

## University of Wisconsin Milwaukee UWM Digital Commons

---

Theses and Dissertations

---

December 2015

# Interrupting the Conspiracy of Silence: Historical Trauma and the Experiences of Hmong American Women

Ia Xiong

*University of Wisconsin-Milwaukee*

Follow this and additional works at: <https://dc.uwm.edu/etd>

 Part of the [Clinical Psychology Commons](#), and the [Cognitive Psychology Commons](#)

---

### Recommended Citation

Xiong, Ia, "Interrupting the Conspiracy of Silence: Historical Trauma and the Experiences of Hmong American Women" (2015).  
*Theses and Dissertations*. 1095.  
<https://dc.uwm.edu/etd/1095>

This Dissertation is brought to you for free and open access by UWM Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of UWM Digital Commons. For more information, please contact [open-access@uwm.edu](mailto:open-access@uwm.edu).

INTERRUPTING THE CONSPIRACY OF SILENCE: HISTORICAL TRAUMA AND THE  
EXPERIENCES OF HMONG AMERICAN WOMEN

by

Ia Xiong

A Dissertation Submitted in

Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

in Educational Psychology

at

The University of Wisconsin-Milwaukee

December 2015

## ABSTRACT

### INTERRUPTING THE CONSPIRACY OF SILENCE: HISTORICAL TRAUMA AND THE EXPERIENCES OF HMONG AMERICAN WOMEN

by

Ia Xiong

The University of Wisconsin-Milwaukee, 2015  
Under the Supervision of Professor Leah M. Rouse, Ph.D.

The Hmong have endured a history of oppressive and traumatic experiences. The Secret War was particularly significant as it resulted in genocide, dislocation, and oppression for the Hmong. In addition, the Hmong experience and their involvement as U.S. allies remained largely a secret for several decades. Current research suggests that Hmong Americans experience a high prevalence of mental health issues including depression, anxiety, and substance abuse as well as other health disparities. The purpose of this project was to explore how a history of massive group trauma and secrecy maintained about the Hmong may contribute to the current conditions of Hmong Americans. This qualitative project applied the conceptual frameworks of intergenerational transmission of historical trauma (Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative Framework) and the conspiracy of silence to explore the experiences of Hmong American women. In addition, this project explored the impact of a psychosocio-educational intervention based on the Cultural Context Model. Specifically, this study posed the following research questions:

1. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?

2. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
3. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

Nine Hmong American women were recruited for this project and completed initial interviews, a psychosocio-educational intervention, and post-intervention interviews. This project revealed that participants described experiences congruent with the construct of historical trauma and the conspiracy of silence. In addition, findings indicate that following a psychosocio-educational intervention, participants experienced consciousness-raising of societal and historical factors; experienced catharsis, unresolved grief, appreciation, and empowerment; and demonstrated further integration of their identity structures. This project offers insight into Hmong historical trauma and suggests interrupting the conspiracy of silence as a catalyst for healing and liberation for Hmong Americans. Further discussion of findings, implications, limitations, and future directions are considered.

© Copyright by Ia Xiong, 2015  
All Rights Reserved

To  
my parents,  
my grandparents,  
and those who lost their lives during the Secret War.

## TABLE OF CONTENTS

	PAGE
ABSTRACT.....	ii
LIST OF FIGURES.....	ix
LIST OF TABLES.....	x
ACKNOWLEDGEMENTS.....	xi
CHAPTER 1: INTRODUCTION.....	1
Problems.....	2
Key Concepts.....	6
Purpose Statement.....	11
Research Questions.....	12
Definition of Terms.....	12
CHAPTER 2: LITERATURE REVIEW.....	15
Part 1: Overview.....	15
Hmong History.....	15
Hmong Experiences of Massive Group Trauma.....	17
Secrecy of the Secret War.....	19
Hmong in the United States.....	21
Hmong American Women.....	23
Mental Health Experiences of Hmong Americans.....	25
Part 2: Problems.....	28
Problem 1: Limited and outdated data on Hmong mental health experiences.....	29
Problem 2: Incomplete conceptualization of Hmong mental health.....	30
Problem 3: Low utilization of mental health treatment.....	33
Part 3: Purpose.....	34
Trauma.....	34
Historical Trauma.....	35
Intergenerational Transmission of Historical Trauma.....	36
Relevant Conceptual Frameworks.....	40
The Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative Framework.....	40
The Conspiracy of Silence.....	41
Cultural Context Model.....	42
CHAPTER 3: METHODS.....	46
Core Tenets of the Extended Case Method.....	46
Community Partnership.....	48
Primary Investigator’s Biases.....	48
Research Team General Characteristics.....	49
Hmong American Women Consultants General Characteristics.....	50

Trustworthiness.....	50
Data Analysis.....	51
Participants and Sample Characteristics.....	52
Instruments.....	52
Interview protocol .....	52
Comprehensive History Questionnaire.....	54
Post Intervention Rating.....	55
Procedure.....	55
Intervention.....	56
Research Reciprocity .....	59
CHAPTER 4: RESULTS.....	60
Participant Demographics.....	61
Question 1 Results: Intergenerational Historical Trauma Experiences.....	62
Exposure to trauma.....	62
Direct exposure to trauma.....	63
Indirect exposure to trauma.....	64
Integration of identity structures.....	66
Disintegrated identity structures.....	66
Worthlessness.....	67
Shame.....	68
Misunderstood.....	71
Disconnected.....	72
Integrated identity structures.....	76
Pride.....	76
Support.....	78
Resilience.....	78
Relevant history of medical and psychiatric problems.....	80
Question 2 Results: Conspiracy of Silence Experiences .....	82
Silencing experiences.....	82
Secrets.....	83
Reasons for silencing experiences.....	84
Protection.....	84
Fear.....	84
Taboo and difficult dialogue.....	85
Ambiguity and lack of closure .....	86
Consequences of silencing experiences.....	87
Ignores Problems.....	88
Misrepresentation.....	89
Mistrust.....	92
Isolation.....	92
Transmission of trauma/revictimization.....	93
Question 3 Results: Post Intervention Experiences.....	95
Post intervention ratings.....	96
Consciousness-Raising.....	97
Awareness of self in context.....	98



Putting a name to it.....	99
Understanding of parents and family behavior.....	100
Emotional Experiences.....	103
Catharsis.....	103
Unresolved Grief.....	105
Appreciation.....	106
Empowerment.....	107
Promotes integration of identity structures.....	109
Analysis of self in context.....	110
Problem Solving.....	110
Processing unresolved grief.....	112
Storytelling.....	113
Intergenerational Communication.....	115
Bridge.....	117
Belongingness/Connectedness.....	119
 CHAPTER 5: DISCUSSION.....	 123
Summary of Results.....	123
Discussion of Findings.....	126
Exposure to trauma.....	126
Integration of identity structures.....	128
Relevant history of problems.....	129
Conspiracy of silence.....	130
Post intervention experiences.....	131
Consciousness-raising.....	131
Emotional experiences.....	132
Promoted the integration of identity structures.....	133
Hmong American Historical Trauma Visual Models.....	133
Implications.....	135
Limitations and Future Directions.....	138
Conclusions.....	139
 REFERENCES.....	 140
 APPENDICES.....	 151
Appendix A: Comprehensive History Questionnaire.....	151
Appendix B: Post Intervention Rating.....	167
Appendix C: Recruitment Email.....	168
Appendix D: Consent Form.....	169
Appendix E: Hmong Women’s Conference on Historical Trauma Flyer.....	174
Appendix F: Facilitator Guide.....	175
Appendix G: Life History Timeline.....	180
Appendix H: Conspiracy of Silence Activity.....	181
Appendix I: Messages about Hmong Women Activity.....	182
 CURRICULUM VITAE.....	 183

## LIST OF FIGURES

Figure 1. Transgenerational Transmission of Historical Trauma.....	39
Figure 2. Hmong American Historical Trauma and the Conspiracy of Silence.....	134
Figure 3. Hmong American Historical Trauma and the Integration of Identity Structures.....	135

## LIST OF TABLES

Table 1. Research Questions and Associated Aims.....	53
Table 2. Research Questions and Associated Aims.....	54
Table 3. Participant Characteristics.....	61
Table 4. Question 1 Results: Intergenerational Transmission of Historical Trauma.....	62
Table 5. Family Medical and Psychiatric History.....	81
Table 6. Question 2 Results: Conspiracy of Silence Experiences.....	82
Table 7. Question 3 Results: Post Intervention Experiences.....	96
Table 8. Post Intervention Self Report Ratings.....	97

## ACKNOWLEDGEMENTS

As the saying goes, it takes a village to raise a child. This was particularly the case in the completion of my dissertation and Ph.D. I am eternally grateful for this opportunity and for the support from an entire community that contributed to my personal and professional growth.

First and foremost, I want to honor and thank the nine Hmong women who participated in this project and offered their personal stories. Thank you for having the courage to share your experiences and to be the voices for so many in the Hmong community. Your insights are sure to enlighten and offer lessons for this generation and future generations to come. I am truly grateful for the chance to sit with each and every one of you and I feel incredibly honored to get to share the magnitude of your stories.

I would also like to thank my committee chair, advisor, mentor, teacher, and friend Dr. Leah Rouse. This would not have been possible without you. Thank you for believing in me from the very beginning. Your continuous efforts to move me forward in my journey are so incredibly appreciated. I cannot begin to articulate the significance of your role in helping me navigate the often conflicting worlds of indigenous knowledge and modern science. Thank you for the countless hours of guidance that deepened my understanding, meaning, and purpose for this work. The lessons I have gained from you go beyond academia; they are tools that I will carry with me for a lifetime.

In addition, I would like to thank my mentor, advisor, committee member, and professor Dr. Shannon Chavez-Korell. You are so extraordinarily inspirational as a counseling psychologist and a human being. Thank you for offering me support and encouragement throughout my doctoral experience, in particular at the start of my time in the doctoral program and at the end as I finalized my dissertation. Your dedication to really hearing and

acknowledging every word from my writings to presentations to individual meetings truly empowered me to discover and believe in my voice. I cannot thank you enough for the way in which you instilled so much hope and promoted so much growth throughout my journey.

Furthermore, I would like to thank other members of my dissertation committee for their hard work in seeing this project through. Dr. Nadya Fouad, thank you for introducing me to social justice discourse and for your vital insights on gendered experiences. Dr. Marty Sapp, thank you for your encouraging nature and continuous support from the inception of this project to its final product. Additionally, I would like to acknowledge Dr. Chia Youyee Vang for furthering my knowledge on Hmong history and Dr. Katie Mosack for sparking my interest in critical perspectives on health disparities. Thank you all for your guidance and contributions in the formulation and completion of this project.

I would also like to thank my fellow colleagues: Ashley Kies, Michelle Parisot, and Melissa Rico Mallakis. How incredibly lucky am I to have had the opportunity to embark on this journey with you three? Thank you so much for the late nights, laughter, and insights that made some of the most challenging years of grad school some of the best years of my life. Thank you for being my role models, allies, friends, and sisters and for creating a home away from home for me.

Next, I would like to thank members of my research team: Angela Lewis, Kristen Weber, Reggie Thirus, Samantha DeKeyser, Holly Wohlers, and Ashley Kies. Thank you for your hard work and willingness to dive into the often challenging reflective and reflexive process of data analysis considering the nature of this work. Thank you for being critical allies for the Hmong community by contributing constructive, yet culturally sensitive perspectives that was vital for the development of this project.

Furthermore, I want to thank the Hmong women whom I consulted with for the data analysis process of this project: Mai Vang Yang, Nou Xiong, Kahyee Moua, Alina Moua, Pakou Vang, Shoua Xiong, Gao Xiong Vang, Malee Moua, Susan Lee, Jennifer Vang, Linda Lovaj, Ong Xiong Reed, and Mamie Xiong, thank you all so much for taking time out of your busy schedules to offer such critical insights, reflections, and ideas. Thank you for your vital contributions and for supporting me in this project.

In addition, I want to acknowledge those who contributed to the start of my journey including the EWU McNair Scholars Program and staff: Cynthia Dukich and Dr. Karen McKinney. It is the existence of people like the both of you who make me believe that individuals can create change in the world. Thank you for believing in underserved, first-generation college students like me and for planting the seed in me nearly a decade ago that I could pursue my Ph.D. Not only that, thank you for preparing me with the tools to actually succeed. Additionally, I want to thank my friend Nancy Guillen for exploring the world of possibilities with me from the very beginning; my hometown Spokane and the larger Hmong community for their endless support; and my aunts and uncles for always offering words of encouragement along the way.

I also want to thank my best friend, partner in crime, and fiancé Phineas Ywj Peng Vang for hopping on this rollercoaster ride with me and making some of the most difficult days tolerable. Thank you for the simple things that made all of the difference: For preparing me meals on days I was too busy to eat; for taking me out on spontaneous adventures on days I needed to step away from it all; for making me laugh and believing in me on days I didn't believe in myself. Thank you for being there with me through it all, always cheering me on and never losing faith that I would make it to the finish line.

In addition, I would like to thank my siblings for their unconditional love and support and for teaching me significant life lessons that only someone who knows me in and out can teach. Si, thank you for your powerful words of encouragement and for exemplifying what it is to be a leader. Mamie, thank you for always being so dependable and opening your home, your heart, and your closet to me. Ong, thank you for being the one person in the entire universe who I can wholeheartedly cry to and laugh with. Nolan, thank you for being such an inspirational human being and someone I am always learning from through your actions. I am so truly grateful that I get all four of you in this lifetime to learn and grow together with.

Moreover, I am so incredibly grateful for my parents, Zheu and Xhaw Xiong. Mom and Dad, you both are the inspiration for my desire to embark on this journey. Thank you for your sacrifices and for holding me on your shoulders so that I could have the opportunity to climb higher than what was possible for those before me. Thank you for envisioning a life of possibility for your children. It is my hope that your sacrifices and survival did not occur in vain and that your hard work and guidance truly made it possible for opportunities such as these. *Yog vim hais tias nej txoj kev hlub thiab kev pab txhawb nqa es kuv thiaj li ua tau tas. Ua tsaug ntau os, niam thiab txiv.*

Lastly, I want to acknowledge those who lost their lives during the Secret War, including my grandparents: Txoov Zeb Xyooj, Yias Lis, Nchaiv Tswb Vaj, and Yeeb Thoj. While it breaks my heart that we never had the opportunity to meet in this lifetime, thank you for shaping who I am through your stories. Your legacies have offered so much meaning and purpose for those of us still here. *Kuv mam li nco nej cov lus hais tias kom peb sawv daws “sib sib hlub ov mog”.*

## **Chapter 1**

### **Introduction**

“We Hmong fight, work like buffalo, run, starve, and die—and no one knows”

(Hamilton-Merritt, 1999, p. 14).

The above quote was stated by Vang Yee, a Hmong chief of the Ban Vinai refugee camp, as documented by journalist Jane Hamilton-Merritt who recounted the conversation that occurred on August 2, 1979. A group of Hmong had just been massacred on the Mekong River by communist forces.

In 1961, the recruitment of Hmong soldiers began in Laos as a covert mission was initiated by the United States Central Intelligence Agency (CIA) to fight the spread of communism during the Vietnam War. With the leadership of General Vang Pao, the Hmong served as significant contributors to U.S. efforts, as the Hmong were particularly skilled at navigating the tumultuous jungles that were unfamiliar to the United States military (Hamilton-Merritt, 1999; Quincy, 2000). Due to Laos being established as a neutral, sovereign state during the 1954 Geneva Conference, the United States had agreed to restricting forces in Laos. Accordingly, the undisclosed operations of the CIA and recruitment of Hmong soldiers to fight communist forces in Laos became known as the Secret War.

When the United States pulled out of the Vietnam War in 1975, they also withdrew training teams, military weapons, and financial support from Laos, and consequently from the Hmong. As a result, the Hmong were left to fend for themselves as they became targets of retaliation by communist forces. Genocide was launched against the Hmong for aiding the United States (Hamilton-Merritt, 1999; Quincy, 2000). The Hmong—soldiers as well as innocent



men, women and children—were forced to flee their homes in the mountains of Laos and desperately escaped to Thailand in order to seek refuge. The great Mekong River posed as a significant barrier for many Hmong trying to escape as it sits on the border between Laos and Thailand. As journalist Jane Hamilton-Merritt described, “Under the communist regime, the Mekong River had become a Berlin Wall, dividing communist Laos from non-communist Thailand. Heavily armed Vietnamese and Pathet Lao patrols—sometimes in helicopters—shot and killed those fleeing across the Mekong to Thailand” (1999, p. 13). It is estimated that nearly half of the Hmong population died during this time of exodus (Hamilton-Merritt, 1999). Many were soldiers, but most were civilians who died of mortar fire, land mines, grenades, massacres, hunger and disease while escaping communist attacks.

While retaliation by communist forces against the Hmong was devastating and a significant human rights violation, it seemed the secrecy of the war and its aftermath was maintained. Despite the Hmong’s commitment fighting alongside the CIA and secret hearings in Washington D.C. acknowledging pending consequences of retaliation in Laos, United States government officials “maintained that the U.S. had no moral commitment of any kind to Laos, no written, verbal, or moral obligation to the Royal Lao government or to General Vang Pao and Hmong soldiers” (Hamilton-Merritt, 1999, p.226). When the United States pulled out of the war, the secret conflict in Laos was to be kept a secret. Consequently, Vang Yee’s quote expressing the silent suffering of the Hmong rang true. As brutal attacks continued against the Hmong in the aftermath of the Vietnam War, many government officials ignored or denied these incidences and most Americans were unaware of the Hmong at all (Hamilton-Merritt, 1999). Although it has now been approximately 40 years since the first wave of Hmong came to the United States, much remains unknown of their post settlement experiences.

## **Problems**

Several problems were identified regarding post settlement experiences of the Hmong in the United States. These problems include lack of research and data on Hmong mental health experiences, incomplete conceptualizations of Hmong mental health and adjustment in the U.S., and a need for culturally appropriate mental health treatment.

**Limited and outdated data on Hmong mental health experiences.** In the last several decades since the Hmong relocated to the United States, minimal research has been conducted to examine the mental health experiences of Hmong Americans. According to a report that compiled research findings and data from the 2010 U.S. Census, the mental health status of Hmong Americans remains inconclusive due to limited resources and viable extensive data (Lee & Chang, 2013). A review of the literature on Hmong mental health suggests a need to “develop research protocols to provide more depth and insight about the evolving mental health experiences and needs of this population” (Lee & Chang, 2013, p. 7). Lack of research and data on the mental health experiences of Hmong Americans may consequently overlook the needs of this population and inadvertently neglect proper mental health treatment. Despite minimal research to provide sufficient data on the incidences of mental health issues in the Hmong community, emerging evidence and media reports paint a picture of problems that continue to remain prevalent including high rates for gang involvement, suicide, domestic abuse, and violent crimes (Schein & Thoj, 2008; Straka, 2003; Xiong & Jesilow, 2007). While it has been 40 years since the Hmong endured the aftermath of Secret War and immigration to the U.S., the question remains: What are the post settlement mental health experiences of Hmong Americans? With reports indicating signs of mental and emotional distress seemingly pervasive in the Hmong community, there is a critical need to explore and assess the mental health experiences of Hmong

Americans. This project aimed to address the need for further examination of Hmong mental health experiences particularly with Hmong American women.

**Incomplete Conceptualization of Hmong Mental Health and Adjustment.** What does exist of current research regarding Hmong mental health and adjustment in the U.S. often depicts issues that are either minimized or over-pathologized. As the Hmong are often categorized under the Asian American umbrella, many problems that exist in the Hmong community are masked by the “model minority myth,” the stereotype that Asian Americans are faring well in the U.S. as the leading minority group achieving upward social mobility (Lee, 2001). For example, while Asian Americans overall demonstrate equal or higher achievement in educational attainment and economic success compared to the general population, the Hmong demonstrate much lower educational attainment and poverty rates that are comparable to African Americans and Latinos (Lin, 2011). Although there are large discrepancies between Asian American ethnic groups with regard to socioeconomic status and educational attainment among other things, the Hmong continue to be grouped in the larger Asian American category, which can minimize the marginalization and needs of Hmong Americans (Lee & Chang, 2013; Lin, 2011).

On the other hand, research that does disaggregate experiences of Hmong Americans tends to overemphasize detriments in the community without sufficient consideration for social, historical, cultural, and resiliency factors (Sue & Sue, 2008). What is known about Hmong mental health in the United States has been conceptualized primarily from a Western psychological lens and a deficit orientation (Cerhan, 1990; Sue & Sue, 2008; Tatman, 1998). Preliminary research suggests that Hmong Americans demonstrate low educational attainment, high poverty rates, alcohol and drug problems, high domestic violence, high crime rates, significant health disparities, and severe mental illness (Cerhan, 1990; Collier, Munger, & Moua,

2012; Lee & Chang, 2013; Tatman, 1998). Clearly, the Hmong are challenged with a number of obstacles having to adapt to the radical changes in a new environment in addition to carrying a history plagued with trauma and oppression. However, a focus on negative statistics without acknowledging their social and historical context through culturally appropriate lenses can become akin to blaming the victim or negative stereotyping (Sue & Sue, 2008). In turn, this deficit orientation can lead to internalized oppression and negative group identity for the Hmong, all exacerbating their disparate health statistics (Crossley, 2000).

In addition, extreme cultural differences between Hmong and mainstream American culture as well as secrecy regarding the historical context of Hmong Americans contribute to the challenges of fully comprehending the Hmong American experience (Fadiman, 1997; Hamilton-Meritt, 1999). There is a need to integrate cultural, social, and historical considerations in the conceptualization of Hmong mental health to avoid minimization or over-pathologization of issues in the community (Sue & Sue, 2008). This project aimed to address a more comprehensive conceptualization of Hmong mental health by applying the theory of intergenerational transmission of historical trauma and the conspiracy of silence to the experiences of Hmong American women (Danieli, 1998).

**Low utilization of mental health treatment.** While there is evidence to suggest a prevalence of mental health needs in the Hmong community, Hmong Americans demonstrate an underutilization of mental health services (Collier, Munger, & Moua, 2012; Jesilow & Xiong, 2007; Lee & Chang, 2013). Speculation for why there is a low utilization of services by Hmong Americans have been suggested to include cultural differences in mental health perceptions, lack of trust in services, stigmatization, and a low level of mental health literacy by Hmong clients (Collier, Munger, & Moua, 2012; Lee & Chang, 2013). Through a mental health needs

assessment conducted by Collier, Munger, and Moua (2012), the authors found that Hmong informants were “frequently unclear of what ‘mental’ health meant” (p. 73), indicating challenges in recognizing the potential benefits of mental health treatment. In addition, clinicians are also often unprepared to understand and meet the differing needs of Hmong clients (Fadiman, 1997; Sue & Sue, 2008). Lee and Chang (2013) suggested a need for “more robust and culturally appropriate initiatives... to help Hmong Americans access mental health care” (p. 7). In summary, there is a need to integrate multicultural considerations in treatment to improve the applicability and utility of mental health services for Hmong Americans (Lee & Chang, 2013; Sue & Sue, 2008). This project aimed to address the need for culturally appropriate treatment by exploring the utility of a psychosocio-educational intervention with Hmong American women based on the Cultural Context Model (Almeida, 2003).

### **Key Concepts**

In addressing the problems identified regarding Hmong mental health, this project explored the applicability of the following key concepts: Intergenerational Transmission of Historical Trauma, Conspiracy of Silence, and Cultural Context Model.

**Intergenerational Transmission of Historical Trauma.** First, this project explored Danieli’s (1998) Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework to discuss points of congruence and divergence in conceptualizing the transmission of trauma and the conspiracy of silence as it relates to the Hmong experience. The intergenerational transmission of trauma first began receiving attention in examining Jewish Holocaust survivors and their children (Abrams, 1999; Baranowsky et al., 1998; Felson, 1998; Weingarten, 2004). Clinicians began recognizing that children of parents who were Jewish Holocaust survivors exhibited similar symptoms of trauma exposure as if they

themselves lived through the atrocities (Baranowsky et al., 1998; Danieli, 1998; Kellerman, 2001).

The TCMI Framework conceptualizes an individual's identity to be comprised of the interactions between multiple spheres or systems including: family, social communal, religious/cultural, national, and international (Danieli, 1998). Ideally, an individual is able to move through each sphere and have psychological access between all identity dimensions. Catastrophic exposure to trauma; however, may inflict a rupture and disorient the multiple identity spheres, causing a person to become "stuck", which Danieli (1998) termed as "fixity". Trauma can therefore disrupt and disorganize an individual's understanding of the self, others, and one's relationship to all dimensions affected by the trauma. Without proper intervention and healing, this chaotic rupture to identity and fixity is sustained into the future and transmitted to generations thereafter. This transmission can occur through words, writing, body language, and even silence.

**Conspiracy of Silence.** Within the TCMI framework, this project also applied the concept of the conspiracy of silence, the idea that after the rupture is inflicted by trauma, there is a tendency to silence the traumatic experience that leads to further damage, and is then transmitted to future generations. The conspiracy of silence was found to stem from the pervasive societal reaction towards survivors of the Jewish Holocaust, including indifference, avoidance, repression, and denial of Jewish Holocaust experiences (Danieli, 1998). For many non-victims the horrors of survivor experiences were either too much to take or too hard to believe, thus avoidance or denial of survivors' stories were maintained. Interactions of invalidation and lack of historical acknowledgement with non-victims, including by mental health and other professionals, led to many survivors feeling that "nobody could really

understand,” thus contributing to the conspiracy of silence (p. 4). The result of this silence is said to lead to detrimental effects of the survivors’ reintegration into familial and sociocultural systems by exacerbating sense of isolation, loneliness, and mistrust of society.

Survivor parents often maintain the conspiracy of silence within the family to protect children from potentially tainting their lives. Even so, children of survivor parents often feel the impact of trauma regardless of whether or not it is communicated verbally. Often, children of survivor parents affected by the transmission of trauma do not have a context in which to understand the struggle, so healing does not take place and the destruction of the traumatic rupture continues (Danieli, 1998).

In application with the Hmong American experience, the most recent traumatic rupture occurred during the Secret War with the Hmong genocide. Considering nearly half of the Hmong population was killed during this time, the catastrophic effects of the trauma likely continued to have an impact on the community. In addition to dealing with grief and loss issues, the conspiracy of silence is maintained through the secrecy and lack of acknowledgment regarding the Hmong experience as critical allies to the United States during the Vietnam War (Hamilton-Merrit, 1999). There is evidence that supports that the acknowledgment of the Holocaust has been in itself therapeutic for Jewish Holocaust survivors as it validates their experiences of suffering (Almeida, Dolan-Del Vecchio, & Parker, 2007). With regard to the Hmong experience, rarely has their history and contributions been recognized in the United States at all (Hamilton-Merrit, 1999). Lack of awareness or acknowledgment of the Hmong in the U.S. may contribute to disruptions in the healing process and further the transmission of trauma as they become vulnerable to being misunderstood and subjected with “blaming the victim” tendencies in their

struggle to adjust. The invalidation of their experiences and role in U.S. history may contribute to their state of “fixity” and overall disempowerment.

Danieli (1998) suggested the following goals and recommendations to facilitate healing and interrupt the transmission of trauma:

Reestablishment of the victim’s... value, power... and dignity, [through]... reparation... accomplished by compensation, both real and symbolic; restitution; rehabilitation; and commemoration. Relieving the victim’s stigmatization and separation from society... is accomplished by commemoration; memorials to heroism; empowerment; and education. Lastly,... repairing the nation’s ability to provide and maintain equal value under law and provisions of justice [which] is accomplished by apology; securing public records; prosecution; education; and creating mechanisms for monitoring, conflict resolution and preventative interventions... To fulfill the reparative and preventive goals of psychological recovery from trauma, perspective and integration through awareness and containment must be established so that one’s sense of continuity, belongingness, and rootedness are restored. To be healing and even potentially self-actualizing, the integration of traumatic experiences must be examined from the perspective of totality of the trauma survivors’ and family members’ lives (p. 7).

**Cultural Context Model.** To explore culturally appropriate interventions that may facilitate healing with regard to historical trauma and the intergenerational transmission of historical trauma, the Cultural Context Model was utilized as an intervention approach (Almeida, 2003). The Cultural Context Model is a social justice-based therapy approach that allows for clients to gain new awareness of societal patterns that contribute to their presenting problems. Almeida, Dolan-Del Vecchio, and Parker (2007) argue how acknowledging history allows for



further insight into presenting problems of marginalized groups, which promotes liberation and ultimately healing. Specifically, the authors affirm that the Cultural Context Model “offers a reformulation of both the structure of the service delivery system and the process of therapy in an effort to make therapy a journey of liberation and healing instead of a journey toward renewed compliance and acquiescence to society’s everyday oppressive expectations” (p. 179). Through the Cultural Context Model, the guiding principles of critical consciousness, accountability, and empowerment ensue. The model consists of seven components that occur simultaneously and promote the identified guiding principles: orientation, sponsorship, socioeducation, culture circles, family process, graduation, and community advocacy.

Empowerment has been observed as an essential contributor to healing and a promoter of well-being in marginalized populations. Empowerment processes are said to be facilitated as people are able to change the ways in which they relate to their own communities and become aware of the tools of oppression (Almeida, Dolan-Del Vecchio, & Parker, 2007). Empowerment can be enabled in various ways. One way described in the Cultural Context Model is through acknowledging history and socioeducation, as it can be a powerful tool in consciousness-raising about the influence of societal factors that contribute to presenting problems. Socioeducation is the processing of societal factors of oppression through the presentation of cultural stories with an aim to raise critical consciousness. Almeida, Dolan-Vel Vecchio, and Parker discuss how Paulo Frere’s concept of “‘concientización’ defines the development of a critical awareness of personal dynamics within the context of social and political situations” (p. 189). Ultimately, having insight into societal factors that contribute to oppression and gaining a holistic perspective of one’s struggles can be empowering and lead to liberation. Liberation is viewed as

a “key component in the healing process” (Almeida, Dolan-Del Vecchio, & Parker, 2007, p. 187).

The Cultural Context Model was selected to be utilized as an intervention approach in this project due to its potentially appropriate fit with Hmong Americans as education and sharing narrative stories about traumatic historical events has been shown to aid in the healing process for many refugees (Cerhan, 1990; Kiang, 1996; Kokanovic, 2010; Lin, Suyemoto, & Kiang, 2009; Tang & Kiang, 2011; Tatman, 2004). Considering that a deficit orientation in conceptualizing Hmong mental health may contribute to stigmatization and disempowerment for Hmong Americans, the Cultural Context Model integrates historical and social considerations that may help to facilitate empowerment and liberation for the Hmong to enhance treatment outcomes.

