



A/PI DVRP

*Asian/ Pacific Islander Domestic Violence
Resource Project*



CULTURAL PERSPECTIVES ON MENTAL HEALTH: A DC STUDY OF ASIAN/PACIFIC ISLANDER GENERATIONS

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ABOUT US

Based in the DC, MD, and VA (DMV) area, the Asian/Pacific Islander Domestic Violence Resource Project (A/PI DVRP), which began as a grassroots identity in 1996, was established with a mission to foster safer communities.

Operating out of Washington, DC as a non-profit now, our organization continues to combat gender and power-based violence against A/PIs. By addressing harm and advocating for change, we continue to play a crucial role in building community resilience and moving towards a future of collective liberation.



What is this study about?

In a quest to better understand well-being/ mental healthcare beyond conventional Western perspectives, we embarked on a culturally-responsive survey journey. Our goal: **to uncover the unique ways in which A/PI individuals perceive and practice wellness.** This interview-style survey encompasses responses in six languages, including English, Mongolian, Vietnamese, Korean, Traditional Chinese, and Simplified Chinese.



WHO IS THIS REPORT FOR?

If you're reading this, you're likely a member of one of our partner organizations or a friend of the DVRP community!

Our goal is to shed light on how A/PIs across many generations understand mental health. We ditched the medical jargon and asked simple questions like, "What do you find most comforting and helpful when you are upset or stressed?" and "Growing up, did you feel like 'mental health' was talked about among your peers and/or friends?" We wanted to know, "In your culture, what is usually done to help with sadness, grief, fears, stress, bad experiences, or other troubles?"

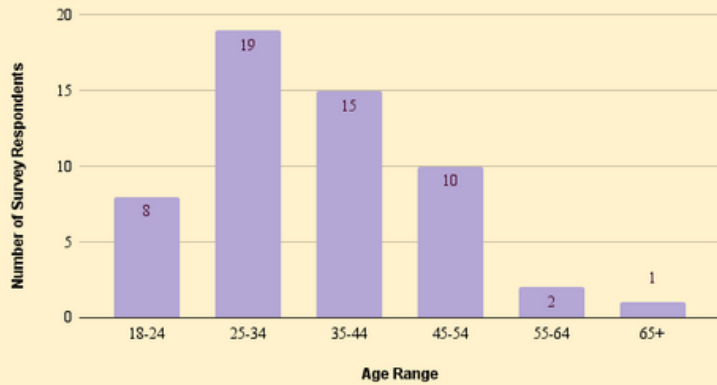
We hope for this report to share new insights that inspire partner organizations to craft well-rounded culturally-informed wellness programs to support A/PI communities in receiving care.

We'll come back to this at the end of the report and share how DVRP plans to use the data!



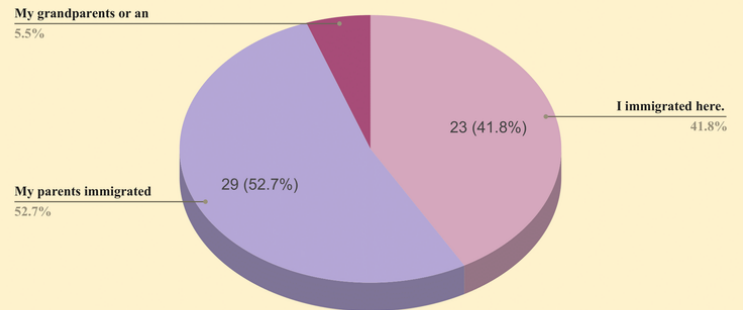
WHO WE REACHED: A SURVEY SAMPLE OVERVIEW

Age Range of Survey Respondents



In the survey sample, we engaged a vast range of age groups. The mean age was 35.65 years, with a median age of 34.5 years. The age range spanned from 19 to 70 years.

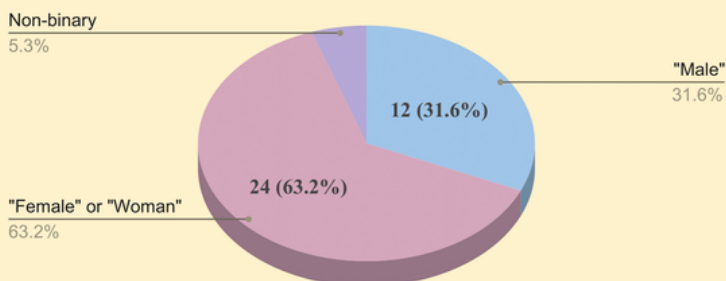
Generational/ Immigration Status of Respondents



Individuals were asked to specify their generational status, with options being “I immigrated here,” “My parents immigrated here,” and “My grandparents or an older generation immigrated here.”

