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A Model of Intersectional Stress and Trauma in Asian American Sexual and Gender Minorities

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Objective: Intersecting minority identities may confer unique risks for stress and trauma. In this article, we reviewed extant research on the processes and outcomes of racial and sexual/gender identity-related (i.e., "intersectional") stress and trauma among the understudied population of lesbian, gay, bisexual, transgender, and queer (LGBTQ) Asian Americans. Specifically, we proposed a model of intersectional stress and trauma in LGBTQ Asian Americans that builds upon elements of minority stress theory for sexual minorities. ***Method:*** We used PsycINFO and other online databases and search engines to search for information in developing and describing our model. We included 84 peer-reviewed empirical, qualitative, and review/theoretical articles, as well as books, book chapters, unpublished data, and organization reports from 1970 to 2016. ***Results:*** In the model, we detail how structural oppression, cultural norms and stigma, interpersonal discrimination, internalized minority stress cognitions, and maladaptive coping and poor social support interact in contributing to negative mental and sexual health outcomes in LGBTQ Asian Americans, as a function of their intersecting racial and sexual/gender identities. ***Conclusions:*** LGBTQ Asian Americans face unique stressors that can lead to traumatization. Future research should empirically validate our model of intersectional stress and trauma, increase scientific representation of all LGBTQ Asian American subgroups, and emphasize the LGBTQ Asian American identity as multifaceted and intersectional. Finally, components of our model appear to be promising areas for intervention. However, we urge clinicians to consider the utility of treatments from the perspective of indigenous practices and healing, compared with adaptation from Western, heteronormative treatment approaches.

Keywords: intersectionality, LGBTQ, Asian American, stress, trauma

Intersecting identities, or intersectionality, as conceptualized by Collins (1999) and Crenshaw (1991), refers to the interconnected nature of social categories such as race, class, gender, and sexual orientation as they apply to a given individual or group. It also refers to how interconnected systems of stigma or oppression are created as a result. In lesbian, gay, bisexual, transgender, and queer (LGBTQ) Asian Americans, intersectionality is arguably at the core of psychological well-being among members of this unique cultural community. LGBTQ Asian Americans are not just "lesbian," "gay," "bisexual," "transgender," and/or 'queer"; their sexualities and gender identities reside within their broad racial identity as "Asian," and vice versa (Fukuyama & Ferguson, 2000; Parks, Hughes, & Matthews, 2004). We refer to Asian Americans as individuals whose origins are rooted in East, South, and Southeast Asian countries. The Asian American population is a highly diverse one, and their ethnoracial, sexual, and gender identity development can be the result of a complex, even idiosyncratic, mix of antecedent influences. These include colonialism, war and refugee experiences, education disparities, immigration experiences, having a documented status (or lack thereof), skin color, and/or adherence to conservative religious doctrine, as are well-discussed elsewhere (Chung & Singh, 2008; Nadal & Corpus, 2013). Asian Americans also differ due to sex, social class, age, disability, and other privileged/stigmatized identities. In the present review, we instead focus on the processes of oppression, stigma, and discrimination based largely on race/ethnicity, sexual orientation, and gender identity, and their intersection. We also examine the effects of such processes on the mental and sexual health of LGBTQ Asian Americans. In doing so, we rely on common cultural threads, amid group heterogeneity. We also included transgender Asian Americans in our discussion, due to similar minority identity-related challenges, processes, and outcomes as other sexual

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minority Asian Americans. At the same time, we recognize that there may, again, be diversity in the experiences of various types of gender and sexual minorities (e.g., the experiences of a gay Chinese American man being different than a pansexual, genderqueer Indian American person, or a heterosexual, transgender Filipina American female). Essentially, in this review, we are not attempting to present a universal experience uniformly representative of all members of the LGBTQ Asian American community. Rather, the purpose of this review is to present and discuss a model that integrates the most common experiences and processes of intersecting minority identity-related stress and trauma, and associated mental and sexual health outcomes, that LGBTQ Asian Americans undergo and endure. This also provides a framework for future related research with members of these understudied populations.

The parallel and interactive processes of LGBTQ and Asian American identity development (Chung & Katayama, 1998; see also Roccas & Brewer, 2002) can be fraught with challenges that constitute what we refer to broadly as "intersectional stress and trauma" (Bryant-Davis, 2007; Carter, 2007). For example, the vast majority of LGBTQ Asian Americans must constantly contend with discrimination toward both LGBTQ individuals and Asian Americans in mainstream society, intolerance of LGBTQ individuals in most Asian cultures, and marginalization of Asian Americans in the LGBTQ community (Dang & Hu, 2005; Operario, Han, & Choi, 2008). As we will discuss, the unceasingly oppressive nature of these stressors has deleterious effects on the mental health of LGBTQ Asian Americans, warranting research and clinical attention to this often-invisible group.