### **Purpose Statement**

The primary purpose of this project was to explore the possible presence of historical trauma and the construct of the conspiracy of silence in the Hmong community. In particular, this project examined the applicability of Danieli’s Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework with Hmong American women (1998). In addition, the Cultural Context Model was scrutinized for its utility with this population and topic area (Almeida, 2003). Through a community partnership, this project examined the impact of a psychosocial educational intervention on historical trauma of Hmong women. Participants were recruited through the community partnership and trained to be group facilitators for the *Hmong Women’s Conference on Historical Trauma*. This project addressed the following three aims:

1. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?
2. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
3. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

### **Definition of Terms**

- *Collective Trauma*: A traumatic psychological effect shared by a group of people of any size, up to and including an entire society.
- *Conspiracy of Silence*: The tendency to silence traumatic experiences that leads to further damage and is then transmitted to future generations.
- *Direct Trauma, Direct Exposure to Trauma*: Directly experiencing or witnessing massive group trauma or a traumatic event.
- *Disintegrated Identity Structures, Ruptured Identity*: Fragmented, broken identity structures, which contribute to strong, negative feelings towards oneself and others.
- *Identity*: A person's conception and expression of their own and others' individuality or group affiliations.
- *Identity Structures, Identity Spheres*: The spheres or systems that comprise of an individual's identity including individual, family, social communal, religious/cultural, national, and international dimensions.
- *Indirect Trauma, Indirect Exposure to Trauma, Familial Exposure to Trauma*: Indirectly experiencing or witnessing massive group trauma or a traumatic event as experienced by one's group or close family member.

- *Integrated Identity Structures*: Peaceful, harmonious, stable relations with identity structures, which contributes to positive feelings towards oneself and others.
- *Integration of Identity Structures*: The process of integrating identity spheres to strengthen one's personal identity.
- *Historical Trauma*: Cumulative emotional and psychological wounding, extending over an individual lifespan and across generations, caused by traumatic experiences.
- *Intergenerational Historical Trauma, Intergenerational Transmission of Historical Trauma, Multigenerational Transmission of Historical Trauma*: The transmission of historical trauma from generation to generation.
- *Silencing Experiences*: Experiences in which individuals, their family members, or society opts for silence in response to trauma related experiences and its aftermath.
- *Self-Concept*: A collection of beliefs about oneself.
- *Schema*: A mental structure of preconceived ideas, a framework representing some aspect of the world, or a system of organizing and perceiving new information.
- *Soul Wound*: American Indian-centric conceptualization of historical trauma including spiritual injury, soul sickness, soul wounding, and ancestral hurt that transcends time and is healed via communal acknowledgment and ritual.
- *Trauma*: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1. Directly experiencing the traumatic event(s); 2. Witnessing, in person, the event(s) as it occurred to others; 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or

accidental; 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).

- *Unresolved Grief*: Grief that has not been expressed, acknowledged, and resolved.

## Chapter 2

### Literature Review

This chapter is a literature review of Hmong mental health and the intergenerational transmission of historical trauma. It is divided into three parts. Part 1 is an overview of the literature on the history, experiences, and mental health of Hmong Americans to provide background information on the topic at hand. Part 2 is an analysis of the literature identifying problems with regard to Hmong mental health. Part 3 addresses the purpose of this project and applies relevant conceptual frameworks including the Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework, the conspiracy of silence, and the Cultural Context Model (Danieli, 1998; Almeida, 2003). The chapter concludes with a summary of the literature examined and identifies three major aims of this project.

#### Part 1: Overview

**Hmong History.** The Hmong are an indigenous ethnic group who were evidenced to have originated in China (Hamilton-Merritt, 1999; Quincy, 2000; Vang, 2010). Although much of Hmong history has been passed on through an oral tradition, it is believed that a majority of Hmong began migrating south after violent conflicts erupted due to the Hmong's desire for independence and refusal to conform to mainstream Chinese (Quincy, 2000). A large population of Hmong settled in the mountains of Laos during the 1800s to avoid persecution (Hamilton-Merritt, 1999; Quincy, 2000; Vang, 2010). While the Hmong were subjected to tyranny by the French and Japanese during periods of attempted colonization, the Hmong were generally able to maintain an independent way of life for many decades in the highlands of Laos.

Beginning in the 1930s, communist influence spread throughout Southeast Asia and moved into the country of Vietnam (Hamilton-Merritt, 1999; Quincy, 2000). Fearing a

communist takeover, the United States formally entered the Vietnam War on the side of South Vietnam in 1960. The U.S. was challenged with a new type of warfare in an alien territory and found it difficult to contain communist forces as they began infiltrating into South Vietnam through Laos (Hamilton-Merritt, 1999; Quincy, 2000). While Laos was declared a neutral territory during the 1954 Geneva Conference, covert operations began as the United States' Central Intelligence Agency (CIA) secretly entered Laos and recruited Hmong soldiers to help bombard communist forces (Hamilton-Merritt, 1999; Quincy, 2000). Under the leadership of former Hmong General Vang Pao and support from the CIA, a secret army made up of Hmong countrymen was formed. As the Hmong were particularly skilled at navigating the tumultuous jungles of Laos, they were described as "the backbone of the resistance to Communist infiltration" by Richard Helms, the director of the CIA (Hamilton-Merritt, 1999, p. 198). The Hmong proved to be vital allies to the CIA as they rescued American soldiers and took part in some of the most dangerous missions (Hamilton-Merritt, 1999; Quincy, 2000). In doing so, Hmong soldiers died at alarmingly higher rates than their American counterparts (Hamilton-Merritt, 1999; Quincy, 2000). Due to the discreet nature of the missions in Laos, this conflict became known as the Secret War and Hmong soldiers were dubbed the CIA's Secret Army (Hamilton-Merritt, 1999).

In 1973, facing unpopularity with the war, U.S. President Richard Nixon pulled troops out of the region and ended all United States (U.S.) involvement with the Vietnam War including the Secret War. This left the Hmong abandoned and stripped of all support. It also left the Hmong confronted with an advancing enemy and facing the extreme consequences of having fought on the side of the United States. When Laos fell to communism, the Hmong were sought out for persecution as wartime enemies. Hmong soldiers and innocent men, women and children

were murdered in masses. Unable to stay in Laos any longer, tens of thousands of Hmong made the perilous trek to neighboring Thailand to seek sanctuary (Hamilton-Merritt, 1993).

**Hmong Experiences of Massive Group Trauma.** The Hmong have a long history of persecution and oppression from more dominant forces. Arguably one of the gravest disturbances to the harmony of Hmong lives included the Secret War and genocide that followed. Not only did the Hmong experience a significant loss of lives during this time, they also experienced a loss of homeland, a threat to their culture and lifestyle, and silencing of their experiences that continues to weigh on the collective conscious of the Hmong identity. It is estimated that approximately 200,000 Hmong out of a population of only 500,000 at the time died during this period (Tobin & Friedman, 1983).

The Hmong experienced many atrocities during the Secret War and its aftermath as a result of aiding in U.S. efforts. Hmong soldiers as well as innocent Hmong men, women, and children were violently driven out of their villages by communist forces. On their desperate escape to Thailand, many Hmong were brutally murdered in masses. There were counts of Hmong men who were held captive and tortured by communists and forced to watch their wives be publicly raped (Hamilton-Merritt, 1999). Hmong children were viciously thrown into rice mortars where their heads were pounded and crushed (Hamilton-Merritt, 1999). The Hmong's frantic attempts to escape into Thailand were grueling even for those who never made direct contact with communist soldiers. Many of the Hmong died of starvation and disease while trying to escape the atrocities hiding in the jungles (Miyares, 1998). The sick and the elderly who were too weak to keep up with the rest of the group had to be left behind. Loud, crying babies and young children were drugged with opium so that communist forces could not track down their hiding locations. In some cases the children were accidentally overdosed with the drug and died,



a risk that had to be made in order to save the rest of the group in hiding. Counts of chemical-biological toxins were used against the Hmong to handicap them on their run (Hamilton-Merrit, 1999). In addition, having to cross the enormous Mekong River in order to seek refuge in Thailand also proved to be dangerous. Communist border patrols kept a watchful eye out for anyone trying to cross the river. There were instances when the Hmong were caught attempting to flee across the river and all of their belongings were confiscated. Being caught trying to cross the river often resulted in being sent back to Laos into communist hands or immediately being shot and killed (Hamilton-Merrit, 1999). In other circumstances, unfortunate accidents occurred on the Mekong River with poorly built rafts, resulting in drownings of entire families.

Those who did successfully cross the Mekong River and survived the genocide in Laos were put into refugee camps in Thailand. Although they were victims of massive human rights violations, the Hmong were treated like prisoners as these camps were documented to show more resemblance of “concentration camps” (Hamilton-Merrit, 1999). From the start, Thailand did not want Hmong refugees settling on their land (Quincy, 2000). Thai officials believed accepting refugee asylum would promote other oppressed groups to seek the help of Thailand, creating an economic burden on the government with which they did not want to deal. The Hmong were also unwelcome because there were already approximately sixty thousand indigenous Hmong inhabiting the highlands of Thailand who were considered annoyances to the government due to their slash-and-burn farming. In addition, there was a history of rebellion by the Hmong in Thailand towards the government, consequently creating a tenuous relationship. However, the Hmong were allowed to find refuge in Thailand due to Thailand’s historical relationship with the U.S. and the Hmong’s link with the CIA. While the Hmong had a place to seek refuge, they were crammed into overcrowded camps behind barbed wires with continuous surveillance by Thai

border guards (Hamilton-Merritt, 1999). The slightest acts of wrongdoing by the Hmong resulted in brutal beatings or murder. There were counts of border guards who would torture the Hmong in various ways. One camp director of Ban Nam Yao was documented to enjoy burying Hmong men up to their necks, allowing their heads to bake in the sun (Quincy, 2000).

**Secrecy of the Secret War.** Throughout the Vietnam War and for several decades following it, the U.S. government denied any air or ground campaign in support of the Secret War in Laos (Hamilton-Merritt, 1999). The secrecy surrounding the covert operations of the United States in Laos left a sense of abandonment for the Hmong as they suffered severe consequences, but received minimal support from their U.S. allies in the aftermath (Hamilton-Merritt, 1999). While there were secret hearings in Washington D.C. acknowledging pending consequences of retaliation in Laos against the Hmong, United States government officials “maintained that the U.S. had no moral commitment of any kind to Laos, no written, verbal, or moral obligation to the Royal Lao government or to General Vang Pao and Hmong soldiers” (Hamilton-Merritt, 1999, p.226). As the United States was not permitted to be in Laos to begin with, many government officials continued to deny U.S. involvement with the conflict in Laos, turning a blind eye or lacking awareness of what was happening to the Hmong at all (Hamilton-Merritt, 1999). In the view of many U.S. government officials, the Hmong were simply casualties of an unpopular war and left to fend for themselves against communist retaliation.

It was not until the 1980’s that U.S. government officials were forced to address the atrocities of the Hmong in Laos. Countless stories of Hmong survivors emerged describing incidences of “yellow rain,” a yellow substance that poured from the sky and was believed to be chemical biological toxins used by communist forces to attack the Hmong (Hamilton-Merritt, 1999; Tucker, 2001; Walters, 2012). Those who were exposed to this “yellow rain” reportedly

experienced dizziness, falling to the ground unconscious, difficulty breathing, vomiting, bloody diarrhea, and sometimes death (Hamilton-Merritt, 1999; Tucker, 2001). The United States became fearful of the possibility that chemical biological warfare had been launched by communist enemies, in particular by the Soviet Union who was a significant threat at the time (Hamilton-Merritt, 1999; Tucker, 2001). The U.S. government launched a series of investigations and for several decades, debates of scientific research countered personal testimonies of Hmong survivors regarding the substance of “yellow rain.” Early research discovered poisonous chemical compounds of mycotoxins in “yellow rain” samples; however, later theories gained support claiming the yellow substance was simply bee feces (Hamilton-Merritt, 1999; Tucker, 2001). While findings regarding the true substance of “yellow rain” remain inconclusive due to insufficient evidence, growing controversy emerged as the debate about chemical biological warfare overshadowed and minimized the reality of genocide that the Hmong endured. News reports argued that talks of chemical biological warfare was merely propaganda to set up the Soviet Union, while others laughed at that commotion the U.S. government stirred for “bee feces” (Boffey, 1987; Hamilton-Merritt, 1999; Walters, 2012; “Yellow Rain Falls,” 1987). Amidst discussion of the potential for chemical biological warfare, the U.S. involvement in Laos continued to be minimized and the fact that the Hmong were being murdered in masses was hardly acknowledged as a significant issue (Hamilton-Merritt, 1999; Walters, 2012).

While there have been growing efforts to acknowledge and bring awareness of the Hmong experience and the Secret War on a national level, recognition has been historically slow. It was not until May 15, 1997 that the United States government officially acknowledged the CIA’s covert operations in Laos, admitting involvement in the Secret War and recognizing the

Hmong Secret Army (Vang, 2010). Considering the history of the Hmong experience was concealed from the public for so long, it is vital to explore how this secrecy may contribute to current issues that the Hmong face in America today.

**Hmong in the United States.** After fleeing from Laos following the Secret War, the Hmong were dispersed all over the world including in western countries. While many Hmong families stayed in Southeast Asia, a large majority relocated to the United States beginning in the 1970s (Adler, 1994; Vang, 2010). According to the 2010 U.S. Census, there are 230,073 people of Hmong origin (U.S. Census, 2010). The largest majority of Hmong reside in California, Minnesota, and Wisconsin. The Hmong are a young population with the median age of 20.4 years old as compared to the general U.S. population of 37 years old. In addition, 43.1% of Hmong are under 18 years old as compared to the general U.S. population of 24.2%. With regard to socioeconomic status, 25% of Hmong families live in poverty as compared to the U.S. population of 11%.

Relocating to the United States was overwhelming for many Hmong families as they attempted to transition from an agrarian lifestyle to the modern world. While they were used to being a self-sufficient people who could survive life in the mountains of Laos, they suddenly lacked many necessary skills for self-sufficiency in the U.S. As ethnic minorities, the Hmong struggled to cope with not only the loss and grief associated with their traumatic past, but also with the stressors of adjusting to a world completely different from what they knew. Nicholson (1997) argues the idea of “loss” and “load” to explain how many immigrants have to deal with both the losses of their past and the loads of their future.

As forced migrants, the Hmong—whose desire was to maintain independence and resist conformity to dominant culture—often had difficulty adjusting to life in the United States

(Cerhan, 1990; Hirayama & Hirayama, 1998). One such challenge that the Hmong faced was significant culture clashes between mainstream American culture and traditional Hmong culture. The Hmong quickly became viewed as defiant or difficult in neighborhoods, hospitals, and schools. Neighbors of Hmong families complained of “barbaric” animal slaughtering in backyards during Hmong ceremonies, while medical doctors were baffled by odd medical ailments experienced by the Hmong and frustrated when Hmong families were noncompliant with medical treatment due to differing cultural beliefs (Adler, 1994, 1995; Arax, 1995; Esses, Veenvliet, Hodson, & Mihic, 2008; Fadiman, 1997; Rairdan & Higgs, 1992). Schools were not prepared to help Hmong children who spoke English as a second language and went home to parents who were unfamiliar with the concept of homework (Cerhan, 1990). Many Americans viewed the Hmong as foreigners and lacked knowledge surrounding the Hmong people’s arrival. As the Hmong experienced high rates of poverty and depended on government aid for basic needs, some Americans accused the Hmong of being welfare-hungry immigrants who wanted to take advantage of American benefits and questioned their privilege to live in the U.S. (Lindsay, 2004). Similar to other minority group experiences in the U.S., the Hmong suffered stereotyping and discrimination. Racial tensions ran high particularly in densely populated Hmong areas. In one extreme case in Wisconsin, a Hmong hunter named Chai Vang made national headlines in 2004 for shooting eight White hunters and killing six of them due to conflict that arose from racial tensions surrounding hunting grounds (Kelleher, 2004).

While the Hmong have faced challenges adjusting in the U.S., they have also shown significant ability to adapt in the last 40 years. Many Hmong families have demonstrated upward social mobility including overcoming poverty, building their own businesses, and obtaining professional degrees (Vang, 2010). Even so, unique challenges within the community continue to

persist. Many Hmong families struggle with intergenerational conflict as younger Hmong generations become more acculturated and older Hmong generations fear the loss of Hmong traditions and culture (Rick & Forward, 1992). In addition, the Hmong continue to show significant disparities as compared to the general U.S. population including low educational attainment, high rates of poverty, problems with alcoholism, domestic violence, and crime (Cerhan, 1990). The Hmong are diagnosed with severe mental illness at significantly higher rates than the general population and experience higher rates of health problems including cancer, diabetes, cardiovascular diseases, hepatitis, hypertension, and gout (Cerhan, 1990; Westermeyer, 1998; Xiong et al., 2013). Currently, there is limited research to explore the potential causes of such disparities in the Hmong community.

**Hmong American Women.** In partnership with a community organization that provides services to Hmong women, this project focused specifically on the experiences of Hmong women in the U.S. Hmong culture is often viewed as being highly patriarchal with rigid gender roles for men and women (Donnelly, 1994; Faderman & Xiong, 1998). Traditionally, men are responsible for making all decisions regarding the family's welfare and leading cultural ceremonies, while women are responsible for bearing children and completing household chores (Lee, 2005). Although these gender role expectations served as an essential system for survival in Laos, many view these practices as limiting and oppressive for Hmong women in today's U.S. society (Lee, 2005; Moua & Riggs, 2012; Wozniacka, 2012). While having a hierarchical system allows for structure in the Hmong culture, traditionally women are discouraged to speak against their husbands and clan leaders. Instead, Hmong women are often trained from a young age to be obedient housewives so that they can serve their future husband and in-laws (Lee, 2005; Wozniacka, 2012). In the past, Hmong women tended to marry young and bear children by their

teens, spending the rest of their lives caring for their large extended families. Although there were not many opportunities in Laos for Hmong women to venture outside of these gender role norms, problems emerged in such circumstances when women were victims of domestic abuse as perpetrated by their husbands. In the past and currently, many Hmong women subjected to domestic violence are strongly discouraged by their families to leave their marriages and are instead pressured to obey their husbands, which often prolong the abuse (Lee, 2015; Rodewald, 2014 ). In the U.S., domestic abuse and marital discord remains one of the largest issues reported for Hmong women (Collier, Munger, & Moua, 2012; Lee, 2015). Although Hmong women have more privileges and opportunities in the U.S., it is still often the case that they are pressured by their community to remain in marriages even if they are suffering from threatening situations such as domestic abuse. Most community organizations that provide services to Hmong women today are focused on domestic abuse prevention and aid.

Another issue that stems from patriarchal traditions in the Hmong community is the tendency to focus less on education for women. Traditionally, education was typically only allowed for boys and the wealthy, largely due to the fact that there were rare opportunities for education at all. The emphasis for Hmong girls was often training in household chores so they could obtain security through marriage and become housewives. In the early years after relocating to the U.S., Hmong women often maintained the traditions of marrying young and bearing many children, which contributed to high dropout rates in school among girls (Lee, 2005). Lee (2005) found that many young Hmong women were particularly sensitive to what mainstream Americans thought about early marriage. Young women who were married often hid their marriage status from school officials and their non-Hmong peers (Lee, 2005). Societal views of early marriage maintained conflicting pressures for Hmong American women. In

addition, having to depend on husbands and clan members for financial security has often added to the overall disempowerment and lack of opportunities for Hmong women in the U.S. (Wozniacka, 2012).

While patriarchal traditions of Hmong culture are not without advantages in maintaining structure and clarifying roles and responsibilities, in the U.S. these traditions are generally perceived as disadvantages to Hmong women today. Changing contexts and contemporary perspectives in the United States have challenged traditional gender role expectations in the Hmong community (Moua & Riggs, 2012; Wozniacka, 2012). During the Secret War, many Hmong women were left alone at home while their husbands were away to fight, compelling Hmong women to acquire many skills and responsibilities of the men (Vang, 2010). In addition, after relocating to the U.S., women's rights perspectives have influenced growing opportunities for Hmong women to pursue education and become more vocal about their needs. In some cases, growing opportunities for Hmong women have heightened tensions at home as the shift in power for women are perceived as threatening to traditional roles (Wozniacka, 2012). In other cases, Hmong women are encouraged and well respected for their achievements and contributions in the community (Moua & Riggs, 2012). For example, the first Hmong senator Mee Moua (serving in the Minnesota State Senate) was a woman and highly respected as a community leader and activist (Moua & Riggs, 2012; Vang, 2010). Currently, Hmong American women continue to face challenges of sometimes conflicting values including maintaining traditional Hmong culture (e.g., upholding respect for one's husband and elders), while also merging pursuits of their own endeavors and opportunities offered in the U.S. (Wozniacka, 2012).

**Mental Health Experiences of Hmong Americans.** The overarching purpose of this project is to further explore the mental health and wellness of Hmong Americans. The mental



health experiences of the Hmong began receiving attention in the 1980s after the first wave of Hmong refugees arrived to the United States (Westermeyer, 1986; 1988). The Hmong were under a significant amount of stress during this period having survived massive group trauma and now adapting to a world completely different from what they knew (Mollica et al., 1990; Nishio & Bilmes, 1987; Ying, Akutsu, Zhang, & Huang, 1997). A literature review conducted by Lee and Chang (2012) analyzed 16 refereed and published journal articles from 1980 to 2007 regarding mental health issues of Southeast Asians, eight articles of which were Hmong specific. Research findings suggested varying prevalence rates of posttraumatic stress disorder (16.3%-80%) and depression (36%-81%). In addition, the authors summarized early research findings that specifically pertained to the mental health experiences of Hmong Americans from 1986-1997, identifying symptoms of depression, stress from lack of job opportunities and homesickness, acculturative stress, and somatic complaints at significantly high rates. Nicholson (1997) identified pre-emigration stressors of Southeast Asian refugees to include incarceration, combat, torture, physical abuse, sexual abuse, forced isolation, and the murder of family and friends, while post-emigration stressors included having to learn a new language, redefining gender and work roles, rebuilding social networks, and integrating the values and norms of the host society.

Although it is evident that the Hmong experienced significant stress shortly after arriving to the United States, it was still alarming when the Hmong began experiencing medical mysteries that baffled doctors. In the early 1980s, apparently healthy Hmong men between the ages 25-44 died suddenly in their sleep at significantly high rates with no scientific explanation (Adler, 1994). These incidences became known as Sudden Unexpected Nocturnal Death Syndrome (SUNDS). Between 1981 and 1982, the death rate due to SUNDS experienced by Laotian-

Hmong immigrants was 92 deaths every 100,000, which was equivalent to the fifth leading cause of natural death among American males at that time (as cited in Adler, 1994). The exact cause of SUNDS is still questionable; however, some experts theorize that sudden deaths may be a reaction to emotional stress, or even a form of unconscious suicide that is mediated by survivor guilt (Tobin & Friedman, 1983). According to this assumption, Hmong men would be more susceptible than women because it is culturally expected for men to protect and provide for his family and the inability to do so may lead to higher levels of anxiety and depression. On the other hand, the Hmong explain this phenomenon as “spiritual attacks.” In an interview with a possible survivor of SUNDS, the victim described a family history of being attacked by these evil spirits in the middle of the night (Tobin & Friedman, 1983). The spirit apparently jumps on top of a victim’s chest causing shortness of breath and suffocation. He attributed his susceptibility to these spirit attacks to the fact that he and his siblings did not properly execute all of the Hmong mourning rituals when their parents died. In Hmong culture, inadequately honoring the memories of loved ones is said to prevent their spirits from being able to fight off evil spirits. Spiritual attacks are not unknown to the Hmong and were present back in Laos. However, death as a result of spiritual attacks was unheard of until settling in the United States. According to Adler, dramatic changes and stressors experienced by the Hmong are a direct result as to why SUNDS never occurred in Laos, but did in America. Although SUNDS deaths were at a high in 1981, rates of death have steadily fallen since. Considering most deaths occurred within sufferers’ first two years after arriving to the U.S., the decline in SUNDS seem to correlate with the decline in new refugee arrivals. While the exact cause of SUNDS remains unknown, the unique occurrences in Hmong men highlighted the importance of considering gender and other cultural factors in understanding the experiences of the Hmong.

More recently, Lee (2013) conducted a metasynthesis of 48 academic journal articles identifying trends in the mental health of Hmong Americans. She found that prevalent mental health issues experienced by the Hmong included depression, anxiety, adjustment issues, family issues, substance abuse, and other mental health concerns. Depression was found to be the most prevalent mental health diagnosis for Hmong Americans. Similarly, Collier, Munger, and Moua (2012) conducted a Hmong mental health needs assessment interviewing 36 Hmong individuals as well as 28 service providers, finding that the Hmong identified issues of intergenerational communication difficulties, marital discord, domestic violence, child abuse, depression, anxiety, posttraumatic stress disorder, and emotional isolation. Specifically, Hmong informants in this study described problems of forgetfulness, sleep difficulties, impaired concentration and ability to learn (i.e., English language), irritability, nightmares, helplessness and loss of control, suicidality, somatic preoccupation and health concerns, pain, and social isolation. In addition, the elderly Hmong also reported a strong sense of helplessness, loss of competency and uselessness (Collier, Munger, & Moua, 2012).

## **Part 2: Problems**

In an extensive literature review, three major problems emerged regarding research on the mental health experiences of Hmong Americans. First, it became clear that research on the topic area remains limited and outdated (Lee & Chang, 2013; Tatman, 2004). Second, research on the mental health experiences of Hmong Americans tend to lack cultural and historical considerations to include a more comprehensive understanding of the Hmong's collective experience (Sue & Sue, 2008; Tatman, 2004). Third, while evidence suggests there is a prevalence of severe mental health issues in the Hmong community, the Hmong tend to show a low utilization of mental health services due to lack of knowledge about mental health and

services, stigmatization, and lack of cultural relevance in services (Collier, Munger, & Moua, 2012; Lee & Chang, 2013; Lee et al., 2010; Tatman, 2004). A discussion of each problem identified is further addressed below.

**Problem 1: Limited and outdated data on Hmong mental health experiences.** In the last several decades since the Hmong relocated to the United States, minimal research has been conducted to examine the mental health experiences of Hmong Americans. While there have been attempts to better understand the mental health status of Hmong Americans, data remains limited and outdated (Lee, 2013; Lee & Chang, 2013; Tatman, 2004). In a literature review of academic journals, Lee (2013) only found 48 studies that were considered as pertaining to the mental health experiences of Hmong Americans in over the span of three decades. Of these articles, 14 were identified from the 1980s, 19 from the 1990s, and 15 from the 2000s. Similarly, Lee and Chang (2013) found insufficient data to have conclusive mental health statistics on Hmong Americans that are comparative to what is available for the general U.S. population. The tendency for Hmong history to remain undisclosed in addition to limited research on mental health experiences of Hmong Americans contribute to the challenges for mental health providers to be fully informed about the needs of this population (Lee, 2013; Lee & Chang, 2013; Tatman, 2004).

In addition to minimal research regarding the mental health experiences of Hmong Americans, the data that does exist tends to be outdated. The most comprehensive research studies conducted specific to the mental health experiences of the Hmong were compiled in the 1980s and early 1990s by world-renowned psychiatrist Joseph Westermeyer (Lee & Chang, 2013). While these studies helped track newly resettled Hmong refugees' adaptive processes and acculturation responses, minimal research has been conducted to explore current issues within

the Hmong community. Lee (2013) revealed that while research on Hmong mental health has been primarily focused on depression, adjustment, anxiety, and adult populations, few articles considered prominent issues in the community such as younger school age children, sudden unexpected nocturnal death syndrome, and issues of homicide and suicide. In addition, most studies were conducted on the 1<sup>st</sup>, 1.5, and 2<sup>nd</sup> generation of Hmong Americans (i.e., refugee adults, refugees who came to the U.S. as children, and those born in the U.S.). These generations were mostly in poverty during the 1980s and 1990s. Lee (2013) noted the limitations of these studies as they lacked consideration of how poverty and minority status can be significant factors in mental health experiences. As research on Hmong mental health tends to be limited and outdated, Lee and Chang (2013) suggested a need to “develop research protocols to provide more depth and insight about the evolving mental health experiences and needs of this population” (p. 7). This project aimed to address this issue by contributing to the literature on mental health experiences of Hmong Americans as it pertains to Hmong American women.

**Problem 2: Incomplete conceptualization of Hmong mental health.** In addition to limited and outdated data on mental health experiences of Hmong Americans, what does exist of current research depicts an incomplete conceptualization of Hmong mental health as issues are often either minimized or over-pathologized. Lee and Chang (2013) found that early studies on Southeast Asian refugees rarely discussed mental health and resettlement issues specific to ethnic groups. Lack of disaggregated data makes it difficult to examine the mental health needs specific to Hmong Americans. As the Hmong are often categorized under the Asian American umbrella, many problems that exist in the Hmong community are masked under the “model minority myth”, the stereotype that Asian Americans are faring well in the U.S. as the leading minority group by achieving upward social mobility (Lee, 2001). For example, while Asian Americans

overall demonstrate equal or higher achievement in educational attainment and economic success compared to the general population, the Hmong demonstrate much lower educational attainment and poverty rates that are comparable to African Americans and Latinos (Lin, 2011). Although there are large discrepancies between Asian American ethnic groups with regard to socioeconomic status and educational attainment among other things, the Hmong continue to be grouped in the larger Asian American category, which can minimize the problems and needs specific to Hmong Americans (Lee & Chang, 2013; Lin, 2011). In addition, considering the Hmong possess different cultural practices and a history different from other Asian Americans, a lack of research and data specific to the experiences of the Hmong often leave mental health professionals uninformed about potential cultural and historical factors that may influence Hmong mental health and the therapeutic process (Tatman, 2004).

Research that does disaggregate experiences of Hmong Americans tend to overemphasize detriments in the community without sufficient consideration for social, historical, and cultural factors (Sue & Sue, 2008). What is known about Hmong mental health in the United States has been viewed primarily from a Western psychological perspective and a deficit orientation (Cerhan, 1990; Sue & Sue, 2008; Tatman, 2004). While it is important to effectively diagnose and treat mental illness, Tatman (2004) found in an extensive literature review that only one article addressed historical and cultural considerations of the Hmong as potentially significant factors in mental health and treatment. Although preliminary research suggests that Hmong Americans demonstrate low educational attainment, high poverty rates, alcohol and drug problems, high domestic violence, high crime rates, significant health disparities, and severe mental illness (Cerhan, 1990; Collier, Munger, & Moua, 2012; Lee & Chang, 2013; Tatman, 2004), a focus on negative statistics without considering the Hmong's social and historical

context through culturally appropriate lenses can become akin to blaming the victim or negative stereotyping (Sue & Sue, 2008). In turn, this deficit orientation can lead to internalized oppression and negative group identity for the Hmong, all exacerbating their disparate health statistics (Crossley, 2000). For example, Lee (2005) found that many young Hmong women were particularly sensitive to what mainstream Americans thought about early marriage. Hmong women who were traditionally married early often hid their marriage status from school officials and their non-Hmong peers (Lee, 2005). These women experienced shame due to their different cultural experiences from mainstream American women. Viewing early marriage from only a Western mainstream perspective or deficit orientation may contribute to stigma and shame, thus lack of cultural sensitivity may potentially cause more harm than benefit. In addition, while some studies attempting to better understand the dynamics of Hmong Americans may be well-intended, lack of acknowledgement of socio, historical, and cultural factors often contribute to insinuations of blame on Hmong parents or Hmong culture for issues in the community (Fadiman, 1997; Sue & Sue, 2008).