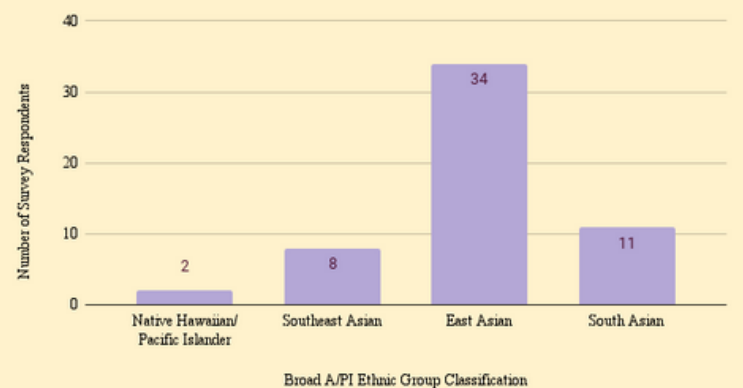
Gender Identity of Respondents

(Optional Question)



As an optional question, respondents were invited to share their gender identities in their own words. While this allowed for a wide range of responses, a majority of participants chose to use traditional binary terms such as “female” or “male.”

A/PI Ethnic Group of Survey Respondents



We categorized survey respondents into four distinct categories. *Notably, 19 out of 55 responses came from the Mongolian community, reflecting our outreach approach to leveraging personal networks and community connections in DC.

THEMES AMONG CULTURAL PRACTICES:

IN YOUR CULTURE, WHAT IS USUALLY DONE TO HELP WITH SADNESS, GRIEF, FEARS, STRESS, BAD EXPERIENCES, OR OTHER TROUBLES?

Religious & Spiritual Practices

Prayer, meditation, visiting temples or monasteries, and engaging in spiritual practices are mentioned by several respondents as ways to find support and cope with emotional challenges.

Repression and Ignoring It

A few respondents mention that their culture encourages repression and ignoring negative emotions, which they do not find helpful.

Community and Family Support

Many respondents mention the importance of being part of a community or relying on family for support during difficult times. Being with family and/or having a support system within the community are commonly cited as helpful practices.

“Bottling Up” Emotions

A notable number of respondents indicate that their culture tends to encourage individuals to cope with difficulties alone or to bottle up their emotions. However, some note that this approach has emotional costs.

THEMES AMONG MENTAL HEALTH DISCUSSIONS: WHAT KIND OF CONVERSATIONS DO YOU HAVE ABOUT MENTAL HEALTH WITH FRIENDS?

Emotional Expression

Many respondents mention discussing their feelings, emotions, and reactions, as well as sharing their struggles and coping mechanisms.

Relationships

Conversations about relationships, both personal and professional, are mentioned, including discussions on work/life balance and family issues.

Mental Health Challenges

Respondents discuss various mental health challenges, including stress, anxiety, depression, trauma, PTSD, and coping with these issues.

Therapy & Professional Help

Some respondents mention discussing therapy sessions, advice from therapists, and how they're addressing their mental health with professional help.

Supportive Conversations & Checking-in

Several responses highlight conversations focused on offering support, validation, and a safe space for venting. Conversations revolve around checking in on each other's well-being, sharing resources, and providing mutual support.



STATS AT A GLANCE & KEY REVELATIONS

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About 73% of respondents said that growing up, mental health was NOT talked about amongst peers.

Among the 42% of respondents who've received mental health services before, 96% participated in 1:1 talk therapy.

Out of the respondents who've been to talk therapy, about 87% have found it helpful.

Given the freedom to pick as many options that apply to them, about 55% of respondents turn to friends for help, 30% to family, 20% to a partner, and 11% to a therapist.

About 17% of respondents indicated they turn to themselves or look inward first when dealing with personal problems.

