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Crossing Intersections: Challenges Facing Asian American, Native Hawaiian, Pacific Islander *and* Lesbian, Gay, Bisexual, Transgender Youth: Exploring Issues and Recommendations

Ben de Guzman and Alice Y. Hom

Summary

The experiences and the everyday life stories of lesbian, gay, bisexual, and transgender (LGBT) youth who are also Asian American, Native Hawaiian, and Pacific Islander (AANHPI) are not well-known or documented in the literature about LGBT or AANHPI communities. To help address this lack of information and knowledge, this article highlights some of the issues that these youth face and offers recommendations regarding data collection, cultural competency, and utilization of an intersectional lens of race/ethnicity and sexual orientation to ensure changes will be considered to policies that affect these populations. The policy recommendations focus on issues such as bullying and sexual and reproductive health.¹

Introduction

With nearly three million Asian American adolescents between the ages of ten and twenty-four alone (U. S. Census Bureau, 2009), AANHPI youth are becoming an increasingly large and visible population in both the mainstream and AANHPI communities. For these youth, a number of factors including ethnic heritage, minority racial status, class, age, and immigration timeline impact the construction of their self-identities and, in turn, their everyday lives. But the intersecting dimensions of these identities also present unique challenges for these youth who often find themselves mediating between the realities of their ethnic/racial backgrounds and the shared difficulties of going through adolescence and the processes of self-discovery and growth that it accompanies. For

AANHPI youth, identities are shaped, modified, and contested by the social and the cultural contexts of their upbringing as well as larger structural realities of being a part of a minority community in the United States, including experiences with racism, sexism, and homophobia.

For LGBT AANHPI youth, sexual-orientation and gender-identity issues further complicate the youth experience by forcing them to confront their minority racial status and their minority gender identity/sexual orientation. For community organizations and other public institutions, addressing these challenges requires targeted solutions that take into account the manifold linkages among and across race, ethnicity, sexual orientation, and gender identity. This policy brief examines the issues and challenges that face LGBT AANHPI youth and presents community-based recommendations for tackling them.

Getting a Clear Picture: Ensuring that Lesbian, Gay, Bisexual, and Transgender Asian American, Native Hawaiian, and Pacific Islander Youth Are Counted

Hahm and colleagues estimate that of the AANHPI youth population, approximately 8.7 percent are sexual minorities based on a review of data from the National Longitudinal Studies of Adolescent Health (Hahm et al., 2008, 277). This suggests that there are at least 250,000 LGBT AANHPI youth in the United States.² Despite these figures, there is a dearth of research or data on this population or on LGBT youth of color, in general. One study found that between 1970 and 2000, only sixteen studies had been published on LGBT youth of color (Gipson, 2002, 1). For LGBT AANHPI youth, such paucity of information on the experiences and behaviors of these youth is further aggravated by data-collection techniques that are not designed to account for the incredible diversity of the AANHPI youth community.

It is important for researchers and public institutions to acknowledge that the diversity of LGBT AANHPI youth reflects the diversity of the larger AANHPI community, with more than thirty ethnic groups speaking more than one hundred languages (Hwahng and Lin, 2009, 227). Each of the many ethnic subgroups within these communities has a unique culture and history. Ethnicity-specific data is critical to monitoring disparities in health status and access to health care for AANHPI communities. At the same

time, the experiences of LGBT individuals are distinct and complex, with unique implications for analyzing their needs and concerns. For racial and ethnic groups with a relatively small number of members, such as AANHPIs and American Indians/Alaskan Natives, there is often inadequate data to identify important health issues and appropriate interventions and solutions to those issues. Such data is often not collected, collected but not analyzed, or not reported due to inadequate sampling.

Historically, federal data-collection efforts have not included LGBT populations or gathered information regarding the specific needs of LGBT people. Data on LGBT health and health disparities is a prime example of how the lack of data collection impacts the LGBT community. Questions about sexual orientation or gender identity are not routinely included in any of the federally funded health surveys (Krehely, 2009, 2). As a result, the limited nature of health research about LGBT populations makes it difficult to document and prioritize health needs and frustrates efforts to get a true sense of the magnitude of health disparities affecting LGBT people.

Although numerous studies have been conducted with certain health conditions, notably for HIV in gay men and breast cancer in lesbians, in most other areas, data are seriously lacking. For example, few studies have attempted to distinguish the diversity of transgender and gender-variant individuals; fewer studies have been attempted in regard to transgender and gender-variant individuals of Asian background (Hwahng and Lin, 2009, 228). Both the Department of Health and Human Services (DHHS) and the Institute of Medicine have recently called for increased data collection related to LGBT health issues, and fully implementing their recommendations is an important step in addressing the health needs of LGBT people. In tandem with policies to disaggregate and collect ethnic-specific health data, ensuring that questions about sexual orientation and gender identity appear on national health and other surveys conducted by DHHS, the Centers for Disease Control and Prevention (CDC), and other federal agencies will help determine the specific health needs of LGBT AANHPI youth.