Modern thinking views trauma as manifesting not only as major, discrete incidents (cf. criterion A of posttraumatic stress disorder [PTSD] in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; American Psychiatric Association, 2013) but also as subtler, cumulative forms of discrimination (Holmes, Facemire, & DaFonseca, 2016). These include racism and/or homophobia/transphobia, all of which can result in traumatization (Brown, 1991; Root, 1992; Wei, Wang, Heppner, & Du, 2012). Indeed, researchers have conceptualized the insidious, chronic, and cumulative nature of discrimination (e.g., based on race) as contributing to psychopathology on levels comparable, if not more, than a single traumatic incident (e.g., sexual assault; Bryant-Davis & Ocampo, 2005; Carter, 2007). As such, a possible trajectory from intersectional stress to traumatization can first involve racist and/or homophobic/transphobic aggressions (whether an acute major traumatic event or the accumulation of several minor events). These constitute a negative, unexpected, and uncontrollable violation of an LGBTQ Asian American's personhood. Immediate reactions (e.g., shock, confusion, and humiliation) may be compounded by prior aggressions and exacerbated by invalidating responses from others (e.g., dismissing the victim's experience; Chou, Asnaani, & Hofmann, 2012). Eventual symptoms can manifest in a variety of ways (e.g., depression, anxiety, hypervigilance, avoidance of White/heterosexual/cisgender people, etc.). These symptoms may be maintained by structural factors (e.g., institutional racism, heteronormativity, and lack of culturally competent mental health resources or few formal resources) that prevent adaptive processing of the event with supportive others (Alessi, Meyer, & Martin, 2013; Helms, Nicolas, & Green, 2010).

Minority stress theory (Meyer, 2003; Meyer, Schwartz, & Frost, 2008), originally developed for sexual minorities, reflects the aforementioned points. It also provides an expandable framework for understanding the psychopathogenic processes of racism against Asian Americans within the LGBTQ community and homophobia/transphobia among Asian American communities. In extrapolation, LGBTQ Asian Americans suffer from ongoing interpersonal stressors of racism and/or homophobia/transphobia that are maintained by stable social structures and cultural norms, fostering expectations that such experiences will continue into the future. These experiences may culminate in the internalization of the prejudice, discrimination, and stereotypes that perpetuate the stressors, to the detriment of self-esteem and psychological health. Some support for the negative additive psychological impact of double minority statuses (i.e., the "double jeopardy" hypothesis) can be found in Hayes, Chun-Kennedy, Edens, and Locke's (2011) study. In that study, U.S. sexual minority students of color reported significantly more distress (depression, anxiety, family concerns, and poor academic performance) than heterosexual students of color.

An Integrative Model

We cannot assume full applicability of minority stress theory in describing the complex mechanisms and outcomes of intersectional stress and trauma in LGBTQ Asian Americans. The inherent components and pathways (with some modification and reorganization), however, do provide a concise template for describing the range of observations in this arena. In our model (Figure 1), we integrate and account for findings related to psychopathogenic processes and outcomes of intersectional stress and trauma in LGBTQ Asian Americans. Our model not only reflects the additive stress and trauma endured by LGBTQ Asian Americans in the larger society as a function of each minority identity alone (i.e., race *or* sexual/gender identity); relevant components of our model also show the interactive stress and trauma such individuals suffer as a function of the intersection of their minority identities in different contexts (e.g., in the family or the Asian American community or in the LGBTQ community), as is consistent with current consensus on intersectionality research (Carbado, Crenshaw, Mays, & Tomlinson, 2013; Crenshaw, 1989). Hence, our model acknowledges the importance of context in determining processes and outcomes of intersectional stress and trauma. There is also a macro- to microlevel sequencing of components in our model (e.g., from structural/cultural factors to individual-level internalized cognitions) with the use of directional pathways. Thus, our model is also consistent with ecological theories of psychological development and/or psychopathogenesis (Bronfenbrenner, 1981).

Specifically, we propose that LGBTQ Asian Americans' racial and sexual minority statuses predispose them to experience increased structural/cultural and interpersonal minority stressors in various contexts. These stressors include racist, heterosexist/cisgenderist, and otherwise oppressive social structures and cultural norms that stigmatize their minority identities, experiences of overtly racist, homophobic/transphobic, or otherwise abusive incidents, as well as experiences of subtle racism and heterosexism that are microaggressive in nature. Chronic experiences of structural/cultural and interpersonal stressors in themselves are likely to contribute to negative mental and sexual health outcomes. However, this process can also be mediated by the psychological factors of minority stress cognitions, such as internalized racism