WHEN ASKED ABOUT WHAT "BEING WELL" MEANS TO RESPONDENTS:

About 24% of respondents mentioned how well-being is tied to the body and/ or "physical" health

About 11% mentioned having resources ("basic needs" met, financial security, shelter, food, etc.)

The most common notable keywords in this set of responses are: "safety", "healthy", "happiness", "calm", "balance", & "financial security"

QUOTABLE INSIGHTS: A GLIMPSE INTO EXPERIENCES



EXPLORING FACTORS INFLUENCING MENTAL HEALTH DISCOURSE ACROSS GENERATIONS: "I IMMIGRATED HERE"

Here we provide some direct quotes from the population that identified as immigrants, in response to the question "Growing up, did you feel like "mental health" was talked about among your peers and/ or friends? Why or why not?":

“
NO. GROWING UP IN PAPUA NEW GUINEA, MENTAL HEALTH WAS THOUGHT TO BE A FIRST WORLD PROBLEM.

1



2

“
IT WAS NOT. THERE WAS A STIGMA AROUND IT, IT WAS NOT TALKED ABOUT.

”

“
NO. WHEN I WAS TEENAGER, OUR PRIORITY ATTENTION WAS ON STUDYING, TO ATTEND IN PRESTIGIOUS UNIVERSITY AND WHAT KIND OF MAJOR SHOULD I CHOOSE.

3



QUOTES CONTINUED

EXPLORING FACTORS INFLUENCING MENTAL HEALTH DISCOURSE ACROSS GENERATIONS: "MY PARENTS IMMIGRATED HERE"



AMONG MY FRIENDS, YES. MY GENERATION (GEN Z) HAS BECOME VERY AWARE OF HOW IMPORTANT MENTAL HEALTH IS AND THAT WE SHOULD WORK TO DISMANTLE THE TABOO SURROUNDING IT...

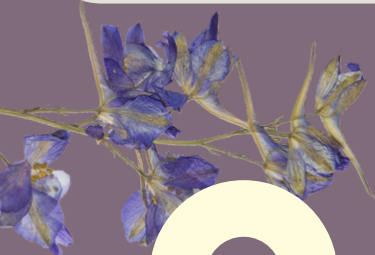


1



2

SOMEWHAT, IT WAS NOT MODELED TO US HOW TO TALK ABOUT MENTAL HEALTH OR IT WAS TALKED ABOUT AS SOMETHING THAT OTHERS EXPERIENCED BUT NOT US.



MENTAL HEALTH WAS DISCUSSED MORE WITH PEERS AND FRIENDS THAN FAMILY IN AN UNBIASED, SUPPORTIVE WAY, BUT DID HAVE MISINFORMATION CIRCULATING AS WELL.



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ESSENTIAL TAKEAWAYS

Amidst the cultural practices and meaningful sentiments shared, this project has unveiled profound insights into the nuanced landscape of mental well-being within the A/PI community. Responding to the question of how the respondents address emotional challenges, individuals shared a vast array of experiences. While many find solace in religious and spiritual practices like prayer and meditation, others highlighted the cultural inclination to bottle up emotions, acknowledging its emotional toll. Nevertheless, a recurrent theme emerges— the unwavering significance of community and family support during challenging times.

Within the rich variety of responses about well-being, we note that friends play a pivotal role. Respondents revealed a willingness to engage openly about their emotions, struggles, and coping mechanisms. These discussions are not just a space for vulnerability; they are a sanctuary of support and validation, offering solace and understanding. Mental health challenges, ranging from stress and anxiety to trauma and depression, are candidly addressed, reinforcing the importance of erasing the stigma. We also observe that personal relationships become focal points of these dialogues, mirroring the interconnected nature of mental health with relational importance.

Statistics woven into these narratives reveal deeper layers of insight. Notably, 73% of respondents reported that mental health was rarely discussed among peers during their upbringing, highlighting the urgent need for open discourse. The prevalence of 1:1 talk therapy, rated as helpful by 87% of recipients, underscores the value of accessible mental health services. Moreover, the reliance on friends for support, as noted by 55% of respondents, underscores the power of peer connections. The prominence of words like "safety," "balance," and "financial security" reinforces the multifaceted nature of well-being. Together, these threads form a seamless narrative of resilience, community, and the evolving dialogue surrounding mental health within our A/PI community.

SURVEY RESPONDENTS: HOW DID THEY FIND US?

