



**Asian American, Native Hawaiian, Pacific
Islander HEALing from Racial Trauma
(AANHPI HEART) Study**

Report

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INTRODUCTION

The first ideas of the Asian American, Native Hawaiian, Pacific Islander HEALing from Racial Trauma (AANHPI HEART) Study started during a pivotal moment in my life – one week after the Atlanta spa shootings in March 2021 – when I was grappling with my own racial trauma. I didn't have a sense of community in South Carolina where I was completing school. And I was constantly worrying about the safety of my parents and elders in San Francisco. I felt incredibly alone, but I knew my pain was not unique – that many other AANHPIs were equally shaken and hurt by the racialized violence.

As a psychologist-in-training, I recognized that this widespread pain couldn't be fully addressed by traditional Western therapy approaches – not to mention the significant stigma and access barriers associated with therapy in AANHPI communities. So, I reflected:

“How then will my community heal from collective trauma?”

I drew inspiration from witnessing the resilience shown by other communities of color, specifically Black American communities, as they navigate healing in the context of systemic racism. In my training, I have been fortunate to have learned from Black feminist scholars, and in my reflections, I found myself returning to a concept pioneered by such scholars – the concept of [radical healing](#).

“Radical healing involves being or becoming whole in the face of identity-based “wounds” ... [it] involves personal and collective actions that promote living a life with dignity and respect. Such a life necessitates freedom from all forms of oppression.”

- *The Psychology of Radical Healing Collective*

For reasons such as the model minority myth, AANHPIs' lived experiences with racial trauma and their healing are often unheard. So, I took action in a way that was familiar to me as a scholar and began the AANHPI HEART Study.

This study aimed to understand how AANHPIs across the US were engaging in radical healing in response to anti-Asian racism during the COVID-19 and racism syndemic. My goals for this research study were to shed light on the complex experiences of racial trauma in AANHPIs, learn from the culturally driven ways AANHPIs heal from racism, and guide the development of culturally sensitive programs and policies that support AANHPIs mental health and wellbeing.

Wendy Chu
Lead Investigator
AANHPI HEART Study

MEET THE TEAM



Wendy Chu is a fifth-year PhD student in the Clinical-Community Psychology program at the University of South Carolina. She earned a BA in Psychology from Macalester College. She self-identifies as a Chinese American woman, first-generation college student, and daughter of low-income Chinese immigrants. Her research aims to improve the cultural responsiveness of mental health services and programs for marginalized populations, particularly youth and families, by centering and elevating their lived experiences. Wendy is passionate about advancing social justice and equity, and likes to try new foods, watch anime, and spend time with her friends in her free time.



Andrea Chi Ern Ng is a graduate student at the University of Hawai'i, at Mānoa's clinical psychology program. Her research interests lie in examining how evidence-based treatments are implemented across different public mental health contexts, such as community clinics, schools, and state-wide care. Specifically, she is interested in how treatments can be adapted to not only function optimally in certain settings, but also better help families and communities of unique cultural backgrounds. In the past year, her clinical training has focused closely on working with state-wide systems such as the Department of Health and Department of Education, which has solidified her deep commitment to working with youth and families from underserved backgrounds. In her free time, she enjoys cooking and exploring Hawai'i for new foods.



Stephanie H. Yu is a Clinical Psychology PhD candidate at UCLA and current predoctoral psychology intern at the University of Illinois Chicago Department of Psychiatry. She self-identifies as a Chinese/Taiwanese American woman and daughter of immigrants. Across her research, clinical, and advocacy work, she is passionate about advancing social justice and equity for racial/ethnic minoritized communities through community partnership. To date, her research has focused on culturally-responsive adaptation and implementation of evidence-based practices in public systems of care serving structurally marginalized communities. Her research also centers on understanding the impact of, and how communities heal from, individual and systemic racism and discrimination. Finally, Stephanie's advocacy work extends to advancing initiatives towards greater equity, access, and anti-racism in academia and higher education overall.

Our collaborators and research assistants whose pictures are not shown but have contributed to the project and research: Isabella Ouyang, Kira Harris, Megan Wells, Michelle Tran Han, Keala Kawakami, Yifan Liu, Julie K. Nguyen, Y. Vivian Byeon, Belinda Chen

PARTICIPANTS

Our participants represent an incredibly diverse group of individuals. See below for a demographic summary of the **459** AANHPIs who participated.

Age

Average 26.6 years
Ranged from 18 - 72 years old

Gender

77% Cis female 1% Nonconforming
19% Cis male <1% Genderfluid
2% Non-binary <1% Trans-female



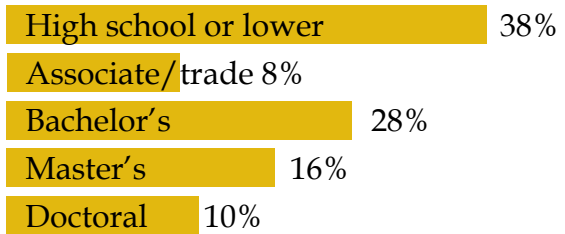
Generation Status

30% 1st gen (born outside US)
61% 2nd gen (born in US, at least 1 parent born outside US)
9% 3rd gen (born in US, at least 1 parent born in US, at least 1 grandparent born outside US)

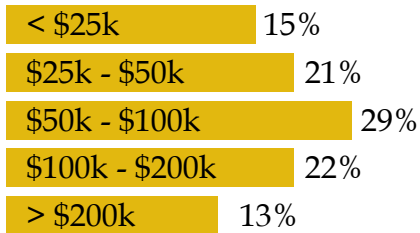
37% of participants lived in a multigenerational household



Highest Degree Attained



Annual Household Income



Geographic Location

47 different US States were represented! The most common ones were: California, Hawaii, Massachusetts, New York, and Illinois

Ethnicity

There were **27** different ethnic groups represented. 82% of participants identified as having one ethnic identity and 18% identified as multiethnic.