Due to limited and outdated research as well as a historical tendency to maintain secrecy regarding the Hmong experience, there is a lack of comprehensive data regarding Hmong mental health experiences (Fadiman, 1997; Hamilton-Merrit, 1999). There is a need to integrate cultural, social, and historical considerations when conceptualizing Hmong mental health in order to avoid minimization or over-pathologizing of issues in the community (Sue & Sue, 2008). This project aimed to address a more comprehensive conceptualization of Hmong mental health by applying multicultural and historical considerations to the experiences of Hmong American women.

**Problem 3: Low utilization of mental health treatment.** While there is evidence to suggest a high prevalence of mental health needs in the Hmong community, Hmong Americans tend to demonstrate an underutilization of mental health services (Collier, Munger, & Moua, 2012; Jesilow & Xiong, 2007; Lee & Chang, 2013). Speculation for why there is a low utilization of services by Hmong Americans have been suggested to include cultural differences in mental health perceptions, lack of trust in services, stigmatization, and a low level of mental health literacy among Hmong clients (Collier, Munger, & Moua, 2012; Lee & Chang, 2013; Lee et al., 2010; Tatman, 2004). For example, Collier, Munger, and Moua (2012) examined Hmong mental health needs of a community based partnership in a small mid-western community. Using a Community-Based Participatory Research (CBPR) model, the authors held four focus groups with 36 men, women, adolescents and professionals, all of Hmong descent, as well as interviewed 28 individual medical, mental health, education, and social service providers in the Eau Clair community. The study found that the Hmong sample was frequently unclear about what “mental health” meant, indicating a low level of mental health literacy. While the authors argue a low demonstration of mental health comprehension among the study’s Hmong participants, it is also important to address how clinicians and researchers are also often unprepared to understand and meet the differing needs of Hmong clients (Fadiman, 1997; Sue & Sue, 2008). For example, the Hmong do not have definitive concepts that explain mental illness in literal terms. Culhane-Pera (2003) explained that the terms *vwm* (crazy) and *tshuaj* (medicine) continued to imply stigma, which deters the affected individuals from reaching out to supportive services. Considering the initial focus of traditional mental health services is on assessment, diagnosis, and treatment of disorders, it is important to consider how this process may be incongruent with Hmong culture that tends to view disclosing problems to strangers as shameful



(Tatman, 2004). There is a need to integrate multicultural considerations in treatment to improve the applicability and utility of mental health services for Hmong Americans (Lee & Chang, 2013; Sue & Sue, 2008). This project aimed to address this need by exploring the utility of a psychosocio-educational intervention with Hmong American women based on the Cultural Context Model.

### **Part 3: Purpose**

Research and anecdotal data suggests Hmong Americans experience a high prevalence of mental health issues (Cerhan, 1990; Lee, 2013; Tatman, 2004). Even so, there is limited research on the mental health experiences of Hmong Americans. Research that does exist tends to exclude cultural, social, and historical factors that may contribute to current mental health conditions. In addition, the Hmong demonstrate a low utilization of mental health services. To address the problems identified, relevant topics and conceptual frameworks are further explored and applied to the mental health experiences of Hmong Americans.

**Trauma.** Trauma remains the common experience among Hmong families considering the Hmong endured a recent history of war and genocide. The Diagnostic and Statistical Manual 5<sup>th</sup> Edition [DSM 5] (American Psychiatric Association, 2013) views trauma as:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1. Directly experiencing the traumatic event(s); 2. Witnessing, in person, the event(s) as it occurred to others; 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (p. 271).

Exposure to trauma can become problematic when the experience of stress is overwhelming and exceeds one's ability to cope or effectively integrate adverse emotions associated with the event. The effects of trauma exposure can be explained through the cognitive perspective of the schema model (McCann, Sakheim, & Abrahamson, 1988). For instance, schemas are constructed and organized cognitive structures about the self, others, and the world, which guides one's perceptions in an attempt to create order and meaning (Piaget, 1970). Therefore, one's reality is understood in an interactional process where schemas shape perceptions of life experiences and life experiences shape schemas. Experiences of trauma thus create traumatic schemas and can become "landmark views" where traumatic memories are a reference point in someone's life as it is linked with other memories (Lawson, 1995). Schemas created around traumatic memories are said to form these "landmarks" in the memory system wherein new experiences and the development of expectations for the future are formed around these traumatic schemas. Essentially, exposure to trauma can color one's general view of the world. For example, an individual whose safety is perceived to be violated during a traumatic event may shift his or her previous perception that the world is generally "safe" to believing that the world is no longer safe.

**Historical Trauma.** While the study of psychological trauma has been focused primarily on individual experiences and wellbeing, more recent research has looked at the effects of trauma at the group level. Historical trauma is the concept of massive group trauma. The concept of historical trauma grew out of community psychology as researchers became aware of how collective experiences of trauma can have an impact on future generations. The construct of historical trauma has been applied to groups who have endured massive group trauma including

Jewish Holocaust survivors, American Indians, Canadian First Nations, Armenians, Australian Aboriginals, and refugee populations.

The term “soul wound” was utilized to understand the historical trauma experiences of American Indians from a traditional perspective. Soul wound is viewed as “spiritual injury, soul sickness, soul wounding, and ancestral hurt” that transcends time and explains issues of high alcoholism rates, high suicide rates, family discord, and hopelessness within American Indian communities (Duran, 2006). In this sense, emotional distress is not viewed as something inherently “wrong” with an individual, but considers it as a response to unresolved grief stemming from a history of trauma experiences such as colonization. It is viewed to be healed via communal recognition and ritual—mental health treatment could be considered a ritual in this perspective.

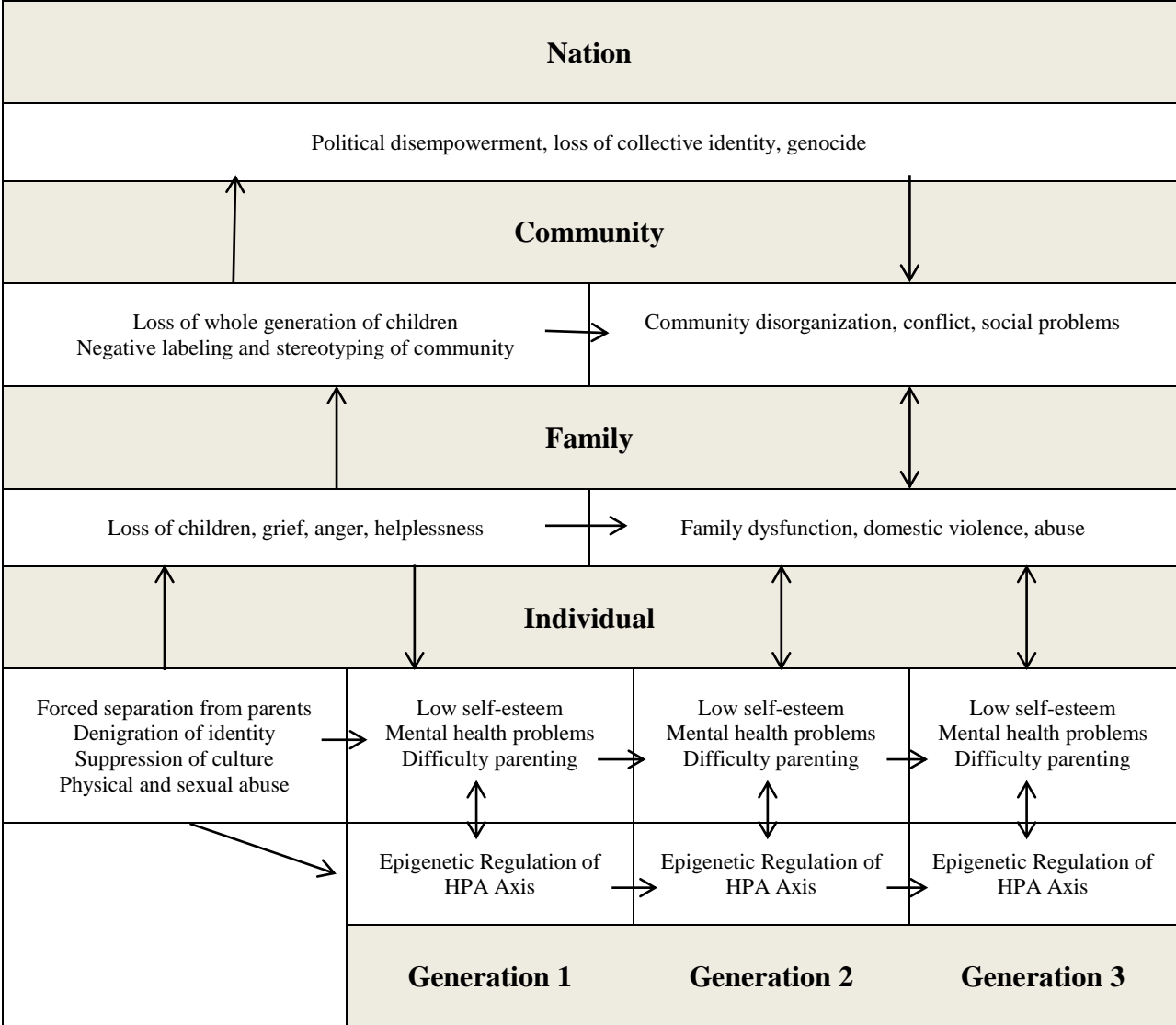
**Intergenerational Transmission of Historical Trauma.** The transmission of trauma refers to the process in which negative symptoms from trauma exposure are passed on from the original victim to an intimate other (Baranowsky, et al., 1998). Butz (1993) explains the transmission of trauma through the metaphor of a vampire. When a vampire bites his victim, the poison seeps in and the victim becomes a vampire as well, continuing the cycle of injury onto oneself and/or to others. For example, with violence as the poison, a victim inflicted with violence as a child or in war can later become perpetrators of violence themselves. One example of the transmission of trauma is the intergenerational transmission of historical trauma. Yellow Horse Braveheart (1995; 1998) conceptualized intergenerational historical trauma as a cumulative emotional and psychological wounding over the lifespan and across generations, originating from massive group trauma. Similarly, Danieli (1998) described intergenerational

historical trauma as the idea that when trauma is not dealt with in one generation, it must be dealt with in subsequent generations.

This concept began receiving attention in examining Jewish Holocaust survivors and their children (Abrams, 1999; Baranowsky et al., 1998; Felson, 1998; Weingarten, 2004). Clinicians found that many children of Jewish Holocaust survivors who did not have direct experience with the Holocaust began to exhibit the same symptomology as their traumatized parents (Baranowsky et al., 1998; Danieli, 1998; Kellerman, 2001). Children of traumatized parents were found to have difficulties with identity formation and autonomy as well as emotional problems including vulnerability to PTSD, excessive guilt, anxiety, depression, and affective blunting when compared to the general population (Baranowsky et al., 1998; Felson, 1998; Foission et al., 2015; Kellerman, 2001). While it is reasonable to conclude that children of traumatized parents carried out similar symptoms of trauma as a result of being exposed to their parents' experiences, some children presented with trauma symptoms without ever knowing of their parents' experiences. It appears that the transmission of historical trauma is more complex than that of vicarious trauma, the "compassion fatigue" therapists can develop from learning about their clients' traumatic experiences (Hyland, 2007).

While studies of the transmission of historical trauma have shown evidence for persistent effects on future generations including increased risk of depression, anxiety, and PTSD, the mechanisms of trauma transmission and the manifestations of historical trauma are complex and varied (Kirmayer, Gone, & Moses, 2014). Felson (1998) reviewed three decades of research findings including empirical, controlled studies of North American, nonclinical samples of Holocaust offspring and found challenges in identifying intergenerational transmission of severe pathology. Felson (1998) did, however, find significant evidence for the transmission of general

personality problems and vulnerabilities. Kirmayer, Gone, and Moses (2014) argue that the transmission of historical trauma must be conceptualized beyond trauma perspectives of pathology to also include elements that negatively impact wellbeing and identity that is rooted in structural problems such as poverty and discrimination. In addition, the paths of historical trauma transmission can affect various levels of functioning including at the national, community, family, and individual levels (Kirmayer, Gone, & Moses, 2014). As Kirmayer, Gone, & Moses (2014) depicted and demonstrated in *Figure 1*, the transmission of historical trauma theoretically possesses many different pathways where problems at the national level such as political disenfranchisement, loss of collective identity, and genocide can lead to community disorganization, conflict, and social problems at the community level. Problems at the family level can influence both the individual and community levels and so on.



*Figure 1.* Transgenerational Transmission of Historical Trauma (Kirmayer, Gone, & Moses, 2014, p. 309). The diagram depicts some of the hypothetical pathways through which the effects of trauma and loss may be transmitted across generations through processes at multiple levels, including: epigenetic alterations of stress response; changes in individuals' psychological well-being, self-esteem, and self-efficacy; family functioning; community integrity and cultural identity; and the continuity of identity and collective efficacy of whole nations or peoples.

## **Relevant Conceptual Frameworks**

**The Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative Framework.** For the purpose of this study, the Multidimensional, Multidisciplinary Integrative (TCMI) Framework will be applied to explore the applicability of historical trauma among Hmong women participants. The TCMI Framework describes an individual's identity to consist of the interactions between multiple spheres or systems including: family, social communal, religious/cultural, national, and international (Danieli, 1998). Ideally, an individual is able to move through each sphere and have psychological access between all identity dimensions. In this sense, the individual feels connected and has an adaptive relationship with each system or sphere. Catastrophic exposure to trauma (such as genocide), may inflict a rupture and disorient the multiple identity spheres, causing a person to become "stuck," which Danieli (1998) termed as "fixity." Trauma can therefore disrupt and disorganize an individual's understanding of the self, others, and one's relationship to all dimensions affected by the trauma. Without healing, this chaotic rupture to identity and fixity is sustained into the future and transmitted to generations thereafter. Danieli (1998) believed the transmission of trauma could occur through word, writing, body language, and even silence.

There have been many theories on how trauma is transmitted between generations. Various theories that have been suggested include biological (Yehuda et al, 1998; Yehuda et al., 2000; Yehuda, Halligan & Grossman, 2001), intrapsychic (Gardner, 1999; Kellerman, 2001, Rowland-Klein & Dunlop, 2001; Walker, 1999; Weis & Weis, 2000), behavioral (Kellerman, 2001; Maker & Buttenheim, 2000), and familial and social transmission mechanisms (Lictman, 1984; Schwartz et al., 1994; Weingarten, 2003, 2004). Mechanisms of trauma transmission have been viewed to occur in direct and indirect ways (Baranowsky et al., 1998; Felson, 1998;

Kellerman, 2001b; Lichtman, 1984; Rowland-Klein & Dunlop, 2001; Schwartz et al., 1994; Weis & Weis, 2000). These direct and indirect mechanisms refer to communication as well as symptom development or transmission content. The conspiracy of silence refers to the indirect transmission of trauma.

**The Conspiracy of Silence.** The conspiracy of silence is the notion that after the rupture is inflicted by catastrophic trauma, there is a tendency to silence the traumatic experience that leads to further damage and is then transmitted to future generations. For example, the conspiracy of silence is said to be rooted in the pervasive societal reaction towards survivors of the Jewish Holocaust, including indifference, avoidance, repression, and denial of Holocaust experiences (Danieli, 1998). For many non-victims, the horrors of survivor experiences were either too much to take or too hard to believe, thus avoidance or denial of survivors' stories were maintained. Interactions of invalidation and lack of historical acknowledgement with non-victims, including mental health and other professionals, led to many survivors' feeling that "nobody could really understand," thus contributing to the conspiracy of silence (p. 4). The result of this silence can lead to detrimental effects of the survivors' reintegration into familial and sociocultural systems by exacerbating the sense of isolation, loneliness, and mistrust of society.

Survivor parents often maintain the conspiracy of silence within the family to protect children from potentially tainting their lives. Even so, children of survivor parents often feel the impact of trauma regardless of whether or not it is communicated verbally. Often, children of survivor parents affected by the transmission of trauma do not have a context in which to understand the situation so instead of healing taking place, the destruction of the traumatic rupture continues (Danieli, 1998).



**Cultural Context Model.** The Cultural Context Model will be utilized in this project as an intervention approach (Almeida, 2003). The model is a social justice-based therapy approach that allows for clients to gain new awareness of societal patterns that contribute to their presenting problems. Almeida, Dolan-Del Vecchio, and Parker (2007) state that acknowledging history allows for further insight into presenting problems of marginalized groups, which promotes liberation and ultimately healing. Specifically, the authors affirm that the Cultural Context Model “offers a reformulation of both the structure of the service delivery system and the process of therapy in an effort to make therapy a journey of liberation and healing instead of a journey toward renewed compliance and acquiescence to society’s everyday oppressive expectations” (p. 179). Through the Cultural Context Model, the guiding principles of critical consciousness, accountability, and empowerment ensue. The model consists of seven components that occur simultaneously and promote the identified guiding principles: orientation, sponsorship, socioeducation, culture circles, family process, graduation, and community advocacy.

Empowerment has been observed as an essential contributor to healing and a promoter of wellbeing in marginalized populations. Empowerment processes are said to be facilitated as people are able to change the ways in which they relate to their own communities and become aware of the tools of oppression (Almeida, Dolan-Del Vecchio, & Parker, 2007). Empowerment can be enabled in various ways. One way described in the Cultural Context Model is through acknowledging history and socioeducation, as it can be a powerful tool in consciousness-raising about the influence of societal factors that contribute to presenting problems. Socioeducation is the processing of societal factors of oppression through the presentation of cultural stories with an aim to raise critical consciousness. Almeida, Dolan-Vel Vecchio, and Parker discuss how

Paulo Freire's concept of "'concientización' defines the development of a critical awareness of personal dynamics within the context of social and political situations" (p. 189). Ultimately, having insight into societal factors that contribute to oppression and gaining a holistic perspective of one's struggles can be empowering and lead to liberation. Liberation is viewed as a "key component in the healing process" (Almeida, Dolan-Del Vecchio, & Parker, 2007, p. 187).

Acknowledging history and intervening with socioeducation may facilitate empowerment and liberation for the Hmong. Education and sharing narrative stories about traumatic historical events has been shown to aid in the healing process for many refugees (Cerhan, 1990; Kiang, 1996; Lin, Suyemoto, & Kiang, 2009; Kokanovic, 2010; Tang & Kiang, 2011; Tatman, 2004). There have been a number of calls to contest the dominant power of professionals interpreting refugee experiences in order to allow space for refugees to be empowered by speaking about their own experiences (Hope, 2008; Kokanovic, 2010; Watts, 2004;). There has been limited research to understand the depth of the Hmong experience. The focus on negative interpretations of the Hmong's struggle to adapt in the United States has been overall disempowering.

### **Summary**

The Hmong have a long history of oppressive and traumatic experiences (Hamilton-Merritt; 1999). In more recent history, the Secret War was a significant event that changed the lives of the Hmong. The aftermath of the Secret War resulted in genocide, dislocation, and oppression for the Hmong. Given the pre and post stressors that the Hmong experienced as they sought refuge in the United States, examining the mental health experiences of Hmong Americans is significant.

Current literature reveals that research regarding the mental health experiences of the Hmong remain limited and outdated. Research that is available on the mental health experiences of the Hmong tends to lack cultural and historical considerations. In addition, while preliminary research suggests that Hmong Americans experience a high prevalence of mental health conditions, the Hmong demonstrate an underutilization of mental health services. There is a need to explore the mental health experiences of the Hmong and to consider cultural, socio, and historical factors that may contribute to mental health conditions. In addition, there is a need to explore culturally congruent intervention approaches to destigmatize and increase utilization of mental health services for Hmong Americans.

The overarching purpose of this project was to explore a culturally congruent and historically inclusive conceptualization of Hmong mental health. As such, it was important to examine how historical aspects of the Hmong experience including collective trauma may contribute to current mental health conditions. The goal was not to perpetuate “trauma legacies” or stereotypes of the Hmong experience, but to consider potential overarching issues that may contribute to current mental health conditions prevalent in the community.

This project explored the conceptual frameworks of intergenerational transmission of historical trauma (TCMI framework), the conspiracy of silence, and the cultural context model in application with the experiences of Hmong women. Considering the Hmong have a history of massive group trauma and there is a historical tendency to maintain secrecy regarding the Hmong Americans, it is vital to explore how these factors may contribute to current mental health conditions. This project explored the following research questions:

1. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?

2. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
3. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

## **Chapter 3**

### **Methodology**

The extended case method (ECM) was selected for this project due to its theoretical approach and method of data collection that is culturally congruent in the study of historical trauma with Hmong Americans (Arndt & Davis, 2011; Vine Deloria, Jr., 1999). Given the historical nature of investigating intergenerational transmission of historical trauma, the ECM is appropriate as it applies “reflexive science to ethnography in order to extract the past in anticipation of the future, all by building on preexisting theory” (Burawoy, 1998, p. 5). This methodology draws from both the social constructivist and critical theories of research emphasizing micro case analysis as well as the individual’s ecological context at the historical, sociopolitical macro level.

#### **Core Tenets of the Extended Case Method**

The ECM utilizes both inductive and deductive methods of data analysis. The methodological theory orients qualitative research orientation as separate from the tools used to gather data (e.g., surveys, interviews, observations). Further, the tools or means of gathering data are chosen by what is necessary to obtain the data needed for the study in addition to the population’s needs regarding how knowledge is gained. For the purposes of this study, data was collected through semi-structured interviews, self-report ratings, questionnaires, and pre- and post-observations.

Within an ECM framework, research is assumed to be innately political and aims to facilitate the voice of the population with whom the work is being completed. ECM recognizes the researcher as an insider-participant-expert, acknowledging the participant-observer role to also bring a perspective and training that may not be possessed by participants, and is also

innately biased accordingly (Arndt & Davis, 2011; Burawoy, 1998;). From this stance, the researcher acknowledges one's power and added training, removing one from being an insider-participant alone and allowing for increased reciprocity and openness. Reflectivity and reflexivity are used as a continual process of understanding and analyzing data. Reflection is understood as:

...a state of mind, an ongoing constituent of practice, not a technique, or curriculum element. Reflective Practice can enable practitioners to learn from experience about themselves, their work, and the way they relate to home and work, significant others and wider society and culture. It gives strategies to bring things out into the open, and frame appropriate and searching questions never asked before. It can provide relatively safe and confidential ways to explore and express experiences otherwise difficult to communicate. It challenges assumptions, ideological illusions, damaging social and cultural biases, inequalities, and questions personal behaviours which perhaps silence the voices of others or otherwise marginalise them (Bolton, 2010, p. 3).

The ECM further emphasizes the use of reflexivity, which is understood as:

...a stance of being able to locate oneself in the picture, to appreciate how one's own self influences [actions]. Reflexivity is potentially more complex than being reflective, in that the potential for understanding the myriad ways in which one's own presence and perspective influence the knowledge and actions which are created is potentially more problematic than the simple searching for implicit theory (Fook, 2002, p. 43).

In addition, the ECM emphasizes theory development and utilizes outlier data as a critical means of reconstructing theory (Burawoy, 1998). Thus findings from this project will be used to extend the conceptual frameworks of the Trauma and the Continuity of Self: A

Multidimensional, Multidisciplinary Integrative (TCMI) Framework and the Cultural Context Model in correspondence with Hmong American women (Danieli, 2008; Almeida, 2003).

### **Community Partnership**

This project emerged from a community partnership. The primary investigator was approached to organize a conference on behalf of a Hmong women's organization in the Midwest to bring awareness to historical trauma and the potential effects it has on current Hmong women's issues. Accordingly, the *Hmong Women's Conference on Historical Trauma* was developed and data was encouraged to be collected to support this research project. Initially, this community partnership was offered \$1,500 worth of funding from the Community/University Partnership (CUP) grant from the University of Wisconsin-Milwaukee; however, no funding was utilized for either the conference or this research project. The community partner declined funding from the CUP grant due to food being a non-funded item of the grant as food was the primary expected expenses for the conference.

### **Primary Investigator's Biases**

In congruence with ECM, it is appropriate to identify and acknowledge researchers' biases. As such, the primary investigator acknowledges that she brings her Hmong identity and insider status as a second generation Hmong American woman. Her parents survived the Secret War in Laos and were refugees in Thailand before immigrating to the United States. The primary investigator was the first person in her family to be born in the United States and grew up in the Pacific Northwest. She experienced a lower socio-economic class upbringing. The primary investigator perceives her role in this project as an insider-expert. She is an insider as a woman and member of the Hmong community in the United States and she also assumes the expert position considering her education and training in a doctoral counseling psychology program.

## **Research Team General Characteristics**

A research team was created to assist with qualitative data coding and analyses. The team consisted of one faculty member and six graduate students from counseling psychology. The team met weekly for one semester and were trained in research considerations with Hmong Americans, Hmong history and mental health issues, the extended case methodology, the TCMI framework, the Cultural Context Model, and the NVivo qualitative data analysis computer software. Team meetings frequently entailed reflective and reflexive practices to process, understand, and analyze data.

General characteristics of the research team were identified to provide a snapshot of the lenses that each team member perceived themselves to be influenced by in the process of data coding and analyzing. These statements are reflective of the time the research team was active and meeting regularly. General characteristics were identified as the following:

- The faculty team member identifies of biracial, Métis heritage and resonates with the Soul Wound theory. She has worked with numerous trauma-survivor communities, and is a qualitative methodologist.
- The first team member identifies as a feminist qualitative researcher with a counseling psychology background. She identifies as a doctoral student, 27 year old, white, heterosexual, middle class woman.
- The second team member identifies as a doctoral student in counseling psychology and a woman from a low income background.
- The third team member identifies as a 26 year old, Caucasian female from a working class family with Christian values. She is a first generation college student pursuing a master's degree in school counseling.



- The fourth team member identifies as a male, an American of African descent from a low SES status family, master's level graduate student with an athletic and musical background.
- The fifth team member identifies as a young, white, heterosexual female, master's level graduate student, European American, and Christian.
- The sixth team member identifies as a cisgendered woman, ethnic minority, descendent of imported Africans, and master's level graduate student.

### **Hmong American Women Consultants General Characteristics**

Thirteen Hmong American women who were not participants of this study were recruited as consultants to offer feedback on the data coding and analysis process. The consultants consisted of Hmong American women aged 18 to 45, from the Midwest and the Pacific Northwest, all of whom completed a high school diploma or higher. The consultants communicated individually with the primary investigator through phone and email sharing personal reflections, insights, ideas, and opinions after reviewing deidentified transcripts of participant interviews as well as a list of initial themes created by the research team. Ongoing collaboration and feedback was sought from consultants throughout the entire data coding and analysis process.

### **Trustworthiness**

Trustworthiness is the process of seeking authenticity of research findings (Creswell, 2007). Different strategies were utilized in this project to increase trustworthiness. One such strategy was the use of triangulation to corroborate findings through the use of multiple sources and researchers. The research data was reviewed independently by three different sources including the primary investigator, the research team, and Hmong women consultants throughout

the data coding and analysis process. In addition, the reflective and reflexive process was frequently practiced independently and between the primary investigator, the research team, and the Hmong women consultants as a strategy to identify biases and ensure credibility of findings.

This project also aimed for intercoder agreement to increase consistency of research findings. Each transcript of interviews was independently coded once by the primary investigator and once by a member of the research team. After the initial coding process, team meetings were utilized to create an exhaustive list of all codes. This list of codes was then grouped into major codes as developed and agreed upon by the research team. The team continued the process of discussion and agreement as codes were collapsed into broader themes. Intercoder agreement was decidedly achieved when approximately 80 percent of the research team agreed on codes and themes.

### **Data Analysis**

Data analysis included inter- and intra-case coding between researchers on paper as well as via the NVivo 9 qualitative program. Each case (interview transcript) was independently read and coded once by the primary investigator and once by a member of the research team. Data was categorized first by abstracting large domains identified deductively in the study's conceptualization (e.g., historical trauma experiences). Once the data were analyzed for the domains, an inductive analysis was conducted to obtain additional domains. Domains were further rendered to categories and subcategories utilizing both deductive and inductive analyses processes until major categorizations emerged. Outlier data were examined as converging or diverging from received theory for possible reconstruction and development of an articulated body of Hmong historical trauma.

## **Participants and Sample Characteristics**

Ten participants were originally recruited for this project. After the initial interviews, one participant dropped out reportedly due to scheduling conflicts. Nine participants completed the project in its entirety. Participants were recruited through a community organization in the mid-west that advocates for Hmong women as well as through Hmong student organizations at a large mid-western university. Participants were recruited with the following inclusion criteria: Must be 18 years or older, self-identify as a Hmong women, consent to pre- and post-interviews, receive facilitator training, and facilitate the *Hmong Women's Conference on Historical Trauma*.

## **Instruments**

**Interview protocol.** Semi-structured interviews were conducted before and after the *Hmong Women's Conference on Historical Trauma*. These protocols were used to address three aims:

1. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?
2. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
3. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

The questions for the initial interview (conducted before the training and conference) are listed in *Table 1*, along with the study aims addressed by each. The interview questions for the second interview (conducted after the training and conference) are listed in *Table 2*, along with the study aims addressed by each.

*Table 1. Research Questions and Associated Aims*

Research Questions/Probes	Aim 1	Aim 2	Aim 3
1. How would you describe your experience as a Hmong woman? Please describe your role and responsibilities.	X		
2. What kind of messages did you receive growing up as a Hmong woman?	X		
3. What do you see as the assets of being a Hmong woman?	X		
4. What do you see as the possible challenges or barriers of being a Hmong woman?	X		
5. What has your experience been learning about the Hmong in U.S. History? In the media? In your family/community?	X	X	
6. Statistics indicate low educational attainment, severe mental illness, and health disparities in the Hmong community. What are your thoughts on that?	X		
7. What was the communication like in your family in regards to such issues (in regards to question #6)?	X	X	

Table 2. Research Questions and Associated Aims

Research Questions/Probes	Aim 1	Aim 2	Aim 3
1. What was your experience of being trained as a facilitator for the conference?		X	X
2. What was your experience of facilitating the <i>Hmong Women’s Conference on Historical Trauma</i> ?		X	X
3. Has this process impacted you as a Hmong woman? If yes, how so?		X	X
4. How do you think this process could impact the community?			

**Comprehensive History Questionnaire.** The Comprehensive History Questionnaire (CHQ) was adapted from a tool used to gather specific symptoms of Soul Wound and family history in a study that examined American Indian non-Tribal law enforcement officers in adaptively coping with historical trauma (Arndt & Davis, 2011). That questionnaire itself was adapted from the original questionnaire utilized in a study of intergenerational trauma and coping with the grandchildren of survivors of Stalin’s purge in Russia (Baker & Gippenreiter, 1998). The CHQ collected data on participants’ family history with the goal of further informing the interview session. The data gathered on this questionnaire has been shown to be congruent with risk for historical trauma (Arndt & Davis, 2011; Baker & Gippenreiter, 1998). The CHQ is attached as Appendix A.

**Post Intervention Rating.** Upon completion of the research study, participants completed a six question post-intervention rating to offer quantitative feedback of their experience participating. The survey was turned in anonymously in a manila folder. A copy of the post intervention rating is attached in Appendix B.

