experiences of intracommunal heterosexism and racism</th>
<th>LGBTQ-identified Asian Women (n = 152)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration</td>
<td>69.2%</td>
</tr>
<tr>
<td>Anger</td>
<td>56.7%</td>
</tr>
<tr>
<td>Sadness</td>
<td>51.0%</td>
</tr>
<tr>
<td>Invisibility</td>
<td>39.4%</td>
</tr>
<tr>
<td>Deeply affected</td>
<td>34.6%</td>
</tr>
<tr>
<td>Powerlessness</td>
<td>27.9%</td>
</tr>
<tr>
<td>Alone</td>
<td>26.9%</td>
</tr>
<tr>
<td>Depression</td>
<td>17.3%</td>
</tr>
<tr>
<td>Shame</td>
<td>16.3%</td>
</tr>
<tr>
<td>The wish to not be Asian</td>
<td>10.6%</td>
</tr>
<tr>
<td>The wish to not be LGBTQ</td>
<td>8.7%</td>
</tr>
<tr>
<td>Fear</td>
<td>7.7%</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions connected with experiences of intracommunal heterosexism and racism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking up</td>
<td>61.5%</td>
</tr>
<tr>
<td>Seeking support from chosen family</td>
<td>61.5%</td>
</tr>
<tr>
<td>Seeking support from other people of color or LGBTQ people</td>
<td>40.4%</td>
</tr>
<tr>
<td>Staying silent</td>
<td>40.4%</td>
</tr>
<tr>
<td>Using drugs or alcohol</td>
<td>17.3%</td>
</tr>
<tr>
<td>Seeking support from therapy or counseling</td>
<td>15.4%</td>
</tr>
<tr>
<td>Seeking support from family of origin</td>
<td>5.8%</td>
</tr>
</tbody>
</table>
Table 7
Quality of Life

<table>
<thead>
<tr>
<th></th>
<th>LGBTQ-identified Asian Women (n = 152)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material well being</td>
<td>2.67</td>
</tr>
<tr>
<td>Health</td>
<td>3.33</td>
</tr>
<tr>
<td>Productivity</td>
<td>4.67</td>
</tr>
<tr>
<td>Intimacy</td>
<td>4.67</td>
</tr>
<tr>
<td>Safety</td>
<td>4.00</td>
</tr>
<tr>
<td>Responsibility</td>
<td>3.00</td>
</tr>
<tr>
<td>Emotional well being</td>
<td>3.33</td>
</tr>
<tr>
<td><strong>Including subjective data</strong></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>3.92</td>
</tr>
</tbody>
</table>

*All items calculated on a 1-5 scale based on importance and satisfaction, with 1 representing the low end of the scale (not important at all; terrible) and 5 representing the high end (could not be more important; delighted).