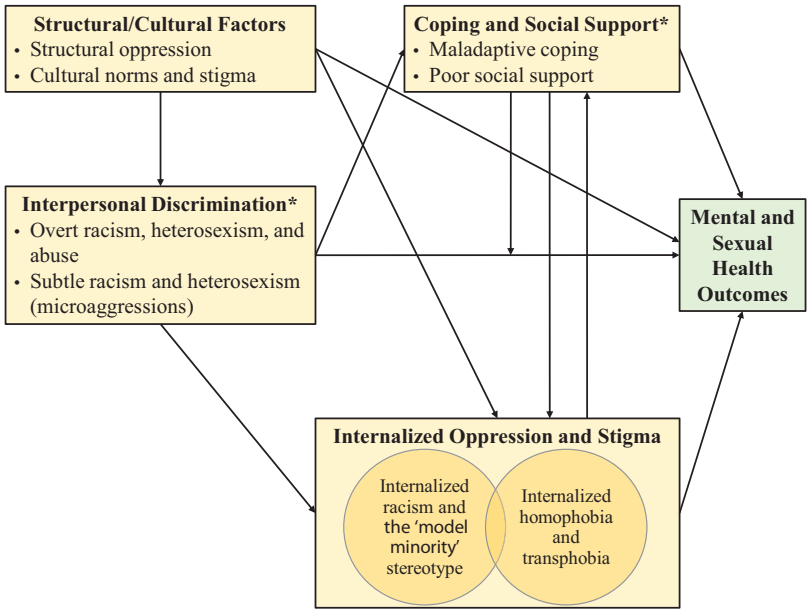

Figure 1. An integrative model of processes and outcomes of intersectional stress and trauma in LGBTQ Asian Americans. *These processes occur in various contexts (e.g., within the larger society, the family or Asian American community, and the LGBTQ community; see text for more details). See the online article for the color version of this figure.

(especially, internalization of the "model minority" stereotype) and internalized homophobia/transphobia (Pitoňák, 2017). In addition, other factors, such as maladaptive coping strategies and poor or unavailable social support in various contexts, either directly contribute to outcomes in LGBTQ Asian Americans or influence the aforementioned processes (Wei et al., 2012).

We used PsycINFO and other online databases and search engines (e.g., Scopus and Google Scholar), as well as a comprehensive list of search terms (e.g., "Asian American," "LGBTQ," "minority stress," "discrimination," "mental health," etc.), to search for information to describe various components of our proposed model. We included a total of 84 peer-reviewed empirical, qualitative, and review/theoretical articles, as well as books, book chapters, unpublished data, and organization reports from 1970 to 2016. We included qualitative studies because such research is highly informative of LGBTQ Asian American psychology, and LGBTQ Asian Americans tend to be underrepresented in relevant empirical research. We also cite review/theoretical articles, books, book chapters, unpublished data, and organization reports for nonoverlapping material relevant to different components and paths of our model.

Contributing Factors

Structural/Cultural Factors

Structural oppression. There is increasingly robust evidence that structural oppression has been, and continues to be, an integral part of the Asian American experience. Forms of structural oppression include antimiscegenation, antinaturalization, and anti-/selective immigration legislation, lower median individual income, underrepresentation in managerial positions, and higher poverty rates as a group, relative to Whites (Lee & Kye, 2016; Xu & Lee, 2013). Structural barriers may also impact various ethnic groups within the Asian American population differently (e.g., different levels of segregation from White neighborhoods between Southeast Asian and East Asian families; Lee & Kye, 2016). Systems and policies influenced by heterosexism/cisgenderism (e.g., laws against same-sex marriage that have only recently been abolished) are also a key part of the LGBTQ experience (Hatzenbuehler & McLaughlin, 2014). Correspondingly, there are few structures in our society dedicated to ensuring the well-being of those with these dual minority identities. This is perhaps due in part to stereotypes about Asians being relatively well-adjusted, financially secure, and sexually passive (Ocampo & Soodjinda, 2016).

Cultural norms and stigma. Cultural norms within the Asian American, LGBTQ, and broader communities can also serve to stigmatize the experience of Asian LGBTQ individuals. For example, 37% of U.S. respondents in a national survey deemed a same-sex orientation as morally unacceptable (Pew Research Center, 2014). Within Asian cultures, attitudes toward the LGBTQ community have evolved from traditional permissive perspectives on same-sex relations and sexual fluidity to modern stigmatic views of nonheterosexual orientations as pathological, as influenced by Western/colonial ideals and practices (Laurent, 2005). Sexual/gender minority identities are perceived in Asian American cultures as interfering with family obligations, such as fulfilling marriage and reproduction responsibilities, and enhancing a family's reputation in the community (Choudhury et al., 2009). Open identification with one's sexual/gender minority identity is often seen as unnecessary for social functioning, and sexual restraint is generally positively reinforced (Choi & Israel, 2016; Okazaki, 2002). LGBTQ Asian Americans may have strong reasons to delay em-

bracing their sexual identities (Huang, Chen, & Ponterotto, 2016; Kimmel & Yi, 2004). These include the emotionally painful risks of failing at filial piety (i.e., the cultural virtue of honoring parents' expectations and safeguarding the family's reputation; Hu & Wang, 2013), deviating from masculine/feminine norms and roles (e.g., "male" being equivalent to "husband" and "father" in the Hmong language; Boulden, 2009), and "losing face," thereby stigmatizing one's parents within one's ethnic community. As a result, LGBTQ Asian Americans are stuck in "conflicts of allegiances" to the Asian American and LGBTQ communities, where embracing one's LGBTQ identity may be a cultural norm for the latter, but not the former (Sarno, Mohr, Jackson, & Fassinger, 2015).