Chinese	39%	Cambodian	2%	Laotian	<1%
Vietnamese	15%	Native Hawaiian	2%	Sri Lankan	<1%
Filipino	12%	Indonesian	1%	Tongan	<1%
Korean	11%	Pakistani	1%	Manchurian	<1%
Taiwanese	10%	Hispanic	<1%	Mien	<1%
Indian	8%	Malaysian	<1%	Montagnard	<1%
Japanese	8%	Singaporean	<1%	Okinawan	<1%
Hmong	5%	Thai	<1%	Punjabi	<1%
White	3%	Bengali	<1%	Samoan	<1%

RESEARCH

Since the launch of this study, our research team has led multiple research projects to better understand AANHPIs experiences. Below is a summary of some projects, including the main findings and recommendations based on the findings.

Racial Trauma

Q1: Can we evaluate racial trauma in AANHPIs?

Finding: Yes, the Race-Based Traumatic Stress Symptom Scale (RBTSSS) can be used to evaluate racial trauma in AANHPIs.

Recommendation: The RBTSSS may be useful for monitoring racial trauma symptoms in AANHPIs. However, more questionnaires should be developed and tested to accurately capture racial trauma in AANHPIs.



Q2: How do AANHPIs experience racial trauma?

Finding: Based on the RBTSSS, Intrusion (of thoughts) and Anger symptoms were the most common, followed by Hypervigilance, Low Self-Esteem, and Depression.

Almost 1/3 of AANHPIs reported clinically elevated symptoms of racial trauma

Q3: What social determinants of health are related to racial trauma?

Finding: Gender and education level are not associated with racial trauma in AANHPIs. However, socioeconomic status was – AANHPIs with lower yearly income had greater racial trauma symptoms than those with higher yearly income.

Recommendation: Investing in resources and programs to protect AANHPI communities from racial trauma may be especially important for those who have less income.

Impact of and Response to Racism

Q4: How has anti-Asian racism impacted AANHPIs during COVID?

Finding: In open-ended responses, AANHPIs described many ways of processing and experiencing anti-Asian racism.

Personally experienced racism
 Vicariously experienced racism
 Not affected by racism
 Protected from racism due to ethnicity or environment

"I have had family members threatened, beaten, and harassed. I've personally been harassed on the street, and I feel unsafe going anywhere alone..."

Emotional, cognitive, and behavioral racial trauma symptoms
 Collective worry and desire to protect others

"I have isolated myself and have been in fear since the pandemic..."
"It makes me scared for my family, especially my elderly parents and family members."

Q5: How have AANHPI responded to anti-Asian racism?

Finding: In open-ended responses, AANHPIs described many ways that they strove to heal from anti-Asian racism.



Q4 & Q5 Recommendation: Regardless of whether they personally experienced acts of racism, AANHPIs described being heavily impacted by the collective racial trauma of COVID-19 related racism. AANHPIs pulled from their knowledge of what best heals them, often in ways that were steeped in culture and community. Policies and programs should be developed from community-derived ways of healing.

Q6: Is immigrant generation and acculturation related to how AANHPIs responded to racism?

Finding: Immigrant generation was not related to how AANHPIs responded to anti-Asian racism. However, acculturation was. AANHPIs who identified strongly with their Asian culture tended to worry about safety and sought mental health supports in response to anti-Asian racism. AANHPIs who identified strongly with their American culture tended to form deeper ties with their Asian culture.

Radical Healing

Q7: How is racial trauma related to radical healing?

Finding: Experiencing more racial trauma symptoms is associated with greater:

- Radical hope – belief that your community has the power to thrive despite oppression
- Cultural authenticity – living authentically to your AANHPI culture
- Collectivistic values – orientation to community and others
- Critical motivation – desire to promote equity and social justice
- Critical sociopolitical action – participation in sociopolitical activities

Recommendation: AANHPIs who experience racial trauma are engaging in radical healing. Racial trauma intervention, services, and programs for AANHPIs should incorporate elements of radical healing to promote healing in a culturally responsive way.

Mental Health Services

Q8: What factors are related to attitudes towards seeking mental health services?

Finding: AANHPIs who live in multigenerational households have fewer positive attitudes toward seeking mental health services. When AANHPIs identify strongly with their Asian culture, they are less open to and see less value in mental health services. When AANHPIs identify strongly with their American culture, they are more open to mental health services.

Recommendation: Western approaches to mental health and therapy can be very helpful and acceptable to some AANHPIs. However, they are not culturally acceptable to all. For these AANHPIs, it is important to recognize non-Western approaches that are more culturally acceptable. Develop, fund, and offer programs that incorporate community knowledge on ways of healing.



LET'S CONNECT!

Researchers must ensure our findings reach the most people by engaging with our community. If you or your organization would be interested in a talk/presentation on any of the above research projects, please feel free to reach out!

We are also always eager to build new research collaborations to advance mental health equity for AANHPI communities.

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