

Understanding the Intersecting Identities of Asian Immigrant LGBTQ+ Youth and Young Adults  
and Their Needs in Mental Health and Social Support Services

By

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## **Abstract**

Asian immigrant LGBTQ+ youth hold multiple marginalized identities. Though literature specific to their experiences is sparse, disparate veins of research suggest that these youth may contend with a variety of challenges, with negative consequences for their mental health and wellbeing. As previous research with immigrants, visible minorities, and LGBTQ+ youth suggests that each group encounters distinct issues in using mental health and social services, it is possible that Asian immigrant LGBTQ+ youth may face all of these barriers simultaneously, and that these barriers may intersect to shape a novel experience within such services. The contemporary knowledge gap with regards to this group is particularly worrisome in Canada: statistics indicate that large populations of Asian immigrants reside in the three most populated cities and, considering baseline rates of non-heterosexuality and transgender identities, it is likely that the needs of many Asian immigrant LGBTQ+ youth in these cities are not being adequately met. To help address this knowledge gap, a qualitative study was conducted to examine the interactions between their identities and explore their experiences within mental health and social support services. Semi-structured interviews were completed in Montreal with 10 young adults identifying with the group in question and six service providers that provide services relevant to these youth. Interviews were transcribed and thematically analyzed. Results illustrate that on the one hand, Asian immigrant LGBTQ+ youth negotiate challenges with their family related to their sexual and/or gender identity, suffer alienation in various domains of their lives, and use a variety of coping strategies to deal with these experiences. On the other hand, they also expressed appreciation for the positive aspects of their lives. Service providers and young adults identified a number of weaknesses and possible improvements in mental health and social support services in relation to serving Asian immigrant LGBTQ+ youth. Obtaining ethical approval for this study shed light on issues that may hamper research with racialized LGBTQ+ youth. These issues are explored in a second article by contextualizing them in the history of ethical review processes and discussing the dilemmas faced in the process of conducting this study with Asian immigrant LGBTQ+ youth. Finally, avenues of change are explored to promote research with racialized LGBTQ+ youth.

## Résumé

Les jeunes immigrants asiatiques LGBTQ+ se retrouvent marginalisés d'un point de vue identitaire de multiples façons. Bien que la littérature qui traite spécifiquement de leur expérience soit limitée, différents courants de recherche suggèrent que ces jeunes doivent faire face à une diversité de défis, ayant des conséquences négatives sur leur santé mentale et leur bien-être. Tout comme les recherches antérieures au sujet des immigrants, des minorités visibles, et des jeunes LGBTQ+ suggèrent que chacun de ces groupes rencontre divers enjeux quant à l'utilisation des services sociaux et de santé mentale, il est possible que les jeunes immigrants LGBTQ+ puissent se buter à toutes ces barrières de façon simultanée, et que ces barrières se recoupent pour engendrer une expérience particulière de ces services. Le manque de connaissances actuelles au sujet de ce groupe est particulièrement inquiétant au Canada : les statistiques indiquent que d'importantes populations immigrantes originaires d'Asie résident dans les trois villes canadiennes les plus peuplées, et si l'on considère les taux de base de non-hétérosexualité et d'identité transgenre, il est probable que l'on néglige les besoins en services sociaux et de santé mentale de nombreux jeunes immigrants asiatiques LGBTQ+. Afin de contribuer à réduire ce manque de connaissances, une étude qualitative a été effectuée pour explorer les interactions entre les diverses facettes des identités des jeunes immigrants asiatiques LGBTQ+, et l'expérience de ceux-ci dans les services sociaux et de santé mentale. Des entrevues semi-structurées ont été menées à Montréal avec 10 jeunes adultes s'identifiant au groupe en question et 6 prestataires de services s'adressant à ces jeunes. Les entrevues ont été transcrites et analysées de façon thématique. Les résultats illustrent que ces jeunes font face à des défis dans leur famille quant à leur identité sexuelle et/ou de genre, qu'ils souffrent d'aliénation dans différents domaines de leur vie, qu'ils utilisent une variété de stratégies d'adaptation, et qu'ils expriment une appréciation quant aux aspects positifs de leur vie. Les prestataires de services et les jeunes adultes identifient un certain nombre de points faibles et d'améliorations possibles dans les services sociaux et de santé mentale quant aux jeunes immigrants asiatiques LGBTQ+. Par ailleurs, le processus d'obtention de l'approbation éthique pour cette étude a permis de mettre en lumière des enjeux qui peuvent entraver la recherche auprès des jeunes LGBTQ+ racialisés. Ces enjeux sont explorés dans un second article en les mettant en contexte avec l'histoire des processus de révision éthique de la recherche, et en discutant les dilemmes rencontrés dans ce projet de recherche au sujet des jeunes immigrants asiatiques LGBTQ+.

Enfin, plusieurs avenues de changement sont explorées dans l'esprit de promouvoir la recherche avec les jeunes LGBTQ+ racialisés.

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Though words cannot adequately capture my gratitude for the immeasurable support I've received throughout my Master's training, I will attempt to convey an inkling of my appreciation here. First, I would like to convey my sincere gratitude to my supervisors, Dr. Lucie Nadeau and Dr. Srividya Iyer. The support and guidance they have provided me over the past two years and the time and resources they have invested in ensuring this project came to fruition are a true testament to the power of allyship in the scientific discipline. They validated my efforts and struggles for the duration of the program, and challenged me to think about issues that emerged in my project in more complex and respectful ways. I know these new perspectives and insights will be an incredible asset to my future aspirations.

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### **Contribution of Authors**

I (Jishian Ravinthiran) developed the research proposal, coordinated recruitment, collected data, interpreted results, and wrote both manuscripts.

Dr. Lucie Nadeau and Dr. Srividya N. Iyer supervised me throughout all stages of this process, and contributed significantly to developing the research proposal, interpreting results, and writing both manuscripts.

## Introduction

Research conducted on the experiences of various minority populations, such as LGBTQ+ <sup>1</sup>(lesbian, gay, bisexual, transgender, queer, and identities that are not heterosexual or cisgender which are not explicitly stipulated in the acronym) individuals, immigrants and racial minorities, often elides the fact that these identities can be held simultaneously. Though focusing on these experiences through the unidimensional lens of a single identity is understandable, it is fraught with troubling implications for people who are at the intersection of multiple disadvantaged statuses. Historically relegated to the margins of academic interests, these individuals are precluded from accessing the benefits of research, eroding their wellbeing in ways that often go unnoticed. An exemplar of this phenomenon, Asian immigrant LGBTQ+ youth<sup>2</sup>, constitute such a group that tends to still be overlooked today. This occurs despite the fact that immigration trends and baseline rates of LGBTQ+ identities imply that many of these youths may be concentrated in the metropolitan areas of Canada (Poon, Saewyc, & Chen, 2011; Statistics Canada, n.d.). For health and social services, a dearth of knowledge about the issues engendered by their multiple identities may exacerbate the lack of clinical attention to this population's distress and alienation.

My master's thesis intends to help address this knowledge gap. When I began my program of study, I sought to explore the distinctive facets of Asian immigrant LGBTQ+ youth's

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<sup>1</sup> In order to refer to transgender and non-heterosexual individuals, multiple terms can be used. We chose "LGBTQ+" because it is more inclusive than the term "LGBT" and "LGBTQ," and we believed it would be more recognizable to mainstream stakeholders than alternative terminology. However, we acknowledge that it simultaneously "others" identities that are not stipulated in the acronym. Historically used as a slur, "queer" has been reclaimed as an umbrella term to refer to both sexual and gender minorities by the LGBTQ+ community. Though we do use it occasionally as an interchangeable term with "LGBTQ+," we continue to use LGBTQ+ primarily as it is more recognizable today and avoids the issues associated with "LGBT" and "LGBTQ." However, if we are discussing a study in which an author uses a different acronym, we did not replace it with LGBTQ+, as this could misreport who their findings applied to.

Similarly, if a participant referred to the community using a different term, we did not change it. <sup>2</sup> We use "Asian" here to include East, Southeast, and South Asia, the groups targeted in this study. We use "immigrant" to refer both to first- and second-generation individuals, as having immigrated or having parents who have immigrated may exert a unique influence on the identity-related challenges of Asian LGBTQ+ youth compared to those families in which parents have been raised in Canada. In using the term "youth," we ascribe to a relatively common understanding that it comprises individuals who are within the critical developmental juncture between childhood and adulthood, i.e., ages between 11 and 25 or 30.

experiences, while specifically examining their needs vis-à-vis mental health and social support services. Due to ethical considerations, both pervasive to research with LGBTQ+ youth and unique to the particularities of this study, I restricted my research to young adults. Grappling with these ethical issues, though, did provide greater insight into the systemic barriers that may be hindering research with racialized LGBTQ+ youth. To help ameliorate the conditions that marginalize Asian immigrant LGBTQ+ youth and further research initiatives with racialized LGBTQ+ youth, I have thus written two papers.

My first paper presents the results of my research project which explores the intersectional experience of Asian immigrant LGBTQ+ youth and young adults and their experiences within mental health and social support services. Using qualitative research methods, I interviewed young adults and providers in relevant services, thereby providing a multi-informant perspective of this group's experiences. These interview transcripts were then thematically analyzed. The main themes that are presented are: struggles with family due to issues related to sexual and/or gender identity; invisibility, exclusion, prejudice and discrimination; coping strategies and appreciation; and perceived weaknesses and potential improvements in mental health and social support services with regards to the demographic of interest. In my second paper, I detail factors that may hamper the ethical approval process for research with racialized LGBTQ+ youth, their manifestation in the current study, the inequity that is induced when their voices cannot be heard in research, and, critically, suggestions to help resolve these issues.

# **Paper 1: Exploring the Intersecting Identities of Asian Immigrant LGBTQ+ Youth and Young Adults and their Experiences in Mental Health and Social Support Services**

By Jishian Ravinthiran, Lucie Nadeau\* & Srividya N. Iyer\*

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## **Abstract**

Asian immigrant LGBTQ+ youth constitute a group which is at the intersection of multiple identities and, potentially, multiple systems of oppression. Though literature specific to their experiences is sparse, disparate veins of research suggest that these youth may contend with a variety of challenges, with negative implications for their mental health and wellbeing. Further, as racialized immigrant LGBTQ+ youth, they may experience a variety of barriers to accessing and using mental health and social support services, some of which may be unknown or unacknowledged. As previous research with immigrants, visible minorities, and LGBTQ+ youth suggest that each group encounters diverse issues in using such services, it is possible that Asian immigrant LGBTQ+ youth may face all of these barriers simultaneously, and that these barriers may interact to shape a distinctive experience within such services. The contemporary knowledge deficit with regards to this group is particularly worrisome in Canada: statistics indicate that large populations of immigrants reside in the three most populated cities and, considering baseline rates of non-heterosexuality and transgender identities, it is likely that the needs of many Asian immigrant LGBTQ+ youth in these cities may not be adequately addressed. To help target this longstanding knowledge gap, this qualitative study was conducted to examine the interactions between their identities and explore their experiences within mental health and social support services. Semi-structured interviews were completed in Montreal with 10 young adults identifying with the group in question and six service providers that provide services relevant to these youth. Using the framework of intersectionality, these transcripts were coded and thematically analyzed. The analysis illustrates that Asian immigrant LGBTQ+ youth negotiate struggles with their family due to their sexuality and/or gender; suffer invisibility, exclusion, and bias in various domains of their lives; use a variety of coping strategies to manage stressors; and appreciate the positive aspects of their lives. Further, mental health and social support systems were perceived as having certain weaknesses and needing particular improvements when it comes to addressing the needs of this population.

## Introduction

To date, research has failed to adequately account for the experiences and needs of Asian immigrant LGBTQ+ youth. Like other groups at the intersection of multiple identities and systems of oppression, Asian immigrant LGBTQ+ youth have fallen through the cracks because, historically, normative research practices centralized a single aspect of their identities (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Berry, 2006; Bontempo & D'Augelli, 2002; Burton, Marshal, Chisholm, 2014; Downie, Chua, Koestner, Barrios, & M'Birkou, 2007; Peter, Taylor & Chamberland, 2014; Savin-Williams, 1994). Such research is valuable for its insights related to the experiences of marginalization; however, their unqualified application to subpopulations, like Asian immigrant LGBTQ+ youth, must be problematized, as identity-related experiences are not simply additive and may coalesce into novel experiences (Crenshaw, 1991). Importantly, overlooking marginalized subgroups in favor of those populations that may be easier to research perpetuates a cycle of neglect that precludes such subgroups' needs from being addressed.

Asian immigrant LGBTQ+ youth constitute one such group that may be neglected; however, their experiences and needs must be explored given the Canadian context. From 2006-2011, 56.9% of immigrants to Canada came from Asia.<sup>3</sup> 33.7% of all immigrants were below the age of 25 and 62.5% of all immigrants settled in Montreal, Toronto and Vancouver (Statistics Canada, n.d.). Research suggests that 6-11% of Asian youth in British Columbia could be considered sexual minorities (Poon, Saewyc & Chen, 2011). Further, these three cities have an established reputation of queer-friendliness, attracting LGBTQ+ people from across Canada and around the world (Munro, Travers, John, Klein, Hunter, Brennan, & Brett, 2013). It is inferable, then, that there may be large numbers of Asian sexual minority immigrant youths residing in these cities. These populations are likely to increase for the foreseeable future, as immigration trends between 2011-2016 indicate that Asia remained the largest source of immigrants to Canada (Statistics Canada, 2017a). The prevalence of Asian immigrant transgender youth within Canada is unknown, and they are neglected in the literature regarding Asian queer people (Choi & Israel, 2016). Thus, it is critical to explore the issues this population contends with for the precise reason that they have been excluded from research in the past. In sum, Asian immigrant LGBTQ+ youth may constitute a sizeable youth group in Canada, particularly its big cities, and a dearth of knowledge regarding their needs and experiences can serve to further alienate them

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<sup>3</sup> Statistics Canada includes the Middle East in its definition of Asia.

from systems of support. A two-pronged inquiry was used to address this knowledge gap. The first objective of this study was to explore the experiences of Asian immigrant LGBTQ+ youth using a lens that examines the interactive nature of their identities. The second objective of this study was to examine the perceptions and experiences that Asian immigrant LGBTQ+ youth have of social support and mental health services in Montreal. An overview of the relevant literature will be presented to underscore what little is known about this population and to envisage what their experiences may be.

### **Literature Review**

To explore the literature specific to Asian immigrant LGBTQ+ youth, Boolean searches were conducted in the PsycINFO, GenderWatch, and Gender Studies databases using combinations of the terms Asian, sexual minority, LGB\*, gay, homosexual, lesbian, bisexual, transgender, queer, immigrant, youth, adolescent, young adult, and teens. As expected, many relevant studies do not explore the experiences of Asian immigrant LGBTQ+ youth explicitly, instead exploring their narratives tangentially in disparate veins of research. Though Asian immigrant LGBTQ+ youth may experience the challenges delineated in these veins of research, there is a knowledge gap regarding the unique issues they face that emerge from the confluence of their multiple identities.

#### **Asian immigrant LGBTQ+ youth in Canada**

Few studies conducted in Canada are focused on the experiences of Asian immigrant LGBTQ+ youth. A case study explored the experiences of two Asian trans youths, one from Taiwan and the other from China, who had immigrated to Canada at a young age (Wong, 2011). The cultural value of maintaining the family's honour delayed these individuals' coming out as transgender, and their parents perceived their children's identity as contradicting their values of collectivism, emphasizing that their children were being "selfish" and "inconsiderate" of their family and its reputation. The participants perceived intolerance from the Asian community and society generally, and a lack of similar individuals within the LGBTQ+ community, which was perceived as predominantly white. One chose to prioritize their family and ethnic community over the LGBTQ+ community. Parents faulted the influence of Western culture for their children's gender identity, though they also felt partially responsible. Specific to their trans identities, the participants stated that it was easier to come out as gay within Asian families (Wong, 2011). In another study conducted by Huang & Fang (in press), Chinese immigrant

young gay men (ages 18-28) in Toronto discussed that they were wary of coming out within the Chinese immigrant community, believing them to be more conservative than their non-immigrant counterparts. They were also fearful of coming out to their parents because they believed they would be rejected due to the generational difference in beliefs about homosexuality. They also shared certain experiences with Asian sexual minorities generally, such as perceiving certain cultural norms and expectations as unaccepting of their sexual identity and acknowledging that the LGBTQ+ community considers Asians less desirable within dating contexts. These findings will be elaborated upon in the next subsection. These participants were also aware that socioeconomic status, perceived beauty, and religious affiliation would affect individuals' experiences. For example, having an attractive body shape would increase the desirability of Chinese gay men within the LGBTQ+ community, ascribing to certain religious beliefs that degraded homosexuality would magnify the struggle some gay men have in coming to terms with their identity, and having more resources would afford a higher social status that would prevent negative appraisals of their Chinese or gay identities (Huang & Fang, in press).

One study also sheds light on the perspectives of Chinese immigrant parents (Wong & Poon, 2013). As part of an initiative to empower Hong Kong Chinese immigrant parents in Toronto with the knowledge and skills to discuss sexuality with their children and reduce intergenerational family conflict, a small sample of parents undertook a 10-session training program, after which they would engage with and educate their communities. As part of this training program, one workshop sought to challenge heterosexism within the community using the life stories of a young Chinese gay activist and the mother of a young Chinese lesbian. The mother's experience specifically resonated with the parents, as they found similarities in their desire to provide the best for their children as immigrants in a foreign society. Parental perspectives of homosexuality changed for the better for most participants after hearing these two narratives, and after community outreach efforts, surveys indicated approximately 70% of 210 parents desired more knowledge about sexual orientation and how to respond to their children's questions regarding homosexuality.

### **Asian Sexual Minorities**

Though there is a relative lack of research with Asian immigrant LGBTQ+ youth in Canada, studies and theoretical articles have been published on the unique challenges of Asian sexual minority individuals in Western societies generally, and often in relation to HIV (human

immunodeficiency virus). They showed that Asian sexual minorities face racism within the LGBTQ+ community and heterosexism in their communities of origin, in addition to the racism and heterosexism they face from society generally (Balsam, 2011; Choudhury et al., 2009; Szymanski & Sung, 2010).

Stressors within communities of color often relate to cultural norms that contribute to difficulty accepting non-heterosexuality. Scholars suggest that discussing sexuality may be taboo within Asian cultures, thereby preventing discussions of non-heterosexuality (Loue, Landa, Lloyd, & Loh, 1999; Poon, Saewyc, & Chen, 2011; Tsunokai, McGrath, & Hernandez-Hernandez, 2012). Some Asian cultures may have rigid gender norms and may conceptualize sexual minority identities as Western inventions that are incompatible with Asian identities, thus marginalizing those who are non-heterosexual (Chan, 1989; Chng, Wong, Park, Edberg, & Lai, 2003; Kapac, 1998). The collectivist values of Asian cultures may impel Asian sexual minorities to uphold the expectations of marriage and procreation in their culture, prevent shame from being brought upon the family, and preserve social harmony (Chan, 1989; Chng et al., 2003; Dubé & Williams, 1999; Huang & Fang, in press; Kapac, 1998; Lee & Hahm, 2012; McKeown, Nelson, Anderson, Low & Elford, 2010; Nadal & Corpus, 2013; Szymanski & Sung, 2013).

Stressors within the LGBTQ+ community often relate to sexual racism (Balsam, 2011). Studies document that within the queer community, white gay men are considered more desirable because they are perceived to embody masculinity, whereas Asian men may be considered less desirable due to stereotypes related to passivity and femininity (Choi & Israel, 2016; Han, 2008 & 2009; Kapac, 1998; McKeown et al., 2010; Nadal & Corpus, 2013; Ridge, Hee, & Minichiello, 1999). Asian GB (gay and bisexual) men and other men who have sex with men<sup>4</sup> may feel ignored in queer spaces because of these prejudices; further, these biases may contribute to internalized racism and self-esteem issues (Chng et al., 2003; Choi & Israel, 2016; Kapac, 1998). These prejudices result in power dynamics within the queer community, as competition for white gay men and the perceived lack of desirability for Asian men prevents Asian GB men and other men who have sex with men from effectively negotiating safer sex practices, thereby exposing them to the risk of contracting HIV (Han, 2008 & 2009; Kapac, 1998; Nemoto, Operario, Soma, Bao, Vajrabukkha, & Crisostomo, 2003). Few studies have been

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<sup>4</sup> This terminology is used because some men who have sex with men do not identify with non-heterosexual labels.



conducted with Asian sexual minority women, though it appears that they are more likely to use substances compared to their heterosexual peers and this disparity in substance use may differ from that between Asian sexual minority men and their heterosexual peers (Hahm, Wong, Huang, Ozonoff, & Lee, 2008; Lee & Hahm, 2012).

Certain studies have also clarified the issues Asian sexual minority youth and young adults face. Asian sexual minority youth and young adults experience many of the issues previously delineated within the general Asian sexual minority adult population (Poon & Ho, 2002). The literature has also explored the mental health challenges they may face. Asian sexual minority young adults are more likely to report depression and self-directed violence than their heterosexual peers; they may also report more suicidal attempts, but experience less depression, than their white sexual minority peers (Lytle, De Luca, & Blosnich, 2014). GB male high schoolers in Guam (a U.S. island territory in Micronesia) were less likely to engage in physical fights relative to their heterosexual peers, whereas female LGB adolescents were more likely to engage in physical fights than their heterosexual counterparts (Pinhey & Brown, 2005). Homma and Saewyc (2007) found that for Asian sexual minority youth in high schools in Minnesota (U.S.A.), less family caring and worse perceptions of their school environment were associated with less self-esteem, which also predicted greater distress. Bostwick and colleagues (2014) found that Asian and Black sexual minority youth aged 13-18 in certain cities and states of the U.S. expressed less suicide ideation, suicide planning, and self-harm compared to white sexual minority youth, in contrast to the study conducted by Lytle and colleagues (2014) that demonstrated Asian sexual minority young adults in the U.S. attempted suicide more than their white sexual minority peers. Further, these Asian sexual minority youths demonstrated similar or higher levels of smoking compared to their white sexual minority peers, which was greater than the levels of smoking among their Asian heterosexual counterparts (Corliss et al., 2014). Across these studies, it appears that Asian sexual minority youth are more vulnerable to negative health outcomes compared to their Asian heterosexual peers; however, they do not typically exhibit worse outcomes than their white sexual minority counterparts. Thus, they appear to have some resilience or protective factors that mitigate the convergent stress of having two marginalized identities, but still are at higher risk relative to their Asian heterosexual peers, adding nuance to debates about whether LGBTQ+ people of color are at greater risk or have more resilience compared to their white sexual minority peers (Meyer, 2010).

Of relevance to Canada, Homma and colleagues (2012) similarly found that East and Southeast Asian sexual minority high school youths in British Columbia were more likely to have used alcohol, marijuana, and other drugs compared to their heterosexual peers. Relatedly, Poon, Saewyc, & Chen (2011) found that East and Southeast Asian sexual minority high school youths in British Columbia faced more discrimination within their schools relative to their heterosexual peers, which was correlated with problematic substance use. Notably, some also reported experiences of discrimination based on race and sexual orientation in their schools. However, being connected to one's family and school and involvement in extracurricular sports conferred some resilience, such that the relationship between discrimination and problem substance use was attenuated if these protective factors were present. Notably, large minorities of the East and Southeast Asian youths in various subgroups of this study (mostly heterosexual boys, GB boys, and LGB girls) were recent immigrants, defined as having immigrated within the past five years. Thus, it is likely that these findings have relevance for Asian immigrant LGBTQ+ youth.

There is a notable absence of research regarding Asian transgender youth (Choi & Israel, 2016). Transgender youth (those whose gender identity does not align with the sex they were assigned at birth) are vulnerable to mental health problems related to suicidality, depression, self-harm, and distress, an effect of the severe marginalization they experience in society, including peer victimization in schools and rejection by parents (Chiang, Flemming, Lucassen, & Fenaughty, Clark, & Denny, 2017; Grossman & D'Augelli, 2006; Veale, Saewyc, Frohard-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015; Veale, Watson, Peter, & Saewyc, 2017). As Wong's (2011) case study-based paper illustrates, it appears that Asian immigrant transgender youth may also experience these challenges.