In our model, the dual minority statuses of LGBTQ Asian Americans predispose them to experience structural oppression and cultural stigmatization, which facilitate the occurrence of interpersonal incidents of racism and heterosexism. This is represented by the path from structural/cultural factors to interpersonal discrimination in Figure 1. Living within systems that are disadvantaging, and under cultural norms that are pathologizing of their experience, also contribute to negative minority stress cognitions and poor mental and sexual health outcomes for these individuals. This is represented by the path from structural/cultural factors to internalized oppression/stigma and outcomes in Figure 1.

Interpersonal Discrimination

Overt racism, heterosexism, and abuse. Explicit racial discrimination against Asian Americans tends to be overlooked or dismissed due to the myth of their uniform educational and socioeconomic success (Ocampo & Soodjinda, 2016). However, high rates of racist physical and emotional harassment among Asian Americans (e.g., about their accent, physical appearance, etc.) prove otherwise (Choi & Lim, 2014; Qin, Way, & Rana, 2008). In addition, the myth of Asian Americans' socioeconomic success paradoxically perpetuates the racist "Yellow Peril" metaphor that Asians pose a threat to job and economic security in Western nations (Kawai, 2005). Other research has also found perceived discrimination against sexual minorities to be strongly correlated with several negative mental health outcomes (Mays & Cochran, 2001), and particularly so for ethnoracial minorities (Avery, Hellman, & Sudderth, 2001; Velez, Moradi, & DeBlaere, 2015).

In addition to managing racism and homophobia/transphobia within their larger social context, LGBTQ Asian Americans also face high rates of marginalization and stigmatization within their cultural groups. For example, 90% of participants in a national survey of LGBT Asians in the United States reported homophobia or transphobia in their ethnic communities (Dang & Vianney, 2007). Coming out to the family and ethnic community inflates the risk of losing key support systems. For example, comments equating LGBTQ lifestyles to HIV/AIDS are common (Nakamura, Chan, & Fischer, 2013). Furthermore, LGBTQ Asian Americans encounter more childhood familial physical abuse possibly centered on their sexual/gender identity, compared with LGBTQ individuals from other ethnoracial backgrounds (Balsam, Lehavot, Beadnell, & Circo, 2010).

Race-related relationship problems and intimate-partner abuse within LGBTQ communities are an overlooked form of trauma for Asian American sexual minorities (Szymanski & Sung, 2010). Certain narratives highlight experiences of explicit discrimination on online dating sites that commonly go unchecked (e.g., profiles that specify "no Asians;" Han, 2009; Nakamura et al., 2013). Asians also experience exclusion from LGBTQ spaces (e.g., multiple carding at gay bars; Han, 2007). Asians are also commonly fetishized as effeminate and submissive in the LGBTQ community. This can lead to perceived power differences that may contribute to higher rates of same-sex intimate partner violence (e.g., between White and Asian men; Poon, 2000), though more research is needed to explore this phenomenon (Whitton, Newcomb, Messinger, Byck, & Mustanski, 2016). Further, the dynamics underlying relational problems and abuse for Asian American sexual minorities may vary according to gender; for example, Asian American queer women may respond to abuse in a way that aligns with ethnicity-specific expectations of gender roles (e.g., caretaking of perpetrating partner; Kanuha, 2013). All these forms of overt interpersonal discrimination and abuse likely contribute to internalized minority stress cognitions (e.g., internalized racism/model minority stereotype and homophobia/transphobia) and negative psychological outcomes (Figure 1).

Subtle racism and heterosexism (microaggressions). LGBTQ Asian Americans' mental well-being also suffers due to subtle, covert, and chronic racist and heterosexist incidents, possibly to a more severe extent than overt acts (Kim, Kendall, & Cheon, 2017). We focus on microaggressions, which are brief, everyday verbal, behavioral, and environmental acts with hostile or derogatory content that can be psychologically damaging to the victim (Pierce, 1970; Sue, Capodilupo, et al., 2007; see pathways to internalized minority stress cognitions and negative psychological outcomes in Figure 1). These include microinsults, which are insensitive actions or remarks that demean a person's identity, and microinvalidations, which negate the feelings or experiences of the individual (Sue, Bucceri, Lin, Nadal, & Torino, 2007).