On May 23, 2011, the White House Office of Public Engagement and the White House Initiative on Asian Americans and Pacific Islanders hosted an historic briefing on the issues that face

AANHPI LGBT youth. A collaboration of organizations, including the Queer Justice Fund of Asian Americans/Pacific Islanders in Philanthropy (AAPIP), the National Queer Asian Pacific Islander Alliance (NQAPIA), and the Asian and Pacific Islander Wellness Center brought nineteen LGBT AANHPI youth and additional advocates from the community from around the country to share both policy recommendations and to put a human face to the issues being discussed. These recommendations were broken down in three major areas:

1. Revise current data-collection policies to ensure LGBT AANHPI youth are counted in federal surveys, reports, and statistics:
 - Revise current federal data-collection policies to ensure that surveys, reports, and statistics are disaggregated by AANHPI subpopulations, including ethnicity.
 - Collect data on sexual orientation and gender identity in federally funded surveys including, but not limited, to those administered by the DHHS and the CDC.
 - Include sexual orientation and behavior and gender-identity questions in the Youth Risk Behavior Survey administered by the CDC. All states and school districts should include these questions in order to track trends and implement programs tailored to LGBT AANHPI youth.
 - Publish a report outlining general data-collection policy across federal agencies for racial/ethnic minorities and for sexual orientation and gender identity.
 - Standardize collection of data on race, ethnicity, and primary language in hospitals and healthcare organizations (DHHS).
 - Increase data collection and reporting by federal agencies regarding current youth initiatives, disaggregated by ethnic group.
 - Increase funding for efforts to collect AANHPI health data.
2. Ensure that current anti-bullying initiatives include culturally competent programming that takes into account the unique cultural and social circumstances of LGBT AANHPI youth:
 - Incorporate LGBT issues in planned fact sheets, tips, or other materials federal agencies are producing for

StopBullying.gov and other programs that address youth bullying.

- Increase the accessibility of anti-bullying resources for parents and communities. Programs that provide culturally competent services to families of LGBT AANHPI youth are critical. Government and other institutional resources should be made available in multiple languages while the Asian-language counseling capacity of those institutions that serve LGBT AANHPI youth should be supported through funding.
 - In collaboration with the Department of Education, create a toolkit for school administrators that highlights the unique experiences of LGBT AANHPI youth and the challenges of addressing this population; this might also include the identification of “safe spaces,” such as counselors’ offices, designated classrooms, or student organizations, in which LGBT AANHPI youth can receive support from administrators, teachers, or other school staff.
3. Expand comprehensive sex education and culturally competent HIV-prevention programs that account for sexual orientation and racial/ethnic identity:

Representation and Inclusion

- Evaluate comprehensive sex education programs that target AANHPI young people in order to increase the body of evidence-based initiatives for our communities.
- Ensure that all recommended sex education programs are inclusive of LGBT youth.
- Ensure that HIV prevention intervention programs, such as the CDC’s Diffusion of Behavioral Intervention Program, specifically address LGBT AANHPI communities.
- Include LGBT AANHPI youth as priority/target populations for pregnancy prevention and comprehensive sex education.
- Incorporate sexually transmitted disease, including HIV, prevention in the Teen Pregnancy Prevention Initiative (TPPI).

Funding and Training

- Increase funding for the handful of organizations that specifically serve the health and sexual and reproductive health needs of LGBT AANHPI youth.

- Continue to prevent discretionary funding from going to abstinence-only-until-marriage programs like Community-Based Abstinence Education because of their inefficacy and inapplicability toward LGBT youth.
- Increase funding for comprehensive sex education programs such as the Personal Responsibility and Education Program (PREP).
- Require cultural competency training that addresses LGBT AANHPI youth in grants and request for proposals (e.g., TPPI, PREP) addressing the health needs of youth.

Notes

1. Several of the recommendations discussed in this policy brief were presented by community organizations including the NQAPIA, Queer Justice Fund of AAPIP, Advocates for Youth, and others to federal agencies during a LGBT AANHPI Youth Roundtable hosted by the White House Initiative on Asian Americans and Pacific Islanders on May 23, 2011. For more information about the White House event, please see Hom, Alice Y. 2011. "A Historic First: AAPI LGBT Youth at the White House." <http://aapip.org/news/2011/06/a-historic-first-aapi-lgbt-youth-at-the-white-house-may-2011> (accessed August 16, 2011).
2. A conservative estimate based on Asian American population figures cited in the introduction and the Hahm et al. estimate.

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