### **Complexities Related to Immigration**

Asian immigrant LGBTQ+ youth in Canada may have some experiences in common with those that have been previously documented with regards to immigrants who identify as sexual minorities. Lewis (2015) conducted qualitative interviews with service providers to this population, which helped shed light on the experiences of this demographic within Canada. Queer venues may be perceived as exclusive and unwelcoming by immigrants who may not be proficient in English, have not been previously exposed to Western queer communities, observe anti-Muslim and anti-Asian discourse in these spaces, perceive a lack of diversity in these

venues, and are subjected to microaggressions from individuals in these spaces. Further, new immigrants may not be perceived as desirable, and second- and third-generation sexual minorities may avoid interacting with them to “protect” their social status. Similar to how a lack of desirability among Asian sexual minorities may give undue power to partners who can pressure them into unsafe sexual behaviors, immigrant sexual minority men may be subjected to the same dynamics. Immigrant sexual minorities may also use online dating apps to avoid the exclusivity associated with physical queer venues, though they may be subjected to sexual racism in using these platforms as well (Lewis, 2015). Munro and colleagues (2013) conducted a combination of focus groups and interviews to shed light on the experiences of LGBT newcomer youth in Toronto, which resulted in a number of insights that may be applicable to this study. Immigrant LGBT young adults may migrate to Canada because they perceive it as more inclusive of LGBTQ+ people, though some do experience homophobic victimization after migrating. They may, however, perceive this victimization as less severe compared to that which is experienced in their country of origin. Migrant LGBT youth also experience challenges in the refugee system, as they seek to conform to Western notions of queerness to obtain refugee status, even if it is discordant with how they typically act. (Munro et al., 2013). Thus, it is possible that young Asian LGBTQ+ immigrants may face additional issues related to language and lack of desirability compared to their Asian sexual minority peers who are not immigrants.

Asian immigrant LGBTQ+ youth are also expected to negotiate challenges like other immigrant youth, and specifically like Asian immigrant youth. One third of recent immigrant youth live in poverty, compared to 13.3% of non-immigrant families (Beiser, Hou, Hyman, & Tousignant, 2002). Though youth living in poverty are more vulnerable to mental health issues and immigrant youth live disproportionately in poverty, immigration policies may result in the selection of families and youth that are particularly resilient (Beiser et al., 2002). Using the broad category of “Asian,” however, obfuscates the heterogeneity of this group. Indeed, Hilario, Vo, Johnson & Saewyc (2014) found that recent Southeast Asian (Cambodian, Filipino, Indonesian, Vietnamese etc.) immigrant youth in British Columbia were more likely to suffer extreme despair than their peers who had lived in the host country longer.

### **Previously Identified Service Needs**

The needs of Asian immigrant LGBTQ+ youth in mental health and social support services are outlined in these disparate veins of research. In Wong’s (2011) case study of two

Asian immigrant transgender youth, participants perceived a lack of resources that were culturally tailored and translated to help their parents understand their struggles. A number of studies with Asian sexual minorities suggest improvements for HIV prevention services, which also provide emotional support, and are thus applicable to the questions of this study. Some studies suggest that cultural matching through trained service providers and peer counselors can help Asian sexual minorities identify with these services and ensure that the services have shared knowledge of their culture to improve service delivery (Chng et al., 2003; Nemoto et al., 2003). Others suggest that services must conduct outreach within these communities to improve service delivery by taking advantage of ethnic community spaces and networks (Chng et al., 2003; Loue et al., 1999). Additionally, one study found that Asian sexual minorities desired a space to specifically explore issues that were germane to them (Nemoto et al., 2003). With regards to psychological services, the American Psychological Association recommends that providers be cognizant of how clients may be affected by the community of origin's perceptions of non-heterosexuality, racism within the LGBTQ+ community, and the intersection of their other identities with their race and sexuality and/or gender (APA, 2012). Choi & Israel (2016), in their review of the literature relevant to Asian sexual minorities, make a variety of recommendations to aid Asian sexual minorities in psychological practice, such as contextualizing clients' struggles to find spaces inclusive of both their race and sexuality as an effect of society's difficulty addressing intersectional identities; learning about historical representations of Asian sexual minorities; helping clients develop critical consciousness and contextualize their problems in broader societal issues, rather than viewing these problems at the individual level; trying to organize support groups for family members of Asian sexual minorities, thereby using the values of collectivism to improve wellbeing; and reframing the intersecting identities of Asian sexual minorities as ways to draw on multiple communities for social support.

Immigrant sexual and gender minorities often contend with unique issues in accessing and using services, and these issues may also be faced by Asian immigrant LGBTQ+ youth. As described in Lewis's (2015) qualitative study with immigrant sexual minorities, these individuals may contend with employment insecurity and the stress of obtaining permanent residency while also managing stressors related to their sexual identity—possibly increasing risk behaviors, but also reducing their likelihood of seeking health services, as they may not prioritize their health relative to the other issues they struggle with post-migration. Often, immigrant sexual minorities

may interact with ethnically-tailored services, though they may be perceived by immigrant sexual minorities as conservative and unresponsive to the needs of LGBTQ+ individuals. Ethnically-tailored AIDS service organizations were perceived, by providers, as ways to connect these queer immigrants with each other and provide social support in the migration process, whereas mainstream services for queer men were perceived as less likely to engage with the racism they face within the queer community (Lewis, 2015). Munro and colleagues (2013) state that provincially enforced waiting periods to access publicly subsidized healthcare for immigrants can be problematic for newcomer LGBTQ+ youth, as the stressors they face post-migration in addition to their perceived lack of desirability within the queer community can expose them to heightened risks of STIs (sexually transmitted infections) and HIV that they need care and counseling for. Further training and education regarding inclusion was recommended for services that aid LGBT newcomer youth (Munro et al., 2013).

Nadeau & Measham (2006) suggested specific considerations for working with mental health issues among immigrant youth in pediatrics, which are of relevance to the population of interest in this study. Immigrant families may perceive mental health as foreign, fear that they will be ostracized if their child is referred to such services, and/or may be generally wary of mental health services for its perceived connections to other entities, such as the police or immigration services. These perceptions can reduce access to services for their children. Using translators who can act as cultural brokers can facilitate mental health service delivery to migrant families, as these communities may express mental health differently. However, some immigrant families may not choose to use an interpreter, for fear of the information they discuss being disclosed to their community of origin. They recommend that providers be aware of the influence of culture on the expression and communication of mental illnesses among immigrant youth and families, but also be cautious of over-pathologizing and stereotyping the experiences of this group.

Finally, Asian immigrant transgender youth likely face the unique difficulties transgender youth have been previously documented to experience in accessing the care they need. Only 47.1% of providers in a survey administered to the Society for Adolescent Health & Medicine and the Pediatric Endocrine Society felt confident in providing transgender-specific medical care to youths (Vance, Halpern-Felsher, & Rosenthal, 2014). More than half stated they were not sufficiently trained in such issues and there was a lack of mental health providers to whom they

could refer such youths. Overall, a lack of knowledge about providing affirming care to transgender youth may result in a critical service gap for them.

### **Theoretical Framework**

This study will use the framework of intersectionality to analyze the experiences of Asian immigrant LGBTQ+ youth and their needs vis-à-vis mental health and social support services. Intersectionality, a concept developed by Kimberlé Crenshaw in the late 1980s and early 1990s, posited that race and gender interact to create a distinctive, marginalizing experience for women of color, and Black women in particular. Of import, intersectionality emphasizes how different systems of oppression—racism and sexism, for example—operate together to shape novel experiences for individuals with multiple marginalized identities; in essence, their experiences cannot be understood simply by examining one identity alone (Cole 2009; Crenshaw, 1989& 1991). Intersectionality has been used to elucidate the experience of various marginalized groups (Daley, Solomon, Newman & Mishna, 2007; Singh, 2013). Using this framework in this study will avoid the predominant pitfall of past research with LGBTQ+ individuals that examines their sexual and gender identities in a vacuum, isolated from their other identities. However, historical research with LGBTQ+ individuals does provide a useful conceptual framework to understand how marginalizing experiences can contribute to an individual's distress. Notably, the Minority Stress Model details that experiencing prejudice, expectations of rejection & discrimination, concealing one's identity to preclude detrimental interactions, and internalizing prevalent negative attitudes towards one's identities contributes to mental health problems (Meyer, 2003). Thus, it is possible that this framework may be relevant to the current study as well, though intersectionality will remain an overarching lens through which we seek to understand the experiences of Asian immigrant LGBTQ+ youth.

### **Summary of Literature Review**

In sum, Asian immigrant LGBTQ+ youth may struggle with a variety of challenges. They may struggle with cultural norms and beliefs within their communities of origin that clash with their sexual and/or gender identity; sexual prejudice within the queer community; discrimination and prejudice related to their race, sexuality, or gender from society generally, and specifically within their schools; financial insecurity and stressors related to obtaining permanent status; a perceived lack of desirability as migrants among other Asian LGBTQ+ individuals; and mental health issues related to depression and suicidality. Asian immigrant LGBTQ+ youth may also

encounter barriers to using mental health services because of the inaccessibility of services due to their immigration status; language barriers; familial beliefs about these services; and a lack of pertinent knowledge among service providers. Asian immigrant LGBTQ+ youth may also benefit from translated resources, cultural brokers, educational initiatives within their community of origin on topics related to sexuality, cultural matching, use of culturally- or community-specific venues for the delivery of social support services, and service providers who are knowledgeable about the interactive nature of their identities. Though the studies conducted by Wong (2011) and Huang and Fang (in press) of Asian transgender first-generation Canadian youth and Chinese gay first-generation young men in Toronto, respectively, begin to shed light on the issues faced by Asian immigrant LGBTQ+ youth, this study seeks to help develop a more comprehensive picture of their struggles using a more diverse sample, with a specific focus on their perceptions about and experiences within mental health and social support services. A strength of this study is its use of intersectionality as the theoretical framework to understand the distinctive experience of Asian immigrant LGBTQ+ youth, in addition to integrating concepts from the Minority Stress Model that may also be apt.

## **Methods**

### **Study Design**

This study received ethical approval from McGill University and utilizes a cross-sectional qualitative research design using semi-structured interviews. The qualitative method is used to “understand more about a phenomenon, rather than ‘measure’ it” (Green & Thorogood, 2014). In the context of the experiences of Asian immigrant LGBTQ+ youth, it is particularly well-suited to explore their understudied and unique experiences—especially in the context of the theoretical framework used in this study.

Parent, DeBlaere & Moradi (2013) have suggested that qualitative research designs have particular strengths in the context of research using the framework of intersectionality. Quantitative studies are constrained in measuring the additive and interactive nature of identities. By studying main effects of multiple identities, such research can illustrate the discrete effects that distinct identities have simultaneously on a marginalized subgroup. In exploring the interactions between categorical predictor variables, representing the separate identities of populations with multiple marginalized identities, researchers can also examine how one identity may modify the effects of other identities. However, statistical constraints in terms of sample

size often preclude such studies from exploring the interactions between more than two identities simultaneously; similarly, statistics cannot always capture the qualitative differences in meanings attributed to the experience of multiple identities (Blankenship & Stewart, 2017; Cole 2009). In contrast, a qualitative research design can capture the phenomenological experience of individuals, and thus may allow greater exploration of the distinctive experience that emerges from the confluence of multiple identities among Asian immigrant LGBTQ+ youth (Parent, DeBlaere & Moradi, 2013; Syed, 2010).

### **Study Sample and Recruitment Methods**

To respond to the research questions of this study, the narratives of Asian immigrant LGBTQ+ youth were sought to examine both their lived experiences at the intersection of multiple disadvantaged statuses and within mental health and social support services. Service providers were also interviewed to provide a multi-informant, and thus more comprehensive, perspective of these issues. This study was conducted in Montreal which will influence the perspectives that are voiced in this study. Significant to this study, Montreal is one of Canada's three largest cities, has one of the largest migrant populations in the country, and approximately 90% of the city's population speaks French, though more than half is fluent in English and French (Statistics Canada, n.d.; Statistics Canada, 2017b).

Five criteria were used to determine the eligibility of Asian immigrant LGBTQ+ youth for this study. First, these individuals had to be of East, Southeast or South Asian descent. West Asia was excluded, given that the experiences of this group are often explored in a disparate vein of research concerning Middle Eastern individuals (Ikizler & Szymanski, 2014; Ehsanzadeh-Cheemeh, Sadeque, & Grimes, 2009; Choi & Israel, 2016; Shih, Tucker, Miles, Ewing, Pedersen, & Amico, 2015). In particular, the prejudices and stereotypes arising in reaction to terrorist incidents in the last two decades suggest that this group has a distinctive experience relative to Asian queer individuals (Ikizler & Szymanski, 2014). Second, these individuals had to be first- or second-generation immigrants, defined as having been born abroad or having parents born abroad. Third, these youth had to identify as LGBTQ+. Fourth, participants had to be between the ages of 18-25, a range of young adults that falls within an accepted definition of youth (United Nations, 1981). Ideally, minors would also have been recruited, but due to ethical constraints, which will be elaborated upon in the second paper, only adults could be included. While other organizations may use a more expansive range to define "youth" (Mental Health



Commission of Canada, n.d.), the upper limit in this study was set at 25 to reduce the number of years that would have elapsed between adolescence and their participation in this study, in hopes of obtaining richer retrospective accounts from more vivid memories to better understand the experience of Asian immigrant LGBTQ+ minors. Lastly, potential participants needed to be capable of participating in an interview conducted in English.

The inclusion criteria for service providers necessitated that individuals have provided care or work in contexts that offer care or social support to Asian or LGBTQ+ youth and that they be capable of participating in an interview in English. Rather than require previous experience in direct service provision to Asian immigrant LGBTQ+ youth, these criteria were chosen to encapsulate the broader expertise that is relevant to service provision with Asian immigrant LGBTQ+ youth. Even if these service providers have not previously worked with Asian immigrant LGBTQ+ youth, statistically speaking, they are likely to encounter them in the future. Thus, their insights as potential service providers to this population warrant their inclusion in this study. We sought the perspectives of relevant service providers as an additional means to gather insights related to the experiences of more youths than we were able to engage in this study (Lewis, 2015).

In terms of sample size, recruitment of participants was planned to continue as best as possible until the point of theoretical saturation. Theoretical saturation occurs when little to no new insights are produced with each subsequent interview, suggesting further recruitment is unnecessary (Glaser & Strauss, 1967). Green and Thorogood (2014) recommend that for narrow research questions, 6-12 participants are typically sufficient to ensure theoretical saturation is reached. Because this study is concerned with the narrow population of Asian immigrant LGBTQ+ youth, 6-12 participants from the young adult and service provider demographic were targeted to reach theoretical saturation.

Stigma and invisibility in broader marginalized communities were expected to hamper recruitment efforts of young adults. In anticipation of these difficulties, the researcher contacted administrators of LGBTQ+ student organizations, cultural groups, community health services, and specialized mental health services to disseminate information and flyers for the study. The researcher also publicized the study on online platforms connected to the aforementioned entities. Electronic disseminations of the study's information by organizations, particularly through weekly listservs, considerably expedited recruitment. One participant was recruited

incidentally when the researcher was discussing his program of study with another individual. Importantly, the researcher never contacted participants directly, given the serious implications of “outing” an individual against their will and/or unknowingly coercing their participation. All participants made initial contact with the researcher, who thereafter scheduled a time and confidential location for the interview. Also critical to recruitment, organizations’ electronic disseminations stated that the researcher who was conducting the study identified as a second-generation South Asian queer person. Thus, it is possible that participants felt more comfortable approaching the study knowing that the researcher was from the same community.

Recruitment of service providers proved more difficult, which is understandable given their myriad commitments. Overcoming this issue required contacting mental health and social support organizations and services early (in advance of receiving ethical approval) about the potential study to prepare for future recruitment activities.

### **Data Collection**

The researcher obtained informed consent for the study and participants filled out a short demographic form prior to completing semi-structured interviews. For young adults, semi-structured interviews lasted between 43 minutes to 104 minutes. The semi-structured interview covered an array of topics using open-ended questions (see appendix for the Interview Guide). Young adults were asked to describe how various aspects of their identity affected their lives. They were then asked to describe their experiences being an Asian immigrant and LGBTQ+ simultaneously, with probes guiding them to differentiate their experience from their Asian heterosexual, cisgender and white LGBTQ+ peers. Subsequent questions also probed participants about how immigration or having immigrant parents affected their lives, with particular attention to perceived generational differences among Asian LGBTQ+ individuals. Finally, participants were asked about their perceptions of and experiences within mental health and social support services, facilitators and barriers to using these services, and possible improvements to these services for Asian immigrant LGBTQ+ youth. While this was the general sequential order for all interviews, the researcher did not constrain himself to this schedule, instead exploring experiences of interest that organically arose as participants narrated their experiences.

Concurrently, semi-structured interviews were conducted with service providers, lasting between 37 and 78 minutes. Service providers were asked about their experiences serving different marginalized populations that Asian immigrant LGBTQ+ youth belong to (LGBTQ+

clients, immigrant clients, racialized LGBTQ+ clients) and the reasons these individuals sought services. They were then asked about their experiences with Asian LGBTQ+ youth, specifically, and their reasons for seeking services. Subsequently, the experiences of Asian immigrant LGBTQ+ youth were probed for by asking how immigration or having immigrant parents may have affected the experience of Asian LGBTQ+ youth. Finally, they were asked how Asian immigrant LGBTQ+ youth have been or would be received by the current system of mental health and social support and what improvements could be made for this population. Again, the researcher did not constrain himself to the order of the interview questions, exploring the novel insights service providers offered from their unique position within these services. All interviews were audio-recorded.

After interviews were completed, the researcher took note of any comments the participants subsequently made and any insights or observations that would be of relevance to the study. The researcher transcribed three interviews himself and had the remaining interviews professionally transcribed.

### **Data Analysis**

Thematic analysis was conducted to identify recurrent, overarching themes in the experiences of Asian immigrant LGBTQ+ youth (Braune & Clark, 2006). The researcher (who conducted all the interviews) read all of the transcripts often multiple times, before assembling an initial list of codes based on the content of the transcripts and the theoretical frameworks of intersectionality and the Minority Stress Model. He then applied those codes to all of the transcripts using NVivo 10. Occasionally, he needed to create new codes to properly encapsulate significant aspects of participants' experiences. The researcher created several memos during the course of coding to underscore similarities across transcripts and to attend to emerging themes, issues that were preventing effective coding, and ways to resolve them—for example, by revisiting previous transcripts using modified codes. His supervisors would also read a number of transcripts and discuss the coding process with him, encouraging greater reflexivity of the experiences and potential biases that he brought to bear upon the study. For example, the researcher has been primarily involved with LGBTQ+ activities and less involved with the South Asian community in navigating his own experiences with his dual identities, thus producing potential biases in the ways he analyzes and perceives the experiences of other Asian immigrant LGBTQ+ youth. To balance these biases, the supervisors—one of whom is a white female

service provider and researcher who specializes in immigrant youth’s mental health and the other, a South Asian female immigrant provider and researcher in youth mental health—brought their own experiences and perspectives that helped contextualize the analysis in larger struggles surrounding mental health and racialized immigrant communities. To capture experiences that deviated from the literature or his expectations, he specifically created a code titled “Paradoxical” to ensure these experiences would not be lost during the analytic phase of the study.

## Results

Table 1 describes the region of origin, generational status, sexuality, gender,<sup>5</sup> and age of the young adults who participated in this study. Table 2 describes the gender and age of service providers who participated; whether they were white; and the number of Asian youths, immigrant youths, and LGBTQ+ youths they worked with in the past year. Participants’ countries of origin are not listed, to reduce the risk of participants being identified when results are publicly disseminated.

### Sample Characteristics

**Table 1: Sample characteristics of young adults.**

Code	Region of origin	Generational status	Sexuality	Gender	Age
001	East Asia	1st	Queer	Transmasculine	21
002	South Asia	2nd	Gay	Male	25
003	East Asia	1st	Queer	Gender-fluid	19
004	East Asia	1st	Gay	Cisgender woman	21
005	East Asia	1st	Pansexual	Cisgender Woman	21
006	East Asia	1st	Lesbian	Cisgender woman	22
007	South Asia	2nd	Queer	Genderqueer	23
008	East Asia	1 <sup>st</sup>	Homosexual	Cisgender Man	19
009	East Asia	1st	Asexual/Aromantic	Cisgender Woman	20
010	East Asia	2nd	No label	Genderqueer	23

<sup>5</sup> We listed participants’ sexualities and genders in the terms they used to define themselves.

**Table 2: Sample characteristics of service providers.**

Code	Gender	Age	Race	# of Asian youths worked with in past year	# of immigrant youths worked with in past year	# of LGBTQ+ youths worked with in past year
001	Female	18-25	Non-white	45	35	15
002	Male	45+	White	12	55	100
003	Femme	36-45	Non-white	50	100	100
004	Male	26-35	Non-white	70	20	40
005	Man/Male	36-45	White	5	10	15
006	Male	26-35	White	25	40	0

Recurring themes emerged related to participants' general lived experiences and their perceptions and use of mental health and social support services. As expected, the marginalization these individuals suffered does not solely arise from the additive stress of navigating multiple systems of disadvantage; rather, distinctive experiences unfolded as these systems interacted with one another. Four themes emerged as these participants described the interplay between their various identities: familial struggles related to sexuality and/or gender identity; invisibility, exclusion, prejudice and discrimination; coping and appreciation; and perceived weaknesses of and potential improvements for mental health and social support services.

### **Theme 1: Familial Struggles**

By far, the most pervasive theme in the experiences of Asian immigrant LGBTQ+ youth was issues that emerged in the familial context. Nine out of the ten young adults recounted direct experiences of negotiating the challenges that were engendered by the clash between their sexual and/or gender identity and the expectations of their family, immediate or extended. One participant, who was adopted at a young age, faced distinct struggles as one of the only racialized people in their family, though they<sup>6</sup> were accepted for their sexuality and gender once they came out. This participant, too, noted that their Asian queer peers contended with distinctive stressors in coming out. Five service providers articulated that familial issues would be of concern to this

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<sup>6</sup> "They" can be used as a gender-neutral singular pronoun.

population, whereas the sixth, having never provided services to Asian queer youth, believed that these issues would surface. First, three narratives of acceptance will be explored to illustrate the diversity of experiences that arise at the intersection of culture and immigration. Second, narratives of non-acceptance related to cultural norms and values will be discussed. Third, the influence of migration and generational status on challenges within the family will be explored. Finally, the disapproving actions and comments of family members regarding participants' sexuality and gender will be explored, centring around the experiences of non-binary participants in particular.

One young adult, who left his mother in China to complete high school and college in North America, came out and was accepted by her; however, he had been apprehensive about coming out because he had perceived that traditional beliefs in China were incompatible with the acceptance of homosexuality and that even liberal areas within China seemed intolerant of LGBTQ+ people as recently as 2016. Of significance, the participant underscored that his mother had lived for many years in this environment, an experience common to many Asian immigrant parents, which heightened for him the perceived risks of coming out. Further, he did not anticipate coming out to his father, given that he had a distant relationship with him, that his parents were divorced, and that he thought his father would not be accepting of him.

Another pansexual participant discussed that she had come out to her mother, which was "nice." However, the following statement suggests that this acceptance had limitations:

So if I were to come out, I feel like they would be... my parents are absolute neoliberals but they are very open-minded. Like my immediate family is very open-minded in terms of LGBTQ issues, even though they do hold on to other traditional beliefs. I feel like they would be okay with it, but they would still be very likely to ask me to marry a man... They'd most likely to ask me to marry a man regardless just to avoid further discrimination. Like they're good people and they just want me to lead an easier life.

Though she is out to her mother, she perceives that her parents would prefer that she marry a man to avoid further vulnerability to other forms of discrimination, an outgrowth of their desire for her to have a better life. While this form of quasi-acceptance may not be related to the normative expectations and values of the country of origin, it appears to implicate the experience and aspirations of immigrants: the participant later articulated analogous terminology when stating that, by immigrating, her parents wanted a better life for her. In addition to these issues, she also perceived cultural stressors related to traditional Chinese beliefs that would elicit

disapproval of her sexual identity from her extended family. Interestingly, this participant, as well as another of South Asian descent, articulated that they could not ethically request a non-heterosexual partner endure a closeted relationship from their family.

Another young adult was cognizant of the stigma against homosexuality within Chinese culture by virtue of her own experiences visiting China frequently and her research with East Asian queer people. She also experienced a degree of acceptance from her mother, but she experienced limitations as well. The participant noted that her mother became more liberal upon immigrating to Canada, but still believed that her child's sexual identity was a phase she would grow out of. Unlike other participants who often voiced that factors in the culture of origin influenced their parents' attitudes towards sexual and gender minorities, this young adult did not reference any cultural precepts that may have shaped her mother's views. Later, however, the participant noted that her mother wanted to delay expressions of her sexuality by stating she should focus on her academics, a cultural norm that was previously articulated by the participant. In sum, these three narratives of familial acceptance are complicated by distinctive expectations that are related to both culture and immigration.

Most participants, however, did not experience acceptance of their sexual and/or gender identity. Seven out of ten young adults articulated that they were not disclosing their sexual and/or gender identity to certain members of their family due to either hearing them state negative comments about the LGBTQ+ community or perceiving intolerance stemming from their culture. Notably, participants did not refer to culture in a uniform way; some alluded to the general climate of the culture as salient to their decision not to come out while others underscored specific notions that clashed with their identity. Some of these notions surface in the following example:

It's so hard to be South Asian or whatever and be gay at the same time...All of us, we feel like we can't just go to our parents and be like "Hey, we're gay," because it's expected of an Indian family that you're gonna live together and you're gonna take care of the parents, you're gonna have a family, you're gonna have kids...I have white friends and they're just like "Just tell your parents, it's easy, you could tell them. It's not a big deal." Like I don't think they understand the intensity that we have to face as a South-Asian community when it comes to coming out to our parents, how you were brought up as a family situation because, yeah, like I'm gay or whatever, but I was still brought up in a family situation where we were really close-knit and everything. So I can't just like kind of throw that away.