Common racial microaggressions against Asian Americans within both the larger society and the LGBTQ community include pathologization and dismissal of cultural values or communication styles (e.g., penalizing less verbal classroom participation; teachers' refusal to correctly pronounce Asian students' names); invisibility, exclusion, and second-class citizenship (e.g., Whites given preferential treatment over Asian consumers; little to no representation of Asian American culture and history in classes); the "perpetual foreigner" stereotype (e.g., "You speak English really well"); invalidation of interethnic differences (e.g., "All Asians look alike"); and environmental microaggressions or structural barriers (e.g., in obtaining visas or permits; Alvarez, Juang, & Liang, 2006; Wing, 2007; Wong, Derthick, David, Saw, & Okazaki, 2014). For some Asian Americans, the "model minority" stereotype also perpetuates the myth that they are unfailingly diligent, intelligent, high-achieving, and well-adjusted, relative to other ethnoracial minorities (Chao, Chiu, Chan, Mendoza-Denton, & Kwok, 2013). However, this disregards the realities of poor social adjustment and academic difficulties among many Asian Americans, as well as high rates of domestic violence within low-income Asian households (Qin, Way, & Mukherjee, 2008; Yoshihama, 2001). Furthermore, there is some evidence showing that darker-skinned Asian Americans may not experience the "model minority" stereotype in the same way as lighter-skinned Asians; specifically, they tend to experience greater racism in the

form of colorism (Nadal, Vigilia Escobar, Prado, David, & Haynes, 2012).

Sexual orientation and gender identity microaggressions (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016) include the use of dated language that presumes abnormality (e.g., "transgendered"), persistent misuse of pronouns, reinforcement of heteronormative behavior, invalidation of sexual orientation/gender identity discrimination, undersexualization (e.g., assuming being gay is "just a phase"), and denial of bisexual legitimacy. Other than occurring within the larger society and Asian American communities, these microaggressions can occur even within therapy settings. This may include therapists minimizing or avoiding discussion of sexual orientation and gender identity (Shelton & Delgado-Romero, 2011).

In addition, research has uncovered some specific microaggressions applicable to the LGBTQ Asian American experience (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Nadal et al., 2015). For example, recent movements toward "inclusivity" in the LGBTQ community have nevertheless treated LGBTQ Asian Americans with colorblindness, caricaturized/fetishized them, or used them as token minorities.

Internalized Oppression and Stigma

One way that oppression and stigma lead to negative psychological outcomes for LGBTQ Asian Americans is the internalization of such messages they receive from the environment. Our model accounts for this potential issue by placing internalized minority stress cognitions as the mediator in the paths from structural/cultural factors and interpersonal discrimination to outcomes in Figure 1.

Internalized racism and the "model minority" stereotype. LGBTQ Asian Americans may uniquely internalize exclusion of Asians in the LGBTQ dating scene by proclaiming their lack of attraction to other Asians. They may even intentionally distance themselves from their Asian heritage by pursuing "more desirable" Western ideals of beauty (Han, 2007). Other work suggests that, in response to social exclusion, new Asian immigrants internalize the "model minority" stereotype in order to claim a unique "American" identity for themselves (Park, 2011). However, the pressure and eventual failure to meet the unrealistic and unfair expectations of others often cause Asian Americans to experience self-blame, embarrassment, and shame (Cheryan & Bodenhausen, 2000; Museus, 2008). This can lead to lowered psychological well-being, poor ethnic identity development, feelings of being an imposter among peers, and negative help-seeking attitudes (Cokley, McClain, Enciso, & Martinez, 2013; Kim & Lee, 2014). The incredible diversity in ethnic, cultural, religious, and socioeconomic backgrounds of Asian American individuals may, however, contribute to within-group variability in the way racism is internalized (Nadal & Corpus, 2013).

Internalized homophobia and transphobia. Internalized homophobia and transphobia refer to the internalization of negative societal attitudes about one's sexual/gender identity that may induce negative attitudes and feelings about oneself and other sexual/gender minorities (Herek, Gillis, & Cogan, 2009). In LGBTQ Asian Americans, the pressure to fulfill familial obligations (e.g., a heterosexual marriage) may increase concealment of their sexual/gender identity, driving internalized homophobia (Hoy-Ellis, 2016) and transphobia. Internalized homophobia and transphobia have been linked to shame, low self-esteem, less satisfactory relationships, increased risky health behaviors, and poor physical health, due to the dissonance between one's sexual/gender identity and negative self-beliefs (Hatzenbuehler & Pachankis, 2016; Molina, Lehavot, Beadnell, & Simoni, 2014).

Limited extant research on these constructs in LGBTQ Asian American populations offer mixed findings. For example, Berg, Munthe-Kaas, and Ross (2016) found that gay White men and men of color (12% Asian Americans in relevant samples) did not differ in levels of internalized homophobia. On the other hand, Ratti, Bakeman, and Peterson (2000) found greater internalized homophobia in South Asian gay men, relative to White counterparts. Nonetheless, research on outcomes of internalized homophobia in the Asian American population replicate findings in the general LGBTQ population, showing internalized homophobia to be a significant predictor of psychological distress (Sandil, Robinson, Brewster, Wong, & Geiger, 2015).

There is also limited research explicating the interaction between internalized racism and internalized heterosexism on psychological outcomes in individuals with dual racial and sexual/gender minority statuses. Some research suggests an additive rather than multiplicative effect of internalized oppression on psychological distress for African American sexual minority women (Szymanski & Meyer, 2008). This would be important to explore in Asian American sexual minorities (Figure 1; intersectional internalized oppression represented by overlapping area between internalized racism and internalized homophobia and transphobia). For instance, LGBTQ Asian Americans may simultaneously internally struggle with living up to Western ideals of beauty or race-based stereotypes, as well as fulfilling familial expectations of a heteronormative life.