## **Procedure**

The procedure for data collection occurred in the following order:

1. Participants were recruited from a community organization in the Midwest that focuses on Hmong women and a large Midwest university through email and word of mouth.
2. Participants completed the consent form and Comprehensive History Questionnaire.
3. Initial interviews were completed utilizing semi-structured interview questions and lasted between one and two hours.
4. Participants completed facilitator training which took place on two separate days lasting about four hours each day.
5. Participants participated as facilitators at the one-day *Hmong Women's Conference on Historical Trauma*.
6. Post-intervention interviews were completed utilizing semi-structured interview questions and lasted between one and two hours.
7. Post-intervention ratings were completed and submitted anonymously.

For further description of the procedures, participants were first recruited through email (Appendix C) and word of mouth. Once notification of interest was received by the researcher via email or by phone, participants were emailed consent forms (Appendix D) and the Comprehensive History Questionnaire (Appendix A) to be completed prior to initial interview. Participants then individually scheduled a time to meet with the primary investigator to complete

initial interviews, which lasted between one and two hours. Interviews were private and located at participants' location of choice including at the participants' home, school library meeting room, and work meeting room. Following the interview, participants attended training to be group facilitator for the *Hmong Women's Conference on Historical Trauma*. Further discussion of the facilitator training is addressed below. After the training, participants acted as group facilitators at the day long *Hmong Women's Conference on Historical Trauma*. Participants then scheduled to meet with the researcher for one last interview that involved a semi-structured interview lasting between one and two hours.

Participants were informed, at the beginning of their involvement about the aims and requirements of the project. They were advised that their participation was completely voluntary and told they could choose to decline answering any question as well as terminate the interview at any point. No participants declined answering questions or terminated interviews. All interviews were audio recorded in an effort to accurately record and gather data. While all participants were informed that they could decline audio recording or stop recording at any point during the interview, all participants agreed to audio recording entire interview sessions. Participants were also offered the option of doing the interview in Hmong or English and all participants chose to complete interviews in English. While interviews were predominantly done in English, a few interviews also consisted of a mix of Hmong and English, with the Hmong being translated by the primary investigator who is fluent in the Hmong language. All audiotapes of the interviews were deidentified and destroyed upon being transcribed.

### **Intervention**

The intervention was comprised of two parts: The facilitator training and the *Hmong Women's Conference on Historical Trauma*. Participants first completed the facilitator training

that occurred over two days and lasted about four hours each day. Training resembled group discussions that participants conducted at the conference. Both the training and the conference consisted of psychoeducation on Hmong history as well as descriptions of key concepts including historical trauma, the intergenerational transmission of historical trauma, and the conspiracy of silence.

The *Hmong Women's Conference on Historical Trauma* had an attendance of about 60 Hmong women between the ages of 15 and 60 years old. The conference began with an introduction to the concept of historical trauma and the intergenerational transmission of historical trauma. Attendees were informed of the difficult nature of the topic and were encouraged to seek assistance from any conference facilitator who was identified with name tags if they found themselves struggling with the information being discussed. In addition, attendees were provided a list of resources for professional mental health services and were encouraged to utilize these services should anyone experience the topic as triggering or have difficulty coping with the information presented.

The conference proceeded with storytelling beginning with one Hmong woman in her early 20s sharing her personal life experiences as a Hmong woman. She shared what it was like for her growing up in the United States and discussed her struggles as a first generation college student, mother, and wife. Next, two video clips of interviews with Hmong women was shown. The women in these clips shared their personal life experiences in Laos, their escape and survival of the Secret War, and their struggles adjusting to life in the United States. After hearing these stories, attendees were broken up into six smaller groups called "breakout sessions." During these breakout sessions, the research participants acted as group facilitators to lead more intimate group discussions of the topic addressed. The first breakout session consisted of icebreaker



activities to get members of the group acquainted with one another and to build trust. In addition, the session processed experiences of hearing the Hmong women share their stories. The attendees remained in the same small groups throughout the conference during breakout sessions so that they would remain comfortable sharing with each other.

After the first breakout session, the conference went on break for lunch. The conference proceeded after lunch in the large group format as the primary investigator conducted presentations to introduce further Hmong history and the concepts of historical trauma, the intergenerational transmission of historical trauma, and the conspiracy of silence. A short 10 minute film on Hmong history was shown to offer real footage of events including the Secret War. The audience was informed in advance of the graphic nature of the film and encouraged to look away, step outside, or speak to a facilitator if they found it difficult to view the film. No attendees were reported to decline watching the video. After the film, the audience moved to the second breakout session to process and discuss the material and video in their smaller groups. During this breakout session, facilitators led discussions with semi-structured questions regarding historical trauma, the conspiracy of silence, and the film they had watched. The groups also completed activities including the Life History Timeline and Conspiracy of Silence Activity to identify how past events and silence may have an impact on their lives.

After the second breakout session, the conference proceeded in the large group format with the primary investigator presenting on historical trauma and its potential to contribute to negative identity. A third breakout session proceeded where attendees shared their own experiences as Hmong women and messages they experienced growing up about their identities. They reflected on how historical factors may have contributed to their Hmong woman identity. They completed activities to combat negative messages they may have experienced growing up

as Hmong women including the Messages about Hmong Women Activity. The conference ended with questions, conclusions, and final remarks in the large group format. The flyer, facilitator guide and program of events, and worksheets from the conference are provided in Appendices E-I.

### **Research Reciprocity**

While no material gift was offered to participants, the opportunity to obtain group facilitator training and to work within the Hmong community was reportedly a contribution to most participants who shared interest in the social sciences. In addition, the community partner was offered training and the *Hmong Women's Conference on Historical Trauma* by the primary investigator in exchange for recruiting participants and allowing data collection for this research project.

## Chapter 4

### Results

This chapter reports the findings in congruence with the research questions posed. As identified in earlier chapters, the purpose of this project was to explore the applicability of the Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework and the conspiracy of silence with Hmong women (Danieli, 1998). In addition, this study examined the utility of an educational conference on historical trauma following the Cultural Context Model (Almeida, 2003). Three primary research questions were posed:

1. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?
2. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
3. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

Ten participants were originally recruited for this study; however, one participant dropped out after the initial interview, leaving nine participants to have completed the project in its entirety. Research findings are based on the nine participants who completed all of the required elements of this project.

First, participant demographics are discussed in further detail. Second, research findings are reported and are organized to address each research question. The major categories are labeled **Question 1 Results: Intergenerational Transmission of Historical Trauma Experiences**, **Question 2 Results: Conspiracy of Silence Experiences**, and **Question 3 Results: Post-Intervention Experiences**. These major categories are further sorted into

categories, subcategories, and themes. As is often the case with qualitative research, it is important to note that many themes overlapped with one another. At times, a single issue or remark may be addressed or applicable to multiple themes.

### Participant Demographics

The descriptions of participant characteristics are presented in *Table 3*. All participants in this study identified as a Hmong woman. To maintain anonymity of participants, minimal or general identifying information was provided and pseudonyms were used.

Participant	Age	Marital Status	Place of Birth	Highest Level of Education	Family Direct Experience with the Secret War
Bao	30	divorced	United States, Midwest	high school	mother, father*, paternal grandfather*, uncles*
Sheng	23	single	United States, Midwest	some college	mother, father*, maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather*
Kazoua	29	married	United States, Midwest	bachelor's degree	sister, mother, father*, maternal grandmother, paternal grandmother, aunts, uncles*
Ker	34	divorced	Laos	associate's degree	self, older sister, mother*, father*, maternal grandmother*, maternal grandfather*, paternal grandmother, paternal grandfather*, uncles*, aunts*
Kou	23	single	Thailand	some college	mother, father, paternal grandfather*
Lia	23	engaged	Thailand	bachelor's degree	mother, father, maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather*
Maiyer	25	single	United States, Midwest	some college	mother, father, maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather
Pa	38	divorced	Unspecified	some college	self, sister, mother, father*, maternal grandmother, paternal grandmother
Nou	23	engaged	United States, Midwest	some college	mother, father*, maternal grandmother, maternal grandfather, paternal grandmother

*Note.* All names are pseudonyms  
\* Served as a Secret Soldier or affiliated

## Question 1 Results: Intergenerational Historical Trauma Experiences

The first question posed in this study was: What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma? Results indicated that all participants described experiences relevant to the construct of historical trauma and the intergenerational transmission of historical trauma. Categories that emerged regarding participants' experiences of intergenerational historical trauma included **exposure to trauma, integration of identity structures, and relevant history of problems**. Subcategories and themes also emerged and are identified in *Table 4* to provide an overview of results.

Table 4
<i>Question 1 Results: Intergenerational Transmission of Historical Trauma Experiences</i>
Category: Exposure to Trauma Subcategory: Direct Subcategory: Indirect
Category: Integration of Identity Structures Subcategory: Disintegrated Identity Structures Themes: Worthlessness, Shame, Misunderstood, Disconnected Subcategory: Integrated Identity Structures Themes: Pride, Support, Resilience
Category: Relevant History of Problems Subcategory: Medical Subcategory: Psychiatric

**Exposure to trauma.** All nine participants described having a personal or family history of trauma related experiences including *direct* and *indirect* exposure. Trauma exposure included individual experiences (e.g., victim of abuse) as well as collective group experiences (e.g., genocide).

*Direct exposure to trauma.* Six participants (67%) reported having experienced direct exposure to trauma, indicating that they themselves directly witnessed or experienced a potentially traumatic event. Two participants specifically reported having had personally survived events from the Secret War. For example, Ker reflected on her escape from the war sharing:

It was very scary. Especially the way from Laos to Thai, our group got shot on the way so there were some people that die. There were some kids that their parents forgot to take them and left them behind, so it was terrifying. And then when we got to [Thailand], every time when I heard a gunshot or just like a firecracker going on, I was shivering. I was scared. I was trying to hide it because it bring the memory of when the Vietnam people shooting us on the way. So it was very scary.

In this statement, Ker described experiencing a posttraumatic stress response including hyper vigilance after encountering attacks during the war.

In addition to directly experiencing traumatic events from war, Ker shared subsequent experiences of traumatic events later in her life including rape and domestic abuse from her ex-husband, who is also Hmong. Ker associated the violence perpetrated by her ex-husband to be a consequence of exposure to violent acts that he experienced as a Secret Soldier during the war. She shared thoughts of her ex-husband and of Hmong men in general, emphasizing the long-lasting consequences of the war. She stated:

A lot of the mentality that they have [is] because from the war as well, because they—most of our men are trained to kill. You know, they were trained to kill and even not just with guns and stuff—with knives. They will slice your throat. Even my ex-husband

saying, ‘I was trained to kill so don’t threaten me. You think that I cannot slice your throat and the police is not going to be with you 24/7’.

Ker shared that the violence and threats made by her husband at the time became so endangering, she often feared for her life. She eventually escaped the relationship and followed through with legal action to ensure her safety.

Data from the Comprehensive History Questionnaire (CHQ) revealed that five participants (56%) reported having experienced physical assault as a child. In addition, six participants (67%) reported experiencing sexual assault as a child, one of whom also reported experiencing sexual assault as an adult. While physical and sexual abuse were not formally addressed during interviews, Bao disclosed having been raped by her father as a child.

Additional discussion of Bao’s experiences will be addressed in later categories and themes.

***Indirect exposure to trauma.*** In addition to direct exposure to potentially traumatic events, participants also described having indirect exposure to trauma wherein an immediate family member, such as a parent or sibling, directly experienced or witnessed a traumatic event. Seven participants (78%) reported that while they did not directly experience events from the Secret War, their siblings and/or parents did. The remaining two participants had directly experienced events from the Secret War themselves. Furthermore, eight participants (89%) reported at least one immediate family member as having served as a Secret Soldier. In regards to individual experiences of traumatic events, one participant had knowledge that her family members including her mother, father, and grandparents all experienced physical assault at some point in their lives. Also, three participants reported a family member as having experienced sexual assault as a child or adult. Participants shared that while they may not have known specific details of their family members’ potentially traumatic experiences, they recognized the

long-lasting impact and felt personally affected by it. For example, Lia, who is a second generation Hmong American, shared of her parents' experiences:

I do think that the war and the camps do affect our parents a lot--their mental health. I think it does affect them a lot. Like my mom, she's very... she had depression symptoms, but she never went to seek treatment for it, which led to many complicated situations.

Lia continued describing how she felt personally affected by her parent's experiences, stating:

I've always had that like affinity too, with the war. Like my parents never talked about it, but then I'm a person that's very empathetic and I get this vicarious trauma... Like when I hear people's story, I feel myself there. I feel their pain and I just like, I feel so hurt and I think almost—I'm pretty sure we all feel it on a different level—that feeling of, yes, we're grieving and we haven't stopped grieving.

Lia refers to "vicarious trauma" as being able to empathize and feeling personally affected by her parents' traumatic experiences. Even more complex than vicarious trauma; however, is the fact that Lia has never actually learned about the details of what her parents experienced, yet she carries the emotional impact as if she did. In addition, she pinpoints that the Hmong community is experiencing an unresolved grief response in the aftermath of the Secret War.

In summary, findings reveal that all nine participants described having exposure to individual and/or collective trauma. They described their experiences as direct or indirect exposure, either having personally experienced or witnessed life threatening events themselves or having a close loved one and community who has experienced or witnessed a life threatening event. All participants described being personally affected by their exposure to trauma. Finally, the nature of the trauma they were exposed to was generally related to interpersonal trauma or historical trauma including the Secret War.



**Integration of identity structures.** After exposure to massive group trauma, a “rupture” or disintegration of one’s identity structure is said to occur. All nine participants described experiences indicative of disruptions with their identity spheres including conflict with cultural, familial, and societal structures. The integration of identity structures refers to the process of integrating identity spheres to strengthen one’s personal identity. Participants described both inhibiting and enhancing factors that contributed to the integration process of their identity structures. The integration of one’s identity structures can be viewed as falling on a continuum between *disintegrated* and *integrated* identity structures. Ideally, having integrated identity structures assumes generally peaceful, harmonious, stable relations with all or most identity spheres. In contrast, having disintegrated identity structures refer to generally fragmented, disrupted, and disoriented identity spheres. Participants in this study described both experiences of disintegrated and integrated identity structures.

***Disintegrated identity structures.*** Participants overwhelmingly described variables and experiences suggestive of disruption in their identity structures. All nine participants reported experiences that embodied fragmented, broken identity structures and strong, negative feelings toward themselves and others. Data from the CHQ revealed factors that suggest participants and/or their family members struggled with disrupted identity structures including having a negative self-concept. For example, three participants (33%) reported having personally attempted suicide at least once. One of these participants disclosed having attempted suicide twice. In addition, five participants reported having knowledge of at least one family member who had attempted suicide. One participant reported having lost her paternal grandfather to a completed suicide.

In addition to data suggestive of personal struggles with a disrupted sense of self, the data also suggested a disruption in participants' family and community identity structures. For example, four participants reported experiencing personal or family involvement in domestic violence. Three participants reported having been divorced, while four participants reported at least one immediate family member who has been divorced. Additionally, four participants reported having serious legal problems within the family that ranged from domestic violence, sexual assault, false imprisonment, possession of marijuana, gang-related arrests, and one unspecified felony. Furthermore, eight participants reported personal and/or family experience of racial/ethnic discrimination for their Hmong heritage. The described occurrences indicate conflict in interpersonal relationships and disturbance in several identity structures.

Themes that emerged indicating participants' experiences of disintegrated identity structures include *worthlessness*, *shame*, *misunderstood*, and *disconnected*.

*Worthlessness.* One theme described by participants indicating experiences of a disintegrated identity was feelings of worthlessness. Bao described both feeling worthless and perceiving that she was viewed by others as worthless. For example, she recounted how she felt in the aftermath of exposing that her father was sexually abusing her, stating:

I was very insecure. You know, very insecure. Like, it didn't matter what anyone said to me. I was just like, you know what, I just feel like I'm worthless. It's just like, well look at my dad. Look at my mom. Did she really fight for me? You know, look at this community. I must not be worth anything.

Bao shared how her feelings of worthlessness was validated and potentially conveyed through attitudes of the Hmong community, including by her mother. She reflected:

I always felt like... because my mom said to me and it stuck to me. She's like, '[Bao] you're different.' She's like, 'You're tainted. You're damaged goods so the only way you'll ever get anyone to love you and marry you is to be the best person you can be. You have to love and love deeply and you have to sacrifice a lot because you are not the same as everyone else. You don't have that luxury. So you have to make up for your father raping you.'

In addition, Bao shared how her eventual divorce contributed to being deemed worthless by others in the Hmong community and how these feelings of worthlessness felt like a burden. She stated:

Well, now that I'm divorced, that doesn't help because it's kind of like, they don't care why. I'm divorced. I have three kids, okay. It's not like I have one, two... I have three. That's another challenge too. It's every little thing. Oh, I'm devalued once again in their eyes, you know. Doesn't faze me, but it's just like an extra burden. It's like an extra burden I have to remove from my mind.

Bao as well as several other participants described a tendency in Hmong culture to apply stricter judgment on women. For example, divorce was reportedly reflected poorly on the woman and her side of the family. Bao's discussion about feeling devalued and worthless due to factors relevant to being a Hmong woman was reflected by four other participants.

*Shame.* Tied with feelings of worthlessness, shame was another variable that was highly prevalent among participants' experiences. Eight participants mentioned or alluded to how shame or "saving face" played a significant role in their lives. Bao expressed what she understood of shame in the Hmong culture and the negative consequences it carried. She stated:

Do not bring family shame, because if you do, whether it's your fault or not, you will be tainted and your children will be tainted... and it will go on and on until someone within your direct bloodline, I think, makes up for it through success... And success is defined so differently... Number one thing, don't bring shame.

While Bao shared having knowledge of this common expectation in Hmong culture to not bring shame to the family, she shared the difficulty with avoiding shame, declaring:

Shame, oh goodness there's so much shame. I think there's so much I could say, but I know I was very shameful of who I was because of what happened to me. To the point where I never looked at people. You know, like I didn't, because eventually you get tired of the looks and you get tired of the whispers or just stuff with not being heard. And so, what do you do? You zone everyone out and then people come and talk to me. Another example is, what's the first thing elders ask you? 'Who's your father?' And that was tough for me for many many years because, it's just like, you have to constantly say it even during this period of time when I hated his guts. I still had to say it. And people were like, 'Oh, you know... you could just... why answer them... who cares?' But I was brought up that way. We answer our elders. And so I would say it and every time I'd say it, I'd feel so ashamed... Or you tell them and you see their reaction and it's not one of apologetic. It's more of disgust and you feel even more shameful.

In the same light, while Bao described experiences of being shamed by others, she also utilized shame and directed it to those who she perceived as having done wrong, including perpetrators of sexual violence. She stated:

I am getting some rewards through other survivors finally realizing that they're not alone and to also bring shame to those who have committed those acts, because no one's ever

fluffed them up so they think they can just come to this community and do whatever they want and it would just be kept nice and tucked. Well, no. You know what, I'm gonna disturb that a little bit. I'm gonna bring it to the forefront. You know, and you should be ashamed of what you're doing and you need to seek help.

Other participants also described their struggles with shame and how they often felt ashamed of being Hmong growing up. Sheng shared:

I didn't really know anything about the Hmong. Like, when I was in like high school, middle school, basically I just knew that that was me. That was what I grew up with and that's what my parents taught me and basically I didn't know the history. Like I was ashamed of being Hmong until I got to college.

Pa shared similar struggles with her Hmong identity growing up, stating:

I used to be really embarrassed about all the things that Hmong did. I never appreciated all the good things about Hmong... And whenever somebody said, even like my, part of my adult life, I never appreciated anything about being Hmong.

The pervasiveness of negative feelings towards their Hmong identity was high among the women in this study. In fact, some participants went as far as to state that they hated being Hmong at some point in their lives, suggesting extremely conflicting struggles with their identity. For example, Sheng said of her identity struggles:

I wasn't too much involved in the Hmong community. There was a point in my life where I was like, 'I hate being Hmong'... Yeah, it's like I hate being Hmong because you know, I just don't like people all around, going out, or like what my parents expect me to do. It's like a point where you just want to disown your own race... Like I've also

noticed that every time we go to the New Years, nobody ever wants to wear Hmong clothes. I used to hate wearing Hmong clothes.

Maiyer reiterated feelings of hate she experienced with her Hmong identity and described the difficulties she had with being bicultural. She stated:

I think during my teen years I kind of had different—teen to high school, young adult years—like, I had different feelings about it. At first I was like, ‘I hate my Hmong culture. I hate being Hmong’. You know and like, ‘Why can’t I be like this and like that?’ I’d rather be White than be Hmong because being Hmong is so difficult... Because you have that bicultural identity and you have to follow both rules and then at the same time you want to find yourself too. You don’t want to just live a life according to what someone else wants as well.

The women in this study described negative feelings including shame and even hate towards their Hmong identity due to pressures of meeting two distinct and often conflicting cultural values growing up in the United States. While they described feeling pressured by the Hmong community to uphold strict, traditional values that included staying home and caring for their families, they also described difficulty fitting into mainstream society.

*Misunderstood.* Participants shared that there is often a lack of information or knowledge about the Hmong in mainstream society. While they described the larger community as having minimal awareness of the Hmong, they also shared the tendency for the Hmong to be portrayed in a negative light in the few instances that the Hmong are acknowledged, particularly by mainstream media. Six participants shared feeling misrepresented and ultimately misunderstood by mainstream society. They described how the often negative portrayal of the Hmong contributed to their own negative feelings towards their Hmong identity. For instance, Kazoua

stated:

I think back to when I was younger when you see Hmong image, I mean I didn't see a lot when I was younger, but usually I think it was more negative. Especially in the media when I was younger. When it was negative it was embarrassing being a Hmong person because then you're like, okay, you know, that it's one of your other... it somehow represents who you are and so that's embarrassing to see just something bad or that a Hmong person did in the media versus something good.

Overall, participants reported having negative feelings in relation to personal, familial, and community identity structures and described a sense of feeling misunderstood.

*Disconnected.* Participants alluded to feeling disconnected and fragmented from their various identity structures. Five participants specifically identified feeling disconnected or “broken” in relation to various identity spheres. For example, Bao shared how being raped by her father affected her family structure:

We're talking about family dynamics and people don't understand how something so traumatic such as this can impact the whole entire family. Like it just doesn't affect me. I wasn't the only one affected by this. You know, my brothers were too. My sister was too. It kind of tears everyone apart... and they still have to struggle with it because I know it's not easy for them for me to go out there and say hey, you know this is what happened. This is what we needed to be fixed. It's not easy for them either because that's still their father. They have a good relationship with him. You know, I don't hate them for that. I want them to have that... but so, it's... a constant tug of war. The family structure is broken and then what do people do? They just make fun of it. Oh, she came from a broken home, you know...

In addition to feeling disconnected in her family structure, Bao also described feeling disconnected from the larger non-Hmong community. The lack of support and understanding she felt in both her family system and local community contributed to her feeling “lost.” While she went outside of the Hmong community for mental health treatment as a survivor of sexual abuse and described receiving helpful services, she also shared feeling lost because her non-Hmong allies could not fully understand the additional stressors she experienced as a Hmong woman. She shared struggling with finding support between feeling attacked from the Hmong community (including her family and church) and not feeling fully understood from her non-Hmong abuse survivors’ community. She stated of trying to seek support:

I had really nowhere to go to express the hurt from that also, because no one wants to talk about it. Even like my cousins, no one ever talked about it--dare mentioned it. Even my husband at the time--or my ex-husband, ‘No let’s not talk about it.’ And so, it’s like, okay I go to this [abuse survivors’] group or I go and I start volunteering my time and I spend time with these young girls and I feel good, but at the same time I can semi-vent to them, but they don’t understand the depths of the influence of local church or... and it’s different and so I think I felt really, even more lost. Even though I felt like I was free, but then I was lost at the same time even more.

Similarly, Nou shared feeling disconnected from both mainstream society and the Hmong community. She reported being part of a program from kindergarten through high school that was designed to racially integrate schools. The purpose of this program was to give minority students in an urban community the opportunity to attend more elite, suburban schools that consisted of predominantly White students. Nou shared that while she appreciated the privileges of attending a blue ribbon school, she felt deprived of Hmong connections and felt the school



district was lacking in multicultural sensitivity to support her unique needs as a Hmong student. She shared feeling disconnected from her peers due to cultural and socioeconomic differences, which negatively influenced her self-esteem. She stated:

So from K4 to high school I went to [a suburban school] and it's a great school, you know... It's a blue ribbon school—one of the top schools in [the state]. However, with that being said coming from a low economic family, you feel that strain of people judging you always... So there was always that strain and always that variability to me that made me different.... Furthermore, there were no Hmong people at that school. So I grew up with like, primarily Caucasian I would say... It was really difficult... and I feel because, you know, I would wear like hand-me-down clothing and not the new things that my peers would be able to wear; I felt ashamed.

Nou continued discussing difficulties she had in school and shared her belief that she had been wrongfully mislabeled as having a learning disability. She shared:

Progressing in school was hard for me. First grade, I was labeled with a learning disability... They never specifically told me [what] and I can't exactly ask my parents because they weren't, you know... They weren't made aware of what a learning disability is. So then I grew up with that stigmatism throughout my whole educational life... So there's that pressure and now you feel like, 'Hey maybe I'm not smart enough to succeed in school.' So, how I correlated it, however; is that, because I went home to my Hmong parents and because the school is so successful—it comes from a [prominent], like high socioeconomic status—I thought that as a child I wasn't prepared academically. Just because going home, you know, they would tell you to do your homework. I would go home and watch cartoons. They [my parents] think school is just going to school. You

don't bring home school, you know. So for me, I feel in retrospect that I wasn't ... or I shouldn't have been labeled L.D.... Because it stigmatized me.

Nou described how her struggles in school due to cultural and socioeconomic differences contributed to her feeling disconnected and even stigmatized. Along with difficulty integrating into the suburban grade school environment, Nou also described difficulty integrating into the Hmong community. She began college at an urban university with a large population of Hmong students and described feeling challenged with fitting in. She shared:

So I felt, you know, a lot of criticism and being judged. Like going into college it felt like very... what's the word... 'exotic' to me to be around huge cohorts of Hmong people. I didn't exactly know how to be with them or interact with them just primarily because I've never grown up that way. And then you also see that because these huge cohorts have grown up together, it's hard to introduce yourself and make yourself a part of them. So that was a difficult part I would say. And a challenge just to be given that chance to be academically successful in a suburban school, but then to reintroduce yourself into the Hmong society. It's hard.

Nou highlights feeling disconnected as echoed by many participants. She pointed out that while being displaced was beneficial for her to integrate into mainstream society and to pursue academic opportunities, it came at the cost of losing connection and support from her Hmong peers.

Correspondingly, Lia discussed difficulty with integrating Hmong traditions in the United States due to differing values and lifestyles. She shared her thoughts regarding Hmong men and their unique, but parallel struggles with Hmong women. She emphasized the pressure she believes Hmong men are under and identified the loss of some Hmong traditions, stating:

Hmong men. The way I look at it, I feel like they have so much responsibility. This expectation that they have to live up to and when they don't reach that it's very... it kind of destroys their morale and stuff like that. Like I noticed that a lot Hmong youth—Hmong boys—they go through that stage of... of youth... And then that stage of gangs and violence and then that stage... if they moved beyond that stage they become a family man and it's really hard too because their father figures weren't like in the past where our fathers grew up with their sons, side by side. You work side by side. You tell each other side by side. Like here, our fathers and mothers are always working and we grow up by ourselves and with our friends and that's where we gained, learned bad things from, I guess. So it is... there's a lot of expectations on their shoulders as well because they are expected to be the bread winners. They are expected to get their higher education to represent their family and that pressure I believe definitely puts... that pressure is huge on them. I can only imagine because for us, the pressure is there enough already, but then we aren't really expected to—the Hmong cultural way—to be the bread winner. To take care of your parents... It's very tough I would have to say for them.

Lia reflected the thoughts echoed by other participants that the loss of traditional ways contributed to feelings of disconnect with family members and within the Hmong community.

***Integrated identity structures.*** While all participants described some disruption between their various identity structures, participants also displayed significant resilience to social and historical stressors. Eight participants described variables and experiences that suggest integration of identity structures and movement towards stability within their identity spheres.

***Pride.*** Although many participants described experiences of conflict with regard to their ethnic and gender identity growing up, participants also felt pride regarding their identity as a

Hmong woman. Four participants specifically used the word “pride” to describe how they felt about being a Hmong woman. Interestingly, five participants identified how past experiences learning about Hmong culture and history were significant factors in feeling more positively about themselves and their identity. Maiyer made a point of this, stating:

I’m not all read up on the Hmong history, but I know little bits of it and I think it’s made me more proud of who I am. And it makes me... it doesn’t make me view myself in a hateful way like I did when I was a teenager, you know. And I think when I was more informed, it being... like I would say, more proud and have more pride in who I was and I wasn’t scared of like wearing Hmong clothes... When I did find out about my history, you know, it kind of enlightened me.

Correspondingly, Kazoua also made reference to how learning about Hmong culture allowed her to embrace her Hmong woman identity:

I have to say, I love being a Hmong woman because growing up I learned more about my culture as to what a Hmong woman is and as to what are their positive and negatives of being a Hmong woman. But overall, like as right now I like, I love being a Hmong woman. But when I was younger how—younger like back in middle school and high school where boys had more privilege than girls in going out—I just hate the fact that girls are just... girls can’t do as much as boys and at one point, I did not like being a Hmong woman or a Hmong girl.

In addition, Lia shared her thoughts on how knowledge about Hmong history promotes a more positive identity:

Those who know their history tend to be more motivated and more okay with themselves and the Hmong culture. Knowing that yes, we have our flaws, but look at our strengths

as well. So how do we... not so much fix our flaws, but either live with it or come together as a community and solve it. Work towards it. But then those who don't know their history will tend to be like, 'I don't care'...

*Support.* Along with feeling pride about being Hmong women, four participants also described feeling supported from the Hmong community. For example, while Bao previously described having a conflicting relationship with the Hmong community, she identified that she still experienced and valued support from the community, particularly by other Hmong women. She stated:

I love our sense of community. You know, I think that's one of our best, best, best, best, best, bestest thing ever. That and, I would say, for those that are motivated, are very motivated. Like Hmong women, yeah. Seriously, I mean I know all women are to a certain extent, you know... but I think the ones that really want change, they go out there and they just execute it and they're not afraid to bring other Hmong women with them... And that ties back to community. It's like, 'Okay I'm leading this, come help me. Join me. Let's do this.' You know, where some others, they're like that too, but they're not as close, so it's more kind of for yourself. I think a lot of the community actions and stuff like that that I've seen with Hmong women. It's collaborative and not just a single handed 'me' type of attitude.

*Resilience.* Despite participants having experienced stressful historical and social circumstances, the women displayed and discussed considerable resilience in coping with life obstacles. Bao exemplified this as she described overcoming feelings of shame after it was exposed that her father was sexually abusing her. She shared:

I can openly admit, I was shameful. I felt, I mean come on... Just like everything that has gone on in my life. I made a pledge like in 2010 that [Bao], 'You're gonna start loving yourself'... And it was hard to even sit there and say okay, how am I going to love myself, you know? When all these other ways that I thought I was, [I] was not.