This participant emphasized community and cultural norms regarding procreation, supporting the family, and close-knit connections as impeding his ability to come out as gay. Heteronormative expectations regarding marriage and procreation emerged in seven interviews with young adults and three interviews with service providers. For some participants, this was particularly true of extended family members who resided in the country of origin or were part of the older generation. Young adults perceived that attitudes towards LGBTQ+ identities among these individuals were unlikely to be accepting for reasons related to a lack of visibility for these identities in the country of origin and traditional beliefs among older family members. Though, as stated previously, it is unclear how salient this factor was to decisions not to come out, as some participants only referred to a general lack of acceptance of homosexuality in their culture, which could stem, in part, from these norms related to marriage, procreation, and tradition.

The notion of the aforementioned “close-knit” bond emerged in two other interviews, though it appeared unrelated to one participant’s decision not to come out to their family. This participant noted the impact of the bond, stating that it was difficult to maintain the secrecy shrouding their identity because they felt so close to their mother. Another felt as if they had more to lose in coming out, relative to their white sexual minority peers, given the greater degree of connection they had to their families. Additionally, some Asian immigrant LGBTQ+ young adults who visited their country of origin often appeared to have a greater degree of connection to family and norms abroad, thereby compounding the stress of concealing one’s identity from extended family or making it more difficult to sever ties with aspects of their culture that limited their ability to be true to themselves. Interestingly, for those parents who were cognizant of their children’s identity, outright rejection did not occur: for two participants, their families were complicit in ignoring this aspect of the participants’ lives, a phenomenon that was described by one of the service providers in this study:

The invisibility is self-imposed invisibility, it’s not that the parents aren’t recognizing their relationships when they occur, it’s that the children, from very early on, decide that they’re not going to share this part of themselves with their family, and obviously families aren’t necessarily always in the dark, and so often there’s this complicit like don’t ask don’t tell, and I don’t want to know about it.

Although this service provider later stated that the collectivist orientation of these families and the shame of having an LGBTQ+ child would impel some families to abandon these individuals, it also appears that this complicit ignorance may be a function of the close-knit bonds within



these families. Three young adults also provided additional perspectives on the notion of shaming the family, referring to pride and reputation within the community as precluding them from coming out. One perceived that their parents would be “blamed” for having a child that failed to conform to normative expectations in their culture while another feared that coming out would disappoint their family and diminish the pride they had in her accomplishments. A third feared tarnishing her family’s reputation by coming out in the Asian community.

Immigration and generational status also appeared to have significant ramifications for the relationship Asian immigrant queer individuals had with their families. One adult stated that immigrating had severed ties with many family members in the country of origin that could have been beneficial to the participant as they matured. For example, they stated that this may have prevented them from obtaining social support from extended family members who may have been accepting of their sexual identity. A provider stated that this freedom from family abroad permits Asian immigrant transgender individuals to transition while in Canada, if they desire, but they struggle with disclosing this process to family abroad. Another participant expressed that migrating with relatives would hinder an individual’s ability to come out, as these relatives would exert pressure to conform because they could communicate with relatives abroad about the individual’s sexual and/or gender identity. It appears that the pressure to conform may be magnified for Asian LGBTQ+ migrants, as half of the service providers in this study stated these individuals carried “baggage” with them from their country of origin, alluding to the distinctive burden they bear by directly experiencing the norms and values of the country of origin. A similar restrictive pressure came to light in several interviews with service providers and young adults who felt that parents and families often migrated to the host country with a mindset that prejudiced LGBTQ+ individuals. They felt this mindset was an effect of the conservative or stigmatizing ideologies they had grown up with. For example, two young adults mentioned that China treated homosexuality as a mental illness in the 1990s, potentially impacting parental perspectives about homosexuality within the host country. Three participants also perceived, either directly or inferentially, that later generations of Asian communities and families within Canada were more accepting of queer identities by adopting more values of the host country; a fourth thought that it was easier for participants to come out from later generations because they could more easily separate themselves from the prejudicial aspects of the culture of origin. These narratives, in sum, demonstrate that generational status and the process of immigrating can be

significant to the experience of Asian LGBTQ+ youth and the challenges they experience with their families.

Finally, seven participants articulated that certain comments or actions undertaken by their family members communicated non-acceptance of LGBTQ+ identities. Notably, all four non-binary participants reported discourse and actions within their familial context that they perceived as disapproving of their identities. A fifth young adult, who was cisgender, stated that her mother was still a strict adherent of the gender binary (the notion that there are only two genders, man and woman), despite the fact that their mother was accepting of her pansexuality. The following exemplifies some of the distinctive issues non-binary and transgender Asian immigrant queer youth and young adults face:

I guess, growing up my parents would make sort of like homophobic and transphobic comments. So I always felt like I could never openly discuss these things with them. I've noticed at least with my mom that... she's been here the past few decades with me in Canada and she's becoming a little bit more open, although she still has some very stereotypic thinking, and so I wouldn't feel completely open discussing my gender with her. But I see her being more open towards gay people, saying "Oh, they're actually very nice. I think I'm changing my perspective on these things," which is encouraging. But still, she makes some trans comments maybe that are a little bit less than supportive. Like for example saying, "That man thinks he's a woman, that's really strange," that sort of things.

This participant had previously articulated that East Asian cultures are particularly conservative and adhere to the gender binary. Thus, it appears that these hurtful comments may be an outgrowth of their mother's cultural upbringing. For two of these participants, such comments were a central factor to their decision not to come out to their parents. For a third, these comments operated in confluence with a number of other factors, particularly cultural norms, and specifically those concerning pride and reputation, to prevent them from being open about their gender identity. This participant also experienced a discrete action that contributed to the concealing of their identity, unlike the other participants in this sample:

Because my parents are quite overprotective. So they are afraid that I will be influenced by the Canadian way of living. And especially because when I was 18-19, I actually have a pair of male briefs in my closet and my mom found it and after that she had a tight grip on my neck ever since. So I haven't been able to really explore...

This young adult, in particular, experienced a much lower degree of autonomy compared to the other participants in this study, which may have been related both to this incident and the

circumstances of their parents' migration to Canada. They stated that their parents were forced to migrate from their country of origin and, upon arriving in Canada, segregated themselves to the migrant community of their country of origin, consequently maintaining their views and values. Further, the participant felt that their parents were highly resistant to the "Canadian way of living," suggesting that deviance from their cultural norms may be scorned upon. Embodying these norms, their parents intend to live with this participant until they are married to a man, and this young adult felt that if they do seek their own autonomy in the future, they will never be able to return to their family. Even among more acculturated parents, there may be difficulty integrating interpretations of gender that diverge from the perceived rigid standards of their culture. One participant felt that discussing sexuality is more taboo with Asian parents compared to white parents, and thus parental perspectives regarding homosexuality may be left undisclosed; in contrast, non-binary participants, who may change their gender expression while living in the same household as their parents, may explicitly draw the ire of their family if they fail to uphold normative expectations derived from the gender binary.

In sum, struggles with family were a predominant theme both in the experiences of these Asian immigrant LGBTQ+ individuals themselves and the service providers' perspective of this community. Of import, culture and immigration exerted significant influences within the family to render unique, diverse, and often distressing experiences for this group.

## **Theme 2: Invisibility, Exclusion, Prejudice and Discrimination**

The second theme of invisibility, exclusion, prejudice, and discrimination concerns the alienating experience that seemed to emerge from specific facets of Asian immigrant LGBTQ+ young adults' identities, and their interactions. First, feelings of invisibility due to the lack of representation of Asian queer people and the predominance of whiteness in the media and various physical spaces will be discussed. Second, the sense of exclusion individuals felt in LGBTQ+ spaces and dating contexts will be explored, followed by an examination of how their race, immigrant identity, and class also made them feel excluded from other communities and spaces. Finally, the prejudice and discrimination individuals faced in dating contexts and schools will be discussed. For most participants, the invisibility, exclusion, prejudice, and discrimination they faced in their lives was distressing.

### **Invisibility.**

Eight out of ten young adults experienced a sense of invisibility as a racialized queer person, while a ninth simply stated they felt that there was a lack of representation of the Asian community. Feelings of invisibility often emerged in physical and online spaces and media representations. Further, this invisibility frequently stemmed from the predominance of whiteness and the lack of queer Asians in these domains. Four service providers touched upon the theme of invisibility, some positing explanations of why this community is underrepresented while another explicitly referred to the media's centralization of white queer identities.

Four young adults perceived that whiteness was ubiquitous in media representations of queer people. Certain articulations of this phenomenon also exposed the effect this can have on Asian queer people:

I also think that white queer folks were able to see themselves represented in ways that racialized queer folks weren't able to. Like the mid-2000 or the early 2010s, every TV show had a token-gay character, which is kind of shitty because it was only one person. But they were always a white gay man and I think I just wasn't really able to explore my identity as well as other white queer folks were able to during adolescence, because I just felt I didn't have the opportunity.

Without Asian queer role models in the media to identify with, and thereby evoke self-reflection of their own identities, Asian LGBTQ+ immigrant youth may not have been able to explore their identities and identify with the queer community as easily as white LGBTQ+ youth, who were more likely to encounter representations of themselves in the media. Another participant posits that the monolithic representation of queerness in the media was interrelated with the acceptance of white queer people:

I think they get off a little bit easier because even in like let's say normal media being like, if anything is portrayed as gay it's like always two gay white men. Like it's always gonna be that. So because the media is like 90% of our lives, even like the random guy that's like against gay people or whatever can start accepting it more because you see it and you get desensitized to it.

Comparatively, then, this participant felt that Asian immigrant queer youth are deprived of this benefit through their invisibility in the media. This young adult also stated that in order to help society become more inclusive of brown queer people, more Indians needed to be placed in non-stereotypic roles in the media to counteract norms that had been constructed by the pervasiveness of whiteness in this domain:

Let's say for example when you think of the perfect man or Superman or whatever, you're gonna think of like a white tall whatever. Right? But if we can show more Indians or Asians or whatever, in different roles, they can be put into a positive spotlight too. Because right now white is the positive, that's what you wanna be kind of thing I guess.

Thus, the flexibility and ubiquity of whiteness in the media has percolated into the popular consciousness to help maintain whiteness as positive and desirable. This norm was echoed by another participant who stated that these representations influenced her to equate whiteness with beauty. This particular elevation of whiteness appears to be embedded within the queer community as well. She perceived that popular lesbian couples on social media platforms, such as Tumblr and Instagram, were invariably white, another symptom of the pervasive sexual racism they perceived within the lesbian community. In sum, the primacy of whiteness in the media and online spaces can render invisible Asian immigrant LGBTQ+ youth, potentially resulting in negative ramifications for their self-identification and social acceptance.

Four participants noted that physical and online spaces often lacked Asian queer people and/or that these environments were predominated by white individuals, particularly those venues which were specifically dedicated to queerness. Online venues in which participants perceived a lack of Asian queer people included queer dating platforms and online forums. Three participants noted that relevant physical venues in Montreal, such as queer night clubs, meetings for queer issues in certain academic programs, and groups for queer youths, similarly lacked representation of Asian queer individuals and were comprised almost completely of white individuals. Multiple participants articulated that a sense of community was absent; for some, this resulted in distress, or a feeling that these spaces were less safe due to the absence of Asian queer people. For example:

Being a gender queer person, it's strange that most of the other gender queer people I know seem to be white. I've met very few gender queer Asians. So that sense of community of having shared experiences is not really there.

Multiple service providers and young adults discussed certain dynamics that may be sustaining the invisibility of Asian queer people. One service provider stated that because Asian immigrant LGBTQ+ individuals negotiate so many challenges in the process of migrating, they may not have the time or resources to join groups dedicated to LGBTQ+ issues. As mentioned previously, the fear that individuals in the host country could out them to family abroad can also preclude individuals from being open. Similarly, a service provider opined that fears of being

outed, even in confidential online spaces, deterred individuals from joining these groups. Another felt that Asian queer people tended to shy away from queer groups, which appears to originate, in part, from the perception that these spaces are chiefly composed of white individuals. Additionally, this participant stated that white individuals were more invested in identifying themselves with such groups, which may explain why white individuals are overrepresented in community venues for queer people. Lastly, a young adult suggested that lack of independence as an adolescent may also preclude individuals from being out at school. Cognizant of the interconnected nature of the Chinese community at her school, she refrained from coming out because this information would likely have been transmitted through these networks to her parents. Another service provider, referring to an absence of openly LGBTQ+ youth in their service, stated that adolescence is a particularly strenuous period for youth due to heightened pressures to conform, forcing them to conceal their identity.

In sum, respondents in this study reported there is a lack of representation of Asian queer people in LGBTQ+ spaces in contrast to white LGBTQ+ individuals who compose a disproportionate majority in these spaces, and a number of dynamics may be operating to perpetuate this invisibility and inequity.

### **Exclusion.**

Feelings of invisibility as an Asian queer person were often intertwined with a sense of exclusion. One participant noted:

When growing up, I didn't feel like I had anyone to look to, so I've kind of just delved into forums and most people there are white. So I kind of felt left out and not part of the community in that way. Even now I feel like a lot of the LGBTQ community here in Montreal is predominantly white. So I don't feel that comfortable joining in, since I don't feel like there's people like me. But I may be wrong, I don't know.

Failing to find Asian Canadian queer representations in the media, this individual turned to online forums that were mostly composed of white individuals. Consequently, they felt “left out” and felt as if they were “not part of the community.” Another participant noted that his high school's Gay Straight Alliance in Ontario had been composed mostly of white lesbians and perceived it as unwelcoming. Another young adult articulated an exclusion of topics of interest to them in queer groups, attributing this to their racial composition. Without a critical mass of racialized individuals in these queer groups, this participant felt as if their needs were being

excluded because they perceived that a discussion pertaining to racial issues would be meaningless to their peers.

A sense of exclusion also came to the fore when participants touched upon implicit norms of dating and desirability. Three participants articulated that Asian queer individuals may be ostracized within the sphere of romance and sexuality. Two participants described a similar phenomenon:

...especially because I think sometimes they can be attracted to a white person and white people don't wanna date people of colour. Like Asians, we're already one rung kind of down... Like all my white friends made a bunch of friends and all of my white friends who came there after me all started dating people there... So it's like all these white people who are like finding each other attractive and like doing all this dating within their group and stuff. But it was like no one ever found me attractive and then like... I don't know, it was weird. So I think like experiences of being white when you're queer, it's like really different because you just assume people might find you attractive. So I do think there is like a feeling especially for trans people, like "Am I attractive? Do I pass all these ideas about like physical appearance?"

The practice of exclusive dating practices within the white majority was distressing to these two participants. These narratives shed light on the implicit sexual racism underlying beauty norms. The notion of Asian people being "one rung down" in a metaphorical ladder alludes to the valorization of white beauty standards, a norm that may be applicable not only to the queer community, but also their cisgender, straight counterparts. This participant also described how this prioritization of whiteness manifests within queer youth groups, as white participants dated each other exclusively. Another participant also perceived the lesbian community as racist because white individuals tended to date each other exclusively. In a similar vein, one service provider voiced that racial minorities who were immigrants may feel overlooked because they feel undesirable given the host country's actual and/or perceived novel norms, whereas in their country of origin, a different set of standards existed in which they felt more attractive and desirable. A third participant posited that Asian queer people may struggle with dating because of issues in the larger public consciousness. They stated that, subconsciously, people have difficulty acknowledging that Asian people can be queer, noting that her white queer friends were often surprised when she disclosed her identity. Relatedly, two young adults and one service provider referenced that some communities may perceive that queerness is a Western phenomenon, and as such, Asian individuals cannot be queer. Thus, these narratives demonstrate that Asian people can feel excluded in dating within the queer community, due to manifestations

of white beauty standards and the implicit belief that queerness and being Asian are mutually exclusive.

Finally, two participants felt excluded because of their racial and immigrant identity. For some Asian immigrant queer youth, negotiating the challenges of trying to fit in with their racial community can be a difficult and isolating experience when they lack the language skills to communicate with their peers or lack similar interests to the larger Asian community. Similarly, they may lack enough similarities to fit in with their Western peers. Some participants also articulated that a lack of inclusivity for people from a variety of socioeconomic backgrounds could be isolating. One participant noted that individuals could be differentiated by their socioeconomic background at their high school because certain individuals could afford uniforms while others could only afford iron-on symbols. They further alluded to being victimized for only being able to afford these iron-ons. Similarly, another participant stated they could not relate to their peers in high school, at times, because they could not afford the entertainment the students would discuss. Some participants underscored that the absence of Asian individuals in queer services and groups are related to the barriers people of color face in reaching higher education and the lack of resources, compared to white, privileged communities, to take unpaid positions, such as internships, in these services.

In sum, Asian immigrant LGBTQ+ youth may contend with a variety of challenges that often result in their exclusion from spaces they may wish to belong to.

### **Prejudice and discrimination.**

Six young adults described being affected by prejudicial views in their environment or received disparaging remarks because of their identity. Four service providers recounted these occurrences as well. Dating venues and academic environments appeared to be the predominant contexts in which these prejudices manifested, aside from familial contexts, as stated previously.

Four young adults and two service providers were cognizant of biases in dating, often interrelated with the feelings of exclusion discussed previously. Two young adults recounted being told by individuals they were interested in that they only dated white individuals or they did not date Asians. Two service providers also described this phenomenon, though they underscored the unique perspective of migrants, who come to Canada expecting to find an accepting environment for their sexual and gender identity, only to find that within the queer community, they are discriminated on the basis of race:



That's what folks talk about, kind of like feeling less than, feeling rejected in dating applications, for example, or on websites or what not, just because of the colour of their skin or their ethnicity. So people would come with expectations of kind of like hearing about Montreal as a very queer-friendly place with a huge vibrant community, and then sort of like they would go on applications and they would see things like "Like no offence, no Asians." So they would be really kind of, like be shocked to see that, because they come with the expectation of finding a new home here, finding comfort, but they're just discriminated on the basis of another dimension of their identity.

In a related vein, another service provider described how members of his support group viewed North America as an accepting environment, and felt distressed when they experienced discriminatory events that contradicted this view. Similarly, two young adults felt that they were passed over on online dating platforms due to their race, unlike their white LGBTQ+ peers. One participant stated that they were further stigmatized for being transgender:

So I feel like for myself because I do have this dual identity where I'm trans and I'm queer, like it's hard. Cause I've also met people where I tell them I'm trans and they are like "Sorry I don't do trans people." Or I'll be talking to someone and I will just say hi and they're like "I don't date Asians." So it's like... Finally I met someone who would date an Asian, "like my saviour," and then like I'm texting them and they find out I'm trans, they're like "I don't date trans people." So it's like I don't... I feel like I get rejected for these really superficial reasons. I don't know. Like where they don't believe your gender or something.

This participant stated they had a similar experience on Grindr, an online dating platform, where they reported being rejected for being Asian or trans. This young adult's narrative, as a transmasculine individual who was seeking male partners, illustrates how the intersection of one's racial, sexual, and gender identity can create a distinctive struggle in dating. For some Asian immigrant transgender youth, this can be particularly distressing because, in addition to a number of other issues they face, encountering individuals who refuse to date a transmasculine individual invalidates their gender identity. Another young adult was aware of this lack of desirability, specifically stating the following: "That even in the LGBTQ community, Asians don't necessarily appear always as desirable, like there's a 'No fats, no Asians' sort of thing going on. So having to be a gender queer person dealing with that has been strange..." Because this participant is aware of these biases, they were motivated to change their gender presentation by dressing femininely and wearing heels to conform to "white standards of beauty." They stated that this felt strange as a gender queer person because they did not wish to dress femininely all of the time.

Three young adults noted prejudicial actions against them or peers like them in the schools they attended as youths. Two service providers also noted that these actions or prejudices occurred today as well. These participants described bullying that targeted their racial or religious characteristics, such as the shape of their eyes, their hair, or religious garb. Another participant noted that they would frequently hear slurs against the queer community in their high school. One of these participants faced such victimization through Twitter, indicative of the cyberbullying which younger generations of Asian immigrant LGBTQ+ youth may face. This participant, who identified as trans and queer, noted that their race and gender identity shaped a distinctive experience of victimization:

I was like this will be so great, we'll both come out at the same time and it'll be so great. So they got a ton of love and respect and I did not. It was very weird. So they were getting some hate but it was always about their gender. And when I was getting hate, they were saying I looked really ugly, like as a dude. I think a lot of it was racism because the person was like a white Italian with blue eyes, like light brown hair and stuff. So when they came out, everyone was like... people were giving hate but like only on their gender but never on their appearance.

This participant felt that their white friend, who embodied Western standards of beauty, obtained more positive reactions from their peers and was minimally disparaged for their gender, whereas this participant perceived that they were being called ugly, unlike their friend, because of the combination of their race and gender identity. Notably, incidents of prejudice occurred in schooling environments in Ontario or rural Québec. A fourth participant articulated that the superiors in their academic program were from an older generation and still harbored some homophobia and transphobia, compelling them to conceal their identity for fear of negative academic evaluations. One service provider noted that Asian immigrant youth may suffer racial microaggressions that are erroneously categorized as general instances of bullying. Another service provider articulated that in a recent workshop on intimidation, they had projected an image of a feminine looking man, which had elicited disapproving and homophobic reactions from the youth in the class. In particular, he was aware that if there were any closeted youth in that class, they would have been discouraged from coming out.

To summarize this section, Asian immigrant LGBTQ+ youth may feel invisible in the larger communities they belong to, particularly due to the disproportionate representation of white LGBTQ+ individuals in the queer community and the lack of visible Asian queer role models. They may feel excluded due to a lack of belonging with their ethnic community and the

host community, a lack of inclusion for those who are not economically privileged, Western beauty standards, and exclusive dating practices between white LGBTQ+ people. Finally, they may be exposed to prejudice and discrimination against their sexual, gender, and/or racial identity.

### **Theme 3: Coping and Appreciation**

In negotiating the various challenges they face, Asian immigrant LGBTQ+ youth demonstrate a remarkable arsenal of coping strategies to manage these stressors. All of the young adults in this study employed a variety coping mechanisms. Beyond coping, service providers and young adults appreciated a number of empowering moments and characteristics of their lives and the Canadian context. First, coping strategies that aimed to compensate for one's sexuality and to conform to various communities' expectations will be explored. Second, the coping tactics of thinking in the long-term and wishing to create a better future will be discussed. Third, strategies of affiliating with similar peers and creating a unique identity will be examined, followed by a brief discussion of a number of miscellaneous strategies. Finally, participants' appreciation of the positive aspects of their experiences, particularly within the context of Canada and their upbringing, will be described.

#### **Coping.**

Three participants tried to "compensate" for their sexuality, as illustrated in the following excerpt:

...it's almost like you have to perform better academically to make up for your sexuality. Because in the end, when I come out it won't be like a complete dismiss of my person because then I'll be at least like... they'll have my achievements and they'll be like "She's a good student, she got this. The only problem here is that she's gay." Rather than like "Oh, my child didn't live up to any of my expectations" or something.

Two felt as if their sexuality would be a burden to their family, seeking to compensate for their perceived deficiency in other domains important to their culture, such as excelling academically or attaining a job with prestige in their cultural community. A third participant felt as if their sexuality may be a disappointment to their family, so they generally tried to conform to other expectations their parents had for them. For this participant, the sacrifices their parents made, most likely a reference to the process of immigrating—wherein their parents' professional degrees were not recognized and they struggled with financial insecurity and physical labor jobs in Canada—contributed to her desire to meet the parental expectations she could. This case, in

particular, demonstrates how the confluence of immigration and sexuality can shape particular strategies of coping among Asian immigrant LGBTQ+ youth.

Further, as this individual demonstrated, conformity was a tactic multiple young adults and service providers discussed to negotiate various challenges. As stated previously, one service provider expressed that having differentiating characteristics in high school can render youth vulnerable to bullying; thus, LGBTQ+ youth, including Asian immigrant queer youth, may conform to normative expectations and conceal their identity to prevent such incidents. Similarly, concealing one's identity and conforming to heteronormative and cisnormative standards was the predominant strategy participants used in managing unaccepting attitudes towards their gender identity or sexual orientation within the family. Some participants reported modifying aspects of themselves to conform to Western expectations; for example, one participant started using an English name in college to conform to Canadian culture. Thus, Asian immigrant LGBTQ+ youth may attempt to integrate with their Western peers, and this can have a detrimental effect on their sense of identity, as one participant recounts in referring to their college's environment:

There seemed to be segregation in a way, where people who are Asian were sort of looked on as like "this other"...I really didn't like the feeling of ostracization. I just tried to conform more to a Western ideal of femininity, feeling as though I could be more accepted that way. So that was a big clash between my gender queer identity, and I always felt some sort of dissatisfaction with it.