Coping and Social Support

Other factors also contribute to minority stress and negative mental and sexual health outcomes in LGBTQ Asian Americans. In our model, we focused on maladaptive coping strategies and poor or unavailable social support.

Maladaptive coping. Wei, Ku, Russell, Mallinckrodt, and Liao (2008) found that increased use of culturally favored emotionally suppressive coping among Asian international students in the United States strengthened the link between perceived racial discrimination and depressive symptoms. This finding informed the moderation path from coping to the link between interpersonal discrimination and outcomes in our model (Figure 1). Nadal et al. (2011) indicated that a few LGB focus group participants consistently exhibited passive coping in response to sexual orientation microaggressions (e.g., resigning to the "inescapable" fate of having to suffer these microaggressions). In addition, Choi, Han, Paul, and Ayala (2011) interviewed U.S. ethnoracial minority men (including Asian Americans) who have sex with men (MSM). They found that MSM tended to conceal their sexual orientation to avoid homophobia, and avoided White individuals in social settings associated with racist incidents. These passive/avoidant coping strategies increase the risk of developing maladaptive minority stress cognitions through perceptions of one's racial and sexual identity as problematic or inferior. These cognitions in turn contribute to negative mental health outcomes. In our model, the paths from

interpersonal discrimination to coping, and from coping to internalized minority stress cognitions then outcomes, reflect this possibility. Furthermore, Kaysen et al. (2014) found that greater general maladaptive coping (e.g., self-blame) and less sexual minority-specific coping (e.g., positive acceptance of one's sexual identity) in the face of homophobia in young U.S. adult sexual minority women were associated with higher psychological distress. General maladaptive coping also mediated the relationship between internalized homophobia and psychological distress. This last finding was represented in our model by the placement of coping as a mediator in the relationship between internalized minority stress cognitions and outcomes.

Poor social support. The availability of social support is another important factor in determining outcomes of intersectional stress and trauma. Frost, Meyer, and Schwartz (2016) found that sexual minority men tended to receive support from close LGBTQ friends of the same ethnoracial identity, whereas heterosexual participants and sexual minority women sought support from family members. However, sexual minorities of color had fewer dimensions of everyday support (e.g., emotional venting, financial aid, etc.) that were provided for within their support network, compared with their White counterparts. This may not bode well for overall mental well-being in times of emotional or financial need. The path from social support to psychological and sexual health outcomes in our model illustrates this point.

Mental and Sexual Health Outcomes

The effects of intersectional stress and trauma pervade multiple aspects of psychological well-being and sexual health for LGBTQ Asian Americans. We now review available research that demonstrates the impact of intersectional stress and trauma, including depression, self-harm, and suicidality, anxiety, PTSD, general psychological distress, and sexual health and behaviors.

Depression, Self-Harm, and Suicidality

Studies have found high rates of depression in LGBTQ Asian Americans. Studies have varied in their estimates, with point prevalence rates as high as 16% and lifetime prevalence rates as high as 97% (Choi & Coates, 1993; Leung, Cheung, & Luu, 2013). LGB Asians endorse higher rates of being diagnosed with or treated for depression in the past year compared with non-LGB Asians (Lytle, De Luca, & Blosnich, 2014). This suggests that sexual minority status confers additional risk for depression. Consistent with this idea that internalized homophobia among Asian Americans poses a risk for depression, one study of gay and bisexual Asian and Pacific Islander men found that 47% of these participants attributed the depression to their sexual identity (Choi & Coates, 1993).

Race and sexual/gender identity-related discrimination differentially predict depression in LGBTQ Asian Americans. Choi, Paul, Ayala, Boylan, and Gregorich (2013) found that past-year experiences of racism and perceived homophobia were both positively associated with depression in ethnic minority MSM, including Asian Americans. This provides evidence for the link between interpersonal discrimination and mental health outcomes, as shown in Figure 1. However, in the Yoshikawa, Wilson, Chae, and Cheng's (2004) study of gay Asian and Pacific Islander men, only experiencing more racism, rather than homophobia, shared a positive relationship with depressive symptoms. Other studies echo the critical influence of racial discrimination on depression in gay Asian Americans. Chae and Yoshikawa (2008) found that gay Asian men's perceptions of greater racial group devaluation by gay White men (i.e., ostracization by mainstream society, as well as the LGBTQ community) were associated with more severe depressive symptoms. Consistent with our proposed model, these experiences of interpersonal discrimination likely disrupt integration of sexual/gender and racial identities into a positive self-concept and reduce pride in being part of the Asian gay community (i.e., internalized oppression and stigma), thereby contributing to depressive symptoms.

Depression, particularly when precipitated by minority stress, is also a risk factor for self-harm and suicidality among LGBTQ Asian Americans. For example, data from the National Latino and Asian American Survey and other studies show that LGB Asians were more likely than their heterosexual counterparts to report recent self-harm, as well as suicidal ideation and attempts (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Lytle et al., 2014).