While Bao discussed difficulty coping with the sexual abuse and shaming she experienced in the aftermath, she took the opportunity to seek resources and treatment for her own personal well-being. She stated:

I went to group therapy and after group therapy, I just said, 'Okay, you know what, I can't remain quiet anymore'. You know, and it felt good! It felt good to just release things and I think what really impacted me was the suffering of the other girls. Because for so long, it's like, it's just me. Because you do, you feel lonely. It's just you.

In describing how she made an effort to start loving herself more, Bao discussed her desire to help other survivors of sexual violence overcome feelings of shame by sharing her own experiences. She shared, "I want them to see that there is someone out there. Their shame is gone. It's gone. And they can have that too." In addition to helping survivors, Bao also discussed her desire to help perpetrators of sexual violence, stating, "So it goes both ways because as much as I can't stand their acts, you know, I also want to help them."

Similarly, Ker discussed overcoming feelings of shame after leaving her husband who had repeatedly physically and sexually abused her. She shared advice and values she wanted to instill in her kids, stating:

So that's one thing that I changed my kids and our traditional--our Hmong tradition. Usually when there's issue, they usually don't take the woman's side because they feel that once you marry, doesn't matter if you alive or dead, you are theirs. You are theirs

and you cannot come back because once you come back, you bring shame to your... especially your father... and so that's just a big no no. But for me right now, after everything that I go through, I just like, you know, it's your life. If you're not happy, I rather you to stay by yourself then being with somebody miserable and torturing you.

In this statement, Ker reflected on shifting her Hmong cultural values and reassessing the belief that a woman should not leave her husband due to potential shame it may bring upon her family. She referred to the tendency in Hmong culture to disapprove of women divorcing and leaving their husband's family to go back to their biological family. Despite cultural pressures of shaming, Ker was able to leave her abusive marriage and encouraged personal happiness.

Overall, all participants described disruption and disintegration of their identity structures. While they identified inhibiting factors that maintained the disintegration of their identity spheres, they also described enhancing factors and resilience that suggests movement towards further integration of their identity structures.

**Relevant history of medical and psychiatric problems.** The literature suggests that health disparities are highly correlated with groups who endure historical trauma and experience chronic stress (Walters & Simoni, 2002). An assessment of family medical and psychiatric history was conducted to explore the presence of potentially relevant issues related to historical trauma. Seven participants reported having knowledge of relevant family medical and/or psychiatric problems. Referring to *Table 5*, data from the CHQ indicates participants' personal and family history of medical problems include asthma, cancer, coronary/heart disease, diabetes, hypertension, kidney disease, pulmonary disease, serious accident, serious injury, and tuberculosis. With regard to psychiatric history, participants reported alcohol abuse, anxiety,

depression, posttraumatic stress disorder, sleep disturbance, and unspecified psychological/emotional problems.

Table 5		
<i>Family Medical and Psychiatric History</i>		
Participant	Medical Problems	Psychiatric Problems
Bao	None reported	None reported
Sheng	<ul style="list-style-type: none"> <li>• Asthma – brother</li> <li>• Cancer – maternal grandmother</li> <li>• Serious injury – brother (broken shoulder)</li> </ul>	<ul style="list-style-type: none"> <li>• Depression – mother, father</li> <li>• Sleep disturbance – mother</li> </ul>
Kazoua	None reported	None reported
Ker	<ul style="list-style-type: none"> <li>• Asthma – 6 unspecified significant relationships</li> <li>• Cancer – 12 unspecified significant relationships</li> <li>• Coronary/heart disease – 3 unspecified significant relationships</li> <li>• Diabetes – mother</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety – 4 unspecified significant relationships</li> </ul>
Kou	<ul style="list-style-type: none"> <li>• Tuberculosis – paternal grandmother</li> </ul>	<ul style="list-style-type: none"> <li>• Depression - maternal grandmother</li> </ul>
Lia	<ul style="list-style-type: none"> <li>• Hypertension – mother, paternal grandmother, paternal grandfather</li> <li>• Serious Accident – Mother</li> <li>• Serious injury – mother, paternal grandmother</li> </ul>	<ul style="list-style-type: none"> <li>• Depression – self, mother, paternal grandmother</li> <li>• Unspecified psychological/ emotional problems – mother</li> </ul>
Maiyer	<ul style="list-style-type: none"> <li>• Kidney disease – father</li> <li>• Diabetes – unspecified significant relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety – self, mother</li> <li>• Depression – self</li> <li>• Sleep disturbance – self</li> </ul>
Pa	<ul style="list-style-type: none"> <li>• Cancer – self</li> <li>• Hypertension – mother</li> <li>• Kidney disease – mother</li> <li>• Serious accident – mother</li> <li>• Serious injury – mother</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol abuse – unspecified significant relationship</li> </ul>
I	<ul style="list-style-type: none"> <li>• Asthma – father</li> <li>• Diabetes – maternal grandmother</li> <li>• Hypertension – mother, father</li> <li>• Pulmonary disease – father</li> <li>• Serious accident – self, mother, father</li> <li>• Serious injury – father</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety – self, mother, siblings</li> <li>• Posttraumatic stress disorder – father</li> <li>• Sleep disturbance – self, brother</li> </ul>



## Question 2 Results: Conspiracy of Silence Experiences

The second research question posed in this study was: What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma? Data obtained from the interviews revealed that participants experienced a high frequency of silencing experiences in relation to individual and collective trauma. These silencing experiences were described to have detrimental effects on participants' integration of identity structures. Three categories that emerged regarding conspiracy of silence experiences include **silencing experiences, reasons for silencing experiences, and consequences of silencing experiences**. Themes also emerged in each category and are listed in *Table 6* to provide an overview of results.

Table 6
<i>Question 2 Results: Conspiracy of Silence Experiences</i>
Category: Silencing Experiences Theme: Secrets
Category: Reasons for Silencing Experiences Themes: Protection, Fear, Taboo/Difficult Dialogue, Ambiguity/Lack of Closure
Category: Consequences of Silencing Experiences Themes: Ignores Problems, Misrepresentation, Mistrust, Isolation, Transmission of Trauma/Revictimization

**Silencing experiences.** In examining the nature and prevalence of silencing experiences with the women in this study, all nine participants described experiences in which they, their family members, or society opted for silence in response to trauma related experiences and its aftermath. These silencing experiences may or may not have been intentional. Bao labeled the aftermath of her sexual abuse as a silencing experience, exclaiming:

I was pretty much silenced! Yes! Like don't talk about it. You just go about day to day activities like everything is fine and I just felt like everything, like my whole childhood, just everything that I've been through... that I was just tossed out and it didn't even matter what I was going through.

**Secrets.** Four participants in this study specifically labeled their experiences of silence as a "secret". For example, in describing her knowledge of Hmong history, Maiyer stated, "Our history was basically invisible and a secret."

Similarly, Nou shared having little knowledge about her parents experiences of the war and labeled her family history to be like a "secret", stating:

I really don't know much about their lives back in Thailand or anything and I feel I'm very Americanized, so I really don't know much. In regards to even culture, per say, I would say, because we are Christians so then they also cut out that part of that shaman root that they used to have and how those cultures tied into family. But I mean, I really don't know much else about it in comparison to what I just read. So I feel like it's a secret because I don't know my past...the past of my parents in regards to their lives. All I know is that they came and crossed the Mekong River to the United States. So I feel like it's kept a secret and they just say, you know, do well in school and we came over here so you could prosper and we work hard so you can have a good life. So that's the only aspect of history that I know.

Nou alluded to difficulty integrating Hmong and American culture and discussed losing aspects of traditional Hmong culture including shamanism. She identified her parents' tendency to focus on the future and felt her family history was kept a secret due to lack of interaction about the past.

Pa also shared having little knowledge about Hmong history while she was growing up. She described difficulty sharing information with her parents due to their lack of communication regarding intimate knowledge with her. She stated, “I didn’t really learn about any Hmong history. My parents, they didn’t really like to talk. I didn’t share any secrets with her ... my mom... She never shared information.”

**Reasons for silencing experiences.** In discussion silencing experiences with regard to traumatic histories, participants also shared their beliefs as to why silencing experiences occurred. This included for *protection*, out of *fear*, and due to *taboo/difficult dialogue*.

**Protection.** One reason identified as to why there may be a tendency to keep silent about historical trauma in the Hmong community is because of a desire to protect younger generations or intimate others from the trauma. As Nou, a second generation Hmong American, suggested of her parents’ experiences of the Secret War:

You just don’t know very much about it. So I feel like as an identity, we really don’t know much because I feel like the older generation’s kind of keeping it a secret. They don’t want us to know all these bad things that happened.

**Fear.** Participants also identified fear as a reason there is a tendency to keep silent about trauma related experiences. This includes fear of consequences such as having loved ones be taken away, being isolated, and being negatively labeled. Bao described her decision to stop speaking publically for a period about being sexually abused by her father for the following reasons:

I did a lot of public speaking when I was younger, you know, towards non-Hmong audiences. People would say, ‘Yeah, you should really pursue this. Keep going, keep going.’ But there’s always that fear of what will I lose, because I have lost so much. Here

I am. I have kids now. How will this affect my kids? Will people be saying negative comments towards me with my kids around? You know, and then it became this fear thing. What if my husband leaves? What if he takes the kids? And then I'm really left with no one and then I have no one to talk to and so, that fear just kind of silenced me for a bit.

Bao also recognized that others such as close family members may have kept silent about her sexual abuse due to fear as well. She stated:

It was incredibly hard and not everyone gets it, you know. And if they do get it, they don't want to say anything, because you know they have their fears to—of being labeled. And so everyone's fearful so nothing will ever get done.

***Taboo and difficult dialogue.*** Participants also identified that taboo and difficult dialogue were reasons trauma related experiences were silenced. For example, Sheng shared the tendency to overlook problems in the community related to historical trauma due to it being a “taboo” subject and uncomfortable to discuss. When asked if she had knowledge about the effects of war on the Hmong community, she responded, “I actually don't. It's... I feel like it's a taboo subject. Yeah and you know, whenever you bring it up and nobody wants to talk about it.”

Similarly, Ker discussed the struggle for parents to share their war experiences with their children due to it being a difficult topic for them to bring up. After the *Hmong Women's Conference on Historical Trauma*, Ker shared a conversation she had with older generation Hmong women regarding their desire to focus on their children's futures and tendency to keep silent about their traumatic past. She stated:

But then it's just like [we... the elders. We just talked amongst ourselves so] a lot of them are really aware. And all this powerful thing and that's why they keep pushing their kids

so hard, but then, one thing is that they don't know how to make it come out, you know. Explain it. And their kid was just thinking that they're just being mean, they don't want them to have fun, but there is a story behind it.

Ker described an echoed sentiment that older generations who experienced historical trauma found it difficult to discuss the past, which led to their children misinterpreting their intentions.

*Ambiguity and lack of closure.* Ker continued discussing the conversation she had with older generation Hmong women and identified ambiguity regarding traumatic events and lack of personal closure as additional contributing factors to silencing experiences. She shared:

What the most concern that they have is because they don't know the story behind it. They don't know the story behind it... The parents... Behind of what happened. Behind of the war. Why we're in the war. All they know is that they were... their husbands were forced by General Vang Pao's crew and they were just fighting... Even though they're old, they didn't know why we, our Hmong people get involved with that.

Ker references General Vang Pao, a significant military personnel and leader in the Hmong community who made the decision for the Hmong to enter the Secret War. She discusses how the Hmong women she spoke to had little knowledge about the purpose of the war, which led to their ambiguity as to why so many Hmong lives had to perish during the war. Due to the Hmong women's own lack of personal closure regarding the events of the war, Ker shared how these women then had difficulty trying to explain to younger generations what happened, resulting in silencing experiences. Ker continued:

[And they don't know] how to begin to explain it to their kids. There's...[they don't know how to speak, they don't know how to write] and they don't have any document. They don't know how to do any research to find anything out. So all they know how to

tell their kids is that because [war hit and everyone's lives encountered it, helping war with Americans and that's how we got to this country and how many of our Hmong people died. And that's why we escaped to this country] and it's just the detail of it that they don't know how to explain it to their kid. And so it's to make them even more confused, for them to refuse... or [even more, they don't know how to say why... that is just the life before, but now we're not like that anymore. You know, and it makes them not know how to explain more into detail.]

Ker further identified how lack of resources and education to provide older Hmong women information about the reasons they went into war led to feelings of ambiguity and lack of personal closure. In not being able to make meaning out of their own experiences, it led to difficulty sharing with children what it was they went through.

In summary, all nine participants described silencing experiences as a response in the aftermath of trauma exposure, whether the silence was intentional or not. These experiences were labeled as "secrets" and were maintained due to desires to protect those who did not directly experience the trauma, fears that there would be consequences discussing the trauma, taboo and difficult dialogue, ambiguity and lack of personal closure with regard to traumatic events.

**Consequences of silencing experiences.** All nine participants in this study described detrimental outcomes regarding silencing experiences of past trauma, which is indicative of the conspiracy of silence. For example, Bao stated of her silencing experiences:

I was really just more than sick and tired of how this community is reacting or not reacting for that matter... I see it as I am not only, or I was not only a victim of rape or whatever. I was also a victim of silence and that was harder, believe it or not. That the

things I dealt with after was a lot harder for me to process and deal with than the actual incident.

Similarly, Nou described how the lack of context as to why her parents' tended to be emotionally unavailable led her to internalizing that she was not loved. She stated:

I feel that the older generation, they're very closed off and I think that it's part of how they were raised possibly. That they aren't very emotional people. They have to be very stoic and pretend everything is okay. You know, I had a lot of trouble as a child growing up because my parents aren't very vocal about how they feel. So I had to deal a lot with counseling and saying like, 'Well maybe my parents don't love me. They never tell me that they love me.' So we had like a little intervention in another school and my parents came and they're like 'Oh we love you'.

Participants described silencing experiences to be detrimental because they believed it led to *ignoring problems, misrepresentation, mistrust, isolation*, and the *transmission of trauma/revictimization*

***Ignores Problems.*** One detrimental outcome described by participants with regard to silencing experiences was that it led to ignoring problems. As Bao described:

I felt silenced for a long time. To the point where I think I had to start forcing myself to forget. That was my only way to be silenced. I didn't abuse drugs or I was not promiscuous. I didn't seek those other types of ailments. My strategy was just try to delete everything and just forget that it ever happened.

Bao described how having to keep silent regarding her sexual abuse led to suppression as a way to cope. She described how this was ineffective and damaging to her mental health, stating:

I was always just—it was brewing. I mean, close friends who knew me, knew. They were like [Bao], like I swear one of these days you're just gonna... you're just gonna pop.

Similarly, Sheng shared how silence regarding historical trauma can ignore the problems associated with it. She shared her parents' tendency to overlook issues of depression and alcoholism as a problem:

Sometimes some people don't know what to categorize it as and it's like really hard to like describe to them what depression is. You know, and alcoholism. There's just like, they brush it off like it's not a problem, but we here... we see it as like a problem so.

Lia also shared the tendency for the Hmong community to overlook mental health issues related to historical trauma, stating:

Our people don't know that we have a problem. It's still very hush hush and... Yeap, I think that's it too. Just the hush hush of it. Not people talking of... there's no real solution and it just builds on and on and on.

***Misrepresentation.*** Participants also reported a tendency for mainstream society to neglect discussion regarding the Hmong's involvement in the Secret War, ultimately contributing to silencing experiences. Participants believed these led to biased representations of U.S. history and misrepresentation in the public of the Hmong. One example of this was in education, as Lia noted:

The problem with American history classes is that they gloss over everything and they only put down the good American side of it. They don't put down everybody else's and I think it would really help because I remember growing up and I was just really like well, where's Hmong people? Where do we come from? It wasn't until high school that you



started learning. And then my younger siblings, they don't know about their history and you can totally see a change from them and those who do know their history.

Participants also shared their belief that the tendency to lack representation of Hmong history in mainstream society often leads to a misrepresentation of the Hmong. Participants reported that because mainstream society tends to be poorly informed about the Hmong, when the Hmong are acknowledged, it is often in the form of negative portrayals in the media. As Ker explained:

Right now, growing up here in the United States it's like every time when you see something about a Hmong on the news it's always bad. It's always about killing or raping or doing bad thing. So I think most of the people have this really bad image about the Hmong people. I was reading something in the article right after Chai Vang during the shooting and they were saying terrible thing. It was like why you bringing those barbarians to the United States. They're always trouble makers, shooting this and doing that. So, yeah it seem like every time it come on the news, it's something bad. We rarely have anything good on the news.

While issues of the Hmong being misrepresented in mainstream society was discussed, three participants independently referred to the case of Chai Vang, a Hmong hunter who had a dispute over hunting on private land with non-Hmong hunters in northern Wisconsin. The dispute led to Mr. Vang shooting eight people and killing six. This tragedy made national headlines in 2004 and in the aftermath, the Hmong community faced an onslaught of negative attention and treatment from various sources, including through personal interactions as well as the media. Participants in this study described frustration and disappointment that so little is known about

the Hmong in mainstream society that it took an event such as this to acknowledge and portray the Hmong.

Lia shared similar thoughts, stating:

You don't learn about it [Hmong history] in school or anywhere. Like I said, we had to research on our own outside of school. And the media, there's barely any exposure and the only exposure are very bad, to say. It just shows the violent side. Like the violence of our Hmong men or the bad side of our culture. It doesn't show the good and the positive. So that's one thing I noticed about the media.

When asked how the negative portrayal of the Hmong might have affected people's perspective of the Hmong, Lia responded:

I think it makes them [the public] more afraid of us. Yeah, I do think it does make them more afraid of us. Like I know with the—remember the Chai Vang accident. Ever since then my dad hasn't been hunting anymore. And it's still brought up and people— more people know us now, but then they know us in a bad way... And that's the one thing that I didn't understand because one person's action had to represent everyone.

Lia continued sharing her frustration and problems with being portrayed one-sidedly in the public:

And it makes the Hmong leaders liable for it too. Like, I think the Hmong leaders, I mean one of them had to step out and say something about it too... Yeah, so it just makes it seem like, like we don't belong. We don't belong here in this community. That's why we still have to apologize for the actions of just one person.

Lia shared the common opinion that silencing or lack of representation of Hmong experiences in mainstream America led to problematic portrayals of the Hmong and increased tensions between the two communities.

***Mistrust.*** Participants alluded to how silencing experiences and feeling misunderstood or misrepresented led to feelings of mistrust. For example, Bao shared how the lack of acknowledgement from family members and the Hmong community regarding her father's sexual abuse led her to feel she could not trust them with receiving support. Comparably, Maiyer alluded to mistrust between the Hmong community and mainstream society describing the Hmong community's need to defend themselves in light of being misrepresented in mainstream media. She stated:

Maybe it's made them [the Hmong] more, I don't know, I wouldn't say paranoid, but more careful on their activities and I think in that way it's also made other organizations, other Hmong organizations or Hmong newspapers kind of release their own articles and be like 'No, this is what actually happened. This is what this is about.' And releasing that information on the public so that it's there too. That it's not just a one sided... it's not just a one sided, mainstream kind of coverage. That it's coming from within the community too.

***Isolation.*** Participants described the tendency for feelings of mistrust to lead to a sense of isolation. Bao discussed this, sharing how not feeling she could trust the Hmong community for support led to a sense of isolation and not belonging. She said of her experience seeking support in the aftermath of her sexual trauma:

I was like, okay I have to keep going. You know, I have to keep going and so that's when I slowly started speaking at events and what not. But it was not towards the Hmong

community because I had that resentment and I said, you know what, I'm going to do what I'm going to do, but I will not come face you because, you know what, you're not ready and you are not healthy for me... I think at around that time, 16-18. I just started avoiding Hmong culture community, period. Like, I just did not associate myself with them... and so I just felt like I didn't belong. Not only in my family, but the community overall. I would say I was pretty sheltered for a while. You know. That was my way of protecting myself, I guess."

***Transmission of trauma/revictimization.*** Lastly, participants reported that the most detrimental outcome of silencing experiences led to the transmission of trauma and revictimization. Bao illustrated her views of how the infliction of trauma not only impacts the individual who directly experiences it, but it also penetrates and affects those around. In discussing her frustration of people who could not understand how her sexual abuse impacted her entire family, she intensely stated, "They're so confined and they just think that nothing will ever like penetrate and bleed, but it does. It will trickle and trickle and trickle." She continued:

I have to look at it that way... What's going to happen to my daughter? How many generations have I seen, okay, first hand affected by this? And know I am going to do whatever I can to make sure she does not experience it. And it like, it stops here. You know and that's what I'm trying to tell people. It's like look okay, I was just as naïve as you thinking all things are just going to fix themselves and it's gonna be better the next generation.

Bao continued sharing how silencing experiences surrounding her father and his acts of sexual abuse ignored significant problems that led to repeated victimization. She stated that while she kept silent regarding her own experiences of sexual abuse for a period of time, she became

outraged when she discovered that her father's acts of sexual violence were recurrent. She reported:

I just kind of went on with my life and it really wasn't until I started finding out that, you know, my father had raped previous women—many before me—and the family knew about it. And on top of that I knew from my own experience, I knew that my mom was also being raped by him because I could hear them. Because after you've been raped, you know. And so it just re-angered me because it's like, you all knew this is a pattern for him. What did you... what did you think? Like he's not going to do that to his daughter? Your daughters?

Furthermore, Bao shared another experience of how silencing experiences contributed to victimization, this time in regards to her ex-husband and sister. She disclosed:

Because you know what, all the hush hush that you know, happened between my dad and his reputation, a lot of my family members knew that my sister was being molested by my husband, but decided not to tell me because it's 'none of their business'. And they watched me marry this guy legally, because we'd been married for a long time traditionally. We finally just married in '09. They let me marry this man because it was 'none of their business'. And that, that was a shocker.

Bao alluded to feelings of guilt and personal blame after discovering that her younger sister was being molested by her husband at the time. She described the cycle of trauma and how it can be maintained and transmitted into future generations, stating:

I seriously felt like I failed... it was so painful for me to process because here I am trying to protect her [my sister] from my dad—and it was my husband. And it was just sickening because it's just like, great... I have to face this all over again.... Mind you, I

had to also be like, but I didn't do it--it was him. He did it, but in what ways could I have at least, you know... maybe if I would have been more vocal? Maybe if I kept on with my activism that she would have been around that and known and at least stopped it earlier... And so, that... was really hard for me. I mean it was tough. It was tough because I did... I blamed myself.

In summary, all participants described experiencing silence in response to individual and collective trauma. Participants overwhelmingly described detrimental outcomes of these silencing experiences, including how it can lead to ignoring significant problems, misrepresentation, mistrust, isolation, transmission of trauma/revictimization.

### **Question 3 Results: Post Intervention Experiences**

The last research question posed in this study was: What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women? Participant's previous exposure to similar interventions was taken into consideration. While two participants reported having some exposure to workshops or conferences regarding general concepts of historical trauma and unresolved grief, survival syndrome/survivor complex, and general grief reactions, all participants reported having no or limited knowledge of historical trauma in relation to Hmong Americans prior to this project.

Categories that emerged regarding participants' post intervention experiences included **post intervention ratings, consciousness-raising, emotional experiences, and promotion of the integration of identity structures**. Themes also emerged from each category and are identified in *Table 7* to provide an overview of results. Overall, participants reported that the intervention led to new awareness, emotional experiences, and action towards change.

Table 7

*Question 3 Results: Post Intervention Experiences*

Category: Post Intervention Ratings

Category: Consciousness-Raising

Themes: Awareness of Self in Context, Putting a Name to it, Understanding Parents and Family Behaviors

Category: Emotional Experiences

Themes: Catharsis, Unresolved Grief, Appreciation, Empowerment

Category: Promotes the integration of identity structures

Themes: Analysis of Self in Context, Problem Solving, Processing Unresolved Grief, Storytelling, Intergenerational Communication, Bridge, Belongingness/Connectedness

**Post intervention ratings.** Following the *Hmong Women's Conference on Historical Trauma*, participants completed post intervention ratings on post experiences after the psychosocio-educational intervention. This self-report measure consisted of 6 statements and questions with responses on a likert scale. Questions 1-4 consisted of four possible responses including 1) very untrue, 2) somewhat untrue, 3) somewhat true, and 4) very true. Question 5 had four possible responses including 1) no impact, 2) little impact, 3) some impact, and 4) large impact. Question 6 comprised of five possible responses including 1) very negative, 2) somewhat negative, 3) neutral, 4) somewhat positive, and 5) very positive. The results from this measure are presented in *Table 8*.

Table 8 <i>Post Intervention Self Report Ratings</i>	
1. After this training, I am more aware of the historical trauma of our people.	<ul style="list-style-type: none"> <li>• Mean: 3.89 out of 4</li> <li>• Mode: 4</li> <li>• 1 participant rated 3 (somewhat true)</li> <li>• 8 participants rated 4 (very true)</li> </ul>
2. After this training, I feel more positive about being Hmong.	<ul style="list-style-type: none"> <li>• Mean: 3.89 out of 4</li> <li>• Mode:4</li> <li>• 1 participant rated 3 (somewhat true)</li> <li>• 8 participants rated 4 (very true)</li> </ul>
3. After this training, I feel more positive about being a woman.	<ul style="list-style-type: none"> <li>• Mean: 3.78 out of 4</li> <li>• Mode: 4</li> <li>• 2 participant rated 3 (somewhat true)</li> <li>• 7 participants rated 4 (very true)</li> </ul>
4. After this training, I feel more positive about myself.	<ul style="list-style-type: none"> <li>• Mean: 3.89 out of 4</li> <li>• Mode: 4</li> <li>• 1 participant rated 3 (somewhat true)</li> <li>• 8 participants rated 4 (very true)</li> </ul>
5. How would you describe the overall impact this training has had on you?	<ul style="list-style-type: none"> <li>• Mean: 3.78 out of 4</li> <li>• Mode: 4</li> <li>• 2 participant rated 3 (some impact)</li> <li>• 7 participants rated 4 (large impact)</li> </ul>
6. How would you describe the overall experience of this training?	<ul style="list-style-type: none"> <li>• Mean: 5 out of 5</li> <li>• Mode: 5</li> <li>• 9 participants rated 5 (very positive)</li> </ul>

Participants generally reported that the training increased their awareness of Hmong historical trauma, strengthened feelings of positivity about being Hmong, strengthened feelings of positivity about being a woman, and strengthened feelings of positivity about themselves. In addition, participants generally reported that the training had a large impact on them and described their overall experience of the training as “very positive”.

**Consciousness-Raising.** One outcome of the psychosocio-educational intervention described by participants was consciousness-raising, the experience of gaining new awareness regarding the influence of societal factors that contribute to presenting problems. Participants



reported consciousness-raising to include having new *awareness of self in context*, identifying the problem by “*putting a name to it*”, and increasing *understanding of parents’ and family’s behaviors*.

*Awareness of self in context*. Participants described new awareness of themselves in relation to their social and historical contexts. For example, Sheng recognized feelings of disconnect with the Hmong community and identified that she was neglecting that part of her identity, stating:

I just think that it showed me that I was really disconnected. That’s the thing that impacted me the most... And you know, we talked about it but it’s just the disconnect from my Hmong community, my culture and, you know. We’re so busy with trying to better our lives that we kind of forget about who we are.

Similarly, Nou described new awareness of how her family history with the Secret War had a direct impact on her. She shared:

I think it was just a really rewarding process and like, I looked at older women differently. You know, I looked at them as not people who need me, but I need them. So I found that really rewarding and I think the videos were very helpful too because you never hear the stories. Well, I would assume generally, you don’t, you know. But the videos were very eye opening and they kind of opened up your heart too. To realize that we haven’t, I haven’t personally been through this war... But it impacts me directly.

Nou continued describing connections she made regarding problems she had as an adolescent. She described a yearning for affection while growing up, which she felt was missing because of her family history having to be focused on “survival”. She stated:

Through this whole process I was able to connect a lot of my adolescent life and my adolescent troubles to being connected to this Secret War. You know, and realizing, maybe that's why I felt this way and maybe that's why I didn't have an identity or I always felt lost or I always felt like I wasn't loved because my whole history has been about survival.

Nou shifted internalized beliefs that she was not loved growing up to recognize external circumstances that contributed to her feeling that way. Additionally, Nou described how her new awareness led to a desire to explore more of her Hmong identity. She shared:

I'm growing up in an American world and I know all these American things, but, I need to know that Hmong piece of me where I felt, you know, prior to this I didn't necessarily need to know it. It would be nice to know it and you know, it would be helpful to know it, but I didn't need it. But now, after, I feel like I need it to be me.

Nou continued discussing how gaining awareness is the catalyst of change. She stated:

I think a lot of the youth want to get away from the Hmong culture because they feel like they want to progress and they feel that they can't stay traditional because then they won't be able to make a change, but I now feel you need to understand your history in order to make a change. Because how can you make a change without knowing what to change?

***Putting a name to it.*** Participants also shared that learning about Hmong history and historical trauma allowed them to identify a problem that they subconsciously knew existed, but did not have a name for. As Sheng stated, "It was something I never heard about before because it's something that we know about but we don't have a name for it."

Similarly, Lia shared that she and the Hmong youth she had spoken to at the *Hmong Women's Conference on Historical Trauma* knew that past trauma had an impact on their parents' behaviors, but they just did not have a name for it. She described her discussions with these youth, sharing:

Strangely enough, a lot of them [the youth] kind of already had it in their head that, 'Yes my parents did go through a lot and they love me a lot. It's just they didn't know how to show it.' So I think they knew. They just needed a kind of reminder and like a term for it. I think because for me, myself when I was in their stage, it was kind of like that. Like I knew my parents weren't doing it on purpose... And I knew there was something behind it. I just didn't know what it was. So I think for the youth it was something like that.

Knowing that there's something behind everything, but just not knowing the term for it or not knowing the historical context and not having that communication with their parents.

Lia highlights how Hmong youth often discern that their parents endured hardships in their lives that directly affect them now; however, learning about Hmong history and historical trauma gave them context and a term for it.

***Understanding of parents and family behavior.*** Participants described gaining new understanding of their parents and family behaviors after the training and conference. Lia observed that the youth gained more knowledge of their historical context from the conference, which allowed them to have a better understanding for their parents. She stated of the youth she spoke to at the conference:

And maybe the questions did reflect on... it did make them [the youth] think about why they're parents were that way because they're struggling through that stage, when I think all Hmong people go through when we were teenagers. That stage where you want to

grow up to be your own person, but then your family is pulling you back into the Hmong community and telling you this is what you need to do. And they're kind of trying to find individuality. And it is very hard on them so they are trying to... this concept [historical trauma] it helps them to understand like, 'Oh, now I know why my mom acts this way or now I know why my dad acts this way. Now I have a term for it... some sort of reason behind it.' So it did help them understand a little better why their parents are that way.

Lia identified how having a term to describe what their family and parents were experiencing allowed them to gain more understanding for them. She identified potential benefits of learning about Hmong historical trauma, stating:

Yeah and it makes it more comfortable for them [your parents] too because you're not blaming your parents anymore. You're saying I know it's not you. This isn't you. It's all the things we've gone through and it's just not blaming the person and making it feel like it's their fault. That they're not good enough as a parent or as a child.