Pressures to assimilate can result in a distinctive struggle for Asian immigrant transgender and non-binary youth, as conforming to Western ideals of beauty can mandate gender expressions that aggravate the possible discordance between their gender identity and outward appearance. Thus, coping with challenges related to one aspect of these individuals' identity can engender novel issues with respect to others. Western norms can also impel some masculine-identified individuals to lift weights and exercise as a coping strategy. One participant stated that, although the decisive factor for his choosing to work out was his desire to become stronger, he acknowledged that the size of his peers in high school and the queer community's emphasis on physique impacted his decision. Thus, Asian immigrant LGBTQ+ youth may be influenced to exercise and attain an idolized body image to overcome a sense of difference from both their Western peers and the queer community. Another gay man also cited going to the gym to cope with depressive emotions that arose from feeling undesirable due to his body size and the

looming threat of having to marry a woman. Both individuals perceived that exercising was beneficial to their wellbeing, the latter stating that it was also critical to the formation of a positive identity within the queer community. Therefore, exercising may be a helpful coping mechanism for some Asian immigrant LGBTQ+ youth, though the drive to do so may originate, at least in part, from pressures to conform.

Interestingly, maintaining a future-oriented perspective recurred across many participants and appears to constitute a coping strategy. Three young adults cited seeking independence prior to coming out to buffer potential rejection from their families. A fourth participant stated that a friend who is Asian and queer was using a similar strategy. Some sought independence by obtaining financial security in their own jobs and income, thereby mitigating a possible loss in monetary support from their families if they were ostracized. For example:

I feel like eventually when I do come out, I don't want there to be like a \$10,000 debt or me like saying on one hand "Hey dad, pay for my rent, pay for this, pay for this," and on the other hand I'm kind of betraying him. If he just stops and I'm not independent enough to make the money or do whatever, and let say worse thing comes and he's like "You're not my son anymore," and then I can't be like "Oh f\*ck, now I'm stuck here paying thousand dollars of rent and I gotta pay this, this, this." That's why I wanna be independent and on my own.

A service provider recounted this strategy of delaying one's coming out, as LGBTQ+ youth in high schools may wait until their peers mature or they are in college to come out, as social media has connected these youth with the reality that there is greater social acceptance of LGBTQ+ people in this environment. These coping strategies underscore that Asian immigrant LGBTQ+ youth who may feel entrapped by unaccepting environments may strive for long-term goals, such as financial security or obtaining a college education, before revealing their true selves.

Envisioning a better future appeared to be a coping strategy utilized by three individuals. Two participants articulated a desire to aid individuals from their own and less privileged backgrounds. For example, one participant stated:

I've always felt like throughout my training I could not be truly who I was, be open about my gender, for fear of discrimination, obstacles, in my training. But I do feel that I am in a privileged field where once I get to a certain point where I'm more well-established, I can be more open about it, in a position of... well I wouldn't say power but more privileged than other people where it would be a little bit... I could be more vocal about things and be advocating for people who are less privileged than me.

In addition, this participant later stated they wanted to advocate for other Asian queer people in the future. After experiencing environments that were not conducive to their identities, it appears that this participant wished to aid individuals who are similarly constrained by systemic oppression once they were established in their field. Another participant stated they desired to be a role model for other queer youth of color in the future and serve as a resource of knowledge for them. This desire also emanated from the fact that they did not have such role models to aid them in the present. A third participant stated they were instilling values of tolerance among their cousins to cultivate accepting attitudes in the future. This participant felt shackled by their parents, aunts, and uncles with regards to their sexuality and gender, but they hoped that fostering these values among their cousins would place them in a less precarious situation with their family in the future.

Three participants valued affiliating with peers who were similar to them. For example, one participant stated:

I think according to my experiences with the GSTA, there was only one Black girl in our club and I felt like we were kind of the same dispositions or the same... Yeah, like we acted in similar ways because first of all I think the Black community is also not well represented in the LGBTQ community and a lot of the people might hold conservative ideas in terms of accepting the LGBTQ community. So I think the girl and I actually bonded in the club.

Some participants appeared to manage the isolating experiences of being a racial and sexual and/or gender minority by establishing support networks with others who were also LGBTQ+ people of color. Another participant eschewed dating white individuals because they felt a deeper connection with people of color who had shared experiences of racism. Though they acknowledged that white partners could validate these experiences of racism, this participant felt that shared experiences of racism with other people of color resulted in a qualitatively different relationship, one in which they could discuss these experiences candidly and frequently. This coping strategy suggests that some Asian immigrant LGBTQ+ youth will actively create spaces in which they can comfortably discuss all facets of their identity by selecting the people they associate with. A fourth commented that they were involved in activism, which tended to attract many queer people, and that most of their friends over the course of their life were queer, though they never explicitly described such activism, or bonding with like-minded people through activism, as comforting or as a coping strategy. Therefore, it appears that affiliating with similar

peers is a tactic used by some Asian immigrant LGBTQ+ youth to cope with the invisibility, exclusion, and bias they face in their lives.

A young adult helped elucidate how Asian immigrant LGBTQ+ youth may maintain a distinctive, yet positive, identity. For example, this participant stated:

I feel like I'm a unicorn in this whole mixture of gay because being Sikh, being brown and being gay, it's like... and wearing a turban, it's like three things. It's like I'm different right, cause any white guy you can be like the next one. But me it's like this is all you got right here, I don't know...and being different it helps. Before I didn't embrace the difference because I'm just like "I want to be like everyone else." But now I embrace it, I love it. I don't wanna be the same as everyone else.

This young adult demonstrates that Asian immigrant LGBTQ+ youth can alternatively frame characteristics they may perceive as differentiating and ostracizing, deriving a sense of uniqueness that is desirable relative to the predominantly white queer community. A service provider also noted that South Asian LGBTQ+ youth were gravitating towards using the word "queer" to describe themselves, perceiving that it is an ambiguous label divorced from the whiteness commonly associated with the label "gay." Thus, Asian immigrant LGBTQ+ youth can use alternative language and cognitive reframing to distinguish themselves positively from the disproportionate representation of white individuals within the queer community.

There were many other specific coping strategies mentioned by participants. Several participants articulated that being LGBTQ+ impelled them to become more knowledgeable about social issues. One participant spoke of suppressing their sexuality and sense of alienation in a novel country by devoting themselves to their academic work. Another participant described researching the values of the country of origin, stating they wished to retain a degree of connection to the culture, rather than simply detaching completely. Thus, some Asian immigrant queer youth may attempt to reconcile with the culture of origin. Intriguingly, one participant, unlike the others in the sample, often articulated that his identities did not negatively affect his wellbeing, a possible effect of the heightened independence he had from comparison groups and the acceptance he obtained from his mother, whom he was very close to. This suggests that harnessing familial support and preventing oneself from becoming envious of others' privilege through chosen distance from comparison groups can enhance some Asian immigrant LGBTQ+ youth's wellbeing. Lastly, a non-binary participant noted that using a shortened version of their name that was more gender-neutral in high school helped affirm their gender identity despite

their inability to be completely out. This participant also noted that university procedures that permitted them to use a preferred name were liberating by validating their gender identity. Later, they changed their name legally and stated it was the most empowering experience during their schooling. Thus, Asian immigrant LGBTQ+ youth employ a variety of coping mechanisms to assuage the distress that may be elicited by their multiple forms of marginalization.

### **Appreciation.**

Participants in this sample appreciated the positive aspects of their experiences. Three service providers considered Montreal to be a more affirming environment for Asian immigrant LGBTQ+ youth in comparison to their countries of origin, which was, at times, interrelated with their experience of immigration. For example, one service provider specified:

...if you're like newly immigrated here or you're in school, far from your family and you want to start a transition, often we see people transition when they've started this new chapter of their lives, so...you know it's a new sort of chapter in their lives, and that's often when people start transitioning. Um they're far from their family, or they're far from like anyone who would judge them. It's safer when you're sort of living in that anonymity to start transitioning.

Thus, Asian immigrant transgender individuals may have the opportunity to transition, if they desire, when they start a new chapter of their lives in Montreal, a possibility that was often unavailable to them in their country of origin due to the perceived presence of more prejudice or unaccepting family members. Similarly, four young adults expressed that there was comparatively more freedom to be open about one's sexual and/or gender identity by living in Montreal, or Canada generally. Another articulated that they came to North America to attain a better education in high school, after corruption in their country of origin prevented them from going to better schools that they had been academically qualified to attend. Similarly, a participant noted that they were grateful to be in Canada after observing autocratic incidents in their country of origin.

Appreciation of certain aspects of their upbringing emerged across many young adults, particularly within the context of their family. Three participants were appreciative of the tribulations of their parents, two of whom cultivated a sense of independence in emulation of their parents who had worked hard to overcome either challenges related to migration, or divorce and raising a child alone in a conservative country. Further, one of these participants was cognizant of the fortunate relationship he had with his mother, who—despite spending all of her



life in a conservative cultural environment—overcame traditional biases through her maternal love. This participant appreciated her as a valuable resource to consult when he was distressed; further, this participant noted his love for the traditional culture he was raised with. Another participant, whose sexuality was being ignored by their family, was able to compare their experience with that of an Asian queer friend who belonged to a religious family, and she noted that she was more fortunate to come from a comparatively open and understanding background. This participant also acknowledged that, though her family was not as verbally supportive as Western families, they wanted what was best for her, and they would undertake discrete actions—such as cooking her favorite meal—to support her, rather than having a conversation. Multiple participants were grateful for their family’s socioeconomic status, which conferred a number of benefits, such as accessing services that were typically expensive. For example, one participant noted it was instrumental to overcoming costs associated with changing their name legally. They were also appreciative of being proficient in English from a young age, which was critical to their academic success. Therefore, gratitude characterized many of these participants’ perspectives with respect to certain aspects of their families and childhood.

#### **Theme 4: Perceived Weaknesses of and Potential Improvements for Mental Health and Social Support Services**

None of the Asian immigrant LGBTQ+ youth in this sample reported specifically initiating contact with services for challenges related to their sexual and/or gender identity, however nine of the ten participants had experiences with mental health and social support services. For all of the young adults, their identity did intersect with their experiences or perceptions of mental health and social support services. This last theme revolves around a discussion of issues that were identified as hindering services from being effective for Asian immigrant LGBTQ+ youth and those service characteristics that were deemed beneficial to supporting them.

With respect to barriers to effective services, the perceived lack of funding for services and limited awareness and training among providers to support Asian immigrant LGBTQ+ youth will be discussed. Then, the role of stigma as a barrier to accessing services and the issues associated with bureaucratic procedures within services will be explored. Third, problematic practices by individual providers that can mar these youths’ experiences within these services will be examined. In terms of desirable characteristics participants identified for services,

participants' wishes for greater diversity in services and more educational initiatives will be explored. Then, the benefits of establishing collaborations and networks between services and providers will be discussed. Subsequently, specific methods of outreach that were seen as beneficial for these youth and the importance of translated materials will be noted. Finally, certain miscellaneous practices by services and individual providers deemed beneficial will be explored, followed by a discussion of certain changes in services that would specifically benefit Asian immigrant transgender youth.

### **Weaknesses.**

Five of the six service providers identified that a lack of resources or funding constrained their ability to offer services that they thought Asian immigrant LGBTQ+ youth could benefit from. Similarly, four young adults in this sample noted that mental health and social support services they either knew of or had previously used lacked sufficient resources, particularly with respect to staffing. Some providers lamented that they were already stretching their resources trying to meet the needs of the broader marginalized groups they were working with. For example:

We're always like sort of working against current and like trying to get funding and trying to just survive. Our pay scales are low, we're already working in the minus, in the red all the time, and so asking community organizations to close down services for a week, for example, to sort of look at their own practices, and then try to improve those practices is actually asking a lot.

Thus, it appears that community organizations may be hesitant to allocate resources specifically (e.g., specific staff training or tailored services) to the needs of Asian immigrant LGBTQ+ youth, or even LGBTQ+ people of color, given the lack of funding they seem to be already grappling with in providing baseline services.

Five participants and four service providers perceived a lack of awareness or training among mental health and social support services to effectively support Asian immigrant LGBTQ+ youth. In particular, some participants perceived a lack of cultural competency with respect to sexuality or gender among services, which resulted in distressing experiences for some of the young adults in this sample:

At the same time, in my adolescence I didn't feel like I could talk much about it because there was just very little awareness about it, and I didn't want to sort of disturb the balance of what I had at the time.

For this participant, lack of awareness of non-binary identities, compounded with normative pressures in their high school, prevented them from discussing their identity with their school counselor. Similarly, another expressed that they were paired with an older, white service provider who did not understand their experiences and assumed she was in a heterosexual relationship. The participant had felt uncomfortable disclosing her identity to this provider at the time, so she maintained the façade and obtained a necessary referral. Further, participants also identified a lack of knowledge regarding intersectionality in services, magnifying the difficulty Asian immigrant LGBTQ+ youth face in obtaining effective services:

There's definitely a lack of intersectionality when it comes to mental health. Like there's a very big cultural clash between my race and my sexuality. I've gone to mental health services and with white therapists, it's kind of like they can't access the racial identity of yours and that plays into your mental health because their approach is very different and they kind of like don't understand the cultural clash.

This participant's concerns are also illustrative of how the predominance of whiteness in services can be ill-perceived by Asian immigrant LGBTQ+ youth. This can have particularly grievous consequences in the context of mental health treatment:

I had to be admitted as an inpatient because I was like too high a risk to myself. Every single nurse, every single doctor, they were all white. All the psychologists talking to me were white. I was super frustrated because I had a lot of things to say. I had to leave out a whole bunch of what I wanted to say. So I don't know if I got out slower than I could have... I got out pretty fast, I was there for like 7 or 8 days. But maybe I would have gone out faster, like if I could have been ... talked about, like other things that were ... Because they were like "You seem closed."

Thus, Asian immigrant LGBTQ+ youth may feel that they cannot candidly discuss distress relating to racism with white service providers or in predominantly white support groups, with some facing more extreme consequences than others due to this struggle.

Five participants and two service providers recognized that stigma relating to mental health and LGBTQ+ identities constituted a barrier to accessing services among this demographic. Some participants articulated that Chinese communities did not acknowledge mental illness, which discouraged their children from seeking services. Sometimes cultural or general stigma precluded participants from physically attending services, for fear of being associated with having mental health problems. Intriguingly, two participants perceived that stigma functioned similarly to preclude individuals from seeking services that were tailored to

queer people because some individuals do not want to be outed by physically going to such services. Stigma also entailed severe consequences for some individuals:

...we might be seeing a subset that isn't representative of all Asians because when I see people in the emergency room, where I might get a slightly truer representation of the community at large, I see people who would never come to the clinic, even though they are struggling with the same issues as other people who come from their culture in terms of their sexuality...

This service provider documented that some Asian immigrant LGBTQ+ individuals' inability to consult mental health services due to stigma, either related to mental health, their sexuality, or both, can culminate in suicide attempts.

Three young adults and two service providers noted that the bureaucratic procedures of mental health and social support services were onerous for clients generally, and possibly even more burdensome for Asian immigrant LGBTQ+ youth. Specifically, Asian immigrant transgender and non-binary individuals were seen as facing cumbersome procedures in obtaining the services they needed. One young adult noted that requirements for changing their name legally were burdensome. Similarly, a service provider stated the following:

I find it invasive to have to go through ten sessions with a sexologist, or ten sessions with a psychiatrist, often at high costs, cause nothing is covered right, and there are some psychiatrists where it will be covered under RAMQ in Montreal, but the letters, in order to obtain that letter of approval from two medical professionals, it's costly and what I find abhorrent is that trans folks are less employed than other folks, and so you're asking someone that's already like marginalized, disenfranchised, has less resources, to pay for all of this.

This service provider notes that the traditional model for hormone replacement therapy for transgender individuals is not feasible in the context of the systemic disadvantage they are plagued by. For another young adult, there was a protracted delay from when they initially sought services to when they finally received an appointment, as several entities referred them to other services which sometimes rejected them for not living in the prescribed locality for receiving their aid. One service provider also shed light on a phenomenon that would disparately impact Asian immigrant LGBTQ+ youth:

I think right now, even in general, probably my biggest criticism towards the system as it is, is that there's a lot of stress put on the person who's coming into the system, that you have to express yourself in the correct way to receive the good services...Like we've been told that in meetings by people from the CLSC, if you want the person to go faster, tell them to say this, this, this and that. And it's like why aren't your people trained to

know that if a person is talking about certain issues they might be having suicidal thoughts or they might be extremely anxious or in a state of depression without them actually having to say out loud...I think if you start integrating like differences of culture and race into that whole melting pot, it might be even harder. Because for some cultures or for some races, it might be harder to say out loud certain issues or to say certain things that might be even more of a taboo.

Though it is commonsensical in an overburdened service to expedite access to mental health services for those expressing mental health issues more overtly, this can have a deleterious effect on Asian immigrant LGBTQ+ youth's ability to obtain services in a timely manner. As discussed previously, there is a cultural stigma against acknowledging mental health issues in some Asian communities, which deters individuals from seeking help. It is not hard to imagine, then, that Asian immigrant LGBTQ+ youth may be less likely to state their mental health issues explicitly, which would delay their access relative to their Western peers. Relatedly, several participants noted that wait times and costs of certain mental health services were disconcerting barriers. Although public health services are free in Canada, high costs for psychotherapy in the private sector and procedures to change one's name can have a disproportionate impact on the demographic of interest, as many immigrants may be constrained to a lower socioeconomic status upon arriving in Canada.

Finally, three young adults and three service providers expressed that the practices of individual therapists could mar an individual's experience in mental health and social support services. One participant stated that the patient-provider dynamic must "click." A service provider noted that some professionals would fixate on one's sexual and gender identity when that was of less interest to the client. Another young adult recounted a negative experience with a provider: they felt as if their provider did not acknowledge or respect what they were saying and attempted to impose their own views on them. Similarly, a provider stated that some professionals may ask many follow-up questions too quickly after an individual's disclosure of their sexual or gender identity, rather than allowing the client to guide the pace of the conversation. Another expressed that LGBTQ+ individuals of color may find a service provider who came from the same culture or community as them, but then discover that the service provider was not affirming of their sexuality or gender. Finally, another service provider stated that therapists in larger services may utilize a generic approach to helping individuals, which may not accommodate the distinctive realities of marginalized groups.

Therefore, stigma, the monolithic composition of services, lack of resources and knowledge, excessively bureaucratic procedures, long wait times, high costs, and problematic practices among individual providers may hamper Asian immigrant LGBTQ+ youth's access to beneficial services.

### **Improvements.**

Service providers reported a number of practices that they perceived as desirable for the populations they worked with, many of which they felt were applicable to the issues Asian immigrant LGBTQ+ youth face. Similarly, seven young adults stated they had positive experiences with some mental health and social support services. All participants perceived that certain factors would facilitate access to these services or would help them become more effective for this demographic.

Eight out of ten young adults underscored a desire for greater diversity within services. Four service providers echoed that greater diversity within services is beneficial. Further, four of these young adults and three service providers articulated, using nearly identical terminology, the advantages of ethnic matching:

But to have these specialized therapists who kind of like are of the same ethnicity or race, I think does make a huge difference. Because they're able to kind of relate to that. Especially like immigrant people of colour because then they have kind of the view on both sides. So they would be more like queer-friendly but they would still understand kind of like cultural traditions and stuff.

These four participants expressed that having a professional of the same race or ethnicity would benefit Asian immigrant LGBTQ+ youth because they could more easily approach and connect with these professionals, they could be more forthright about discussing experiences of racism, and they would have shared knowledge of cultural values that could be significant to helping clients navigate the potential clash between their sexuality and/or gender identity and their culture. Having people of color in leadership roles, one participant believed, would help entities better tailor services to racialized queer peoples. One perceived that they would be more comfortable discussing issues with LGBTQ+ people of color, rather than white service providers. A young adult and a service provider noted that having more LGBTQ+ people in the healthcare setting would help Asian immigrant LGBTQ+ youth for similar reasons: there would be more knowledge and awareness of queer clients' needs and it may be easier to develop rapport with these individuals. The representation of Asian queer people within these services could make

them more accessible or effective as well, as some cited the ease of relating and identifying with these individuals or the affirmative translation services they could provide to other Asian queer immigrants seeking mental health care. This desire for diversity was, for some, an outgrowth of positive experiences they had in services when they were matched with individuals with a similar cultural background or sexual identity. In a similar vein, three young adults and two service providers expressed that tailored support groups for individuals who are negotiating multiple identities, such as LGBTQ+ youth of color or Asian immigrant LGBTQ+ youth, were valuable. These tailored groups were seen as offering a distinctive strength in that they could provide a forum for similar peers to discuss issues that do not commonly surface in groups or services for broader disenfranchised groups. Similarly, if service providers could connect them with others of the same marginalized backgrounds, one participant stated it could counteract some of the loneliness they feel. Several participants articulated how to achieve diversity within services: prioritizing hiring people of color in healthcare services, which one service does for all of their employment opportunities; encouraging more Asian immigrants to pursue training in psychiatry; obtaining greater funding from the government for community organizations; and offering funding opportunities to interested immigrants to pursue educational or work opportunities that help others from their communities.

Six young adults and three service providers touched upon educating various stakeholders to improve the wellbeing of Asian immigrant LGBTQ+ youth. Two young adults and one service provider suggested educating Asian communities and parents about mental health issues and psychiatry to reduce the stigma that obstructs help-seeking behaviors. Another service provider stated that conducting psychoeducation within the community would also be beneficial. In a related vein, he also spoke of the need for psychoeducation in individual instances:

Sometimes they hope that it will sort of like fix their gender identity or sexual orientation for example. So I have to do a certain amount of psychoeducation with parents prior to working with their clients. Once again, always keeping in mind the interest of the minors for example.

Three young adults recommended acquainting youth in schools with concepts about mental health and sexual orientation or gender identity. These topics should be integrated into school curricula, some stated; for mental health, in particular, a participant stated that youth should be taught as early as the age they attend primary school or kindergarten that help-seeking is

acceptable. Another stated that youth in high schools should be provided with pamphlets that have contact information for helplines or individuals they can talk to about sexuality and gender, particularly those topics that are not discussed in school. For example, this participant stated that sexual education typically centres around cisgender, heterosexual intercourse, which results in a significant knowledge gap about sexual health among sexual and gender minority youth. Multiple young adults and service providers reported that service providers would benefit from trainings on intersectionality, anti-oppression, anti-racism, and the issues Asian queer people face, although some voiced that this was not as optimal as ethnically matching clients with providers.

Collaboration and networking were also mentioned as being relevant to better meeting the needs of Asian immigrant LGBTQ+ youth. Five out of the six service providers recommended that organizations focusing on separate communities should collaborate to facilitate the uptake of knowledge that is relevant to this population and the creation of tailored spaces. One provider expressed that their centre specialized in the needs of Asian individuals, including issues related to immigration, such as housing, citizenship applications, and the provision of language classes. However, they perceived that their organization was less knowledgeable about the needs of LGBTQ+ individuals, possibly due to the fact that Asian queer individuals seeking an affirmative space for their sexual and/or gender identity may gravitate towards queer services. Extending this, queer services may be less acquainted with the issues Asian and immigrant youth experience while Asian-centred services may lack the requisite knowledge to aid queer people. Thus, a need was perceived for collaboration to ensure the provision of more holistic services to Asian immigrant LGBTQ+ youth. Collaborations could also overcome the “numbers issue” Asian immigrant queer youth face. Some participants expressed that it may be difficult to obtain a critical mass of Asian immigrant queer youth for a support group while others noted that pressures to conceal one’s identity may discourage these individuals from joining such a group. One provider offered the following solution:

I think if you had a group that was let’s say, Indian, and a group that was LGB, and just had them do some sort of common project, with some people who were knowledgeable about both, or at least maybe two people, one of which is knowledgeable about each. Sort of somehow leading the discussions, and leading the work that gets done, I think both groups will get something out of it, even if you’re an LGB, who’s not of that ethnicity, I think that’s a rich experience, and even if you’re an Asian person who is not LGB, you still get something out of it.



Further, multiple service providers noted the importance of networking in the community to find resources that would meet the needs of Asian immigrant LGBTQ+ youth; for example, this can help match clients and providers along similar dimensions of identity, if that is what they desire. One participant stated that establishing a supportive network among queer healthcare providers could also be beneficial by providing role models and mentorship opportunities relevant to these providers. Further, this participant stated by consolidating support among queer service providers, they could better support the queer community.

Multiple participants also expressed that particular methods of outreach could facilitate this population's access to mental health and social support services. Several service providers noted the benefit of having relationships with schools, as teachers or counselors would refer youth in need to them. One provider stated that he sometimes came across immigrant queer youth because counselors he had previously trained would refer them, or others in the community were aware of his knowledge and interests related to LGBTQ+ people of color. Some service providers and young adults similarly noted that taking part in the community by volunteering and attending events, such as tailored group meetings or Pride parades, could magnify the visibility of their services to Asian immigrant LGBTQ+ youth. The importance of inclusive outreach materials was also underscored:

...if something is written and there isn't adjectives or nouns that makes it very easy to tell that you are welcome there as a queer person or as a racialized person, it's really easy to just be like "They might discriminate against me or who I am." I think language is a really big tenet to how things are perceived. I really do think that even if the counselor or the organization is equitable, if it's not being shown in resources, it's not going to come through that way... If I knew they were open to hearing the LGBTQ experience, to the experience of Asian racialized people, I would have a much easier time going to them.