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A multi-faceted approach was adopted for reaching our communities. The methodology encompassed both online and on-the-ground strategies to ensure a comprehensive representation of A/PI perspectives on mental health.

On-the-Ground Outreach

To improve survey response rate, flyers were strategically distributed within A/PI spaces, including community centers, cultural organizations, and religious institutions. This facilitated engagement with segments of the A/PI population that might have limited online presence.

Utilization of Personal Networks

Clients and staff members with established networks and personal connections played an instrumental role in expanding the reach of the study, tapping into circles that might otherwise be harder to access.

Social Media Promotion with Incentives

To foster participation and engagement, the final round of outreach engaged our social media platforms, where the majority of our community stays connected with us. The research was promoted with a raffle incentive, offering participants a chance to win a gift card.



WHY DOES THIS STUDY MATTER?

Our historic study begins to bridge a significant research gap as the first of its kind in the region we serve. We released this survey into 9 languages. While we couldn't reach Urdu, Hindi, and Japanese-speaking communities due to time constraints, some English respondents identified with these language-speaking populations.

We sourced our unique connection to our community here to make this survey possible. The experience of the A/PI community, a population often deemed "hard-to-reach" or "vulnerable," has been engaged.

A PREVIEW OF WHAT LIES AHEAD

This one-of-a-kind study is not just a culmination; it's a preview of the transformative potential that lies ahead. As a **qualitative exploratory study**, our core focus was on using culturally responsive techniques. By recognizing the unique nuances of well-being within the A/PI community, we are contributing to a more comprehensive understanding and fostering a future where mental health support is truly inclusive.



CHARTING A PATH FORWARD: DVRP'S VISION FOR CHANGE

This study offered DVRP an intimate insight of how the D.C-based API community is accessing and using mental health services. At DVRP it is our intention to move beyond numbers and words and create a plan for action around what we have learned. We honor this insight and hope to use this gathered knowledge to deepen our practice and capacity to find ways to intentionally support our beloved community.

This study gave us deep insights on 1) what has worked and what hasn't worked in traditional mental health therapy and western modalities 2) how peer support is vital for our API community and 3) the need for modalities of care beyond the western mental health model. With this information, our hope is to:

- **Share our outcomes with mental health service providers:**
 - Through trainings and peer learning circles, we would love to engage with therapists, counselors, psychologists etc., to share what works well and what doesn't in the therapy room for our community.
- **Provide space for our community to strengthen their peer support skills:**
 - We are truly the only ones who can care for us. And to deeply care about us, we need to strengthen our capacity to care effectively. It is our hope to offer peer support practice spaces to community members to learn different supportive tools which can help them hold space for their loved ones.
- **Further collaborate with ancestral and traditional healing practitioners:**
 - Understanding that healing takes many forms, especially for our community, we hope that DVRP is about to further collaborate and create access to ancestral and traditional healing practitioners -- to bring the people's medicine to the people.





GUIDANCE & GRATITUDE

The survey construction was informed by consultation with scholars, namely Dr. Abril Harris and Dr. David Takeuchi, who have previously conducted research on mental health of marginalized communities or A/PI mental health. Drawing from their expertise, the survey was meticulously refined to ensure its utmost relevance and sensitivity to the unique cultural contexts within the A/PI community.

Additionally, we'd like to thank all the amazing volunteers who played a crucial role in translation services. We extend our gratitude to Celine Jusuf, one of DVRP's interns who helped shape the survey in the beginning stages. Indispensable to our outreach efforts is Jargalmaa Ganzorig, who helped us reach a wide audience of survey respondents. Lastly, we would like to thank Phoebe Bui, who is a distinguished research consultant and dedicated scholar activist specializing in qualitative research methods. Actively working to ameliorate disparities in research, their guidance was instrumental in refining the scope of this report.

OUR FUNDER

We would like to express our appreciation to the Mayor's Office on Asian & Pacific Islander Affairs (MOAPIA) for their funding, support, and trust in our organization. In our role as the sole pan-Asian organization in DC dedicated to advocating for survivors of violence, we value their trust in our mission and abilities. Their investment in our survey has allowed us to shed light on critical issues facing Asian and Pacific Islander communities, and we are committed to utilizing this opportunity to provide insights for our sister A/PI and DV organizations to build effective mental health programming for our communities.



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