Lia emphasized how learning about Hmong historical trauma can increase mutual understanding between generations, reducing conflict and resulting in less blaming.

Similarly, Sheng shared that as she began to understand her parents' perspectives more after the intervention, she stated taking more personal responsibility over misunderstandings that occurred between her and her parents. She reported:

Through the training and like through talking with the leaders of [organization]... I realized that I had been really selfish towards my mom. Yeah, like I knew about all of this stuff. I knew it, but then I kind of didn't really look into it and think of it as a big issue... With my parents and you know, my siblings. It made me have like, can reflect back, you know.... So it's like, I'm a very stubborn person so... Yeah, so I don't ever like

to admit that I'm wrong.... and then like, I finally realized that like yeah, I've been doing things wrong. You know, I am at fault too, you know. It's not just my parents.

Similarly, Maiyer described how learning about historical trauma increased her understanding of the disconnect she felt with her parents, explaining:

It made sense because my parents were also survivors of the Secret War and you know, talking to my other friends too about how their parents treat them too, or not treat them but the way they act. It's sort of the same way. It's kind of like makes you think like why is it that everybody acts this way, you know. The thing of like your mom just yelling and just saying things to you and she doesn't like, they don't show love.

Maiyer indicated how the intervention made her view her parents and history from a new perspective, leading to more sensitivity towards the older generation in the community:

It made me see things in a different way. See my parents in a different way. View our history in a different way too. It's not just seeing how the migration numbers, but more of like a personal feel of what happens psychologically afterwards too... And so I think that's a different way that I never thought about it before. And so it... it kind of enlightened me to see this perspective. It makes me more sensitive towards the subject and more sensitive towards talking to my mom and my parents. You know, and the elders too because just valuing how much knowledge they have also and caring about what their experiences were like too. So it made me more sympathetic and more compassionate. It made me understand in a way, understand my parents a little bit better as well.

Nou also shared feeling more understanding for intergenerational differences, stating:

It made me more understanding, I feel. Like not even just for my life, but for the Hmong community in general, like... I think people get frustrated when older people can't do

what they say, but it's like the older people never had experienced it before especially since our Hmong [language] is so broken so they're trying to, you know, put the puzzles together and it takes them longer.

In summary, participants reported frequent experiences of silencing in response to individual and group traumatic histories. Various reasons for why silencing experiences occurred included out of protection, fear, taboo and difficult dialogue, and ambiguity or lack of personal closure regarding trauma related experiences.

**Emotional Experiences.** In addition to gaining new awareness, all participants reported having emotional experiences following the intervention including *catharsis*, *unresolved grief*, *appreciation*, and *empowerment*.

*Catharsis.* Participants described experiences of catharsis, a strong emotional release, as a response to learning and talking about historical trauma. For example, Sheng described feeling as though a burden had been lifted. She reported:

I thought it was very, I don't know if it was like a burden. I don't know if I should call it a burden, but it was kind of like, yeah, I just kind of let it go. I don't know, I don't want to say let it go, but I just kind of let it out. It's like when you're frustrated and you want to just tell somebody about your problems. That's kind of how I felt... And to have, to be able to be in a conference where all Hmong women, we all like share our experiences with each other. It's kind of like a burden because, I don't think like, our groups when we're with our friends, like sometimes when we have nothing to do we'll talk about our problems, like Hmong problems, like that. Sometimes some people just brush it off and say it's nothing. It's a Hmong thing. It's normal. Yeah so... just being able to share with like strangers your experiences and things that you experienced and to have them share

theirs with you too. I feel like it was a big burden. It's like something that's always... heavy on you, yeah. And then once you tell people about it, it suddenly disappears, you know. So, I feel more lighter.

In this statement, Sheng described heaviness she feels in the Hmong community that is often minimized as “a Hmong thing” and “normal”. She explained how identifying the issue of historical trauma and being able to talk about it with others allowed her to acknowledge and address this “burden” in order to release it.

Correspondingly, Kou shared having an emotional experience learning about and processing Hmong historical trauma because it was something she could directly relate to. She referred to a video clip shown at the *Hmong Women's Conference on Historical Trauma* where a Hmong man spoke to family members who were separated during the war. Kou shared her response to this clip, stating:

Yeah, it is hard. Especially, I remember right after we watched the clip where he was saying, he was telling somebody to love his dad and stuff and we went back [to discuss it] and nobody was talking, so being a facilitator I have to talk. So I had to give examples like what did you think about the first thing that comes to your mind after watching that and I had to say that my dad comes to my mind and that was kind of, somewhat emotional when I had to say the answer because it's just emotional to me because it's my dad, you know. And seeing what he's been through from getting to Laos to America and still what he's trying to do so that we can be successful in college and so, yeah. It gets emotional sometimes... because like we don't really have an outlet for our emotions so when we have a chance like this to say it then all the emotions come out at the same time, so you can't really control it.

While Kou attempted to control her emotions, she described how having an outlet to share personal stories led to an overwhelming expression of emotions that she could not control. She highlighted the lack of opportunities available to discuss these issues in the community in order to relieve emotions associated with it.

*Unresolved Grief.* In addition to experiencing an emotional release, participants also described experiencing unresolved grief. Lia displayed a cathartic response during the interview as she reflected on gaining new awareness of issues in the Hmong community. In addition, while she experienced a surge of emotions, her expression was largely a response to perceptions of loss experienced in the Hmong community. She expressed:

It makes me realize why we have those [issues]. It makes me understand, okay, maybe we're so sick because our soul is sick. We're so sick because we're all experiencing a big loss that no one's talking about. That no one's dealing with. And it's eating away at our community—our way of life. And we don't know how to start and we're crying for help. It's kind of like, our youths don't go to school. They drop out of high school. They don't finish high school. They don't go to college because they're crying for help. They're saying, 'I'm so pressured. I'm so pressured'. Our elderly are so sick because, well, they've been through so much. They have no outlet. Their voices have been silenced and it's eating at them. They're dying slowly. And our parents are struggling so much. A lot of middle-aged people like in their thirties; I've heard so many stories of people committing suicide. Men, women... violence to solve family issues and now I understand. It's like, well we came from a period, a very violent period. That's what we know. We lost so much trust in humanity—And I'm going to get emotional...



At this point in the interview, both Kou and the interviewer took a moment to pause and shed a few tears together. Kou identified feelings of loss in the Hmong community, which resulted in a grief response. She highlighted a cognitive and emotional shift of losing trust in humanity that the Hmong community experienced as a consequence of historical trauma.

Ker also displayed unresolved grief following the intervention. She shared that while she has had prior training on trauma and domestic violence in the past, her reaction learning about Hmong historical trauma was different because it “hit home” for her. In reflecting on the social and historical context with regard to the Hmong experience, she expressed the initial challenge of emotionally processing this information. She stated:

I feel [disheartening], you know, like discomfoting about what’s going on. It bring a lot of memory back. And usually, [I always do work with just White people so] everything you do is to cater with [White people], with the mainstream... And this is about Hmong! So to me, it’s like, it hit right at home... It hit right at home! And that, I had to kind of take a deep breath and to think about how to walk with this.

Ker highlighted the challenge of personally relating to the heavy material she learned. She took a deep breath as if an attempt to cope with the unresolved grief she experiences while she connects how Hmong historical trauma directly relates to her own personal experiences.

***Appreciation.*** While the experience of unresolved grief was considerable among participants following the intervention, the emotional surge that participants experienced also included positive emotions. In gaining new awareness about social and historical factors, participants also described a sense of appreciation for their current lives. Kazoua shared that while it was difficult to learn about the traumatic history that the Hmong endured, knowing that

the Hmong experienced these events is the exact reason she felt the need to appreciate life even more. She shared of the training and *Hmong Women's Conference on Historical Trauma*:

It was sad. It was sad. Especially watching the videos. It was sad because you don't want any human being to go through that. Especially wartime and, you know, what happens to families and families are being torn apart and so that's just really sad to see another human being, not just Hmong, but you know, just talking in general... You know, if I was to see a video like that of any other race out there that went through something like that, it's sad either way. But at the same time, it's a good thing for us to just be able to see, to understand that in reality, you know, things like that happened to the Hmong people and that we should appreciate our lives a little better.

Nou shared similar experiences after the psychosocio-educational intervention, expressing new appreciation for the Hmong community. She stated, "Definitely I have gained much more respect for the elder community. I mean, it's not to say that I didn't respect them prior." She continued affirming the importance of learning about Hmong history and historical trauma, stating, "It's so important to know and I just... it's really prompted me to appreciate the Hmong community and to want to learn more."

***Empowerment.*** In addition to experiences of appreciation, all nine participants also described feeling more empowered after the training and conference, resulting in a more positive sense of self and belief in one's ability to influence change. Sheng discussed feeling a sense of empowerment after the intervention, sharing:

More powerful, yeah... I think it gives us more strength now that we can do whatever, I don't want to say we can do whatever we want, but we have the ability to do what is

needed in the community, I guess. To kind of, I don't know how to put it, but to kind of just like add, add more to the community, I guess.

Similarly, Lia described feelings of empowerment and a desire to give back to the community following the intervention, stating:

Makes me feel prouder. It makes me feel so proud to be a Hmong woman and it makes me feel like I get another surge of energy to want to reach my goal so that I can come back and help my community. Not just Hmong women, but as a Hmong woman my role has always been nurturing, and we talked about that. So coming back and not just helping Hmong women, but the community itself. The men, the children, the elderly on a whole.

Maiyer also shared feeling empowered due to the supportive environment she felt the conference embodied. She stated:

It felt great because it was great to be in the same room with a group of women who have the same goals, similar goals as you. Just wanting to better the community. And seeing how they all had that compassion and... the passion to do something about it and not just sit idly by and just let things get worse and worse. And so it was really empowering to just be around that sort of environment... I guess, I would say it made me feel loved!

[Laughter] It was more like, it just made me really happy, you know.

Maiyer continued describing her experience of further identity development and the shift she experienced with regard to traditional Hmong women roles. She described feeling empowered that Hmong women can also take leadership roles, stating:

I think it's like a different process, I guess. Or not a different process, like it's just a different... a new beginning I guess because of, throughout college I was already searching for my own identity, you know... And just going through this conference it

kind of, I would say it kind of boosted up the level or boosted up the identity and really just having a better understanding, more of a critical eye on a lot of things in our history. And so yeah, just, I think it's a new definition for a Hmong woman, which is a good thing because it shows that one of the talks we had in our group was from a 12-year-old and she said that, you know, she feels that she's just as good as any Hmong man and that she doesn't feel that she's worth less than a man. And so she feels like she could do anything as much as a man can do so I think seeing all these Hmong women and the younger Hmong women too and all the leaders, Hmong women leaders, just seeing how much they're doing and what they are achieving makes me feel like I'm not in that household, traditional role anymore. That it's more traditional now to be a leader or to do something for the community and so that's changed for me, yeah.

Similarly, Lia shared how having increased understanding for historical trauma encouraged her desires to give back to the community, stating: "It's like, I feel it so deep in my soul that's why I want to give back to the community so badly, in a way."

Overall, participants reported a mix of emotional experiences following the intervention, including catharsis, unresolved grief, appreciation, and empowerment.

**Promotes integration of identity structures.** All nine participants reported that the intervention not only increased new awareness, but also sparked action and change, promoting further integration of their identity structures. Participants reported that following the intervention, they experienced the following themes: *analysis of self in context, problem solving, processing unresolved grief, storytelling, intergenerational communication*, creating a *bridge*, and increasing *belongingness/connectedness*.

*Analysis of self in context.* In gaining awareness of oneself in context, participants described how the intervention led to questioning and analyzing one's experiences in relation to social and historical contexts. Bao described how she began reexamining her identity, stating, "After the conference I had to think really hard about where my guidelines are and what my definition of being Hmong is". She discussed how the group process of asking questions facilitated identity development of others as well, stating, "And I think that through me just sharing some of these things it really opened up that avenue for them [Hmong women at the conference], to start asking the questions [themselves]." Bao pointed out how sharing personal struggles in a group setting allowed others to reevaluate their own identity and experiences as well.

Lia also shared how the Hmong women at the conference began asking questions to analyze and address issues they see in the community as a result of the intervention. She stated: When we started opening up and talking about it and they started seeing the bigger picture, then they took it all in and started analyzing it... And to open up that bridge for them to start asking questions like, 'Okay, if this—if history is so important then what is our history? What happened?' And it will provide a way to... some curiosity to look back into their past and they'll find their answers.

*Problem Solving.* As participants began analyzing the Hmong experience in context, they began problem solving current issues. Lia continued describing how awareness of Hmong historical trauma led to her questioning ways to address the problem. She stated:

Yeah, it goes all the way down to our kids and maybe we don't realize it. We don't attribute it to the atrocities we've been through, but this totally opens up your eyes and makes you realize, wait a second--This atrocity did disrupt our community. How are we

going to come back as a community then? And it brings up a lot of questions. Very awe-inspiring questions. And it makes me want to go out there and do research too and build on what you've built.

Lia highlighted her own desire to build upon research to better understand and address issues in the Hmong community.

Similarly, Maiyer began looking for solutions to problems of historical trauma in the community, stating:

It would make us kind of understand that, you know, since this was a group experience, a collective experience, that it should be addressed and there should be like solutions to helping cope with historical trauma. And I think a lot of services or a lot of organizations can begin to address it because I think a lot of our services are more geared towards like assimilating into American culture and not really addressing what happened. I mean, I think the ones who did survive it, they... like you were saying the wounded knee. They have it but like they're not treating it and it's just an ongoing sort of process.

Maiyer alluded to how gaining awareness for Hmong historical trauma can initiate increased services in the Hmong community to address these issues.

Pa also began brainstorming ideas to address the problem in the community, sharing: I think that because of this conference, Hmong women will be asking themselves those questions. Like, 'Really? Is that true? And how can that be.' And maybe like looking into preventative measures or something... And so then that made me thought about, wait a minute--We're working... [our organization]'s working towards social change. Why can't we make sure that we address those things? Or that we create programs to address those issues?

Pa highlighted how new awareness of historical trauma led to analyzing and problem solving to address issues in the community through the use of community resources.

*Processing unresolved grief.* In addition to asking questions and problem solving, Ker shared how analyzing the issue of historical trauma led Hmong women to begin processing historical events including unresolved grief. Ker reported:

All they [older Hmong women] know is there's a fighting against Vietnam and that's it. They don't even know why and they don't even understand why is that it's supposed to be so secret about that because it's a war. And so they was very surprised to find out what you have said, that the United States, they're not even supposed to be in Laos. And that's why it's so called a "Secret War" and that is why [so many of our people died. There were no documents anywhere. No one knew about this]. And so I think that's an eye opener for them.

In processing new awareness regarding the Hmong's historical context and what led to the Secret War, Ker continued sharing the older generation Hmong women's reactions:

They felt... we were talking more into detail about that and they feel hurt. They feel hurt that... hurt and betrayed from the General Vang Pao. A lot of them feel that he's a one person mind decision and that he made the decision that almost eliminate most of the Hmong population in Laos... And how all these orphans and all these people who has struggle so much because of his decision that he made. And, yeah it's just a lot of heartbroken, pain. I would say sixty percent of the ladies in our group they actually see somebody that died right in front of them during that time. Yeah, and so... but they said that they, the part where they learned was about why it so called a "Secret War". So they got that down. They can have more understanding why is it that [so many of our Hmong

people died but there was no document anywhere. Why the entire world doesn't know how big we were hit with war and so many of us died.] So yeah. They have more knowledge about that now.

While participants discussed the emotional challenge of initially processing historical trauma, they also described how this process was a catalyst for finding some meaning to previous unresolved grief. As Ker shared of the older Hmong women she spoke to at the conference:

They also expressed that if it wasn't for him [General Vang Pao] to make that decision then [then our Hmong people would never be able to come to America. Our children would not be able to go into higher education, for example, like you [referring to researcher]. You would not have this opportunity and if we still lived in the old country then you probably would be married. You would have kids, go farming all the time, then come straight home.]... You know, so not to forget that part. They did say that as well and I was like, yes, that's very true.... And I said, doesn't matter how long it is, we always need to let our children know that [our Hmong people, how many of them died. How much blood paved the road to get us to this country here.]... And for them to work hard and don't forget what [our people did for us or if it's our uncle/brother] what they have done for us to be here, you know.

Ker highlighted how the intervention facilitated resolution to some unresolved issues and promoted appreciation for current opportunities.

***Storytelling.*** Six participants described how the intervention offered an opportunity to break the conspiracy of silence in congruence with Hmong oral traditions of storytelling in a group format. As Kazoua shared:



I'm happy to share my stories. I'm happy just to share stories that I know or that people told me and I still remember and I get to share with other people and that's the best part about it... That you get to experience, learn what historical trauma was, and then be able to be with a group of audience that we were able to talk about it and then bring up our own stories about it. So then like the younger people who don't understand have like an idea of, you know, like okay, so that's how historical trauma affects us. You know, things like that. So then, it's helpful.

Kazoua alluded to the benefits of learning and communicating intergenerationally through the collective process of storytelling. Similarly, Ker shared her discussions with older generation Hmong women and described the power of them getting to share their stories:

I think everybody took it very seriously about talking during the war and how they escape and how their, their own story of how they make it to Thailand and came to the U.S. so they took it really seriously, which is, I found that that's always the case. So for my group, I think we are, we have very powerful conversations and I would love other people to hear what was going on in there.

Kou also discussed the benefits of sharing in a group format. She discussed her initial worries that attendees at the *Hmong Women's Conference on Historical Trauma* would have difficulty disclosing their stories to complete strangers due to the Hmong's tendency to be private about personal affairs. While it was not required for attendees at the conference to share their thoughts or experiences, Kou found that the women in her group related deeply to the concept of historical trauma in their own lives and willingly shared their experiences. She stated:

I thought [sharing] was going to be awkward and challenging because I've been to conferences before and where there's like attendance with like a young group or like [our

Hmong people], we don't really pitch in our opinions. So I was scared of that. Yeah, but then when we actually did it and even though it was expected where there wasn't a lot of opinions thrown out there, but after when I started telling my examples then, I think it triggered something in their mind and they just started throwing their own opinions in there too. So, it wasn't that hard as I expected before.

***Intergenerational Communication.*** In addition to the intervention allowing opportunities for storytelling at the *Hmong Women's Conference on Historical Trauma*, participants also reported that the intervention was a catalyst to opening up communication at home and between generations. For example, when asked if Sheng felt the intervention generated more understanding for her parents, she responded:

Definitely, it did. You know the form that you gave us to fill out about our parents and stuff like that. I actually sat down and talked to my mom about it and I actually like got to know more about my mom.... Yeah, because I never really asked her. I asked her here and then, you know.... But it just never really got into depth.

Sheng described how having an avenue to ask questions provided her an opportunity to open communication with her mother about her past experiences, resulting in greater awareness and understanding.

Correspondingly, Kou also shared that the intervention stirred questions for Hmong attendees at the conference that resulted in more open communication. She stated:

I think it impacted a lot because like you mentioned, you know. People's going back and talking to their parents. So a conference like this where it kind of like, you know, supports you and to be more outspoken, then definitely the communication, it's going to be opened.

When asked what Kou took away from the conference, she continued:

Definitely, talking to my parents and my elders. That's really important. Just learning, learning from the history with certain things, how people live back in the days... I think with conference like this, it's going to help like the younger generations to try to confront their parents and talk about it.... Because like when we were in our little own group where they didn't have any ideas to certain questions because they never, they even admit that they don't speak to their parents, you know, on like a [daily] basis. So I think with a conference like this it kind of enforces them to go back and ask their parents like what's going on. So it opens the channel more.

Kou highlighted how the conference provided a better historical context that then sparked questions for younger generations to be better prepared to communicate with their parents.

Similarly, as Nou experienced increased understanding and appreciation for her parents, she felt compelled to speak to her mother immediately after the *Hmong Women's Conference on Historical Trauma*. She shared:

I really like, after leaving, I just really wanted to work on my Hmong [language] and it inspired me and I went to my mom like right after, you know, because she works at [a store] and so I sat with her and I was like talking to her in Hmong. [Laughter]. Like, 'Mom, I love you' .... So, it was a really good experience for me.

Nou continued discussing how the intervention prompted her to want to communicate with her parents to learn more about her parents' experiences. She shared:

I mean honestly, it prompted me to want to start up a little project of my own. Like not only for the benefit of like myself, but like my brothers and my kids, you know, like...I want to go home and just you know, set the video recorder and sit down with my dad and

like, tell me your history.... You know, tell me your life, tell me your experiences because quite honestly, I feel like we don't know. And we need to know because it's our identity. How can you not, continue life, and I feel... I feel prompted to do so because there's a fear in me that I will lose that knowledge... You know, tell me your life, tell me your experiences because quite honestly, I feel like we don't know. And we need to know because it's our identity. How can you not, continue life, and I feel... I feel prompted to do so because there's a fear in me that I will lose that knowledge.

**Bridge.** Participants described the intervention to aid in bridging intergenerational and cultural gaps. Nou shared that after the training and conference, she gained a better perspective of intergenerational differences which allowed her to function as a "bridge" between her and her siblings' generation and her parents. She stated:

It was funny because, you know after I was talking to my mom and she was telling me like, 'Oh, you know, like your brother, [he said this and this and this. He doesn't even love me.]' And I'm like, I was thinking, you know, like there's such a miscommunication here, because it [the intervention] taught me how to think like my brother and it taught me how to think like my mom.... So then you're trying to be this bridge and explain, like, 'Mom, you know, you're right, but you have to understand, like my brother is going through this and this and this that you don't know of and that he does love you, but you have two different dreams and you just have to communicate together instead of yelling or blaming or, you know.' Like you were saying, denial process. So it's pretty cool seeing that, you know, like actively thinking about it instead of saying, like 'Oh, mom, you're wrong. You know, and just let him live his life'.... Because my mom, she's like, you know, 'It makes me sad'. And I'm like, 'No, don't be sad. [It's not that we don't love

you]. It's just that they just don't understand you.... It made me like, more understanding, I feel.

Nou continued sharing her new understanding for both younger and older generations in the Hmong community, stating:

I feel that this conference has opened my eyes. Coming from a younger generation and being able to see the younger generation and hear what they have to say and being able to see the older generation and hearing what they have to say, it kind of shifted my identity a little. Because I felt that I could understand why the youth were feeling the way they do. Like I could understand why, you know, the older generation felt that, the way they did too.

Nou highlighted how the intervention increased her understanding for generational differences, which directly affected her own personal identity.

Similarly, Lia also shared how the conference facilitated understanding between generations. She discussed the potential benefits of utilizing storytelling as a tool to bridge intergenerational gaps and to facilitate understanding at home. She stated:

Communication is important because the youths in my group members, a lot of them just flat out said, 'I can't talk to my parents. I just can't talk to my parents.' And I just kept thinking, why can't we talk to our parents? What if, I know that our parents are so... I understood what you meant when you said anger is our secondary emotion. Because a lot of our parents, that's the way they express... Like, anger first. If you don't do what they say, right at that moment they get really, really angry. And I was just thinking like what can we do to bridge... maybe not necessarily face to face, but what if we could record one story and share it with the other and then analyze it that way. Like the way we were

doing at the conference. That I think would really help our parents understand and our youths understand. It'll kind of like bring them together.

Kou also described the experience of bridging following the conference. In increasing integration of her ethnic, national, and gender identity, she reported a sense of pride in her identity. She stated, "I do feel proud. Yeah, that I'm a Hmong woman. Again, not just a Hmong woman, but a Hmong American woman. So I'm able to like bridge the Hmong community to the American or the western culture community together."

***Belongingness/Connectedness.*** Another experience participants described as a result of the intervention was increased feelings of belongingness and connectedness. Bao described feeling less alone and isolated following the intervention, stating:

I think maybe because for me I just felt so disconnected. And I felt so alone in my feelings. And just being, you know, like around similar women and Hmong women especially. You know, you almost feel like, oh, I have people... Yeah. Yes. And I can help them, they can help me. It's just building that network of connection that I think I didn't have when I was younger. And maybe that's why, I think, I'm sure everyone feels, you know, like really like, ouh... this is really cool and they're moved by it. But I think for me, I don't know if me personally, it's even more than that, you know. It's just more of the feeling so isolated for so long. And then all of a sudden, I'm no longer isolated and so I do, I enjoy it a lot. It doesn't matter what the context is. So for me it was just fabulous! [Laughter].

Similarly, Lia described feeling inspired and a sense of connectedness in having a shared goal with other Hmong women at the conference. She stated:

It was so inspiring! I love that feeling! I understood what you meant when you said it's good to find people who are supportive of your ideas and who are just as passionate about changing the community, hold some of the same values. I was talking with some of the facilitators and it turned out we had a lot of similar dreams and goals: That we all wanted to impact the Hmong community, wanted to help it so badly, but we just didn't know how or where to begin and we felt so alone. But then it was like, we're not really alone. It was connecting and it was like, no... we all had the same vision. So we're all just like, well let's all stay in contact and if something... Let's support one another then and it was really great to have that feeling.

Pa also described feeling less alone from hearing other Hmong women's stories and recognizing the "same struggle". She shared:

I know it was as powerful for them as it was for me to be able to listen to their stories. And to have somebody acknowledge that yes, yes we're all going through that same struggle and you are not alone. Some people had said that they felt really alone going through all of these things by themselves and they thought it was just them. But also for me feeling like I go through this struggle by myself, but now we all know that we all share the same struggle.

Maiyer also shared feeling less isolated and more supported following the training and conference. She stated:

I think it was like a sigh of relief. It was kind of like... a really nice release to kind of talk about it and have everybody also say, yeah I have the same experience too and not feel like you're isolated or that you were the only one who was feeling that way. And it made me feel better about doing what I'm doing and it doesn't make me feel like I didn't have

any support because I kind of felt like it was good, these women, or you guys would be a good support system, you know. And a lot of times when you're... when you're with your friends who don't see eye to eye on you with certain things and their concentrating on their own life and they don't know the broader picture, it kind of makes you feel isolated and you feel like you're the only one who kind of feels that way. And so being in the same room with a group of women who have similar goals as you too, it yeah, it made me feel really... Just happy and made me feel more motivated to do what I'm doing. Yeah, and it was a really good experience to be able to actually talk about things versus just suppressing it and not saying anything to anybody. And even talking to somebody about it, but they don't understand or they don't know what you're going through so they're just kind of like listening and they don't have any feedback or anything like that. So it was really good to hear, 'Oh yeah, my mom's like that too' or 'my mom says the same thing to me'. It was really good to see that we weren't alone and that we were all in this together, you know.

Maiyer highlighted how sharing personal experiences with others made her feel less alone and increased her motivation to continue her goals of contributing to the Hmong community. She continued sharing that following the intervention, she believed in the possibility of overcoming issues in the community, stating:

I kind of feel like, that if we kind of stick together and kind of like build an alliance together with other groups as well then a lot of things that we're concerned about, we can overcome it in a way.

Overall, participants reported experiencing further integration of their identity structures following the intervention. Not only did they experience an increased awareness of societal and



historical factors that contribute to the Hmong experience, they also became actively engaged in moving towards change by analyzing and questioning the self in context, working at problem solving, processing unresolved grief, communicating through storytelling and intergenerational conversations. Through this experience, participants reported experiencing bridging and increased feelings of belongingness and connectedness.

## Chapter 5

### Discussion

This chapter provides a summary of the findings and further discusses the results as related to the project's research questions. In addition, this chapter discusses the implications of the findings, project limitations, and recommended directions for future research. Final remarks are also presented herein.

#### Summary of Results

The primary purpose of this project was to explore the possible presence of historical trauma and the construct of the conspiracy of silence in the Hmong community. In particular, this project examined the applicability of Danieli's Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework with Hmong American women (1998). In addition, the Cultural Context Model was scrutinized for its utility with this population and topic area (Almeida, 2003). In addition, this project examined the impact of a psychosocial-educational intervention on historical trauma of Hmong women. Nine participants were recruited and trained to be group facilitators for the *Hmong Women's Conference on Historical Trauma*. This project addressed the following three aims:

4. What, if any, are the experiences of Hmong women in relation to intergenerational historical trauma?
5. What, if any, are Hmong women's experiences of the conspiracy of silence in relation to Hmong historical trauma?
6. What, if at all, is the impact of a psychosocio-educational intervention on historical trauma for Hmong women?

The research findings suggest that participants' experiences are congruent with the intergenerational transmission of historical trauma and the conspiracy of silence perspectives. In addition, participants reported that following a psychoeducational intervention on Hmong history and historical trauma, they experienced consciousness-raising of societal and historical factors that contribute to current Hmong conditions, experienced catharsis, unresolved grief, appreciation, and empowerment, and demonstrated further integration of identity structures. A summary of each research questions is further discussed below.

**Question 1: Intergenerational Transmission of Historical Trauma Experiences.** All participants reported experiencing **exposure to trauma** whether it was personal or historical trauma. These experiences were described to be either *direct* or *indirect* in nature, having personally witnessed or experienced trauma-related events themselves or having an immediate family member who did.

In addition, all participants described undergoing the **integration of identity structures**, the process of integrating identity spheres (including individual, familial, cultural, and societal structures) in order to strengthen one's personal identity. The process of identity structure integration was described to have elements of *disintegrated identity structures* as well as *integrated identity structures*. Disintegrated identity structures involved experiences that embodied fragmented, broken identity structures and strong, negative feelings toward themselves and their relationships with others including feelings of *worthlessness*, *shame*, feeling *misunderstood/misrepresented*, and *disconnected*. Participants also described elements of integrated identity structures in their experiences that embodied harmonious, united identity structures including feelings of *pride*, feeling *supported*, and experiencing *resilience*.

Lastly, participants reported **family medical and psychiatric problems** including personal or family experiences of asthma, cancer, serious injury, coronary/heart disease, diabetes, tuberculosis, hypertension, kidney disease, pulmonary disease, depression, anxiety, sleep disturbance, alcohol abuse, posttraumatic stress disorder, and unspecified psychological/emotional problems.

**Question 2: Conspiracy of Silence Experiences.** All nine participants described **silencing experiences** in which they, their family members, or society opted for silence in response to trauma-related experiences and its aftermath. Four participants specifically labeled these silencing experiences as *secrets*.

Participants shared **reasons for silencing experiences**, their beliefs as to why they silencing experiences occurred, including out of *protection, fear, taboo/difficult dialogue, and ambiguity/lack of closure*.

In addition, participants identified **consequences of silencing experiences**, what they believed were problematic with opting for silence in response to trauma-related experiences. Consequences included *ignoring problems, misrepresentation, mistrust, isolation, and transmission of trauma/revictimization*.

**Question 3: Post Intervention Experiences.** Findings from **post intervention ratings** revealed that participants generally reported the intervention as having increased their awareness of Hmong historical trauma, strengthened positive feelings about being Hmong, strengthened positive feelings about being a woman, and strengthened positive feelings about themselves. In addition, participants generally reported that the training had a large impact on them and described their overall experience of the training as “very positive.”