They also expressed that overt messages of inclusion for the various facets of Asian immigrant LGBTQ+ youth's identity were also necessary. One participant also expressed that visual advertisements could represent Asian immigrant LGBTQ+ youth to demonstrate that services are welcoming of this demographic. Others recommended having a social media presence and communicating by word of mouth within the marginalized community to increase the accessibility of the service to this population. Importantly, one provider mentioned that their service recently instituted a system to collect demographic information about LGBTQ+ identities

to examine which populations were still invisible to them, thereby providing potential guidance for future outreach efforts.

Translated materials and interpretation services were also considered important in better meeting the needs of this demographic. In order to reach parents who may not be as fluent in English or French with materials that could increase acceptance of LGBTQ+ identities, one provider articulated that they should be translated into the languages in their country of origin. Another expressed that pamphlets and posters for mental health and social support services should be translated to target Asian immigrants specifically:

Perhaps Asian immigrants aren't as keen to go see a mental health specialist since they feel like "I guess it's mostly for Canadians," since the pamphlets would be in English. But I feel like if they were to read a pamphlet in their own... their primary language, they would feel more comfortable and more safe in that environment since they know that the people who made the pamphlet were specifically translating and making the pamphlet for them.

Multilingual services were also seen as ideal in providing services to youth who may be more comfortable expressing themselves in languages other than English or French. For instance, one provider discussed how Asian immigrant LGBTQ+ youth who were neither proficient in English nor French accessed his service because they could obtain accurate information they needed in Urdu, Punjabi, or Hindi.

Participants identified a number of practices that Asian immigrant LGBTQ+ youth valued or would benefit from. Six young adults and three service providers stated that safe space policies, or their component principles, such as nonjudgment, openness, and confidentiality, were either critical to their positive experiences within services or were considered facilitators to accessing these entities. Service providers also noted that the provision of individualized support, as opposed to generic approaches to care, was important to their method of working with various groups, including Asian immigrant LGBTQ+ youth. Notably, three young adults described that therapy that is conducted through the medium of video-conferencing, phones, or chatting services could be beneficial for this population:

Like if someone comes and they're like "I need to see someone," they'll be like "Why?" It's like you have this talk in front of everyone, there's no privacy at all. Like if there was more privacy that would be ideal. I think also even like Skype therapy would be pretty helpful, that would offer a lot of privacy, or for people who aren't able to kind of talk to their parents about it and stuff. Skype therapy would offer an option where they could do

it from home. So their parents wouldn't be like "Where are you going? What are you doing?"

Another young adult participant stated that receiving aid directly over the phone or through chatting platforms from services can reduce delays that accumulate due to bureaucratic procedures used by services. Other participants also stated an ideal system for these youth would have reduced or no delays in obtaining services.

Some participants expressed particular changes should be institutionalized to aid transgender and non-binary youth. These included allowing clients to list preferred names, pronouns and titles (Mrs., Mr., or Mx); installing gender-neutral bathrooms; decentralizing the gender binary in questions asked of clients (ex: "Whom are you having sex with?"); and adopting the informed consent model of hormone replacement therapy.

The informed consent model, which is used by multiple providers in Montreal, prioritizes the agency of clients by allowing them to consent to hormone replacement therapy after they examine relevant considerations. It dispenses of the onerous requirements of obtaining sessions with sexologists and psychologists and the accompanying letters of approval. A provider articulated that within their service, the client meets with a professional to assess motivations for transitioning and the social support they have in their lives. They then review the informed consent contract which details the changes their body will undergo. Next, the client meets with the doctor who also reviews the contract with the clients. They examine and address medical risks by giving them a physical examination and completing blood tests, both of which can be done at their site, so they can avoid mainstream venues that may not be as competent aiding transgender people. Once the treatment begins, clients see the service every two weeks, and later, minimally every three months. Further, for some Asian immigrant transgender youth, this provider would examine resources abroad using online communities to see how these individuals could maintain hormone replacement therapy in their country of origin.

To conclude, there are number of ideals that systems of social support and mental health services can strive towards in order to aid Asian immigrant LGBTQ+ youth. To enact many of these changes, however, participants reported they would need more resources or funding. Some expressly stated that if the Government of Canada lauds itself for being so LGBTQ+ inclusive, they should actually invest the resources necessary to ensure that these individuals can thrive.

## **Discussion**

This study sheds light on the interdependent nature of Asian immigrant LGBTQ+ youth's identities and the relevant issues in service provision to this population. The themes that emerged in this group's narrative related to distinctive experiences with family members, experiences of alienation, appreciation of their lives, coping strategies, and perceived weaknesses of and possible improvements for mental health and social support services.

### **Part 1: Their Lived Experiences**

Previous research with LGBTQ+ youth documents the significance of familial acceptance and parental rejection to health outcomes (Blais et al., 2015; Ryan et al., 2009; Steever, et al., 2014; Travers, Bauer, Pyne, Bradley, Gale, & Papadimitriou, 2012). We found that culture and experiences of migration rendered a distinctive experience for Asian immigrant LGBTQ+ youth vis-à-vis their family. First, narratives of acceptance were rendered more complex by cultural notions and expectations after immigration. Quasi-acceptance may manifest because immigrant parents presume that non-heterosexual relationships would limit their children's ability to maximally benefit from their migration, by unjustly exposing them to further discrimination. It is also possible that, through their own experiences with prejudice, immigrant parents perceive this as a more salient factor that justifies a preference for heterosexual relationships, even if they accept their child's sexuality. Another study substantiates this phenomenon, as siblings of non-heterosexual individuals perceived that parents who had immigrated from Taiwan were invested in ensuring their children's safety and prosperity after making a number of sacrifices to achieve their status in the host country; when a child comes out as gay, they disapprove because they are aware that systemic prejudice restricts the capacity of their child to thrive (Huang, Chen, & Ponterotto, 2016). Though parents may accept homosexuality as normal, they may attempt to delay dating among their children in hopes that their sexuality is a phase, stating they should focus on their academics—a possible effect of Asian families' emphasis on academic achievement (Blankenship & Stewart, 2017). Thus, cultural values appear to affect how parents try to cope with their children's sexual identity and its ramifications. Rather than framing acceptance versus rejection as binary outcomes, it appears that there is a continuum, in which parents may be accepting of certain aspects of non-normative identities while other aspects may require more time to acclimate to. Prior to coming out, Asian immigrant LGBTQ+ may have tangible fears of being rejected by their parents because they were raised in a disparate cultural

environment that was perceived as more unaccepting of LGBTQ+ people or leaves such topics undiscussed.

This fear of rejection was pervasive among the sample, leading many to have concealed their identities from their family. Various cultural notions underpinned the non-acceptance of LGBTQ+ identities and the subsequent concealment of their identities. These included cultural expectations to marry, have children, and sustain the family; the perception that queer people do not exist in the Asian community and that it is a Western phenomenon; the perception that homosexuality is a mental illness, reflecting the fact that it was not removed from the list of mental health disorders in China until the turn of the century; the collectivist orientation and close-knit nature of the family, inducing fear among participants that they would lose such highly-valued bonds; and concern for shaming the family in the community by coming out, particularly the fear that their family would be “blamed” for their perceived deficiency, all of which has been previously documented in the literature (Chan, 1989; Chng, et al., 2003; Choi & Israel, 2016; Chung & Katayma, 1998; Szymanski & Sung, 2013; Wong, 2011). This study also demonstrated that parents would sometimes engage in complicit ignorance once their children’s sexuality or gender came to light. Though this was distressing to participants, viewed through another lens, it may permit the family to maintain social harmony and continue to support their children without facing the social consequences of their child’s identity, particularly within their cultural community. Lastly, Asian immigrant LGBTQ+ youth may conceal their identity in response to prejudicial comments their family members make about queer identities or gender nonconformity. It appears that a disparity emerges between non-heterosexual, cisgender and transgender Asian immigrant youth, as these comments are particularly likely to arise when transgender Asian immigrant youth begin to express gender nonconformity while living with their parents, whereas comments regarding homosexuality are less likely to surface, as sexuality is taboo within many Asian cultures (Loue, Lane, & Lloyd, 1999; Poon & Chen, 2011; Tsunokai et al., 2012). We found that parents may monitor Asian immigrant transgender youth more extensively after clothing expressing gender nonconformity is discovered, adding to the literature regarding the policing of gender expression by parents (Burgess, 1999; Grossman, D’Augelli, & Frank, 2011). For Asian immigrant parents, their adherence to the gender binary appears to be reinforced by their collectivist values, possibly to preserve social harmony and fulfill the cultural expectations associated with the sex youth are assigned at birth. Through this lens, being

transgender may be perceived as an expression of individualism because it supposedly involves choosing oneself over fulfilling cultural expectations (Wong, 2011). Of note, acceptability of non-binary gender identities has progressed rapidly in the Western world in the last decade and this process will likely also influence immigrant parents.

This study also underscored the additional challenges associated with migration (being first- versus second-generation, being a recent immigrant, etc.), illustrative of the complex realities Asian immigrant LGBTQ+ youth face. Migration was not viewed in a uniform way among participants, and was seen as both a source of distress and freedom for these youth. Migration was, at times, associated with losing connection to other family members, precluding them from obtaining social support from extended family members who may have been accepting of their sexual and/or gender identity. This could have been helpful to individuals who were isolated with parents who were unaccepting of their sexuality or gender, as the literature suggests that the social support of heterosexual siblings was significant to Chinese Americans who came out in rejecting family situations (Huang et al., 2016). In contrast, migrants who left all of their family abroad sometimes felt free to be true to their sexuality and gender in Montreal. This sentiment has also been echoed in other studies. For example, an Asian first-generation LGBTQ+ individual in one study discussed how the second-generation of Asian communities was less likely to be open about their identities because they were surrounded by family and she was not (Clark, 2005). More recently, Poon, Li, Wong & Wong (2017) found that Chinese gay immigrants in Canada also cited the freedom to be themselves after leaving family abroad. Some Asian immigrant LGBTQ+ individuals may still refrain from coming out in the West, fearing that individuals from the community of origin in the host country would disclose their identity to family abroad. A novel difficulty documented by this study is that some Asian immigrant transgender youth who were transitioning may struggle with disclosing their transition to family abroad. Recent migrants, after being raised in an environment that has not had comparable representation and tolerance of LGBTQ+ individuals, may struggle more with accepting their identity and living openly. In contrast, second-generation individuals may not have to negotiate as great a shift in values between the country of origin and residence (Chng et al., 2003). This study expands on this phenomenon: Asian immigrant LGBTQ+ youth who travel frequently to the country of origin may feel even more attached to their culture of origin and their extended

family members, magnifying the difficulty of negotiating the cultural clash that may be precipitated by their sexuality/gender and their ethnicity.

Of note, however, there were individual exceptions to such differences based on generational status. In our study, one participant, despite being second-generation, appeared to have less autonomy and face more conflict relative to their peers. This and similar instances may arise when some immigrant communities insulate their children from mainstream values (Chng et al., 2003). While the reasons for such segregation may be complex, one possibility, as in this case, is that experiences of forced migration impel individuals to segregate to their community of origin in Canada to find social support easily. Further, forced migrants may, as a group, be less likely to integrate values of the mainstream society compared to other immigrants who came to Canada voluntarily and may be more willing to absorb some of the country's values. Immigrants by choice may also have greater emotional resources to invest in the new country, unlike forced migrants who may have experienced trauma prior to migrating. With respect to adolescence, a novel finding to this study is that Asian immigrant LGBTQ+ youth feared coming out in high school because the interconnected nature of the Asian cultural community would facilitate gossip about them and possibly alert their parents of their identity.

It has been argued that perhaps Asian LGBTQ+ individuals need not come out to their families, as coming out itself is a Western cultural concept, and that many individuals do not have to label themselves and may choose to refrain from expressing their sexuality openly (Choi & Israel, 2016). In this study, however, many individuals were distressed by lack of acceptance or concealment of their identity. While it is acknowledged that coming out is a Western cultural conception, higher rates of familial acceptance among Western peers (Richter, Lindahl, & Malik, 2017) and the positive representation of these narratives today may serve as reference for the lives Asian immigrant LGBTQ+ youth could have. Therefore, Asian immigrant LGBTQ+ youth may feel relatively deprived, thereby contributing, in part, to such feelings of distress (Taylor & Moghaddam, 1994)

Asian immigrant LGBTQ+ youth experienced invisibility, exclusion, and prejudice in a variety of domains. Participants perceived that Asian people were underrepresented and white individuals were overrepresented in media representations and online/physical venues, particularly queer spaces, which is supported by other studies (Han, 2008; Lewis, 2015). This composition of spaces often had negative implications for Asian immigrant LGBTQ+ youth's

sense of belonging and wellbeing. Older Asian immigrant LGBTQ+ youth today grew up with television shows that predominantly centred white queer people, if they centred LGBTQ+ people at all (GLAAD, n.d.); consequently, some expressed that they were unable to explore their identity like their white counterparts because they could not identify with these characters and begin to reflect on their identity. This invisibility may also be caused, in part, by the concealment of their identity to avoid rejection, and for recent immigrants, the challenges of migration may prevent them from having time to join LGBTQ+ groups. Some participants perceived that white individuals had a greater need to affiliate with such groups; a possible explanation is that for white LGBTQ+ individuals, their sexual/gender identity may be the most marginalizing experience they have, impelling them to join such groups, but LGBTQ+ people of color, due to disparate experiences, may join a variety of groups that fragment their representation (Clark, 2005).

Media representations not only contributed to the invisibility of Asian immigrant LGBTQ+ youth, but also insidiously affected the desirability of certain races. The ubiquity of whiteness in all types of media, not just that which is queer-specific, implicitly sustains whiteness as an attractive characteristic. The flexibility afforded to white individuals in the roles they occupy in the media, particularly those of the ideal protagonist, compared to the restrictive, stereotypic roles of Asian individuals, constructs whiteness as a desirable trait. This, in part, may influence the representation of queer people in the media, as traits treated as ideal in society as a whole, and from a young age, affect those characteristics that are deemed desirable within the queer community. Similar perspectives were voiced at the 1985 Gay Asian/Third World Caucus, in which some participants articulated that general racism in the West resulted in a preference for white queer people (Kapac, 1998). Thus, as white LGBTQ+ individuals are presented as the prototypical image of the queer community, their bodies become idealized to the detriment of other races (Han, 2008 & 2009; Nemoto et al., 2003). The predominance of such representations in the queer media thereby reduces the visibility of Asian queer individuals, which may contribute to a subconscious dichotomy between the Asian ethnicity and queerness. The upshot of this lack of acknowledgement of Asian queer people is a lack of desirability, as it is difficult to find characteristics attractive if they cannot even be considered queer. The media, however, is only one source of this lack of desirability. Other studies have noted that people may associate Asian men with passiveness and femininity, thereby reducing their attractiveness in the queer



community, which has been documented to emphasize muscular and masculine characteristics, though the media may still influence these associations (Choi & Israel, 2016; Keum, Wong, & DeBlaere, 2015; Ridge et al., 1999). Though most of this research was conducted in the context of the experiences of Asian gay and bisexual men, and other men who have sex with men, some studies demonstrate that similar issues may be faced by Asian women as well; indeed, some of the Asian women in our sample described feeling less desirable in dating contexts (Nadal & Corpus, 2013). A finding novel to this study is that Asian non-binary individuals may similarly feel undesirable because of the centrality of whiteness in queer communities.

The centrality of whiteness in the queer community and media was perceived as exclusionary and sexually racist by Asian immigrant LGBTQ+ youth. It appears that this induces internalized racism, as one race becomes preferable to others, with possible implications for the self-esteem and distress of Asian immigrant queer youth and young adults. Novel to this study, Asian immigrant transgender individuals who seek partners on online queer dating platforms may be rejected for being transgender, in addition to being Asian. Thus, a distinctive experience can emerge for members of this group, as the subset of individuals who find Asian characteristics attractive may reject individuals for not being cisgender. Therefore, the discourse of racial preferences and racially- exclusive dating practices may not be sufficiently problematized in the queer community of Montreal, mirroring findings in Australia (Callander et al., 2015). Similarly, these communities should problematize dating practices that exclude transgender individuals. For recent Asian immigrants, this sexual prejudice within the queer community in Montreal is particularly aggravating because this prejudice contradicts their expectations that Canada, and Montreal specifically, is a haven for LGBTQ+ people; analogous experiences have been previously documented in Toronto (Munro et al., 2013).

Beyond the unique intersection of race and sexuality/gender within the dating scenes of the queer community, Asian immigrant LGBTQ+ youth may also be alienated and/or experience bullying or prejudice in their academic environments based on their socioeconomic status, ethnic and religious characteristics, generational status, sexuality and/or gender. Some may have difficulty affiliating with their own ethnic community because of limited fluency in the language of the country of origin. At the same time, they may lack enough similarity to their Western peers to integrate with this community. Novel to this study, the confluence of race and gender identity can result in a distinctive experience for Asian immigrant transgender youth: if they

socially transition at school, students may bully their new gender presentation for failing to conform to Western beauty norms.

Asian immigrant LGBTQ+ youth employed a variety of coping strategies to mitigate the issues that arose in their familial context, high schools, academic programs and queer spaces. Concealing their sexual or gender identity precluded potential rejection and victimization from family, high school peers, and college staff—a typical experience for many LGBTQ+ youth and people of color (Choi & Israel, 2016; Lasser & Tharinger, 2003; Meyer, 2003; Steever et al., 2014; Szymanski & Sung, 2013). Some delayed coming out to attain financial independence in order to mitigate the potential loss of support from their family, a strategy that has been reported among other Asian/Pacific Islander queer people (Narui, 2011). Others delayed coming out to prevent prejudices that were present among academic staff from tainting their evaluations. In response to their alienation from Western peers in school, some may attempt to assimilate by using an English name or adhering to Western norms. A finding novel to this study is that for some non-binary Asian first- or second-generation immigrant youth, this can be distressing, as conforming to Western norms may entail certain presentations of gender that clash with their gender identity. Thus, the typical challenges associated with bicultural identity integration among immigrant youth are rendered more complex for those who are also transgender. If Asian immigrant LGBTQ+ youth feel they have become too Westernized, they may also attempt to reconcile this conflict of cultures by seeking out information about the culture of origin in order to compromise on values. Similarly, masculine, Western prototypes of beauty in the general public—and the queer community specifically—influenced Asian immigrant queer men to weight lift to increase their self-esteem and integrate among their Western peers, a phenomenon that has been documented previously (Keum et al., 2015; Ridge et al., 1999).

A distinctive form of coping among Asian immigrant LGBTQ+ youth may be their desire to compensate for the perceived deficiency of their sexuality or gender from their parents' perspective by satisfying parental expectations in other domains. Knowledge of parental sacrifices in migrating may magnify the desire to appease parents and compensate for their sexuality or gender, thereby inducing greater conformity to parental expectations in other domains like academic achievement. Some may delve into academics to distract themselves from their sexuality and the pressures of immigrating, an explanation that has received partial support quantitatively (Blankenship & Stewart, 2017). Blankenship and Stewart (2017) found that

internalized stigma against sexual orientation correlated with greater academic self-worth contingencies among white and Asian LGBTQ+ college students. Our findings suggest that there may be different cultural pressures that impel white and Asian LGBTQ+ individuals to derive a sense of self-worth from academic domains. Future studies should explore this phenomenon.

The future-oriented perspective underlying intentions to delaying coming out also underpinned an adaptive desire to shape a better future, a possible response to the lack of agency Asian immigrant LGBTQ+ youth feel in their current environment given the pressures of concealing their identity. Strategies included the desire to be role models to provide support to future generations of Asian queer youth, instilling values of tolerance and acceptance among cousins, and committing to advocate for marginalized communities, and Asian queer people specifically, once they attained sufficient security in their employment field. Indeed, hope and optimism for the future may buffer against social prejudice towards LGBTQ+ people (Kwon, 2013). Similar desires to be role models or advocates by virtue of one's own experiences have been documented among other Asian and Middle Eastern queer individuals (Clark, 2005; Ikizler & Szymanski, 2014).

To manage the isolation of being an Asian queer individual, some chose to affiliate with other LGBTQ+ people of color, or at the very least, other queer people. Affiliating with and/or exclusively dating other LGBTQ+ people of color allowed them to bond over similar experiences of marginalization within the queer community and candidly discuss their experiences of race. Similar strategies were reported among Chinese gay men in the 1980s in Toronto, Asian men who have sex with men in San Francisco, transgender youth of color, and Middle Eastern queer people (Ikizler & Szymanski, 2014; Kapac, 1998; Nemato et al., 2003; Singh, 2013). Others alternatively framed their isolating characteristics, thereby constructing a positive, distinctive identity relative to other white queer individuals, reflecting effective identity synthesis among Asian sexual minorities (Hahm & Adkins, 2010).

Drawing on familial support also appeared to confer resilient characteristics to these individuals, in accordance with the literature that attests to the importance of familial acceptance among LGBTQ+ youth (Ryan et al., 2009; Travers et al., 2012). Finally, for transgender and non-binary Asian immigrant LGBTQ+ youth, the act of changing one's name and having it respected was extremely empowering, in line with previous research that has shown that using an

individual's chosen name reduces vulnerability to depression, suicidal ideation, and behavior (Russell, Politt, Li, & Grossman, in press).

Beyond coping, Asian immigrant LGBTQ+ youth and service providers appreciated various aspects of the Canadian context and their upbringing. In Canada, and Montreal specifically, there was relatively more freedom to be open about one's sexual and gender identity relative to the countries of origin, a notion that has been documented among other newcomer queer youth and Chinese gay immigrant men in Toronto (Munro et al., 2013; Poon et al., 2017). For some Asian immigrant transgender youth, this provided them the ability to transition, if they wished, while they were separated from family and peers abroad, who may hold less accepting views—a finding novel to this study. Others came to North America to escape what they perceived as corruptive practices in their country of origin, or at least appreciated the comparatively democratic principles of Canada. Several participants noted that being LGBTQ+ resulted in more awareness of the struggles of marginalized individuals.

With respect to their upbringing, some Asian immigrant LGBTQ+ youth acknowledged that their resilient characteristics, such as independence, were modelled after the resilience of their parents in immigrating to a new country or negotiating other personal challenges. Others were able to appreciate the parental acceptance they garnered as queer Asians while others, despite being in rejecting circumstances, were aware that they were well off compared to other Asian queer individuals living in religious contexts. Some Asian immigrant LGBTQ+ youth appreciated the culturally disparate ways in which Asian immigrant parents supported them and the fact that they grew up speaking English, which was strongly related to their academic success. Similarly, many were grateful for their socioeconomic status, a gift granted by the fruits of their parents' efforts in migrating—but possibly an effect of restrictive Canadian immigration policies that privilege educated and higher-class immigrants (Bernard, Landolt, and Goldring, 2009; Bragg & Wong, 2016). Thus, as Asian immigrant LGBTQ+ youth, and Asian youth generally, may express gratitude for their family's arduous struggles in migrating and achieving a better life, it is important to acknowledge the structural benefits that facilitated the socioeconomic status that is often associated with the “model minority” status of Asian immigrants. This is not to invalidate the struggles and labor of immigrant parents, however. It may be beneficial that Asian immigrant LGBTQ+ youth were able to identify the strengths of their families, despite the pressures they perceived to conceal their identity. Instead of perceiving

their families solely as sources of stress with regards to their sexual/and or gender identity, many youths were able to develop a nuanced understanding of their family dynamics by recognizing and appreciating the privileges their family afforded them. Asian immigrant LGBTQ+ youth's appreciation of their upbringing may also stem, in part, from cultural norms that emphasize respect for one's parents and encourage a collectivist understanding of success that recognizes the significance of parental struggles and sacrifices.

## **Part 2: Services**

The inadequacies that participants perceived within systems of social support and mental health centred around a lack of resources, representation of marginalized communities, and awareness of these communities; complexities of bureaucratic procedures; delays in treatment and high costs of private psychotherapy; and flawed practices by individual service providers. Related to barriers in accessing such services, some participants discussed how stigma hinders help-seeking behaviors. Participants noted that greater diversity within services, educating service providers and cultural communities, establishing collaborations between different services and networks among service providers, integrating inclusivity into outreach, targeting outreach efforts to this demographic, reduction of delays and costs, and providing greater resources could overcome these deficiencies.

First, as most services and non-profits were already struggling with issues related to financing and resourcing in relation to meeting the needs of the populations they currently serve, it was unlikely that they could allocate resources to the nuanced needs of Asian immigrant LGBTQ+ youth. Extrapolated to other multiply marginalized groups, it is unlikely that services can undertake training or provide specific services to address the unique needs of populations at the margin at their current level of resourcing.