Anxiety Disorders and PTSD

Prior research demonstrated that Asian Americans have the lowest prevalence of anxiety disorders out of all racial groups (Asnaani, Richey, Dimaite, Hinton, & Hofmann, 2010). This raises questions about whether diagnostic measures for anxiety are adequate for these groups, and/or if symptoms are underreported. On the other hand, Pachankis and Goldfried (2006) found that gay men report more social anxiety than heterosexual men. More pertinently, anxiety can be accounted for by intersectional stress and trauma in LGBTQ Asian Americans. For example, Cochran et al. (2007) found increased past-year and lifetime odds of an anxiety disorder in LGB Asian American individuals, compared with their heterosexual counterparts (odds ratio = 1.16–1.86). In addition, Choi et al. (2013) found a positive association between perceived racism within the gay community and anxiety in a sample of Asian and Pacific Islander MSM, illustrating another negative effect of interpersonal discrimination on mental health.

Over time, these experiences of structural/cultural, interpersonal, and internalized oppression build upon each other to become trauma, which can engender symptoms of PTSD. Interestingly, research on trauma and PTSD in LGBTQ Asian Americans is scant. In the only relevant national study, Balsam et al. (2015) found comparable odds of adult sexual assault and LGBTQ-specific traumatic events between LGBTQ Asian Americans and LGBTQ individuals of other ethnoracial groups, accompanied by subclinical symptoms of PTSD.

General Psychological Distress

The deleterious effects of intersectional stress and trauma have also been documented in terms of general psychological distress, as assessed by multiple co-occurring symptoms of psychopathology. Sexual minority stress has demonstrated positive associations with distress, specifically in gay Asian American men (Chen & Tryon, 2012). Asian American sexual minorities report higher levels of distress than do their heterosexual or White counterparts (Morris, Waldo, & Rothblum, 2001), attributable to daily experiences of mistreatment (i.e., interpersonal discrimination in Figure

1; Chae & Ayala, 2010). Further, Szymanski and colleagues found that race- and sexuality-related stress (e.g., frequency of racist events, internalized heterosexism, race-related dating, and relationship problems in the LGBTQ community) interactively predicted distress in LGBTQ Asian Americans (Szymanski & Gupta, 2009; Szymanski & Sung, 2010). The multiplicative effects of stress stemming from structural/cultural factors, interpersonal discrimination, internalized oppression and stigma, and poor coping and social support are depicted in Figure 1.

Substance Use

Intersectional stress and trauma is also linked to other mental health outcomes, such as substance use, for some LGBTQ Asian Americans. Compared with LGB individuals of other races/ethnicities, Asian men were the least likely to engage in recreational drug use (Grov, Bimbi, Nanín, & Parsons, 2006). On the other hand, Asian Pacific Islander transgender women tend to endorse high rates of drug use and sexual activity under the influence of substances (Operario & Nemoto, 2005). National Latino and Asian American Survey data support these trends. Lesbian and bisexual women were more likely than hetereosexual women to report recent and lifetime drug abuse or dependency, and lifetime alcohol use or dependency. On the other hand, gay and bisexual men were less likely than heterosexual men to report recent and lifetime drug and alcohol abuse or dependency (Cochran et al., 2007). Altogether, these findings suggest that being female (an additional minority status in certain contexts) may amplify the relationship between racial and sexual/gender minority status, and substance use, in Asian Americans.

Sexual Health and Behaviors

The literature on physical health and health behaviors in LGBTQ Asian Americans has emphasized sexually transmitted diseases and sexual behaviors that confer risk for such diseases. In a sample of Asian and Pacific Islander MSM, one-fifth had unprotected anal sex in the past 3 months, and one-third had not been tested for HIV in the past year (Vu, Choi, & Do, 2011). Other studies reflect similar rates of risky sexual health behaviors, with higher rates of unprotected sex in South Asians than East Asians (Yoshikawa et al., 2004), and in gay Asian American men than gay White men (Choi, Coates, Catania, Lew, & Chow, 1995). Intersectional stress and trauma is a known predictor of such risky sexual health behaviors. For example, due to stereotypes of femininity and submissiveness, gay Asian American men tend to be objectified as a sexual position (typically a "bottom," or the receptive partner in anal sex). This elevates the risk of HIV transmission with unprotected sex (Pachankis, Buttenwieser, Bernstein, & Bayles, 2013). Yoshikawa et al. (2004) also found that greater discrimination (e.g., racism, homophobia, etc.) and lower social support were additively associated with greater engagement in unprotected anal sex. The relationships between discrimination/poor social support and risky sexual health behaviors may also be mediated by the internalization of prejudice and discrimination (Figure 1). Similarly, less positive sexual and ethnic identities (indicative of internalized oppression and stigma) were both associated with less frequent HIV testing in the past year for Asian and Pacific Islander MSM (Vu et al., 2011).