From the final interviews, participants reported that the intervention led to **consciousness-raising, emotional experiences, and promoted the integration of identity structures.** They described consciousness-raising experiences to include *awareness of self in context, putting a name to it, and gaining understanding of parents and family behaviors.* In addition, participants reported that the intervention triggered emotional experiences including *catharsis, unresolved grief appreciation, and empowerment.* Lastly, participants described the intervention to have promoted the integration of identity structures by creating increasing *analysis and questioning self in context, problem solving, processing unresolved grief, storytelling, and intergenerational communication.* Following the intervention participants also reported experiencing a *bridge* between cultural, generational, and gender gaps as well as increased *belongingness/connectedness.*

### **Discussion of Findings**

**Exposure to trauma.** The high frequency of participants' report of exposure to trauma is indicative of historical trauma and the intergenerational transmission of historical trauma. While it was anticipated that participants would describe some experiences in relation to historical trauma given the Hmong history of massive group trauma, the high incidences of exposure to trauma among participants were surprising still. All participants reported some exposure to trauma whether it was direct and/or indirect exposure, including the spectrum of individual experiences such as sexual and physical abuse to collective group experiences such as surviving genocide. An alarming 67% of participants reported experiencing sexual assault as a child, one of whom also reported experiencing sexual assault as an adult. While this statistic may be unique to the sample of participants, it may also be representative of the severity of trauma transmission within Hmong families. In addition, while interpersonal experiences of trauma were

described to be perpetrated by Hmong men, it is important to note that violence is not innately Hmong culture. Given that perpetuating violence is often a symptom of how trauma may manifest itself in particular with men, it is nearly impossible to tease apart how trauma may complicate the expression of traditional gender roles. Research supports that high rates of PTSD and depression are positively associated with aggression perpetuation in men (Shorey, Febres, Brasfield, & Stuart, 2012).

Different from previous research on historical trauma, this project utilized the categorizations of *direct* and *indirect* exposure to trauma to conceptualize individual experiences of trauma and the intergenerational transmission of historical trauma as components of the historical trauma construct and not separate entities. While it is important to understand historical trauma as an extension of individual traumatic experiences with a set of clinical symptomology, it is also important to broaden the historical trauma conceptualization to be inclusive of identity issues and systemic oppression, discrimination, and marginalization. Kirmayer, Gone, and Moses (2014) argued the tendency for historical trauma to be conceptualized under the paradigms of trauma and PTSD which focuses on a set of symptomology and often misses the complexities of how historical trauma can affect identity issues and contribute to systemic oppression that is not captured by assessing for clinical symptoms.

There is a need to integrate the vague, but comprehensive conceptualization of historical trauma with the narrow focus of symptom categorization. Previous research on historical trauma tends to either be vague about one's relationship to historical trauma events or describes historical trauma narrowly as only applied to the offspring of survivors. For example, while previous studies in American Indian literature assumes historical trauma or Soul Wound to be an overarching construct of war, genocide, and systemic oppression that can negatively impact the

wellbeing of American Indians, this comprehensive explanation of historical trauma and Soul Wound can make it challenging to identify the source or the presenting problem in clinical settings (Yellow Horse Brave Heart, 1998). On the other hand, the Trauma and the Continuity of Self: A Multidimensional, Multidisciplinary Integrative (TCMI) Framework (Danieli, 1998) and studies of Jewish Holocaust survivors tend to narrowly focus on how historical trauma may affect the offspring of Jewish Holocaust survivors. This narrow focus conceptualizes Jewish Holocaust survivors' experiences under the paradigm of trauma and posttraumatic stress disorder (PTSD), often missing how historical trauma (above and beyond the paradigm of PTSD) can also affect the identity and systemic structures of those who directly experience traumatic events. Findings from this project distinguish exposure to trauma as direct or indirect exposure to offer further clarity of one's relationship to historical trauma, while also acknowledging that individual trauma, historical trauma, and the intergenerational transmission of historical trauma can all occur simultaneously and have the same potential to negatively disrupt one's identity structures.

**Integration of identity structures.** While previous research on historical trauma and the intergenerational transmission of historical trauma describes a “rupture” or “soul wound” in articulating the negative consequences of historical trauma, a common criticism of historical trauma literature is the lack of attention offered on individual or group resiliency factors (Kirmayer, Gone, & Moses, 2014). In analyzing the data from this project, it was clear that participants described negative consequences of historical trauma, but also demonstrated significant resiliency and adaptive coping strategies. In an effort to capture participants' potential to recover and heal from past traumas, the construct of social integration was adapted and applied.

Social integration is defined as the “harmonious and coherent processing of the structures of a social system” (Koramaz, 2013, p. 49). Social integration stems from the field of sociology and emphasizes society to move towards integrating differing social relations (e.g., racial, religious, and political differences) to offer more stable, safe, and just conditions for all. It attempts to mend problems of social disintegration, which includes excluded, polarized, or fragmented social relations. The process of social integration was adapted and applied in this project to participants’ process of integrating various identity structures that may be polarized or fragmented as a result of a rupture from historical trauma. As a result, the **integration of identity structures** emerged to capture the process of integrating identity spheres (including individual, familial, cultural, and societal structures) in order to strengthen one’s personal identity. This process of identity structure integration includes the negative effects of historical trauma rupture, while also incorporating resiliency factors and the process of healing. For example, while participants demonstrated significant disruption in their identity structures, the participants exemplified a high functioning group of college students and career women exhibiting sense of pride in their identity, feelings of support from their community, and resilience in overcoming social and environmental stressors.

**Relevant history of problems.** Participants reported **family medical and psychiatric problems** including personal or family experiences of asthma, cancer, serious injury, coronary/heart disease, diabetes, tuberculosis, hypertension, kidney disease, pulmonary disease, depression, anxiety, sleep disturbance, alcohol abuse, posttraumatic stress disorder, and unspecified psychological/emotional problems. This is congruent with stress and coping models that suggests how historical trauma can have long-term effects on health and wellbeing (Crossley, 2000; Danieli, 1998; Walters & Simoni, 2002). For example, experiencing chronic



stress exacerbated by historical trauma can overwhelm coping strategies and lead to maladaptive biological and lifestyle changes, which can result in poor health and wellbeing (Walters & Simoni, 2002).

**Conspiracy of silence.** It was challenging to examine silencing experiences as the nature of these experiences tend to remain a secret or are unknown. For example, while participant Bao was vocal about her experience of sexual abuse, no other participant disclosed information regarding their sexual assault experiences (five other participants reported on the Comprehensive History Questionnaire that they endured sexual assault as a child). As intimate trauma is a sensitive topic to discuss and was not the aim of this project, participants were not prodded to disclose details of their experiences unless they willingly shared this information on their own. While it may be the case that the lack of disclosure is a perpetuation of silencing experiences, it is unknown if and how experiences that were not further discussed may or may not be related to the conspiracy of silence and potential transmission of historical trauma. However, utilizing Bao's experience of sexual abuse by her father as an example, it is clear that the secrecy surrounding that circumstance was significantly detrimental and contributed to the recurrent transmission of trauma. Even so, the silence regarding the Secret War may have also contributed to the transmission of trauma with regard to Bao's case as it is noteworthy that her father was a Secret Soldier and presumably witnessed significant atrocities during the war. However, due to lack of information regarding Bao's father's experiences, it is uncertain how historical trauma and the conspiracy of silence may have contributed to the dynamics between Bao and her father.

While it was challenging to pinpoint silencing experiences among participants, all nine participants did describe **silencing experiences** in various forms in which they, their family members, or society opted for silence in response to trauma-related experiences and its

aftermath. In addition, participants identified **consequences of silencing experiences**, what they believed were problematic with opting for silence in response to trauma-related experiences. This is congruent with the TCMI framework that postulates that the conspiracy of silence is one mechanism of historical trauma transmission (Danieli, 1998). Unique in the findings with Hmong participants is the use of “secrets” to describe silencing experiences. Considering the Hmong’s history of the Secret War and a historical tendency for the U.S. government to maintain secrecy regarding the Hmong experience, it is particularly significant to apply how the conspiracy of silence may contribute to the intergenerational transmission of historical trauma for the Hmong.

**Post intervention experiences.** While there are often fears about discussing trauma and hesitations that discussion of trauma will lead to retraumatization, it is also the case that lack of discussion on trauma can in fact contribute to the conspiracy of silence (Danieli, 1998). Although it is important to be mindful of discussing trauma related experiences in a safe environment and to a developmentally appropriate audience, results from this project support previous findings that talking about trauma can be beneficial to the process of healing (Danieli, 1998; Lin, Suyemoto, & Kiang, 2009). Even though participants described experiencing an array of negative feelings after the intervention such as unresolved grief and began questioning one’s identity, these processes were catalysts to healing, resolution, and movement towards integrated identity structures. In addition, in spite of the difficult nature of Hmong historical trauma, all participants described their overall experience of the training as “very positive.”

**Consciousness-raising.** Following the psychoeducational intervention, participants described experiences of consciousness-raising and gaining new awareness for how societal and historical factors contribute to current conditions. This is congruent with the Cultural Context

Model that views critical consciousness as the foundation for liberation and dismantling constraining societal factors (Almeida, 2003; Almeida, Dolan-Del Vecchio, & Parker, 2008; Hernandez, Almeida, & Dolan-Del Vecchio, 2005). In addition to gaining critical consciousness, participants experienced accountability of family processes, gaining empathy for parents and family behavior, and increasing responsibility for personal actions. In addition, participants' new awareness of societal and historical factors that contribute to current conditions combats against internalized oppression as the problem is more accurately put into context. This is congruent with the Cultural Context Model that theorizes accountability to foster "reparative action that demonstrates empathic concern for others by making changes that enhance the quality of life for all involved parties" (Hernandez, Seigel, & Almeida, 2009, p. 99).

**Emotional experiences.** Participants reported that the intervention triggered emotional experiences including *catharsis*, *unresolved grief*, *appreciation*, and *empowerment*. These responses are congruent with the TCMI framework and historical trauma literature that theorizes unresolved grief as an underlying mechanism of historical trauma and its transmission to future generations (Danieli, 1998; Yellow Horse Brave Heart, 1998). In addition, participants' responses are indicative of healing factors including empowerment as outlined by both the TCMI Framework and the Cultural Context Model (Danieli, 1998; Almeida, 2003). According to the Cultural Context Model, empowerment has been observed as an essential contributor to healing and a promoter of wellbeing in marginalized populations. Empowerment processes are said to be facilitated as people are able to change the ways in which they relate to their own communities and become aware of the tools of oppression, as observed with participants from this project (Almeida, Dolan-Del Vecchio, & Parker, 2007).

**Promoted the integration of identity structures.** Participants described the intervention to have promoted the integration of identity structures by creating increasing *analysis and questioning self in context, problem solving, processing unresolved grief, storytelling,* and *intergenerational communication*. Following the intervention participants also reported experiencing a *bridge* between cultural, generational, and gender gaps as well as increased *belongingness/connectedness*. These findings are congruent with the TCMI Framework that emphasizes increasing awareness as a healing intervention for historical trauma, as Danieli (2008) states:

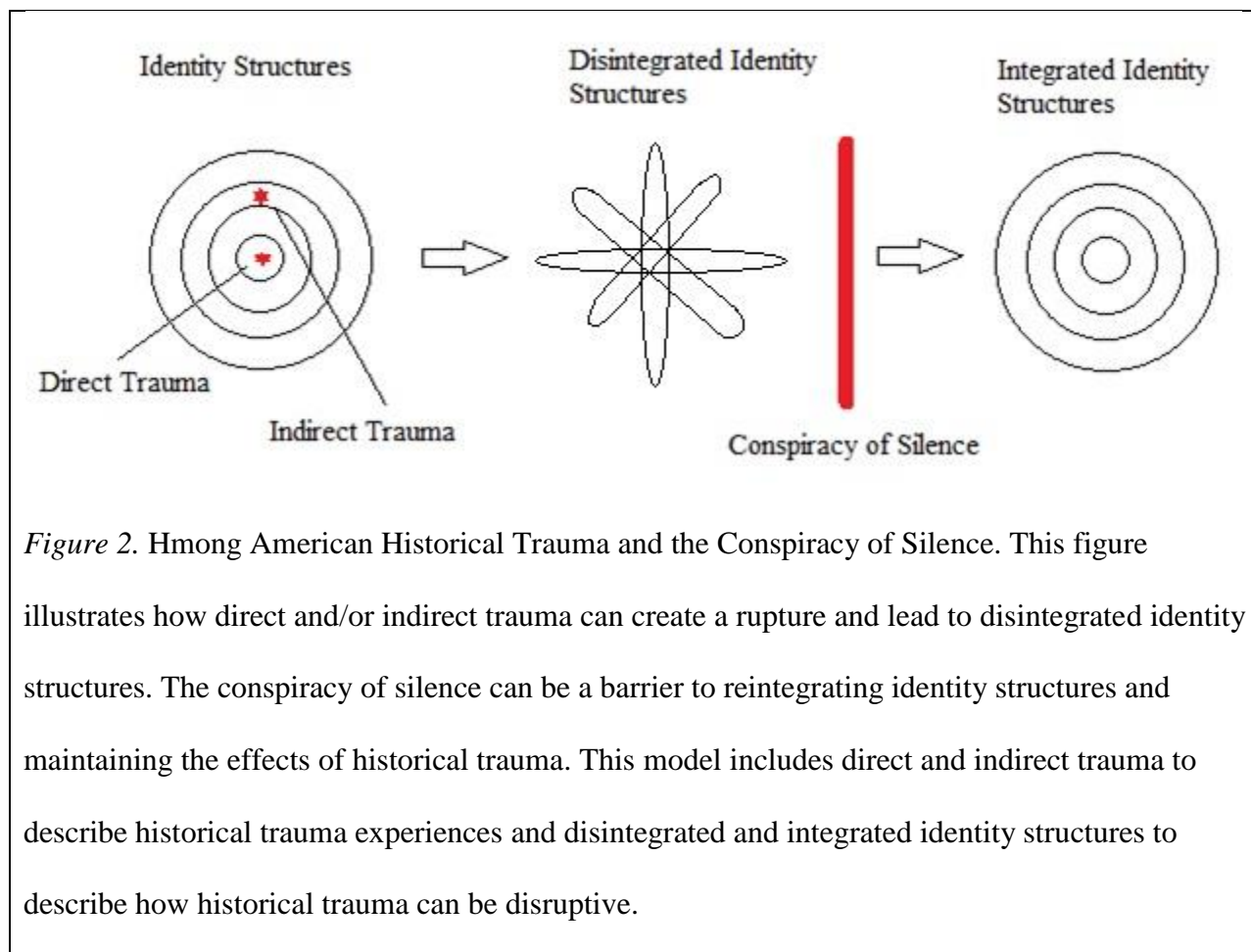
To fulfill the reparative and preventive goals of psychological recovery from trauma, perspective and integration through awareness and containment must be established so that one's sense of continuity, belongingness, and rootedness are restored (p. 7).

In addition, education and increasing awareness of social and historical factors have been shown to be a catalyst for intergenerational communication and bridging (Almeida, 2003; Almeida, Dolan-Del Vecchio, & Parker, 2007; Lin, Suyemoto, & Kiang, 2009). Also, increased social integration has been shown to improve the mental health of minority populations (Rose et al., 2014). Overall, results from this study support how the psychosocio-educational intervention based on the Cultural Context Model can promote healing from problems stemming from historical trauma.

### **Hmong American Historical Trauma Visual Models**

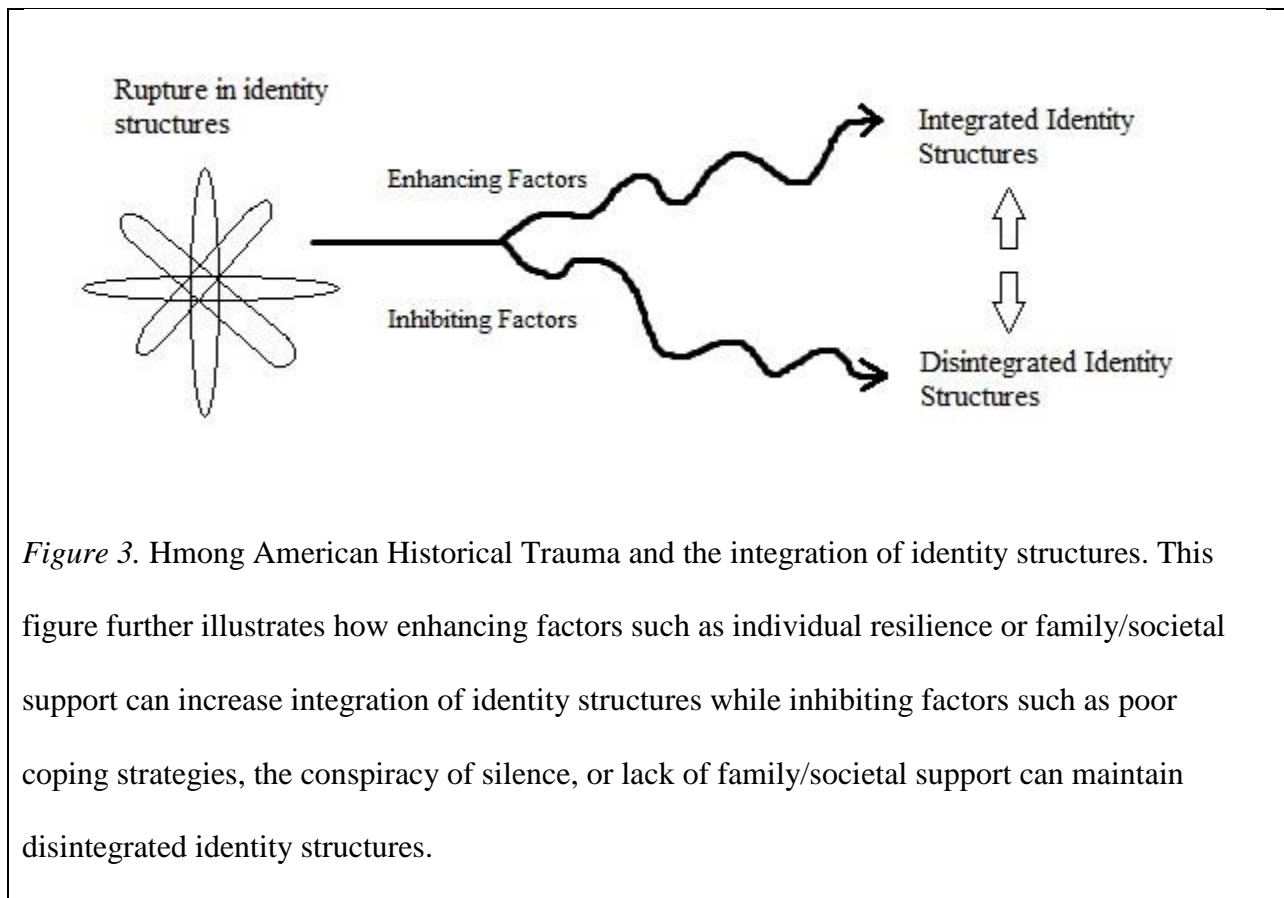
Two visual models were created to offer further explanation of Hmong American's experiences of historical trauma and the intergenerational transmission of historical trauma. *Figure 2* is an adapted version of the TCMI framework (Danieli, 1998) and incorporates direct and indirect exposure to trauma as well as the integration of identity structures. *Figure 2* depicts

how an individual can experience either direct or indirect trauma (or both) which can cause a rupture and disrupt various identity structures like a ripple effect. Depending on how significant the rupture (perceived or real), one's identity structure can become disintegrated where one or all identity structures can become polarized, disenfranchised, and disrupted leading to an unstable or poor sense of self. Individuals are assumed to experience healing and a process of integrating identity structures for more stable relations with various identity spheres depending on individual factors, environmental factors, and/or the severity of the rupture. The conspiracy of silence can act as a barrier that maintains disintegrated identity structures, preventing healing and movement towards integrated identity structures in order to experience more balanced and harmonious relations with one's identity spheres.



*Figure 2.* Among American Historical Trauma and the Conspiracy of Silence. This figure illustrates how direct and/or indirect trauma can create a rupture and lead to disintegrated identity structures. The conspiracy of silence can be a barrier to reintegrating identity structures and maintaining the effects of historical trauma. This model includes direct and indirect trauma to describe historical trauma experiences and disintegrated and integrated identity structures to describe how historical trauma can be disruptive.

*Figure 3* further displays how a rupture in identity structures (or disintegrated identity structures) can move towards integrated or disintegrated identity structures depending on individual or environmental factors. Enhancing factors include individual resilience and family and/or societal support. Inhibiting factors include poor coping strategies, the conspiracy of silence, and lack of family and/or societal support. Integrated and disintegrated identity structures are presumed to exist on a continuum where an individual can exist on either spectrum and can move between the two depending on enhancing and inhibiting factors.



### **Implications**

The research findings of this project offer implications on counseling Hmong Americans, Hmong mental health treatment, and social justice advocacy for Hmong Americans. First, this

project addresses the need to further explore Hmong American's post settlement experiences, in particular with mental health (Lee & Chang, 2013; Tatman, 2004). Given the Hmong's history of massive group trauma and secrecy regarding the Secret War, it is important to consider how cultural, social, and historical factors may contribute to current mental health conditions of the Hmong. The visual models described above illustrating Hmong American historical trauma can offer insight into the interplay of historical trauma and identity issues in conceptualizing Hmong mental health and wellbeing. In applying the construct of historical trauma and the intergenerational transmission of historical trauma to the Hmong experience, a more comprehensive conceptualization of the Hmong experience can address the high prevalence of mental health issues in the community (Tatman, 2004). In addition, this project offers implications on Hmong identity development and how historical and social factors may contribute to identity issues. In particular, insight regarding the Hmong American woman identity is offered with suggestions on merging various identity structures by addressing and dismantling oppressive forces.

This project also addresses the need to increase applicability of mental health treatment and services for the Hmong (Lee, 2013; Lee & Chang, 2013; Sue & Sue, 2008). Implications for counseling and mental health treatment interventions for the Hmong include considering a group orientation, utilizing storytelling and narrative therapy, and considering interventions that allow for intergenerational dialogue. In congruence with the collectivistic nature of Hmong culture, findings from this study suggest that a group orientation helps to increase feelings of connectedness and belongingness, further integrating various identity structures. The use of group treatment can be particularly helpful for the Hmong. In addition, considering Hmong culture has an oral tradition, utilizing storytelling and narrative therapy can be a powerful tool for

disclosing information, learning from other's stories, and rewriting personal narratives. Furthermore, offering opportunities for intergenerational dialogue either between parent and child or individuals of different generations can offer opportunities to repair the disintegration of identity structures.

Additionally, this project has implications on social justice and advocacy for Hmong Americans at both the micro and macro levels. Psychosocio-educational interventions including the Cultural Context Model can be utilized to increase awareness, empowerment, and liberation for Hmong Americans at an individual level. Psychoeducation can be utilized in treatment as a tool to inform Hmong Americans of services and increase mental health comprehension. At the macro level, the Hmong American historical trauma model can be used to address health disparities among Hmong Americans by informing medical treatment of factors such as chronic stress. In addition, this project can inform policies and target systemic issues regarding the need for more presence in mainstream society of Hmong history and culture. For example, findings from this dissertation support that disseminating information regarding the Hmong in public domains can be helpful in integrating identity structures for Hmong Americans. One example of this is utilizing education to teach Hmong history. Education has been shown to be a beneficial and non-confrontational catalyst for intergenerational communication in exploring potentially traumatic family histories (Lin, Suyemoto, and Kiang, 2009). In addition, this project has implications for legislations regarding the significance of teaching Hmong history in schools and supports previous movements such as the Wisconsin Educational ACT 31, which mandates Wisconsin schools to teach American Indian and other ethnic minorities' history and culture (State Statues for Wisconsin American Indian Studies).



## **Limitations and Future Directions**

This project was an initial exploration of historical trauma and the intergenerational transmission of historical trauma with Hmong American women. Limitations of this study should be taken into consideration. First, the self-selection bias may have contributed to the findings in that those who chose to participate in the project were already familiar or attracted to the project's topic and may have characteristics or predispositions to respond in a certain way. In addition, considering participants included college students and career women who demonstrated strengths and resiliencies prior to participating in the project, findings may be a reflection of a high functioning sample of participants. Caution should be taken in overgeneralizing findings. Other limitations of this project include the small sample size and narrow geographic focus on Hmong women in the Midwest, which may compromise the diversity of potential findings to all Hmong Americans.

With regard to future directions, further exploration of Hmong American historical trauma and the conspiracy of silence would be beneficial in furthering the understanding of Hmong mental health. In particular, future studies with a larger sample size that is also inclusive of Hmong American men, Hmong Americans from various locations across the country, Hmong LGBT groups, various social classes, and other dimensions of diversity would add to current findings on Hmong historical trauma. In addition, future studies exploring the integration of identity structures as a construct as well as developing a Hmong identity development model would add to current findings. Finally, future research studies utilizing a control group in experimental and quasiexperimental designs can further explore the potential benefits and efficacy of psychosocio-educational interventions such as the Cultural Context Model with Hmong Americans.

## **Conclusions**

The overarching purpose of this project was to explore a culturally congruent and historically inclusive conceptualization of Hmong mental health. As such, it was significant to examine how historical aspects of the Hmong experience such as collective trauma may contribute to current mental health conditions. The goal was not to perpetuate “trauma legacies” or stereotypes of the Hmong experience, but to consider potential overarching issues that may contribute to current mental health conditions and health disparities prevalent in the community. In fact, the primary aim of this project was to dismantle societal oppression and stereotypes of the Hmong by addressing the potential lasting effects of having endured massive group trauma. This project offered insight into Hmong historical trauma and suggests interrupting the conspiracy of silence as a catalyst for healing and liberation for Hmong Americans. In particular, this project reveals the secrecy maintained regarding Hmong history, the Secret War, and the Hmong American experience to alter the silent suffering of the Hmong and amplify their experiences; their stories; their voices.

## References

- Abrams, M. S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, 53(2), 225-231.
- Adler, S. R. (1994). Ethnomedical pathogenesis and Hmong immigrants' sudden nocturnal deaths. *Culture, Medicine and Psychiatry*, 18(1), 23-59.
- Adler, S. R. (1995). Refugee stress and folk belief: Hmong sudden deaths. *Social Science & Medicine*, 40(12), 1623-1629.
- Almeida, R. V. (2003). *Creating collectives of liberation*. In L. B. Silverstein & T. J. Goodrich (Eds.), *Feminist family therapy* (pp. 293–306). Washington, DC: American Psychological Association.
- Almeida, R. V., Dolan-Del Vecchio, K., & Parker, L. (2007). *Foundation concepts for social justice-based therapy: Critical consciousness, accountability, and empowerment*. In E. Aldarondo (Ed.), *Advancing social justice through clinical practice* (pp. 175–206). Mahwah, NJ: Lawrence Erlbaum.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Arax, M. (1995). Hmong's sacrifice of puppy reopens cultural wounds: Traditions: Immigrant shaman's act stirs outrage in Fresno, but he believes it was only way to cure his ill wife. *Los Angeles Times*. Retrieved from [http://articles.latimes.com/1995-12-16/news/mn-14591\\_1\\_hmong-community](http://articles.latimes.com/1995-12-16/news/mn-14591_1_hmong-community)
- Arndt, L. M. & Davis, A. R. (2011). Warrior spirit: Soul wound and coping among American Indians in law enforcement. *The Counseling Psychologist*, 39(4), 527-569.

- Baker, K. G. & Gippenreiter, J. B. (1998). Stalin's purge and its impact on Russian families: A pilot study. In *International Handbook of Multigenerational Legacies of Trauma*. Yael Danieli (Ed.) Plenum Series on Stress and Coping. New York, NY: Plenum Press.
- Baranowsky, A. B., Young, M., Johnson-Douglas, S., Williams-Keeler, L. & McCarrey, M. (1998). PTSD transmission: A review of secondary traumatization in Holocaust survivor families. *Canadian Psychology*, 39(4), 247-256.
- Boffey, P. M. (1987). Washington talk: Chemical warfare; Declassified cables add to doubts about U.S. disclosures on 'yellow rain'. *The New York Times*. Retrieved from <http://www.nytimes.com/1987/08/31/us/washington-talk-chemical-warfare-declassified-cables-add-doubts-about-us.html>
- Bolton, G. (2010). *Reflective Practice Writing and Professional Development* (Third Edition). London: Sage.
- Burawoy, M. (1998). The extended case method. *Sociological Theory*, 16(1), 4-33.
- Cerhan, J. U. (1990). The Hmong in the United States: An overview for mental health professionals. *Journal of Counseling and Development*, 69, 88-92.
- Collier, A. F., Munger, M. & Moua, Y. K. (2012). Hmong Mental Health Needs Assessment: A Community-Based Partnership in a Small Mid-Western Community. *American Journal of Community Psychology*, 49, 73-86.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Crossley, M. (2000). *Rethinking health psychology*. Open University Press.

- Culhane-Pera, K.A., & Xiong P. (2003). *Hmong culture: Tradition and change*. In K.A. Culhane-Pera, D. E. Vawter, P. Xiong, B. Babbitt, & M.M. Solberg (Eds.), *Healing by heart: Clinical and ethnical case stories of Hmong families and Western providers* (pp. 11-68). Nashville, TN: Vanderbilt University Press.
- Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. New York, NY: Plenum Press.
- Donnelly, D. (1994). *Changing lives of refugee Hmong women*. Seattle, WA: University of Washington Press.
- Duran, E. (2006). *Healing the Soul Wound: Counseling with American Indians and Other Native People*. NY: Teachers College Press.
- Esses, V. M., Veenvliet, S., Hodson, G., & Mihic, L. (2008). Justice, morality, and the dehumanization of refugees. *Social Justice Research, 21*, 4-25.
- Faderman, L. & Xiong, G. (1998). *I begin my life all over: The Hmong and the American immigrant experience*. Beacon Press.
- Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: Farrar, Staus, and Giroux.
- Felson, I. (1998). Transgenerational transmission of effects of the Holocaust: The North American research perspective. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 43-68). New York: Plenum Press.
- Fossion, P., Leys, C., Vandeleur, C., Kempenaers, C., Braun, S., Verbanck, P., & Linkowski, P. (2015). Transgenerational transmission of trauma in families of Holocaust survivors: The consequences of extreme family functioning on resilience, sense of coherence, anxiety and depression. *Journal of Affective Disorders, 171*, 48-53.