Asian immigrant LGBTQ+ youth and service providers perceived that mental health and social support services lacked the knowledge and skills to help negotiate the issues faced by Asian immigrant LGBTQ+ youth. The lack of awareness of issues pertaining to transgender identities, non-binary identities, and the presumption of heterosexuality among high school counselors and mental health clinicians in universities negatively impacted participants' experiences using services. These service-level deficiencies have also been noted in the literature (Grossman & D'Augelli, 2006; Kreiss & Patterson, 1997; Vance, Felsher, & Rosenthal, 2014). Further, it is possible that the tendency to presume heterosexuality and a cisgender identity may

be stronger for Asian clients due to the perception of incompatibility and low visibility of Asian queer identities. Some Asian immigrant LGBTQ+ youth also noted the lack of intersectional approaches in such services, as service providers failed to take into account how their sexual and ethnic identity interacted, reflecting the slow-up take of intersectionality among certain services, particularly within the medical field (Ng, 2016). Other Asian immigrant LGBTQ+ youth perceived that their negative experiences within mental health and social services arose from a lack of ethnic matching with their service providers. The lack of a shared cultural understanding and the inability to discuss issues related to race candidly impaired the therapeutic alliance, an outcome that has been discussed by some scholars in the context of LGBTQ+ people of color (Chang & Berk, 2009). Noteworthy to this study, the inability to discuss issues related to race negatively affected one Asian immigrant LGBTQ+ youth's experience being treated for suicide ideation, a particularly serious consequence.

Participants felt that stigma either personally discouraged them or generally deterred individuals like them from using mental health and social support services, particularly those tailored to the LGBTQ+ community. The fear of being equated with individuals who have mental illnesses, outed, or associated with LGBTQ+ individuals by physically attending these services was perceived as a barrier to utilization. Indeed, scholars have noted that mental health stigma is a barrier to service use (Corrigan, 2004). Further, stigma towards mental illnesses for some participants was shaped by cultural factors, as they stated that their ethnic community did not acknowledge mental illness. Stigma can have dire consequences for Asian queer individuals, including Asian immigrant LGBTQ+ youth. This study, in particular, reports that Asian queer individuals may arrive in the ER due to suicide attempts after avoiding services, despite grappling with identical issues related to sexuality that others may have sought help for.

The structure and procedures of mental health and social support services are also burdensome, especially when race and gender identity are considered. For example, one Asian non-binary individual described that complications arose in changing their name in a system that adhered to the binary conception of gender. A service provider noted that the traditional model for hormone replacement therapy utilized by some services was far too onerous for transgender individuals, requiring them to invest financial resources they did not have given their degree of marginalization. The illogicality of these procedures, as described by the provider, has been previously noted in the literature (Shulz, 2018). Our data suggests that primary care clinics

across Montreal may expedite access to mental health services for those using explicit and overt language to name their mental health distress, possibly because in an overburdened system, there must be a way to prioritize access to scarce resources for circumstances deemed more urgent. Thus, individuals from cultures in which mental health stigma is more pervasive may have more difficulty in explicitly naming their mental health issues and would thus be deprived of faster access to mental health services. This appears to be applicable to Asian immigrant LGBTQ+ youth, given that some participants perceived that certain Asian communities do not acknowledge mental health, and this stigma may be magnified within such communities in the West because they do not want to feel ashamed or excluded by the immigrant community (Nadeau & Measham, 2006; Shen, Chiu, & Lim, 2005). Participants also noted long waitlists and high costs of private mental health and psychosocial support as constraining service use. Difficulties accessing mental health aid and long wait lists have been documented for all Canadian youth (Iyer, Boska, Lal & Shah, 2015), with even greater inequities in the case of immigrants, visible minorities, and socioeconomically marginalized individuals (Beiser et al., 2002; Lewis, 2015).

Finally, individual service providers can engage in certain practices that are detrimental to the experience of Asian immigrant LGBTQ+ youth in these services. By fixating on their identities rather than addressing issues that arise organically, they may unintentionally pathologize their experience. Sometimes, providers who do come from a similar racial background may hold unaccepting views of the queer community. Similarly, failing to respect the client's voiced needs and the imposition of views among clients by therapists were regarded negatively. Service providers viewed approaches within general mental health and social support services that are not sensitive to the unique facets of an individual's identity and experience as harmful for this population.

These interviews also elucidated a number of ways to strengthen and ensure competent care for Asian immigrant LGBTQ+ youth. Ensuring greater diversity among the staff of services, particularly with respect to Asians individuals and queer people, may help Asian immigrant LGBTQ+ youth identify with these services, promote help-seeking, facilitate a shared knowledge of cultural values, increase knowledge of the needs of queer people, and permit them to discuss racial experiences honestly while using services. Having Asian immigrant queer individuals as service providers could also be beneficial, so they may provide affirmative language services to

other Asian immigrant LGBTQ+ youth who are not as proficient in English or French; although, the logistics of this proposal may be harder to achieve compared to increasing the numbers of Asian service providers, who can also be cisgender and straight, and queer people, who may be of various races. In our study, many Asian immigrant LGBTQ+ youth specifically indicated a preference for ethnic matching, and one reported that a change in therapists resulting in such a match was critically beneficial to her experience within a service.

Ethnic/Racial/Cultural matching is debated within the literature, as studies report a preference for and more positive evaluation of such matching, yet non-existent impacts for treatment outcomes (Cabral & Smith, 2011). Some LGBTQ+ people of color may also fear such matching in services because the stigma they face in their ethnic community may be recapitulated in the therapeutic relationship (Chang & Berk, 2009). The preference for ethnic matching may be explained by the generational status of the participants in this study. Most of the participants in this study were second-generation individuals or migrated to Canada at a young age. By virtue of growing up in Canada, they may perceive that professionals trained within this environment of comparative tolerance for LGBTQ+ people must adhere to standards of conduct that would ensure shared cultural understanding and affirmative approaches towards LGBTQ+ individuals among racially/ethnically/culturally matched service providers. For those who had migrated to North America in high school, an appreciation for their culture may also translate to a preference for a therapist of a similar cultural background, even if they acknowledge that aspects of the culture of origin may stigmatize LGBTQ+ people. It is also possible that racial/ethnic/cultural matching may also be more important to those who identify more strongly with their racial identity or express more race consciousness, which has some support from the current study: those who were most passionate about the desire for racial/ethnic matching were also the most political and racially conscious individuals of the sample. Further, it is also possible that ethnic matching may have a tangible impact in attracting Asian individuals, including the demographic of interest, to services, even if there is a non-existent impact on treatment outcomes for the subsample of Asian individuals willing to seek services.

Another method to attain greater diversity is creating tailored support groups for Asian immigrant LGBTQ+ youth or LGBTQ+ youth of color, which may be valuable given that LGBTQ+ people of color are empowered by affiliating with similar others (Ikizler & Szymanski, 2014; Kapac, 1998; Nemato et al., 2003; Singh, 2013). Recommendations to form tailored



groups have been previously documented among Asian/Pacific Islander gay men (Nemoto et al., 2003) and also aligns with the increasing acknowledgement of the value of peer support in promoting mental health and well-being (Cyr, McKee, O'Hagan, & Priest, 2016). If service providers do not have the resources to create such tailored groups, some expressed that being connected with similar others would be helpful. To achieve greater diversity within these services, these entities can prioritize hiring diverse individuals, supporting the placement of Asian individuals into mental health residencies, and seeking funding from government agencies to allocate resources to these needs.

Participants in our study felt that Asian immigrant LGBTQ+ youth would benefit from educational initiatives among services and in their communities. Providers would benefit from training in intersectionality, knowledge of queer and racial issues, and the particular issues faced by Asian queer people (APA, 2012; Betancourt, Green, Carillo, & Ananeh-Firempong 2<sup>nd</sup>, 2003; Hadland, Yehia, & Makadon, 2016; Tan et al., 2016). They may also benefit from anti-racism and anti-oppressive training. One of the potential issues with this training-oriented perspective is that trainings typically have defined endpoints, and it is possible that the knowledge service providers have gained from such trainings may be applied in a stereotypic manner, thereby pathologizing clients' experiences. Thus, the principles of cultural humility and safety may be more beneficial to adhere to: engaging in a life-long process of self-reflection of one's own knowledge gaps, privilege, and identity that may affect the therapeutic relationship; continually learning about various groups' experiences; engaging in advocacy; and admitting that sometimes a provider does not know what is the proper course of action, but they will do their best to seek out resources to learn more (Papps & Ramden, 1996; Tervalon & Garcia, 1998). Similarly, a training in intersectionality could expose providers to thinking through an intersectional lens, wherein they are cognizant of the fact that multiple identities and the associated systems of oppression interact and that they should learn more about how this may affect the individual client before them. Prioritizing educating providers is important, but in their fear of failing a marginalized group due to a lack of knowledge, some providers may shy from the opportunity to engage in allyship. Thus, admitting a lack of knowledge and seeking out resources to help individuals from multiply marginalized groups may be more optimal to ensuring access to effective services, as these unique subgroups will be rarely discussed in academic curricula or trainings. That is not to say providers should refrain from educating themselves about certain

marginalized groups, but this acknowledges that providers will never be completely knowledgeable about the consequences that arise from the endless permutations of interactions between systems of oppression and identities. Further, this training could help clinicians value understanding the individual experiences of Asian immigrant LGBTQ+ youth through dialogue that recognizes these youths' expertise in their own lived experiences. Thus, educating providers in cultural safety and humility should be complementary to increasing diversity within services in order to pragmatically increase the acceptability and efficacy of these services for Asian immigrant LGBTQ+ youth and possibly other diverse youth populations.

Asian immigrant LGBTQ+ youth noted that educational initiatives that target their cultural communities and their families to increase acknowledgement of mental health issues would be beneficial, and similar initiatives have been noted in the past with regards to HIV in New York City (Chng et al., 2003). Targeted educational initiatives within these communities could also aim to increase acceptance of queer people. This may be promising for future generations of Asian immigrant LGBTQ+ youth, as some success has been demonstrated using such tactics among Chinese immigrant parents in Toronto (Poon & Wong, 2013). Further, providing information to parents about the relative acceptance of LGBTQ+ identities in the history of Asian countries, genetic/environmental explanations for these identities, and the fact that they cannot be changed voluntarily appears to help change parental attitudes (Shen et al., 2005). Outreach to families within the Asian community was central to the international "Family is Still Family" campaign that was organized by the National Queer Pacific Islander Alliance (NQAPIA, 2016).

In the spirit of cultural humility, collaboration and networking between services, communities, and specific providers can further the inclusion of and provision of integrated services for Asian immigrant LGBTQ+ youth. Such collaborations can also promote reciprocal capacity-building among service providers. Forming a strong network of referrals for providers that would be inclusive of the needs of Asian immigrant LGBTQ+ youth would also be beneficial. Such an emphasis on improved collaboration and strengthening of networks between various health, community, and social service partners working with youth in general, and Asian immigrant LGBTQ+ youth in particular, is also congruent with a growing emphasis on service integration as being critical to rapid and effective provision of appropriate care and supports to youth (de Voursney & Huang, 2016; Henderson, Chiam, & Brownlie, 2017). There are a number

of ways to maximize outreach to Asian immigrant LGBTQ+ youth. Maintaining a social media presence can be beneficial, as queer youth of color may gravitate to this medium for social support and seeking out resources (Singh, 2013). Having relationships with counselors and staff at schools and ensuring the community is knowledgeable about a service's commitment to helping racialized queer people can increase access to services for these youth. In particular, actively collaborating with specific communities is critical to establishing this pathway to care. Using recruitment materials that features a diversity of individuals, particularly among LGBTQ+ services, can demonstrate they are welcoming of Asian immigrant LGBTQ+ youth. The use of inclusive language at various services, particularly gender-neutral language, can also demonstrate to Asian immigrant LGBTQ+ youth that their sexual and gender identities will be respected, which is a concern among LGBTQ+ youth generally (Coker, Austin, Schuster, 2010; Kreiss & Patterson, 1997). Explicit messages of inclusion for Asian LGBTQ+ youth, particularly immigrants, could also be beneficial, similar to recommendations that services indicate explicitly that they are LGBTQ+ affirming (Hadland et al., 2016). Given the numerous permutations of identities among marginalized groups, however, perhaps a more effective and wide-reaching recommendation is that services adopt and publicize in youth-engaging ways a standard non-discrimination policy that also stipulates that the service is aware of and committed to aiding those with novel struggles at the intersections of various identities. Collecting demographic information about service users can also help services target those populations that are underserved. Providing multilingual resources and services can improve outreach to Asian immigrant LGBTQ+ youth and improve their experience within such services, particularly if they are not proficient in English or French, mirroring past research on the needs of immigrants vis-à-vis mental health services and the specific needs of Asian transgender youth in Canada (Nadeau & Mesham, 2006; Wong, 2011). Multilingual sources can also be used to target parents and families to elicit change in attitudes towards LGBTQ+ people, as some participants noted they could not bring their parents English materials on LGBTQ+ identities. This strategy has been used by services for Asian queer people (NQAPIA, 2016).

Several aspects of service provision to individuals from this group were valued by our participants. It may be potentially beneficial for these aspects to be strengthened and scaled up across a wider range of services. Specifically, Asian immigrant LGBTQ+ youth seem to benefit from safe space policies and the individual practices that compose these policies: confidentiality,

nonjudgment, and openness (Coker, Bryn & Schuster, 2010; Hadland et al., 2016; Kreiss & Patterson, 1997; Tan et al., 2016). Individualized care was also important to helping this demographic. To overcome the stigma of physically attending these services, some recommended that Asian immigrant LGBTQ+ youth would benefit from digital or telecommunication delivery of these services, such as through online or video chat. Indeed, Asian youth and LGBTQ+ youth are disproportionately likely to use online chat support services, perhaps for the aforementioned reasons (Haner & Pelper, 2016). Finally, more practices needed to be instituted within services to respect the needs of transgender and non-binary individuals, including having gender-neutral bathrooms; respecting people's names, pronouns, and titles; and using the informed consent model for transitioning (Gridley et al., 2016; Hadland et al., 2016; Russel, et al., 2016; Shulz, 2018).

Finally, increasing funding and resource allocation to services, reducing delays, and decreasing costs were noted to increase access to such services for Asian immigrant LGBTQ+ youth. A possible solution with respect to funding is investing in an initiative within the Asian, LGBTQ+, and/or youth services community that examines and improves services with respect to various populations that have multiple marginalized identities, rather than allocate funds specific to the needs of Asian immigrant LGBTQ+ youth. A so-called “intersectionality fund” would not be limited to any one permutation of identities, but would provide the necessary resources to continuously examine how services can become more inclusive. Reducing delays and costs, however, appears to be an issue that needs to be resolved systemically for all Canadians.

For the first time, this study demonstrates that Asian immigrant LGBTQ+ share a variety of service needs with those that have been previously identified for LGBTQ+, immigrant, Asian, and youth, separately, and this study underscores that their novel needs require certain types of collaborations and educational initiatives among services. Further, service providers tended to emphasize that collaboration, education, and networking were critical to providing accessible, effective services to this demographic, whereas young adults tended to desire cultural matching. Thus, future studies should check whether the recommendations of service providers are acceptable to Asian immigrant LGBTQ+ youth. Similarly, they could also obtain the perspective of service providers about implementing cultural matching.

## **Limitations**

Several limitations must be addressed. This study is one of the first exploratory studies to examine the experiences of Asian immigrant LGBTQ+ youth, and thus more studies must be conducted to substantiate the phenomena within this study. It does, however, illuminate how sexuality, gender, race, immigration, and adolescence can interact to render novel experiences that should be taken into account by mental health and social support services.

Second, most of the participants either immigrated at a young age or were born in Canada. Thus, this study lacks the voices of recent Asian immigrant LGBTQ+ young people who may have a disparate experience from the participants in this study. However, the narratives of service providers did illuminate some of the unique issues they contend with.

Third, the researcher could only conduct interviews in English, thus excluding the perspectives of Asian immigrant LGBTQ+ youth who could only have participated in another language.

Fourth, we acknowledge that we may not have reached theoretical saturation on the various themes that emerged in our interviews because we were constrained by time limitations of a Master's research project. Though young adults tended to discuss similar experiences, the sample of young adults is small and has a broad array of identities represented, suggesting that more diverse experiences could have been reported in a wider sample.

Fifth, some services that may have been critical to the care of Asian immigrant LGBTQ+ youth were not included in this study. Some services could not participate in the study because of the overburdened nature of non-profit organizations. Service providers and young adults often discussed the shortcomings of health services provided by the province, and the perspective of providers from these services could have shed more light on these issues. Obtaining these perspectives, however, would have required a multi-site ethics approval certificate that would have been difficult to obtain in the context of a Master's program timeline, given that we had already struggled to obtain ethical approval due to this study's subject matter.

### **Conclusion**

Asian immigrant LGBTQ+ youth have been shown to manage a variety of stressors that often originate in their familial context, their cultural community, the queer community, and from society generally, including its systems of mental health and social support. Though they use a variety of coping mechanisms to negotiate their everyday realities, they deserve greater attention from a variety of stakeholders. Future generations of Asian immigrant LGBTQ+ youth

will be plagued by these realities until these social ills are addressed. To resolve this inequity, efforts must be made to reduce intolerance and foster acceptance within Asian cultural communities; to promote appreciation of Asian queer individuals in the queer community; and to transform services to accommodate the intersections of race, gender, sexuality and immigrant identity.

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## **Bridge**

The first paper explored the narratives of Asian immigrant LGBTQ+ young adults, which provided important insights about the ways in which culture, race, sexuality, gender, and experiences with immigration interact within their daily lives and affect their use and perceptions of mental health and social support services. An important perspective, however, is missing: those of Asian immigrant LGBTQ+ minors. Though Asian immigrant LGBTQ+ young adults articulated a number of insights regarding their experiences as youths, Asian immigrant LGBTQ+ minors deserve to have a voice in the literature as well. Many of the individuals in the qualitative study had the privilege of reflecting on the challenges with their family while living independently, a level of agency which may not be afforded to Asian immigrant LGBTQ+ minors. Thus, Asian immigrant LGBTQ+ minors may articulate distinct needs compared to their older peers because of their unique perspective. The landscape regarding transgender rights has also changed rapidly in the last few years within Canada, and thus the potentially significant effects of these institutional changes on the identity development of Asian immigrant transgender youth have been unacknowledged thus far. Though the original research proposal included Asian immigrant LGBTQ+ minors, a number of challenges in the ethical approval process resulted in the age range being restricted to individuals aged 18-25. These challenges, however, provided insight as to the ethical issues that may hinder research with racialized LGBTQ+ youth, which will be discussed in the next paper.

## **Paper 2: Finding a Pragmatic Balance in Ethical Review Processes to Ensure the Voices of Racialized LGBTQ+ Youth are Heard**

By Jishian Ravinthiran, Srividya N. Iyer\* & Lucie Nadeau\*

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### **Abstract**

There is a need to conduct research with racialized LGBTQ+ youth, including those who are under the age of majority; however, current norms in the ethical review process suggest it may be difficult to get these research proposals approved. Typically, this research requires a waiver of parental consent, lest these youth be outed to their parents through the informed consent process. However, institutional review boards, for a variety of reasons, may not be amenable to providing these waivers, especially in light of the perceived risk designation of these studies. This article presents an historical overview of the ethical review process, followed by a Canadian case study that explores how a confluence of factors may hinder research with racialized LGBTQ+ youth. Finally, several avenues of change are proposed to ensure that racialized LGBTQ+ youth can equitably access the benefits of science and research.

## **Introduction**

Many studies demonstrate that youth who identify as lesbian, gay, bisexual, transgender, queer, and/or sexual or gender minorities that are not captured by these labels (LGBTQ+) are more likely to self-harm, be depressed, and express suicidality than their heterosexual, cisgender peers (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Bontempo & D'Augelli, 2002; Burton, Marshal, & Chisolm, 2014; Faulkner & Cranston, 1998; Grossman & D'Augelli 2006; Steever, Francis, Gordon, & Lee, 2014). In accordance with the Minority Stress Model (Meyer, 2003), many of these studies demonstrate that LGBTQ+ individuals' experiences of prejudice and discrimination are associated with poorer mental health outcomes. Though these studies were primarily restricted to the United States, a Canada-wide study demonstrated that these prejudices remain pervasive among secondary schools, as most students hear queerphobic discourse daily and more than a quarter of students experienced queerphobic non-physical abuse (Peter, Taylor, & Chamberland, 2015). Further, Canadian LGBTQ+ youth, like their American counterparts, are more vulnerable to an array of mental health issues, arguably due in part to such victimization (Blais, Bergeron, Duford, Boislard, & Hébert, 2015). While grappling with this reality, racialized LGBTQ+ youth simultaneously face challenges posed by the intersection(s) of their racial identity with their gender and/or sexual identity (Choi & Israel, 2016; Lytle, Luca, & Blosnich, 2014; Sandil, Robinson, Brewster, Wong & Geiger, 2015; Szymanski & Sung, 2013). Despite negotiating more challenges than their white LGBTQ+ peers, racialized LGBTQ+ individuals may not suffer greater mental health consequences, perhaps due to the resilience they have gained by coping with stressors related to race (Meyer, 2010). However, there is limited research on the plight and needs of racialized LGBTQ+ youth in Canada, with research on racialized LGBTQ+ persons under the age of 18 being almost entirely lacking. We posit that facets of ethical approval processes may obstruct the pursuit of such critical research. This article hopes to provide the first steps to open a dialogue with institutional review boards (IRBs) in finding solutions that facilitate research with racialized LGBTQ+ youth. Although the focus is on improving ethical review processes to increase research on racialized LGBTQ+ youth more broadly, our case study is Canadian and therefore, we specifically bring in the Canadian context at various junctures.

## **Tracing the Evolution of Ethical Frameworks in North America**

Institutional ethical review processes are required to ensure that researchers do not abdicate their responsibility of assuring the safety and wellbeing of their participants. Modern ethical frameworks in science trace their origins to actions taken to redress the failure of scientists to sufficiently protect their research participants. The Doctors' Trial in Nuremberg after World War II, in which several doctors were prosecuted for failing to discharge their duties in the course of conducting egregious experiments with concentration camp prisoners, resulted in the formulation of a set of ethical principles for researchers to adhere to with respect to human participants (Rice 2008; Shuster, 1997). Known as the Nuremberg Code, this document later influenced the creation of other codes of ethics related to human research, including the World Medical Association's Declaration of Helsinki, in which the concept of using independent committees to review scientific proposals was established (Carlson, Boyd & Webb, 2004; Mandal, Arachya, & Parija, 2011). Later, the revelations of the Syphilis Study at Tuskegee, in which researchers disregarded the needs of their Black participants despite the availability of efficacious treatments, helped result in the passage of the National Research Act in the United States (Rice, 2008). This Act mandated an institutional ethical review process for government-funded research proposals involving human participants. This piece of legislation also established the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (CDC n.d.; Mandal et al., 2011; Rice, 2008). This commission produced the Belmont Report, a critical report used by IRBs to review research proposals to this day in the United States. The Belmont Report outlines three general principles researchers are bound by: respect for the person, beneficence, and justice (Mandal et al., 2011; Office of Human Protections, n.d.; Rice, 2008). Subsequent to the publication of the Belmont Report in 1976, the ethics review process was altered to integrate its insights, engendering the modern ethical framework for researchers in the United States: The Federal Policy for the Protection of Human Subjects, also known as the Common Rule (Office of Human Research Protections, n.d.).

Though these principles were originally formulated with respect to medical research, they now regulate social science research, as several studies, such as Milgram's obedience experiment, Zimbardo's prison experiment, and Humphrey's study of discrete homosexual activity in bathrooms, demonstrated the need for protections from abuse by social scientists and for stronger safeguards of confidentiality (Haney, Banks & Zimbardo, 1973; Humphrey, 1970; Milgram, 1963; Taylor, 2008). The Belmont Report's principles were also used in Canada. In

1996, the Social Sciences and Humanities Research Council, the National Science and Engineering Research Council, and the Canadian Institutes of Health Research formally issued a Tri-Council Policy Statement (TCPS) to be used by IRBs to review research proposals and by scientists to ensure that their conduct of research was ethical. In its most recent revision (TCPS2), several guiding principles were condensed to embody essentially the same set found in the Belmont Report: respect for the person, concern for their welfare, and justice (CIHR, NSERC, & SSHRC, 2010; CIHR, NSERC, & SSHRC, 2014). Many provinces have adopted the TCPS2 and some have further elaborated on researchers' ethical obligations when conducting research that is not funded through the aforementioned national agencies (Millum, 2012).

However, in certain contexts, implementing some aspects of the TCPS2 may paradoxically fragilize the principle of justice for certain “vulnerable” populations, such as racialized LGBTQ+ youth. Similarly, provincial legislation on research ethics may end up excluding the voices of racialized LGBTQ+ youth. Article 21 of Québec's Civil Code is illustrative and, like the Tri-council Policy Statement, its implementation can pose challenges to the principle of justice in the context of research with racialized LGBTQ+ youth.