Research Implications

Intersectional stress and trauma in LGBTQ Asian Americans have largely been studied qualitatively. Although these approaches offer invaluable and nuanced insights, research in this field would also benefit tremendously from more quantitative work. Specifically, there is a need to empirically validate our model of intersectional stress and trauma to determine whether the proposed contributors, pathways, and outcomes operate and emerge as hypothesized (e.g., whether substance use might also emerge as a maladaptive coping strategy). To accomplish this goal, it is imperative for future research to increase scientific representation of *all* LGBTQ Asian American individuals, rather than an oversampling of certain subgroups (e.g., gay Asian men). Researchers are also encouraged to think about the LGBTQ Asian American identity not as a monolithic whole but, rather, a multifaceted and intersectional one. For example, national policies related to immigration and citizenship directly impact the LGBTQ Asian American community. Of the approximately 267,000 LGBT undocumented immigrants in the United States, about 15% are Asian or Pacific Islander (Gates, 2013). This is a marginalized and understudied group with even more unique challenges, such as additional immigration-related stress that could potentiate the impact of racism and sexual/gender identity-related discrimination. Thus, a reasonable question to address is, "Since Asian Americans and LGBTQ individuals are highly heterogeneous, can the conceptualized psychopathogenic processes generalize to different subgroups (e.g., a gay fourth-generation Chinese American man vs. an immigrant transgender Sri Lankan woman)?". Along the same lines, it may also be interesting to determine the extent to which our model may apply to other racial and sexual/gender minority groups (e.g., LGBTQ African Americans, LGBTQ Latina/o/x Americans, etc.), or LGBTQ people of color, broadly. For example, although it is possible that processes and outcomes of intersectional stress and trauma are largely similar among these groups, the "model minority" stereotype, and its internalization, may be a unique stressor for particular Asian American subgroups.

Clinical Implications

Clinicians might attempt to target the individual components of the model as separate areas of intervention for LGBTQ Asian Americans. For example, in the face of structural oppression, cultural stigma, and interpersonal discrimination in various contexts, clinicians can help LGBTQ Asian Americans affirm and strengthen their intersecting identities. This can involve helping clients recognize everyday psychological distress as stemming from institutional, rather than personal, flaws and/or encouraging clients to embrace their membership in communities historically resilient against oppression (Alessi, 2014; Ohnishi, Ibrahim, & Grzegorek, 2006; Proujansky & Pachankis, 2014). There are, however, a few pertinent considerations. We currently know very little about ways to treat and help clients cope with PTSD symptoms arising from intersectional trauma. Therefore, clinicians should deliberate upon the utility of treatments empirically supported for other types of trauma, such as prolonged exposure and emotion reprocessing (Foa, Hembree, & Rothbaum, 2007; Williams, Cahill, & Foa, 2010) and dialectical behavioral therapy (Linehan, 2014) for helping LGBTQ Asian American clients.

Specifically, clinicians should consider carefully how useful such treatments are in helping LGBTQ Asian Americans confront intersectionality-related oppressive and traumatic experiences and tolerate, regulate, and process distress accompanying traumatic memories, as well as build a new sense of self-efficacy in overcoming future discriminatory experiences. In addition, techniques to restructure minority cognitions have largely been examined with just sexual/gender minorities (Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007), without consideration of intersecting identities (e.g., race; Miller, Williams, Wetterneck, Kanter, & Tsai, 2015). Therefore, we urge clinicians to think more carefully about whether treatments should be culturally adapted from Western, heteronormative approaches, or instead be created from the perspective of indigenous practices and healing (Comas-Díaz, 2016). In particular, the integration of indigenous healing practices into treatment planning may feel culturally congruent for LGBTQ Asian Americans, as it validates the knowledge and perspective from their culture. Given that many Asian cultures frame the mind–body connection as integral to well-being (Tan, Chen, Wu, & Chen, 2013), mind–body approaches to treatment should be affirmed, rather than dismissed, by clinicians. For instance, some clients may wish to manage negative feelings stemming from cumulative intersectional trauma and stress by engaging in culturally consistent approaches to mindfulness (Hall, Hong, Zane, & Meyer, 2011). Other practices that can be integrated into treatment include *qi gong* and yoga, which helps "balance life energy" and allow clients to ascend to higher levels of consciousness (Hwang, 2006). Clinicians can also consider the utility of recommending supplementary interventions such as acupressure and other energy treatment techniques (Gurda, 2015).

Final Thoughts

Despite advances in inclusion surrounding mental health issues among LGBTQ Asian Americans (e.g., creation of the Division on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning in the Asian American Psychological Association), more needs to be done. At the core of it all, the inseparability of intersecting identities from well-being in LGBTQ Asian Americans should never be forgotten. In the words of Chinese-White American LGBTQ activist Jim Toy, "My identity is a tapestry woven from many threads—race and ethnicity, color, class, gender identity, sexual orientation, ability/disability, appearance, age, religious belief, political belief, etc. If one of the threads is plucked, the whole fabric moves."

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