### **Barriers to the Participation of Racialized LGBTQ+ Youth in Research**

Barriers to research with LGBTQ+ youth under the age of majority are inextricably linked to two issues: obtaining waivers of parental consent for these studies and meeting minimal risk criteria. For racialized LGBTQ+ youth, these issues can be further aggravated as we will elaborate upon.

While the Tri-Council Policy does not specify an age limitation for providing informed consent, IRBs are not typically amenable to permitting youth under the age of majority to do so without requiring parents to consent to their participation (Taylor, 2008). However, parental consent is a problematic requirement for studies that focus on the struggles of racialized LGBTQ+ youth. For these youth, who may be closeted to their parents or who may not come from accepting families, having to seek parental consent may expose them to a precarious situation by outing them involuntarily, and thereby exposing them to victimization (D'Augelli, Grossman, & Stark, 2008; Grossman & D'Augelli, 2006). Further, the prospect of coming out and/or securing parental consent for their participation in a study explicitly about queer issues may not be realistic (Flores, McKinney, Arscott, & Barasso, 2018; Macapagal, Coventry, Arbeit, Fisher & Mustanski, 2017; Mustanski, 2011). Research has demonstrated that by the age of 14,

youth exhibit a capacity to understand information related to health research participation equivalent to that of adults (Fisher, Arbeit, Dumont, Macapagal, & Mustiang, 2016; Mustanski, 2011; Shacter, Kleinman, & Harvey, 2005; Taylor, 2008; Weithorn 1983). Provincial legislation affirms this principle. For example, Article 21 of Quebec’s Civil Code stipulates that research with minors aged 14 years and older may waive the requirement of parental consent, with an important caveat—the research must be considered of “minimal risk” with no exceptions. However, the prospect of waiving parental consent requirements, and thereby circumventing the authority of these minors’ legal guardians, may heighten the perceived risk of conducting such a study.

Referring to individuals who lack the capacity to provide informed consent, Article 3.9 of the Tri-Council Policy Statement states, “If the research does not have the potential for direct benefit to the participant but only for the benefit of the other persons in the same category, the researcher shall demonstrate that the research will expose the participant to only a minimal risk and minimal burden...” Thus, research that fails to offer a direct benefit to participants who are considered to lack decision-making capacities must be considered minimal risk to proceed (CIHR, NSERC, & SSHRC, 2014). This generally benevolent rule has the potential of being construed in a harmful manner, however, when an IRB is confronted with approving research related to “vulnerable” populations of youth who, from its perspective, may appear to have lesser decision-making capacities due to their status as minors—despite the fact that the policy explicitly refrained from setting a minimum age of consent (Panel of Research Ethics, n.d.). In light of the many studies demonstrating that LGBTQ+ youth are subject to pervasive oppressive circumstances that degrade their mental health and wellbeing (Almeida et al., 2009; Bontempo & D’Augelli, 2002; Grossman & D’Augelli 2006), IRBs may come to view research exploring these youth’s experiences as more likely to provoke distress and/or self-harm relative to their heterosexual, cisgender peers (Fisher & Mustanski, 2014). This, in and of itself, may be seen as enough to exceed the minimal risk standard. Further, if the researcher applies for a waiver of parental consent, the IRB may also fear the problematic scenario in which, during the course of such research, mental health distress is triggered in a minor who participates in research without their parents’ knowledge. In circumstances in which the parents would be bypassed for such research, IRBs may also fear that if, while participating in a study, a minor is discovered to be in imminent danger, as evidenced by the disclosure of serious suicidal ideation, the investigator

would be obligated by law to contact the authorities. Through the cascade of events that would follow, it is likely that the parents would attempt to discover more information regarding the circumstances of the minor's contact with the authorities, including details of the study. Thus, it is possible that the minor is involuntarily outed. Per the aforementioned Tri-Council regulation that research must be considered minimal risk if it has no direct benefit to participants with insufficient decision-making capacities, these considerations, which magnify the perceived risk of the study, can preclude research on LGBTQ+ youth, as this research typically does not directly benefit individual participants. This issue of heightened risk perceptions obstructing research with LGBTQ+ minors is even more salient in provinces that require a minimal risk designation for a study to waive parental consent requirements for minors. Ultimately, these concerns, in conjunction with institutional and administrative issues, can arise frequently enough to dissuade researchers from conducting research into the lives and needs of LGBTQ+ youth and, by extension, racialized LGBTQ+ youth (Tufford, Newman, Brennan, Craig, & Woodford, 2012).

These complexities encompassing ethical research conduct with LGBTQ+ youth are exacerbated when racial identity is also examined. IRBs may assume that the possession of multiple minority identities is indicative of even greater risk compared to those with a single minority identity, a notion that is debated in the literature which, at times, shows contradictory results (Meyer, 2010). One U.S. study, in comparing various groups to white sexual minority youth, found that Asian and Black sexual minority high school youth were less likely to express suicidal ideation, suicide planning, and self-harm. However, Latino and American Native/Pacific Islander sexual minority minors were more likely to feel sad and attempt suicide than their majority counterparts (Bostwick et al., 2014). Another study reported that Asian and Black LGB young adults were more vulnerable to suicide attempts in comparison to their white peers, while having lower prevalence rates of depression (Lytle et al., 2014). In this study, Latino LGB young adults had lower rates of depression and a lower likelihood of expressing suicidal ideation compared to their white peers (Lytle et al., 2014). The literature thus illustrates the complexity of understanding the mental health risks that racialized LGBTQ+ youth face, as well as potential resilience factors at play. In the absence of a consensus, researchers and IRBs alike may overall assume that these populations are highly vulnerable in comparison to their white peers, thus increasing the likelihood that a research proposal will be seen as exceeding the minimal risk



boundary. This would likely lead to the denial of ethical approval for a proposal that insists upon waiving the parental consent requirement.

Cultural backgrounds also complicate parental consent requirements. “Coming out,” a cultural construction that is pervasive to Western societies, does not necessarily reflect the relationship that racialized LGBTQ+ youth may have with their families. For example, some individuals in the Asian community are quite content to strike a balance that allows them to retain significant relationships with their close others by refraining from “coming out” in all of their social contexts (Choi & Israel, 2016). Other racialized LGBTQ+ youth may be dissuaded from “coming out” to their families due to their perception of greater heterosexism and transprejudice in communities of color. Therefore, erring on the side of caution by necessitating parental consent for research with LGBTQ+ minors can disparately affect the participation of racialized LGBTQ+ youth for whom such disclosure may be even less realistic relative to their white peers. Empirical evidence supports this notion, as a study demonstrated that Latino and Black LGBTQ+ youth are significantly less likely to consent to involving parents in such research (Mustanski, 2011).

### **Case Study**

To illustrate how institutional issues, administrative struggles, and ethical barriers can intersect to hinder the focus on racialized LGBTQ+ youth in research, an overview of an ethical review process will be presented. The researchers submitted a proposal to an IRB seeking to understand the intersectional lives of Asian immigrant LGBTQ+ youth and their experiences with mental health and social support services. The first author, a Master’s student of South Asian descent who identifies as LGBTQ+, has extensive experience volunteering for LGBTQ+ causes. His two supervisors are a child psychiatrist and a clinical psychologist, both of whom have extensive experience in researching and providing mental health support to youth. The first author intended to conduct semi-structured interviews with Asian first-generation and second-generation immigrant LGBTQ+ youth and young adults. The safeguards that were integrated in the first submission of the ethics protocol included how recruitment of the youth would be conducted so as to conceal their LGBTQ+ identity. It also provided for the availability of a clinician over the phone to address the mental and emotional needs of youths if necessary. In circumstances that would have required the researcher to contact an authority, such as when a participant who is a minor discloses physical or sexual abuse or presents such that they seem to

be at imminent suicidal risk, the proposed protocol required that the researcher contact the parents and authorities, while concealing the LGBTQ+ aspect of the study.

After reviewing the proposal, the IRB tabled the study and asked for more information regarding the protections for the youth in the study, the consent process, justification of the risks in the study, and the training of the interviewer. Based on these considerations, they made a variety of recommendations, which improved the research team's understanding of the ethical predicaments of conducting research with LGBTQ+ youth. It is, however, important to look into the possible underpinnings of some of their recommendations

### **Sexual Identity Concerns**

The IRB perceived that discussing the sensitive topic of sexual orientation would expose the interviewer to the risk of being charged with abuse or misconduct. Thus, it had requested that additional precautions be instituted to mitigate this risk. This comment was disconcerting, as the notion that bringing up sexual orientation in an interview can elicit allegations of abuse or misconduct appears reminiscent of derogatory stereotypes of homosexual activity (Tufford et al., 2012). These specific concerns are not routinely raised in the context of research with minors (Hirisciau, Stingelin-Giles, Wasserman, & Reiter-Theil, 2016; Kirk, 2007). In this scenario, one option is to ensure that a second individual is present for the duration of the interview. However, doing so may make some informants feel less comfortable and may thereby potentially compromise the quality of an in-depth qualitative interview. It also adds to administrative difficulties. As it had not been planned to conduct this project at a single site, the requirement of having a 'witness' and a clinician present at every interview, in addition to the interviewer, would have imposed a considerable burden on the research team. A workaround would have been for the clinician and witness to be the same person at each site. Attempting to recruit witnesses who could also serve as available clinicians and were affiliated to the various sites where the interviews were to be conducted would also have been cumbersome, as it would have necessitated a much longer, multi-site ethics review and approval process. As a young LGBTQ+ researcher conducting LGBTQ+-specific research, the first author perceived the totality of this situation as a microaggression. He felt that researchers in his position often have to reckon with knowledge gaps related to LGBTQ+ topics and invest additional time and effort in surmounting administrative barriers originating from these gaps.

### **Minimal Risk Issues**

The IRB perceived that the study did not constitute minimal risk, defined as “research in which the probability and magnitude of possible harms implied by participation in the research is no greater than those encountered by participants in those aspects of their everyday life that relate to the research.” (Canadian Institute of Health Research, National Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2014). The interview schedule examined participants’ experiences regarding their different identities (sexual, gender, immigrant, and cultural) and the intersection of these identities, as well as their perceptions of and experiences with mental health and social services. There was to be no direct inquiry into suicidality or abuse. Therefore, the researcher and his supervisors had perceived the interviews as minimal risk, contrary to the IRB’s evaluation. Admittedly, youth may disclose more sensitive information in an interview setting and questions regarding mental health service use may evoke distressing emotions. However, the supervisors’ research experience regarding qualitative interviews, supplemented with the current evidence from the literature, points towards the benefits of such interviews and suggests that youth should not be deprived of the benefits of research based on the supposition that these questions carry an elevated risk of eliciting higher distress than youth’s experiences in their daily lives (Corbin & Morse, 2003; Cutcliffe & Ramcharan, 2002). Thus, ethics boards face the challenge of disentangling the inherent oppressive circumstances of being a member of marginalized groups from the risks intrinsic to a study of these circumstances. The result is that institutional structures may proscribe the very sort of critical research that could address the systemic issues that marginalize these individuals (Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences; Board on Behavioral, Cognitive, and Sensory Sciences; Committee on National Statistics; Committee on Population; Division of Behavioral and Social Sciences and Education; & National Research Council, 2014).

In a study of 181 queer youth aged 16-20, nearly 90% were comfortable answering questionnaires related to mental health, including suicide attempts, substance use, and sexual behaviors. Only 3% stated that they were very uncomfortable with these questions (Mustanski, 2011). Though these findings cannot be directly extrapolated to qualitative studies, the literature suggests that distress elicited by interviews is often temporary and can be responsibly managed. Moreover, ethical review boards may not consider the benefits that individuals may derive from discussing their experiences, such as validation, introspection, and contentment arising from

contributing to an enterprise larger than oneself (Corbin & Morse, 2003; Cutcliffe & Ramcharan, 2002). The IRB was preoccupied with the issue of direct benefits, in particular. The board asked the researchers to justify the lack of benefit to the individuals given the risks that were outlined. This raises questions of whether there is evidence that qualitative inquiries inevitably provoke distress, whether the potential distress is only temporary and minimal, and whether the inquiry can provide benefits to the participants. This reflection resulted in new questions being added to the interview guide to respond to this concern. This is an essential debate: if research on this population will not occur, the precariousness of their situation will likely be sustained because services cannot adapt to needs they do not know about. On the one hand, the researchers are ethically obliged to consider all of the circumstances that now marginalize Asian immigrant LGBTQ+ youth, often originating from systemic indifference and oppression of their identities, in order to develop appropriate safeguards. On the other hand, these are the very circumstances that make IRBs wary of approving a study without an identifiable individual benefit to these youths (which could also accrue to individuals in the form of cathartic or validating experiences as outlined above). In such a scenario, researchers may end up only discussing what is necessary to obtain ethical approval, with the understanding that giving rise to new concerns can unjustly hamper the ethical approval process (Patterson, 2008).

To mitigate the IRB's concerns regarding risk, the researchers proceeded to ask what procedural safeguards would be required to undertake such a study. The IRB felt that the study's risk designation was integral to its nature and could not be modified, thus necessitating parental consent. Notably, IRBs appear to vary in this regard. One of the first author's advisors had observed that, in the case of a larger study with a similar population that was being conducted at another institution within the same university, the IRB had agreed to reassess the risk designation in light of additional safeguards that the researchers had put in place to mitigate or reduce the risk. This mirrors earlier findings of variability in IRBs' evaluative processes with regards to research on adolescent sexual behavior (McGregor, Hensel, Waltz, Molinar & Ott, 2017).

### **Legal Disclosure Requirements**

The IRB also requested that the researcher obtain legal advice for scenarios requiring forced disclosure and another independent review in addition to the review executed by the researcher's supervisors and advisory committee members, one of whom had extensive research expertise with LGBTQ+ populations. To respond to the legal concerns of the IRB, the researcher

contacted the university's legal aid clinic to obtain advice on how to proceed in circumstances in which a minor discloses sexual or physical abuse. The researcher was informed that the required steps were to contact child/youth protection services. He was further advised that he would not have to discuss the circumstances of the disclosure, thus safeguarding the youth's LGBTQ+ status. Further, even if details were disclosed, the youth protection service would be bound by confidentiality to not release that information without the youth's consent. Notably, no steps to notify the parents would be required. While the IRB representative noted this information could be useful in an argument for the inclusion of those under the age of 18, they stated that the mental health impact of the study would still need to be considered. Given these constraints, and those imposed by the timeline of a Master's program, the researchers modified the proposal to sample individuals aged 18 and older.

Even after the study's sample was restricted to adults, the IRB remained concerned about the proposal's risk management protocol, which delayed the approval process. This suggests that the IRB's original concerns may have been driven by the study's focus on LGBTQ+ issues, and not only by its plan to recruit minors. Ethical approval was finally obtained after providing further details about the procedure that would be followed in the event of an emergency.

### **Positionality**

Over the course of these proceedings, an aspect that was frustrating to the first author was the perceived positionality of the IRB. The prolonged ethical review process resulted in the first author attributing at least some of the IRB's concerns as arising from a white, heteronormative stance. This is salient because such perceptions, even if inaccurate, may be especially common among researchers who become interested in or approach the study of issues and phenomena through personal experience, ultimately deterring them from pursuing lines of investigation that stand to benefit from their unique perspective.

### **Why Is It Necessary to Overcome these Barriers to Participation?**

Given the multitude of issues that arise in researching racialized LGBTQ+ minors, IRBs and researchers alike question the pertinence of this population's perspective when retrospective accounts may be available from young adults in less vulnerable situations. Two rationales point to the need for sampling minors.

First, from a methodological perspective, the experiences and perspectives of minors today may be distinct from young adults in important respects. LGBTQ+ youth endure many

heterosexist and transprejudicial attitudes and events in various youth environments that may lose their salience over time through meaningful reconstruction, thus reducing the validity of retrospective analysis (Flores et al., 2018; Mustanski, 2011). Furthermore, LGB identity development models have historically been formulated based on research with adults, albeit with specific caveats impeding their application to younger people. One such caveat arises from the trend of youth coming out at younger ages (Bilodeau & Renn, 2005). Additionally, research on the identity development of transgender individuals demonstrates that, for some, adolescence can be uniquely stressful, as bodily changes that may contradict the youth's gender identity begin to cause distress. Therefore, retrospective analysis may not be able to capture the precise array of emotions these youth feel during these changes (Burgess, 1999). Furthermore, progress within the trans community specifically suggests that trans youth are being shaped by a world unlike that which influenced their young adult peers. For example, in June 2016, Québec passed landmark legislation permitting transgender youth 14 years and older to change their gender identity autonomously. Additionally, in June 2017, the Canadian government passed legislation prohibiting discrimination and hate propaganda targeting gender identity and expression. The explicit support that transgender youth have recently attained from various institutions may influence their identity development and well-being, perhaps in a similar manner to the lower rates of suicide attempts among high schoolers that were observed in the U.S. subsequent to the validation of same-sex marriage within their states (Raifman, Moscoe, Austin, & McConnel, 2017).

The recent changes, availability, and popularity of certain types of media may also be influencing the identity development of these LGBTQ+ youth, differentiating them from peers only a few years older than them. GLAAD, a non-profit organization that works to increase the acceptance of LGBTQ+ people by focusing on the media, noted that the 2017-2018 television season had the highest proportion of regular LGBTQ+ characters since they began observing these statistics nearly 22 years ago (GLAAD, n.d.). Similarly, YouTube also exemplifies a surge in the accessibility of LGBTQ+ representation, especially after 2013, as ordinary individuals and celebrities posted viral videos disclosing their LGBTQ+ identity to the world, garnering between 2 and 24 million views. These are but two examples of the many ways in which LGBTQ+ representation has proliferated in the public eye in the past decade. Thus, individuals 18 and older who witnessed these radical changes later in their LGBTQ+ identity development may

differ markedly from their younger peers who have much more information relevant to LGBTQ+ individuals available to them when they initially begin to question their identities.

The second rationale for undertaking research specific to racialized LGBTQ+ youth is the need to address several knowledge gaps in the extant literature, the persistence of which has serious implications for health services. First, studies on LGBTQ+ youth tend to focus solely upon sexual and gender identity, which can leave the needs of racialized LGBTQ+ youth unaddressed. Second, many studies have clarified the issues that racialized LGBTQ+ adults struggle with, but critical knowledge gaps exist as to whether and how the issues these adults contend with are similar to or divergent from the experiences of minors (Ridge, Hee, & Minichiello, 1999; Szymanski & Sung, 2013). This lack of knowledge impedes the use of evidence to improve services that youth can legally access even as minors. Many jurisdictions throughout the world, including within Canada, permit minors to access and use medical care autonomously, unless there is a risk to their life or integrity, or they are required to stay in a hospital for a prolonged period (Kerwin et al., 2015; Skelton, 2008). Thus, it is somewhat paradoxical to maintain regulations obstructive to the participation of racialized LGBTQ+ minors in research for tailoring these services to their needs.

Racialized LGBTQ+ youth may be less likely to participate in potentially beneficial research than their white LGBTQ+ peers, who may be more likely to agree to involve their parents because they may be more likely to be out to their parents (Macagapal, 2016; Mustanski, 2011). The imposition of impractical safeguards can perpetuate this reality for the foreseeable future. Absent such research, service providers may fail to understand the complexity of meeting the unique needs of these individuals and be unable to appropriately tailor services. To ensure the equitable distribution of the benefits of research, it is necessary to innovate pragmatic safeguards that can facilitate these youth's participation and to adapt the ethical review process to ensure that it does not impede their participation. In sum, it remains unclear where the most harm lies: interviewing youth at the risk of evoking emotional difficulties, or denying access to participation in research likely to improve the adaptation of services to their needs.

### **Moving Forward**

Racialized LGBTQ+ youth may have much to lose if they are not represented in research because of extant ethics approval norms. Altering this pattern of disparate effect will necessitate a concerted effort from IRBs, researchers, and certain entities that may not typically engage with

the approval process. In the following section, several potential avenues will be explored, first to help researchers from the outset of their project design, and second, to address systemic issues. While these recommendations are pertinent to racialized queer youth, they may be broadly applicable to research with many marginalized communities.

### **Potential Strategies for Researchers**

#### **1. Create an advisory committee for research proposals.**

For any project relating to marginalized populations, including racialized queer youth, networking with relevant community stakeholders can help define the potential issues that may arise while doing research with these populations. It may be beneficial to have individuals from these organizations and groups advise aspects of the research protocol by forming an advisory committee from the outset of the research process, in the spirit of participatory research. Its function would be two-fold. For researchers, the expertise of these individuals would aid in developing a proposal that speaks directly to the needs of the community, elucidate issues of safety, and offers a resource of knowledge and connections that may be used to provide practical safeguards. The participation of these individuals in the research development process would help IRBs fulfill their mandate of ensuring that the benefits of research accrue for marginalized groups. It can also mitigate their concerns that the proposal may be too “risky,” as groups that have extensive experience serving the vulnerable population in question would have helped address many of the significant issues related to safety and wellbeing.

A probable issue is that resource constraints may make it difficult for many community services and organizations to allocate an advisory council member. Nevertheless, asking these groups about the prospect of forming an advisory council can be seen as a sign of good faith, and these entities may be able to connect researchers to individuals in the community who may be willing to serve on these boards and have similar levels of pertinent expertise.

#### **2. Consult with social equity offices.**

Universities may have offices specifically designated to further their commitment to social justice. These offices often have a variety of resources at their disposal to help the researcher grapple with the issues posed by research on marginalized communities. When the researchers in this study faced ethical issues related to requesting the waiver of parental consent, they consulted with one such university social equity office. The office was supportive of the researcher’s pursuits and organized a meeting with the accountability office within the



researcher's faculty to discuss the issues that had arisen. A representative of the office even attended this meeting along with the researcher. This meeting suggested that minimal risk designations are not static and can be changed depending on the safeguards instituted.

Further, the members at these offices may have longstanding connections to trusted entities working with underserved populations. Demonstrating that a researcher has the endorsement of these trusted individuals can increase the likelihood that a service for marginalized communities responds to and supports the research in the context of their often strained resources. Thus, it is important to meet social equity divisions of the university as early in the research process as possible to obtain their support and accelerate the process of networking with pertinent organizations.

### **3. Integrate questions that provide empirical evidence on the risks presented by the methods used.**

When researchers use surveys, interview guides etc. with marginalized communities, they should collect data on how these tools are perceived and what response they evoke in the participants, as recommended by Mutsanski (2011). For example, at the end of an interview, ask whether any of the questions were distressing or uncomfortable. Careful observation records should also be kept by researchers to capture non-verbal signs of distress. Future researchers can use this data to inform IRBs whether questions on "sensitive" topics like sexuality, substance use and mental health, are likely to evoke distress (Mustanski, 2011).

### **4. Have professionals available for youths in crises.**

An effective way to mitigate IRBs' concerns about an LGBTQ+ minor's participation in a study without the consent of their parents is to have professionals on-site to assist the youth's wellbeing, as certain studies have done (Flores et al., 2018; Schelbe et al., 2015). In certain jurisdictions, professionals may also be needed to serve as advocates for minors in the consent process, although the definition of "children" varies according to the legal age of consent for the procedures and treatment within the study (Requirements for permission by parents or guardians and for assent by children, 2009). However, other jurisdictions, such as Quebec, permit youths as young as 14 years old to consent autonomously, if the research involves minimal risk (Enjoyment and Exercise of Civil Rights, 2013). This suggests that a two-pronged approach could be used to decide what role professionals should fulfill.

In the first prong of this approach, IRBs may consider not requiring professionals to serve as independent youth advocates for studies that are designated as minimal risk, even if LGBTQ+ youth choose to participate without their parents' consent. To determine the study's risk level, the IRB can reach a risk designation that is informed by the views of the researcher and a community-based advisory group. Implicit to this approach, the prospect of LGBTQ+ youth participating in studies without parental consent would not automatically result in the proposal exceeding the minimal risk boundary. Several rationales support this notion. First, it is likely that LGBTQ+ youth already participate in studies of broader segments of youth who have waived parental consent, as studies often do not differentiate whether their participants are sexual and gender minorities. Second, asking questions about LGBTQ+ identity-related experiences need not in and of itself warrant the determination that a study poses more than minimal risk. While the study may evoke minor distress, evidence from the literature tends to suggest that it will likely only be temporary (Corbin & Morse, 2003). Further, the researcher can be trained to refer a participant to appropriate resources or consult a clinician if need be. To equate studies that warrant higher risk designations with any study of LGBTQ+ identities undervalues the resilience of the LGBTQ+ community. It would also imply that studies of any vulnerable group's experiences would automatically be categorized as higher risk, which is difficult to reconcile with the principle of justice (Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences et al., 2014). Additionally, minors over the age of 14 years have already been deemed to have the decisional capacity to examine the risks and benefits of participating in research that poses minimal risk (Enjoyment and Exercise of Civil Rights, 2013). The freedom to withdraw from studies at any time (Flores et al., 2018) and the sensitivity of researchers to indicators of ongoing informed consent buttress the notion that youths would not need to consult with professionals in studies viewed as posing minimal risk. Nor would they necessarily require a professional on site, especially if the investigator's skillset includes some crisis support training and knowledge of community resources needed to mitigate the little distress that may be evoked in a minimal risk study.

In the second prong of this approach, if a study exceeds the minimal risk criteria, but then institutes protections to warrant the minimal risk designation, referral to an on-site professional could be used. Similarly, for studies that satisfy a "minor increase over minimal risk" designation, on-site staff should be considered, if regulations are modified to permit such a

designation. These studies may cover explicitly distressing topics related to violence, suicidal ideation, and self-harm. In these cases, an independent youth advocate and mental health support provider should be present. It is possible that professionals may fulfill the dual function of supporting youth and serving as a youth advocate if they are sufficiently separated from the research project's interest. The youth advocate is entrusted with acting in accordance with the youth's interest. Thus, being a part of the research team or having a stake in the outcome of the study could be considered a conflict of interest (Mustanski, 2011). While it may be difficult to satisfy this human resource burden, researchers are recommended to consult services offered through the university's networks, such as affiliated hospitals or clinics, as they may be more likely to consent to this relationship than relatively under-resourced non-profit entities. For the authors, a service through the university did consent to functioning in a mental health support role (although limitations related to the timeline of a Master's thesis precluded them from moving forward with researching minors). Through the act of networking in the community to form advisory councils, it is possible that at least one professional may be available to execute this critical function. Alternatively, planning from the outset that a research team member can fulfill this function through their qualifications as a clinician, social worker, etc. may expedite the approval process considerably.

### **Avenues for Systemic Changes**

#### **5. Promote cultural humility in institutions through training.**

For studies that require an on-site professional to allay concerns regarding the minor's wellbeing, it may be difficult to recruit professionals who have the expertise to support LGBTQ+ youth, especially those who are racialized. A social worker or professional at a number of local organizations or services could fulfill such a role, if they had the proper training. Training service providers in general organizations and services with the basic skills to support LGBTQ+ youth may actually be facilitative of research with racialized LGBTQ+ youth, as it opens a new pool of support workers to fulfill the role of an on-site professional. Recommended training modules include a basic introduction to LGBTQ+ identities, respectfully interacting with LGBTQ+ youth, and safeguarding the confidentiality of their identities; understanding the impact of bullying at school, parental acceptance, and parental rejection on their wellbeing; and mental health struggles that may be common among this population (APA, 2012).

Adopting the tenets of cultural humility in local organizations and services can also be beneficial, as there is often limited knowledge regarding racialized LGBTQ+ youth (Tervalon & García, 1998). Cultural humility encourages providers to adopt a reflexive perspective that enables them to assess the deficiencies in their knowledge, learn about new facets of a group's experiences, and share with clients that sometimes they do not know what to do, but will make their best effort to seek out resources pertaining to novel issues. This perspective can also help providers examine how their privileged identities, related to race, culture, ability, class, and gender, can be obstructive to attaining the best outcomes for their clients. Cultural humility also encourages employing client-centred practices to ensure that clients have a significant voice in the interaction and have their identities addressed to their desired extent. This can prevent providers from pathologizing marginalized identities, like those of racialized LGBTQ+ youth, as many individuals will seek help for issues that have nothing to do with their identities, but still wish to have a supportive, respectful environment. Lastly, cultural humility encourages providers to collaborate with communities in equitable relationships; this can provide insights to the provider about the issues that racialized LGBTQ+ youth face from these communities' lenses.

As essential gatekeepers to the scientific process, IRBs can facilitate research with vulnerable groups. In an ideal scenario, IRB members would have knowledge about specific vulnerable groups and the ethical issues attendant to conducting research with them. While knowledge of vulnerable groups does not directly correlate with membership of marginalized communities, instituting hiring practices that ensure IRBs have diverse people and perspectives represented could contribute to this goal.

#### **6. Integrate a new framework into the ethical review process.**

In conformity with the principle of cultural humility, the following framework is suggested to help review proposals concerning vulnerable groups. An application of the framework to a study of racialized queer youth and their experiences follows:

***1) Do the concerns raised for this research proposal differ from those that would be raised in studies without vulnerable populations? Or do these concerns emerge from the study's focus on a vulnerable population?***

- The IRB may be concerned that discussing the topic of sexuality (by asking sexual and gender minorities about their experiences) may render the researcher liable to charges of misconduct and abuse.

- The IRB may be concerned about mental health disparities between queer people and their heterosexual, cisgender peers, and suggest that a form of support should be available in the event of a crisis.

Both of the listed concerns are unique to, or at least emerge from, conducting research with LGBTQ+ youth, so it is necessary to proceed to the second stage of analysis.

**2) *Are these differential concerns based in empirical evidence?***

At this stage, the IRB uses the information provided by the researcher and/or seeks out additional information.

- The IRB's concern that discussing the experiences of sexual minorities may facilitate charges of abuse or misconduct is unsupported by the literature and is rejected by researchers who have worked with the community (Tufford et al., 2012).
- The IRB's concern about mental health disparities is warranted given that numerous studies demonstrate LGBTQ+ youth are more likely to contemplate suicide, be depressed, use substances, and self-harm (Almeida et al., 2009; Bontempo & D'Augelli, 2002; Burton et al., 2014; Faulkner & Cranston, 1998; Grossman & D'Augelli, 2007; Steever et al., 2014).

**3) *In the case of unsupported inferences, how would they be perceived by members of the community in question?***

If the IRB feels any discomfort with discussing these inferences with the community in question, they can engage in self-reflection as to why the concern arose and, in many cases, this may mitigate or remove the concern.

- The IRB's concern that there is a likelihood of charges of sexual abuse or misconduct stemming from a study of the experiences of LGBTQ+ youth would not be well-received by LGBTQ+ people, as they would feel offended by the idea that merely asking about experiences related to a group identity would be associated with criminality. Further examination by the IRB regarding the beliefs that may have resulted in the conflation between this concern and the topic of the study may result in this concern being seen as not valid. Such self-reflection can be facilitated by other offices/departments within the university (e.g., an office dealing with diversity or social equity).

**4) *In the case of empirically supported concerns, what are the least drastic restrictions and safeguards necessary to remedy the concern?***

Overly drastic restrictions can impact the quality of research and impose undue burdens (with respect to allocating witnesses or support workers, for instance) on researchers or allied organisations that tend to be under-resourced.

- It is likely that IRBs and researchers may arrive at different conclusions as to what measures are required to achieve the research objective while maintaining sufficient protection for participants. To ensure that the least drastic restrictions are imposed, further dialogue between IRBs and researchers can help address the concerns raised by the ethical review process. An in-person meeting can be valuable to finding a timely solution.
- Applying this framework to the concern that racialized LGBTQ+ youth may need mental health support in a study of their experiences, there are several available options to consider, ordered from most restrictive to least.
  - a. Bar minors from participating in the study to avoid the potential legal ramifications and human resource burden of providing social/mental health support and/or assessing risk during the interview
  - b. Conduct the study at an organization frequented by racialized LGBTQ+ youth and have an appropriately qualified professional available to assuage any distress that may arise.
  - c. Conduct the study at a local health services division with an available professional who has the requisite competencies.
  - d. Have a clinician available via telecommunications to help organize services for the youth.

Each of these options should be considered in the context of the skillset and networks that any researcher should have for qualitative research, namely sensitivity to the participants' needs, some crisis-support knowledge, and interviewing skills. An open discussion between the IRB members and the researchers would likely result in the selection of options B, C or D. Option A would be unacceptable to the researchers, as it seems to work against the

institution's and the researcher's commitment to the principle of justice and ensuring underserved population's voices are heard.

**5) *If the least drastic means chosen are beyond the researcher's financial or human resource capabilities, are there referrals that can be provided to help the researcher overcome this barrier?***

This would represent an expansion of the IRB's role as it would require additional investments of energy and time, that would, however, be consistent with a commitment to the principle of justice. Institutions could have a point of referral for researchers to consult with in order to improve their proposals with regards to marginalized populations. It could take the form of referring researchers to social equity offices and specialized groups and services related to the group in question.

- It is unclear who bears the burden of concretizing such partnerships. Perhaps the IRB could coordinate with departments at the university and community organizations to establish these relationships as a resource to be drawn upon by researchers. Alternatively, social equity offices and social justice divisions of a university could coordinate with community organizations to elicit their needs in order to suggest research that should be pursued by researchers. The IRB should be consulted in this process to explicitly clarify what precautions would be necessary in order to facilitate the ethical approval of such community-initiated research.
- Applying this framework to the concerns for research with racialized LGBTQ+ youth, a researcher may not have the human resources to offer a professional who can provide social and crisis support in a culturally competent manner.
- The IRB may subsequently refer the researcher to the offices of social equity or campus groups and services related to LGBTQ+ identities. These groups will have knowledge of the community and can guide the researcher to a solution, in the best of circumstances. In the worst-case scenario, all entities will state they do not have the resources to help, which speaks to the systemic concern of ensuring general services are trained or otherwise have the capacity to be drawn upon as a resource for such research with marginalized communities.

In sum, this five-step framework provides some guidance to IRBs on evaluating research proposals, particularly with LGBTQ+ youth in a manner that better conforms to the principle of justice. These are preliminary reflections, and it is suggested that institutions and researchers improve upon this framework together.

### **7. Revise federal and provincial policies.**

Deconstructing barriers to researching racialized LGBTQ+ minors in Canada can be informed by the policies in place in other countries that may serve as a template for fostering research with these individuals.

For example, the United States' Federal Policy for the Protection of Human Subjects permits research with minors that involves only a minor increase over minimal risk, a designation that has permitted researchers to survey the mental health morbidity, drug use, and sexual risk-taking behaviors of LGBTQ+ minors (Millum 2012; Mustanski 2011). Therefore, "a minor increase" over minimal risk, despite being subjective, at least grants IRBs some discretion to approve studies with "vulnerable" communities that may be perceived as higher risk research. The federal policy also explicitly states that parental consent may be waived if it is not a reasonable requirement for the protection of youth under the age of majority and other sufficient safeguards have been instituted (Fisher et al., 2016; Mutsanski, 2011). Because of confusion over the application of this provision, the U.S. Secretarial Advisory Committee on Human Research Protections provided recommendations to the Office of Human Research Protections that explicitly included a stipulation that research with lesbian and gay youth who may not be out to their parents falls under the purview of this exception (Secretary's Advisory Committee on Human Research Protections, n.d.; Fisher & Mutsanski, 2014).

Researchers in the United States can also apply for a Federal Certificate of Confidentiality from the National Institutes of Health that exempts them from making disclosures compelled by the law, such as those related to discovering child abuse (Mustanski, 2011). This certificate could help address a review board's concern, but the pros and cons of mandated contact with the authorities should be carefully reviewed with clear legal advice that is in the best interest of these youth. In addition, this certificate can allay concerns that data collected in research touching upon criminal conduct can be used as evidence if subpoenaed in a court of law. In the aforementioned study examining the mental health issues, drug use and sexual behaviors of LGBTQ+ youth, this certificate helped assure the IRB that the research was



within a minor increase over minimal risk, thus allowing them to approve the proposal (Mustanski, 2011; Mustanski, Garofalo, & Emerson, 2010).

Certificates of confidentiality, alternative risks designations, and specific guidance on the application of waivers of parental consent to research with LGBTQ+ youth are conducive to research with racialized LGBTQ+ youth and may be important tools to consider for researchers in Canada. Though this may contradict the instincts of many service providers and policy makers, the first author remembers the complexity and anxiety of having to navigate the duality of his identities as a racialized queer minor. The remote risk of forced disclosures that may entangle racialized queer youth in a situation where they need to weave an intricate web of lies to shield their identity, lest they face the abusive consequences that may ensue, is a burden that is not placed on most groups in Canadian society when they participate in research. A harm reduction approach appears optimal to guarantee the safety and wellbeing of these youth. With this measure, researchers would have the discretion to contact professionals who can competently address these youth's concerns without entangling them in intensely bureaucratic services, which may not be culturally competent, and without increasing their likelihood of being outed. Similarly, carving out specific, limited exceptions to the "minimal risk" doctrine that permit waivers of parental consent, with specific guidance on how research with queer youth should fall under the purview of such an exception, can make a difference in ensuring that racialized queer youth have a voice in research on delicate issues related to suicidality and intimate partner violence that are important to services. As noted in Avenue 4 above, research that poses more than minimal risk should involve an independent youth advocate to help minors properly weigh the risks and benefits of participating in research. Lastly, uniform guidance should be provided as to the conditions under which research with queer youth can be considered minimal risk and the minimal safeguards that are needed, so that proposals can be approved more quickly by IRBs.

### **Conclusions**

Science is an inherently political discipline; it does not operate in a vacuum from the oppressive forces at work in other industries and spheres of society. Whose needs are addressed by scientific research and whose are not may be directly connected to the experiences of marginalization that deprive certain communities of agency and resources. The scientific community has a key role to play in rectifying these issues. Though the experiences and

recommendations detailed within this piece relate to the plight of racialized LGBTQ+ youth, this paper is part of a broader call to action to improve upon ethical review processes, particularly with regards to neglected groups and topics (Mutsanski, 2011). If the scientific community is truly devoted to principle of justice, then it will complete the arduous work that is necessary to honor this commitment.

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## **General Discussion and Conclusion**

The objectives of this study were to understand the experiences of Asian immigrant LGBTQ+ youth and their perceptions of and experiences with mental health and social support services. In the course of crafting the research proposal and obtaining ethical approval, systemic issues in conducting research with racialized LGBTQ+ minors came to light, which the researchers chose to explore in-depth and address to further the cause of ensuring equitable access to the benefits of science among marginalized populations. Institutions may perceive that conducting research with racialized LGBTQ+ youth without their parents' acknowledgement constitutes too high a risk, despite empirical evidence that this cannot always be assumed to be the case. Researchers may, however, encounter difficulties obtaining waivers of parental consent. Inflexibility on parental consent requirements may have a disparate impact on racialized LGBTQ+ youth who, for a variety of reasons, may conceal their identities more often than their white peers. Further, these designations of risk appear to be variable, both between ethics review boards at different institutions, and within the same institution. Similarly, ethics boards' concerns that conducting certain types of research may result in charges of misconduct and abuse may be ill-perceived by LGBTQ+ researchers and communities. To overcome the obstacles faced both in this study and by other researchers, a variety of suggestions were explored, such as creating an advisory committee to help outline and minimize the risks of the research; consulting with an office or unit at the university that specializes in diversity issues; collecting data on the perception of discomfort or distress by participants during the course of the study; ensuring that research with LGBTQ+ youth is not categorically labelled as higher risk research; requiring a service provider on-site only for those studies that entail greater research risks to the participants; training service providers generally in queer issues such that they could potentially serve as the on-site support in this line of research; increasing diversity among IRBs and enhancing their training; using a novel framework for evaluating research proposals that simultaneously centres around empirical evidence and affirms the dignity of marginalized communities; and changing legislation and regulations to facilitate research with marginalized youth. Ultimately, providing the benefits of science to underserved or marginalized communities rests on mutually supportive relationships between institutional review boards, researchers, and these communities.

Although the perspectives of minors were absent due to the aforementioned issues with the ethical review process, the semi-structured interviews conducted with Asian immigrant

LGBTQ+ young adults and service providers met our original objectives. Our findings shed light on the various challenges Asian immigrant LGBTQ+ youth cope with as they progress through adolescence and young adulthood, and the facets of services they find favorable and undesirable. Asian immigrant LGBTQ+ youth negotiate challenges within their family, often related to concealing their identities because they perceive that their parents as unaccepting of their sexuality/gender. Novel to this study is the emergence of intersectional challenges related to gender identity, culture, immigration, and adolescence. In particular, Asian immigrant non-binary youth may have to negotiate the expression of their true selves whilst concealing their identity due to their parents' gender normative beliefs and expressions, which may stem from cultural norms and values. Asian immigrant LGBTQ+ youth may also refrain from coming out in their schools because this information could travel to their family through ethnic community networks. Though migration may have severed these youth from extended family members who could have provided social support as they came to terms with their gender identity, it may have also given youth the opportunity to express their gender openly if family members resided abroad. Asian immigrant LGBTQ+ youth who have recently immigrated or visit their country of origin frequently may have stronger connections to values and family members abroad, magnifying the difficulty of negotiating the tension between their culture and sexual and/or gender identity.

Asian immigrant LGBTQ+ youth also contend with invisibility and prejudice in various domains of their lives, particularly within the queer community. Queer spaces, media representations, and online platforms were perceived as predominantly comprised of white individuals, and comparatively lacking Asian queer people, thereby inducing a sense of alienation. Recent Asian immigrant queer people are particularly likely to be underrepresented in queer organizations and activism, it appears, because the struggle of managing post-migration stressors may deprive them of the time and resources necessary to devote themselves to these causes. Asian immigrant LGBTQ+ youth may also feel less desirable than their white queer counterparts, as the influence of the media and society's stereotypes of Asian people construct characteristics associated with whiteness as preferable to those typically equated with Asian individuals. This contributes to the exclusion and discrimination they face in sexual and romantic spaces, as they feel disregarded due to their race and are sometimes subjected to derogatory comments that categorically assume Asians are undesirable. We found that some Asian

immigrant transgender youth may struggle to find queer partners who are not only accepting of their ethnicity, but also their gender identity. Schools were also sites associated with experiences of prejudice or exclusion. Asian immigrant LGBTQ+ youth reported being bullied or hearing disparaging remarks based on characteristics related to racial, religious, sexual and/or gender identity. Novel to this study is the finding that some Asian immigrant transgender youth who choose to socially transition to another gender reported being bullied for failing to conform to Western standards of beauty associated with that gender. Further, they felt alienated from their peers due to their lower socioeconomic status and found it difficult to integrate with both Asian and Western peers.

Asian immigrant LGBTQ+ youth employ a variety of coping strategies to negotiate these challenges, including concealing their identities, attempting to exceed other expectations their families set for them, attempting to assimilate among their Western peers, committing to supporting marginalized individuals like them in the future, drawing on available familial support, affiliating with peers who share their identities, construing their distinctive identity as advantageous, using names that comport with their identities, and availing themselves of policies that affirm their gender. Asian immigrant LGBTQ+ youth may appreciate the comparative freedom to be true to their sexual and/or gender identity in the host country and the benefits of their upbringing within their family, particularly with regards to class.

With regards to services, Asian immigrant LGBTQ+ youth experience service gaps for a variety of reasons, which include a lack of resources, training, and diversity within services; the complicated procedures and delays associated with accessing and using services; the high costs of psychotherapy in the private sphere; mental health stigma that deters service utilization; and practices of individual providers that were perceived as pathologizing, unaccepting, or controlling. There are a number of ways to improve these services for Asian immigrant LGBTQ+ youth, such as ensuring more comprehensive training for providers in public mental health and social support services; increasing collaboration between services specialized in distinct experiences of marginalization; implementing initiatives to increase diversity within services, particularly for Asian individuals; establishing service groups to address the unique issues of Asian queer individuals in Montreal; connecting Asian immigrant LGBTQ+ youth with similar others; conducting educational programs in Asian immigrant communities on topics related to mental health, sexuality, and gender; modifying outreach to be more inclusive of

diverse individuals, particularly with regards to language; providing digital mental health services that respond to Asian immigrant LGBTQ+ youth's concerns for confidentiality; promoting nonjudgmental and confidential practices among providers; allocating more resources to these services; and furthering inclusion of transgender and non-binary persons within services.

### **Implication of Findings**

The two pieces featured in this thesis make significant contributions to the literature. It is among the first studies to examine the holistic experience of Asian immigrant LGBTQ+ youth, a population that is expected to be quite numerous in metropolitan areas of Canada. Second, it underscores how various stakeholders can improve services to meet the needs of this demographic. It is likely that these potential changes would benefit not only Asian immigrant LGBTQ+ youth, but also the broader marginalized groups they belong to. Finally, the piece regarding research ethics is one of few articles within North America to examine the implications the ethical review process has on research concerning LGBTQ+ youth, and perhaps the only article, to our knowledge, that examines its relationship with racialized LGBTQ+ youth.

Future research should target recent immigrants who are also Asian immigrant LGBTQ+ youth, as their perspectives were missing from this study. Investigators should also seek the perspectives of minors, if possible. It may also be beneficial to explore the perspectives of institutional review board members to shed light on how to improve the ethical review process for research with marginalized groups.

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## Appendix

### Interview Guides

#### Questions for Asian immigrant LGBTQ+ young adults.

1. So what made you want to participate in this study?
  - a. Back up: “So tell me a little bit about yourself?”
2. How would you describe yourself generally?
  - a. Do you feel that you belong to a particular group or community?
3. How do you describe your gender identity and sexual orientation, if you’re comfortable answering?
4. How do you describe your cultural identity?
5. In what ways has your cultural background affected your life?
6. How has being LGBTQ+ affected your life?
7. How does being both an Asian immigrant and LGBTQ+ at the same time affect your life?
  - a. How is your experience different from other Asian immigrants?
  - b. How is your experience different from other LGBTQ+ people?
  - c. Probe for following places if they don’t come up naturally:
    - i. School
    - ii. Home and family dynamic
    - iii. LGBTQ+ spaces, dating (if applicable), and community organizations, groups etc.
    - iv. Asian peers (if applicable)
    - v. Any other relevant places to you?
8. How has immigration or having parents who’ve undergone immigration affected you?
  - a. Does it affect how you interact with other people?
  - b. How does it relate to your experience as an Asian person living here?
  - c. How does it relate to your experience being LGBTQ+?
  - d. How does it relate to your experience of being both Asian and LGBTQ+ at the same time?
9. Are there any other identities you find significant to your life?

- a. Please elaborate how they've affected your life and whether they've interacted with other identities you have
- 10. In light of everything you've discussed so far, what were your experiences during adolescence?
  - a. Any prominent things that affected your life?
  - b. Did any parts of your identity or their interactions significantly affect your life?
- 11. What are your experiences with mental health services, if you've ever used them?
  - a. You can also discuss your experiences with social support services, which we broadly define as:
    - i. Community organizations and local groups
    - ii. Social workers
    - iii. Telephone services
  - b. Could you elaborate on any experiences you had trying to find or use mental health services while you were in high school
- 12. How do you perceive social support and/or mental health services?
  - a. Examples of mental health and social support services include getting help from:
    - i. Counselors, including school counselors
    - ii. Any psychologist or psychiatrist
    - iii. Social workers
    - iv. Helplines and staffers at local organizations
  - b. Why do you perceive them that way?
- 13. What makes it easy to approach and use mental health and social support services?
- 14. What makes it hard to approach and use mental health and social support services?
- 15. What do you think social support/mental health services could do to make them easier to approach for you and other Asian immigrant LGBTQ+ youth and young adults like you?
  - a. If you were able to make decisions about support and mental health services, how would you make them friendlier to Asian immigrant LGBTQ+ youth and young adults?

16. Is there anything else relevant to the topic that I haven't covered that you'd like to discuss now?
17. Were any of these questions distressing or uncomfortable?
18. Do you have any questions for me?
19. Do you have any feedback on the questions and how to improve it in the future?

### **Questions for service providers**

1. Can you tell me about your role in your organization?
2. Can you describe the services you offer?
3. I'm interest in LGBTQ+ clients using your services. Can you tell me more about them and why they might be seeking services?
  - a. Probe beliefs of this population regarding services if it doesn't arise
  - b. Do you give space to talk about these identities?
4. Similarly, I'm also interested in Asian immigrant clients, so could you tell me more about them and the reasons they are seeking services?
  - a. Probe beliefs of this population regarding services if it doesn't arise
  - b. If they don't have Asian patients skip to next question
5. If you've ever experienced providing services to an Asian LGBTQ+ young adults and youth, what are some of the issues they faced and were they related to the services they sought?
  - a. Probe beliefs of this population regarding services if it doesn't arise
6. If these youths were first-generation or second-generation immigrants, did that factor into their experiences in anyway and their experiences/beliefs of social support services and mental health care systems?
  - a. How did immigration or having immigrant parents affect the issues they came to you with or the way they received the services?
  - b. Probe beliefs this population could have regarding services if it doesn't arise
7. (If not previously considered) What do you believe would be/has been the experience of Asian LGBTQ+ immigrant youth and young adults in social support services and mental health care systems?
  - a. What are some specific considerations unique to this population?

- b. What are considerations for this group of youth that would be similar to your other clients?
  - c. In what ways does the current system benefit these individuals?
  - d. In what ways can the current system be changed to help these individuals?
- 8. How can care provided to either LGBTQ+ or Asian clients become more inclusive of Asian LGBTQ+ immigrant young adults and youth?
- 9. Is there anything else relevant to the topic we're discussing that I've missed that you'd like to elaborate on now?
  - a. For example, are there any other identities you feel are significant to the experience of these individuals?
  - b. Where should service providers get the support and info to learn about these identities?
- 10. Do you have any questions for me?