- Gardner, F. (1999). Transgenerational processes and the trauma of sexual abuse. *The European Journal of Psychotherapy, Counseling & Health*, 2(3), 297-308.
- Hamilton-Merrit, J. (1999). *Tragic Mountains: The Hmong, the Americans, and the Secret Wars for Laos, 1942-1992*. Bloomington: Indiana University Press.
- Hernandez, P., Almeida, R., & Dolan-Del Vecchio, K. (2005). Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Process*, 44(1), 105-119.
- Hernandez, P., Seigel, A., & Almeida, R. (2009). The cultural context model: How does it facilitate couples' therapeutic change? *Journal of Marital and Family Therapy*, 35(1), 97-110.
- Hope, J. (2008). "One day we had to run": The development of the refugee identity in children's literature and its function in education. *Children's Literature in Education*, 39, 295-304.
- Hirayama, K. & Hirayama, H. (1988). Stress, social supports, and adaptational patterns in Hmong refugee families. *Amerasia Journal*, 14, 93-108.
- Hyland, K. A. (2007). *Interrupting intergenerational trauma transmission in families of adolescents: Therapists' clinical decision-making processes* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (Accession Order No. [3303060])
- Jesilow, P. & Xiong, M. (2007). Constructing a Social Problem: Suicide, Acculturation, and the Hmong. *Hmong Studies Journal*, 8, 1-43.
- Kelleher, B. (2004). Hunter kills six, wounds two after tree-stand dispute. *Minnesota Public Radio*. Retrieved from [http://news.minnesota.publicradio.org/features/2004/11/22\\_kelleherb\\_huntershooting/](http://news.minnesota.publicradio.org/features/2004/11/22_kelleherb_huntershooting/)

- Kellerman, N. (2001). Transmission of Holocaust trauma – An integrative view. *Psychiatry*, 64(3), 256-267.
- Kiang, P. N. (1996). Persistence stories and survival strategies of Cambodian Americans in college. *Journal of Narrative and Life History*, 6(1), 39-64.
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking Historical Trauma. *Transcultural Psychiatry*, 51(3), 299-319.
- Kokanovic, R. & Stone, M. (2010). Doctors and other dangers: Bosnian refugee narratives of suffering and survival in Western Australia. *Social Theory & Health*, 8(4), 350-369.
- Koramaz, E. K. (2013). The spatial context of social integration. *Social Indicators Research*, 119, 49-71.
- Lee, B. (2015). Fresno Hmong and Asian communities working to end domestic abuse. *The Fresno Bee*. Retrieved from <http://www.fresnobee.com/news/local/article24922993.html>
- Lee, H., Lytle, K., Yang, P. N., & Lum, T. (2010). Mental health literacy in Hmong and Cambodian elderly refugees: A barrier to understanding, recognizing, and responding to depression. *International Journal of Aging and Human Development*, 71(4), 323-344.
- Lee, S. (2001). More than ‘model minorities’ or ‘delinquents’: A look at Hmong American high school students. *Harvard Educational Review*, 71(3), 505-529.
- Lee, S. E. (2013). Mental health of Hmong Americans: A metasynthesis of academic journal article findings. *Hmong Studies Journal*, 14, 1-31.
- Lee, S. & Chang, J. (2012). Mental health status of the Hmong Americans in 2011: Three decades revisited. *Journal of Social Work in Disability and Rehabilitation*, 11, 55-70

- Lee, S. & Chang, J. (2013). The Need to Estimate Mental Health Status of Hmong Americans 37 Years Later. In M. E. Pfeifer & B. K. Thao (Eds.), *State of the Hmong American Community*. Washington, DC: Hmong National Development.
- Lictman, H. (1984). Parental communication of Holocaust experiences and personality characteristics among second-generation survivors. *Journal of Clinical Psychology*, 40(4), 914-924.
- Lin, J. (2011). For Asian Americans, educational attainment varies widely. *California Watch*. Retrieved from <http://californiawatch.org/dailyreport/asian-americans-educational-attainment-varies-widely-13355>
- Lin, N. J., Suyemoto, K. L., and Kiang, P. N. (2009). Education as a catalyst for intergenerational refugee family communication about war and trauma. *Communication Disorders Quarterly*, 30, 197-207.
- Lindsay, J. (2004). The tragedy of the Hmong: The story of the Hmong people in the United States. Retrieved from [http://www.jefflindsay.com/Hmong\\_tragedy.html](http://www.jefflindsay.com/Hmong_tragedy.html)
- Maker, A. H. & Bутtenheim, M. (2000). Parenting difficulties in sexual-abuse survivors: A theoretical framework with dual psychodynamic and cognitive-behavioral strategies for intervention. *Psychotherapy*, 37(2), 159-170.
- Moua, L. & Riggs, J. (2012). Navigating multiple worlds: A qualitative study of the lived experiences of Hmong women leaders. *Journal of Southeast Asian American Education and Advancement*, 7 (2), 1-26.
- Mollica, R. F., Wyshak, G., Lavelle, J., Truong, T., Tor, S., & Yang, T. (1990). Assessing symptom change in Southeast Asian refugee survivors of mass violence and torture. *American Journal of Psychiatry*, 147(1), 83-88.



- Miyares, I. M. (1998). *The Hmong refugee experience in the United States: Crossing the river*. New York: Garland.
- Nicholson, B. (1997). The influence of pre-emigration and postmigration stressors on mental health: A study of Southeast Asian refugees. *Social Work Research, 21*(1), 19-31.
- Nishio, K. & Bilmes, M. (1987). Psychotherapy with Southeast Asian American clients. *Professional Psychology: Research and Practice, 18*, 342-346.
- Quincy, K. (2000). *Harvesting Pa Chay's wheat: The Hmong and America's secret war in Laos*. Spokane: Eastern Washington University.
- Rairdan, B. & Higgs, Z. R. (1992). When your patient is a Hmong refugee. *American Journal of Nursing, 92*(3), 52-55.
- Rick, K. & Forward, J. (1992). Acculturation and perceived intergenerational differences among Hmong youth. *Journal of Cross-Cultural Psychology, 23* (1), 85-94.
- Rodewald, A. (2014). Domestic violence cases overwhelm assistance efforts. *Green Bay Press Gazette*. Retrieved from <http://www.greenbaypressgazette.com/story/news/local/2014/08/29/domestic-violence-cases-overwhelm-assistance-efforts/14829507/>
- Rose, T., Joe, S., Shields, J., & Caldwell, C. H. (2014). Social Integration and the Mental Health of Black Adolescents. *Child Development, 85*(3), 1003-1018.
- Rowland-Klein, D. & Dunlop, R. (2001). The transmission of trauma across generations: Identification with parental trauma in children of Holocaust survivors. *Australian and New Zealand Journal of Psychiatry, 31*, 358-369.
- Schein, L. & Thoj, V. (2008). Violence, Hmong American Visibility, and the Precariousness of Asian Race. *PMLA, 123*(5), 1752-1756.

- Schwartz, S., Dohrenwend, B., & Levav, I. (1994). Nongenetic familial transmission of psychiatric disorders? Evidence from children of holocaust survivors. *Journal of Health and Social Behavior*, 35, 385-402.
- Shorey, R. C., Febres, J., Brasfield, H., & Stuart, G. L. (2012). The prevalence of mental health problems in men arrested for domestic violence. *Journal of Family Violence*, 27(8), 741-748.
- State Statues for Wisconsin American Indian Studies. *Wisconsin Department of Public Instruction*. Retrieved from <http://dpi.wi.gov/amind/state-statues>
- Straka, R. (2003). The Violence of Hmong Gangs and the Crime of Rape. *Crime and Justice International Magazine*, 19 (76). Retrieved from <http://www.cjimazine.com/archives/cji5c60.html?id=690>
- Sue, D. W., & Sue, D. (2008). *Counseling the Culturally Diverse: Theory and Practice* (5<sup>th</sup> Ed.). Hoboken, NJ: John Wiley and Sons.
- Tang, S. S. & Kiang, P. N. (2011). Refugees, veterans, and continuing pedagogies of PTSD in Asian American studies. *New Directions for Teaching and Learning*, 125, 77-87.
- Tatman, A. W. (2004). Hmong history, culture, and acculturation: Implications for counseling the Hmong. *Journal of Multicultural Counseling and Development*, 32, 222-233.
- Tobin, J. J. & Friedman, J. (1983). Spirits, shamans, and nightmare death: Survivor stress in Hmong refugee. *American Journal of Orthopsychiatry*, 53(3), 439-448.
- Tucker, J. (2001). The “Yellow Rain” Controversy: Lessons for Arms Control Compliance. *The Nonproliferation Review*, 25-42.
- U.S. Census Bureau. (2010). We the People: Asians in the United States. Retrieved May 1, 2011, from <http://www.census.gov/prod/2004pubs/censr-17.pdf>

- Vang, C. Y. (2010). *Hmong America: Reconstructing Community in Diaspora*. Champaign, IL: University of Illinois Press.
- Walker, M. (1999). The inter-generational transmission of trauma: The survivor's relationship with their children and on the children themselves. *The European Journal of Psychotherapy, Counseling, & Health*, 2(3), 281-296.
- Walters, P. (2012). Yellow Rain. *Radiolab*. Retrieved from <http://www.radiolab.org/story/239549-yellow-rain/>
- Walters, K. L. & Simoni, J. M. (2002). Reconceptualizing native women's health: An "indigenist" stress-coping model. *American Journal of Public Health*, 92(4): 520-524.
- Watts, M. F. (2004). Telling tales of torture: repositioning young adults' views of asylum seekers. *Cambridge Journal of Education*, 34(3), 315-329.
- Weingarten, K. (2004). Witnessing the effects of political violence in families: Mechanisms of intergenerational transmission and clinical interventions. *Journal of Marital and Family Therapy*, 30(1), 45-59.
- Weiss, M. & Weiss, S. (2000). Second generation to Holocaust survivors: Enhanced differentiation of trauma transmission. *American Journal of Psychotherapy*, 54(3), 372-385.
- Westermeyer, J. (1986). Two self-rating scales for depression in Hmong refugees: Assessment in clinical and non-clinical samples. *Journal of Psychiatric Research*, 20(2), 103-113.
- Westermeyer, J. (1988). DSM-III psychiatric disorders among Hmong refugees in the United States: A point prevalence study. *American Journal of Psychiatry*, 145, 197-202.

- Wozniacka, G. (2012). Hmong women in California break with traditional roles. *Huffington Post*. Retrieved from [http://www.huffingtonpost.com/2012/06/10/hmong-women-in-california\\_n\\_1585150.html](http://www.huffingtonpost.com/2012/06/10/hmong-women-in-california_n_1585150.html)
- Xiong, M. & Jesilow, P. (2007). Constructing a Social Problem: Suicide, Acculturation and the Hmong. *Hmong Studies Journal*, 8, 1-43.
- Xiong, Z. B., Smalkoski, K., Herther, N., Ritsema, K., Vang, R., & Zheng, R. (2013). Health disparities research in the Hmong American community: Implications for practices and policies. In M. E. Pfeifer & B. K. Thao (Eds.), *State of the Hmong American Community*. Washington, DC: Hmong National Development.
- Yehuda, R., Schmeidler, J., Elkin, A., Wilson, S., Siever, L., Binder-Brynes, K., Wainberg, M., & Aferiot, D. (1998). Phenomenology and psychobiology of the intergenerational response to trauma. In Y. Danieli (Ed.) *International handbook of multigenerational legacies of trauma* (pp. 639-655). New York: Plenum Press.
- Yehuda, R., Bierer, L., Scmeidler, J., Aferiat, D., Breslau, I., & Dolan, S. (2000). Low cortisol and risk for PTSD in adult offspring of Holocaust survivors. *American Journal of Psychiatry*, 157(8), 1252-1259.
- Yehuda, R., Halligan, S., & Grossman, R. (2001). Childhood trauma and risk for PTSD: Relationship to intergenerational effects of trauma, parental PTSD, and cortisol excretion. *Development and Psychopathology*, 13, 733-753.
- Yellow Horse Brave Heart, M. (1995). *The return to the Sacred Path: Healing from Historical trauma and historical unresolved grief among the Lakota*. Doctoral dissertation Smith College, School for Social Work, Northampton, Massachusetts.
- Yellow Horse Brave Heart, M. & DeBruyn, L. M. (1998). The American Indian

holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, Vol. 8 (2), pp. 60-82.

Yellow Rain Falls. (1987). *The New York Times*. Retrieved from

<http://www.nytimes.com/1987/09/03/opinion/yellow-rain-falls.html>

Ying, Y., Akutsu, P. D., Zhang, X., & Huang, L. N. (1997). Psychological dysfunction in Southeast Asian refugees as mediated by sense of coherence. *American Journal of Community*, 25(6), 839-859.

Appendix A

Comprehensive History Questionnaire

**PERSONAL AND CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** M F (circle)

**Marital Status:** Single Engaged Married Partnered Separated Divorced Widowed (circle)

*For the purpose of this study, where would you prefer to be contacted? Please indicate all that apply and include the complete address, zip code, and phone number with area code.*

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FAMILIAL AND SOCIAL HISTORY:**

**What is the year and place of birth for the following people in your family [indicate cause of death if deceased]:**

**Yourself** \_\_\_\_\_

**Siblings:      # of Brothers      \_\_\_\_\_      Brothers' Ages      \_\_\_\_\_      # Deceased/Cause of Death      \_\_\_\_\_**

**# of Sisters      \_\_\_\_\_      Sisters' Ages      \_\_\_\_\_      # Deceased/Cause of Death      \_\_\_\_\_**

**Mother** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Father** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_ **Deceased/Cause of Death** \_\_\_\_\_

**Where did the following people in your family spend most of their childhood years?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**What is the highest level of education achieved by the following people in your family:**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_



**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Did you or your family ever serve as a secret soldier during the Secret War? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Did any of your family members directly experience the Secret War? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Have any of the following people in your family had ever had serious legal problems (e.g., criminal conviction)?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Have any of the following people in your family ever been a victim of a homicide or attempted homicide [please indicate which]?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Has anyone in your family ever attempted or completed suicide [please indicate completed suicides]?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Have any of the following people in your family ever been involved in domestic violence [victim, aggressor, or child witness]? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Have any of the following members of your family ever been physically assaulted as a child or an adult [if so, please indicate whether child or adult]? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Have any of the following members of your family ever been sexually assaulted as a child or an adult [if so, please indicate whether child or adult and detail]?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Has anyone in your family ever experienced racial/ethnic discrimination due to his/her Hmong heritage? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Has anyone in your family ever been a victim of a crime due to his/her Hmong heritage? Please detail.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**List the number of marriages and divorces for each of the following people in your family.**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_



**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**How many times have the following people in your family been widowed?**

**Yourself** \_\_\_\_\_

**Sibling(s) [indicate]** \_\_\_\_\_

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

**Maternal Grandmother** \_\_\_\_\_

**Maternal Grandfather** \_\_\_\_\_

**Paternal Grandmother** \_\_\_\_\_

**Paternal Grandfather** \_\_\_\_\_

**Other Significant Family** \_\_\_\_\_

**Do you know anything about your Hmong heritage for generations prior to your grandparents?**

**Yes    No    (circle, if 'Yes' please outline briefly below)**

---

---

---

---

163

**Are you familiar with Hmong history?**

**Yes    No    (circle, if 'Yes' outline briefly below)**

---

---

---

---

**Have you ever attended a workshop on: (Please check all that apply)**

**Historical trauma and unresolved grief**

**Survivor syndrome and survivor complex**

**Post-traumatic stress disorder**

**General grief reactions**

**MEDICAL HISTORY:**

**Please indicate whether any of the below listed members of your family have suffered from any of the following conditions:**

<b>Condition</b>	<b>Yourself</b>	<b>Mother</b>	<b>Father</b>	<b>Maternal Grandmother</b>	<b>Maternal Grandfather</b>	<b>Paternal Grandmother</b>	<b>Paternal Grandfather</b>	<b>Other Sig. Relat.</b>
<b>Alcohol Abuse</b>								
<b>Anxiety</b>								
<b>Asthma</b>								
<b>Cancer</b>								
<b>Coronary/Heart Disease</b>								
<b>Depression</b>								
<b>Diabetes</b>								
<b>Drug Abuse</b>								
<b>HIV/AIDS</b>								
<b>Hypertension</b>								
<b>Intestinal Disorder</b>								
<b>Kidney Disease</b>								

<b>Liver Disease</b>								
<b>Posttraumatic Stress Disorder</b>								
<b>Psychological/Emotional Problems</b>								
<b>Pulmonary Disease</b>								
<b>Serious Accident</b>								
<b>Serious Injury</b>								
<b>Sleep Disturbance</b>								
<b>Sudden Unexpected Nocturnal Death Syndrome</b>								
<b>Tuberculosis</b>								

Appendix B

Post Intervention Rating

---

**After this training, I am more aware of the historical trauma of our people.**

1	2	3	4
very untrue	somewhat untrue	somewhat true	very true

---

**After this training, I feel more positive about being Hmong.**

1	2	3	4
very untrue	somewhat untrue	somewhat true	very true

---

**After this training, I feel more positive about being a woman.**

1	2	3	4
very untrue	somewhat untrue	somewhat true	very true

---

**After this training, I feel more positive about myself.**

1	2	3	4
very untrue	somewhat untrue	somewhat true	very true

---

**How would you describe the overall impact this training has had on you?**

1	2	3	4
no impact	little impact	some impact	large impact

---

**How would you describe the overall experience of this training?**

1	2	3	4	5
very negative	somewhat negative	neutral	somewhat positive	very positive

---

## Appendix C

### Recruitment Email

Hello,

I am a doctoral student in Counseling Psychology and I am currently working on a research study that will examine Hmong history and the Hmong woman experience. Your participation would be a huge contribution to better understanding mental health issues in the Hmong community. If you do decide to participate, you will be asked to schedule a one-hour interview with me, then attend a training set in late August or early September. The training will involve learning how to be a group facilitator for the Hmong women's conference on historical trauma set for September 15th. You will then attend the conference and volunteer as a group facilitator, guiding group discussions of Hmong women who attend the conference. Lastly, we will schedule an exit interview to discuss your experience as a group facilitator for the conference.

Here is a recap of what will be asked of you if you are interested in participating:

- Schedule a one-hour information interview with me before September 15th
- Attend a training that will be set in late August or early September
- Facilitate group discussions at the Hmong women's conference on historical trauma on September 15th
- Schedule a one-hour interview with me any time after the Hmong women's conference on historical trauma

Let me know if you are interested at your earliest convenience and I will be sure to provide you with more detailed information. Attached is the flyer for the Hmong women's conference on historical trauma. Also, please let me know if you have any friends or family members who are active Hmong women advocates that you think would also be interested in participating. I look forward to hearing from you soon! :)

Best,

Ia Xiong

**UNIVERSITY OF WISCONSIN – MILWAUKEE  
CONSENT TO PARTICIPATE IN RESEARCH**

**[INSERT IF YOUR STUDY IS NOT EXEMPT: THIS CONSENT FORM HAS BEEN  
APPROVED BY THE IRB FOR A ONE YEAR PERIOD]**

**1. General Information**

**Study title:**

Interrupting the Conspiracy of Silence: The Experience of Hmong Women in the United States

**Person in Charge of Study (Principal Investigator):**

Leah M. Arndt, Ph.D.  
Assistant Professor  
Educational Psychology  
UW-Milwaukee  
Enderis Building, Room 733  
414-229-5407  
[larndt@uwm.edu](mailto:larndt@uwm.edu)

**2. Study Description**

You are being asked to participate in a research study. Your participation is completely voluntary. You do not have to participate if you do not want to.

**Study description:**

The purpose of this study is to examine the experiences of Hmong women who will be trained to be group facilitators for a conference on the Hmong experience. The Hmong face many barriers in the United States as their way of life has historically been oppressed. This past has left its mark as indicated in low educational attainment, high poverty rates, alcoholism, high domestic violence, high crime rates, and numerous health disparities. To promote wellness in the Hmong community, a critical understanding of Hmong history, strengths, and resiliencies is needed. The goals of this study are to examine the impact of facilitating an educational conference on Hmong history for Hmong women. Participants are asked to commit to attending two interviews of approximately 1-2 hours each, two days of training to be a group facilitator for the Hmong women's conference. In addition, participants will dedicate one and a half days to being a group facilitator at the Hmong women's conference on trauma set in late September.

Participants will schedule a time with a research member to be interviewed for approximately one hour before the conference and approximately one hour after the conference. Audio-taped



information sessions will be conducted at a location of your choice that allows for confidential discussion (e.g., your home, private agency or university conference room). Should you decide that you would like to participate without being audio taped, you will be afforded such an opportunity. In such a case the research team member will keep de-identified notes on the information session that will be transported in a locked safe and destroyed after transcription. Audio data will be gathered via digital recording and transported as de-identified information in a locked safe to UWM for secure electronic storage and transcription. Audiotaping will be utilized for the interviews in an effort to faithfully record and gather data. All audiotapes will be de-identified upon transcription, and tapes and files will be retained according to APA and University of Wisconsin security and confidentiality mandates.

### **3. Study Procedures**

#### **What will I be asked to do if I participate in the study?**

If you agree to participate you will be asked to complete the following tasks:

- Schedule a one-hour information session and interview with a research member prior to the Hmong women's conference on historical trauma
- Attend a two-day training on historical trauma at the Hmong American Women's Association
- Facilitate group discussions at the Hmong women's conference on historical trauma
- Schedule a one-hour debriefing session and interview with a research member after the Hmong women's conference on historical trauma

Interviews will be confidential in-person information sessions related to your experience as a Hmong woman as well as your experience as a group facilitator for the Hmong women's conference. The sessions will be audio-taped and can occur at a location of your choosing that allows for confidential, honest, and supportive discussion. Sessions are expected to last about one hour and can be completed in up to two sittings, depending upon your desires and the length of time needed to complete the process beyond one hour. You will be afforded breaks during the process if you so choose. Sessions will be audio-taped and transcribed to allow for the confidential rendering of your invaluable information. If you would like to be interviewed and not be audio-taped, you will be afforded such an opportunity. Should you choose to not be audiotaped, the researcher will keep written notes in a de-identified manner. Notes will be transported in a locked safe and transcribed. The ultimate goal of this project is to better understand the experiences of Hmong women and the impact of an educational and supportive intervention. Audiotaping will be utilized for the interviews in an effort to faithfully record and gather data. All audiotapes will be de-identified upon transcription, and tapes and files will be retained according to APA and University of Wisconsin security and confidentiality mandates.

All participants in this study must be at least 18 years of age, sound and able to complete the interview process physically and emotionally, and identify as a Hmong woman.

### **4. Risks and Minimizing Risks**

#### **What risks will I face by participating in this study?**

Given the nature of the project's topic, it is possible that you may experience some emotional discomfort while being interviewed. However, the UWM/community partners have taken cautions to ensure that trained and competent project personnel are well prepared to provide you with a most supportive interview experience. Additionally, you will be provided with support resources for future reference, and project staff will facilitate such contacts as requested by you.

## 5. Benefits

### **Will I receive any benefit from my participation in this study?**

Benefits include offering invaluable insight to further research on the experiences of Hmong women in the United States, and potentially the Hmong within the United States and internationally.

## 6. Study Costs and Compensation

### **Will I be charged anything for participating in this study?**

You will not be responsible for any of the costs from taking part in this research study.

### **Are subjects paid or given anything for being in the study?**

To be determined by community partner and will be included before IRB review.

## 7. Confidentiality

### **What happens to the information collected?**

All information collected from you during the course of this study will be kept confidential to the extent permitted by law. We will only present data gathered during this project in aggregate and in a de-identified form. No individual will be identified by name or personal information. We do anticipate producing publications to better inform research on the experiences of Hmong women, however, no one will be identified in the course of such best practices recommendations. Only the clinically trained interviewers will have access to your identity, and all tape-recorded and transcribed data from your interview will be de-identified.

Information collected for this project is completely confidential and no individual participant will ever be identified with his/her interview information. Data from this study will be saved on password protected for seven years as per the recommendations of the American Psychological Association guidelines, and destroyed thereafter. Audiotaping will be utilized for the interviews in an effort to faithfully record and gather data. All audiotapes will be de-identified upon transcription, and tapes and files will be retained according to APA and University of Wisconsin security and confidentiality mandates. Only project staff will handle the project information. However, the Institutional Review Board at UW-Milwaukee, or appropriate federal agencies like the Office for Human Research Protections may review confidentially your records to protect your safety and welfare.

## 8. Alternatives

### **Are there alternatives to participating in the study?**

There are no known alternatives available to you other than not taking part in this study. Should the team become aware of such, that information will be shared with each participant.

## 9. Voluntary Participation and Withdrawal

### **What happens if I decide not to be in this study?**

Your participation in this project is entirely voluntary. You may choose not to take part in this project. If you decide to take part, you can change your mind later and withdraw from the project. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee.

Should you choose to withdraw completely from the project after you have consented to participate and been interviewed, we will use the information collected to that point.

## 10. Questions

### **Who do I contact for questions about this study?**

For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Leah M. Arndt, Ph.D.  
Assistant Professor  
Educational Psychology  
UW-Milwaukee  
Enderis Building, Room 733  
414-229-4767 [larndt@uwm.edu](mailto:larndt@uwm.edu)

### **Who do I contact for questions about my rights or complaints towards my treatment as a research subject?**

The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board  
Human Research Protection Program  
Department of University Safety and Assurances  
University of Wisconsin – Milwaukee  
P.O. Box 413  
Milwaukee, WI 53201  
(414) 229-3173

## 11. Signatures

### **Research Subject's Consent to Participate in Research:**

*To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered, and that you are 18 years of age or older.*

\_\_\_\_\_  
Printed Name of Subject/ Legally Authorized Representative

\_\_\_\_\_  
Signature of Subject/Legally Authorized Representative

\_\_\_\_\_  
Date

### **Research Subject's Consent to Audio/Video/Photo Recording:**

It is okay to audiotape me while I am in this study and use my audiotape data in the research.

Please initial: \_\_\_\_Yes \_\_\_\_No

### **Principal Investigator (or Designee)**

*I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.*

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Study Role

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

Appendix E

Hmong Women's Conference on Historical Trauma Flyer and Registration



The flyer features a decorative border with a repeating geometric pattern in shades of blue. At the top center is the logo for Hmong American Women's Association (HAWA), which includes a silhouette of a woman's head and shoulders. To the right of the logo is the title "Hmong Women's Conference on Historical Trauma". Below the title is a text box containing information about the event: who is hosting, what the conference is about, where it is held (Mount Mary College), and when it takes place (Saturday, September 15, 2012, from 9 AM to 5 PM). Below this text box is a "REGISTRATION FORM" section. It includes a warning that space is limited and registration must be completed by August 31, 2012. The form has fields for Company Name, Address, City, State, Zip, Name, and Title. It also includes a section for age ranges, labeled A through K, with instructions to circle one. A note at the bottom of the form says "\*\*For additional persons please use another sheet\*\*".

**Hmong Women's Conference  
on Historical Trauma**

Who: *Hmong American Women's Association is hosting our first bi-annual Hmong Women's Conference in Milwaukee, Wisconsin.*

What: *Uniting all Hmong women in a multi-generational gathering to bring awareness on how our past and internalized oppression impacts our lives today.*

Where: **Mount Mary College**  
2900 N. Menomonee River Pkwy  
Milwaukee, WI 53222  
Bergstrom Hall  
Entrance from North 92<sup>nd</sup> Street (Swan Boulevard)  
Parking Lots: B and A

When: **Saturday September 15, 2012**  
From 9AM – 5PM

**REGISTRATION FORM**

Space is Limited - **Register NOW!!**  
HAWA must receive registration form and payment no later than **August 31, 2012**

Company Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please Circle One: **Age Range:**  
A: (15 – 19)   B: (20 – 24)   C: (25 – 29)   D: (30 – 34)   E: (35 – 39)   F: (40 – 44)   G: (45 – 49)  
H: (50 – 54)   I: (55 – 59)   J: (60 – 64)   K: (65 – up)

**\*\*For additional persons please use another sheet\*\***

Appendix F  
Facilitator Guide

**Facilitator Guide: Hmong Women's Conference on Historical Trauma**

**8:30am – 10:00am**

- Registration
- Welcome
- Introductions
- Ice Breaker

**10:00am – 11:00am**

- Panel of women

**11:00am – 11:30am**

- Historical trauma presentation

**11:30am – 12:00pm**

- Group breakout and ice breakers

*11:30am – 11:40am: (10 minutes)*

- Organize and settle in group

*11:40am – 11:45am: (5 minutes)*

- Facilitator Introductions
  - Name
  - Why you are participating in the conference
  - Something interesting/unique/funny/factual about yourself

*11:45am – 11:50am: (5 minutes)*

- Introduction to icebreakers. Discuss the importance of trust building, communication, and creating a safe, supportive environment as leaders.

*11:50am – 12:00pm: (10 minutes)*

- Group introductions

- Name
- Something interesting/unique/funny/factual about yourself
- If there is extra time, go around and quiz each other on names.

### **12:00pm – 1:00pm**

- Lunch

### **1:00pm – 1:30pm**

- Hmong history video and the conspiracy of silence presentation

### **1:30pm – 2:30pm**

- First breakout session

*1:30pm – 1:40pm: (10 minutes)*

- Organize and settle in group

*1:40pm – 1:50pm: (10 minutes)*

- Video questionnaire
  - Give 5 minutes for women to write down answers to questions
  - Give 5 minutes for women to share their answers

**Key points:**

- The purpose of this video is to remember our history and become aware of the emotions that come from our history.
- A wide range of emotions is normal
- Stress that no one is alone in their experiences
- Thank each person that shares
- Not everyone is ready to share so it's okay that some women don't share

*1:50pm – 2:10pm: (20 minutes)*

- Life history timeline
  - Read directions
  - Provide your own example (one positive and one negative that you are willing to share)
  - Give 10 minutes for them to work on their timeline
  - Give 10 minutes for women to share their timeline

**Discussion questions:**

- What are some events that happened before you were born?
  - Did this affect you or your family positively or negatively?

- What are some events that happened after you were born?
  - Did this affect you or your family positively or negatively?
- Has this activity made you more aware of things you hadn't thought about before? If so, what?

**Key points:**

- The purpose of this activity is to bring new awareness of how events may have an impact on our lives.
- Sometimes, things that happen before we are born have an impact on us.
- Sometimes, things that happen to our family have an impact on us.
- Some events have both a positive and a negative impact on us.
- By becoming aware of these events, we can better understand why we feel a certain way or how to create change.

*2:10pm – 2:30pm: (20 minutes)*

- Conspiracy of silence activity
  - Find 2 volunteers
  - Determine one volunteer as person A and one as person B.
  - Give each volunteer a copy of the following script.
  - Person A will read her lines out loud, but person B will communicate her lines in a nonverbal way.
  - Explain that person B has a secret emotional distraction that no one else will know.
  - Have each person act out their lines.

**Dialog:**

A: Have you seen my book? I can't remember where I put it.  
 B: Which one?  
 A: The murder mystery. The one you borrowed.  
 B: Is this it?  
 A: No. It's the one you borrowed.  
 B: I did not!  
 A: Maybe it's under the chair. Can you look?  
 B: OK--just give me a minute.  
 A: How long are you going to be?  
 B: Geez, why so impatient? I hate when you get bossy.  
 A: Forget it. I'll find it myself.  
 B: Wait—I found it!

**Discussion questions:**

- What emotion is affecting person B?
- How do you think person A felt?



- How do you think person B felt?
- What is the problem with being silenced?
- How has Hmong history been silenced?
- Does the conspiracy of silence affect the Hmong community? How so?

**Key points:**

- The purpose of this activity is to demonstrate how silence can lead to wrong assumptions and negative feelings.
- The problem with being silenced is that it makes it hard to understand the situation. You may feel the emotions of anger, sadness, and frustration, but not have a place to talk about it.

**2:30pm – 2:45pm**

- Break

**2:45pm – 3:15pm**

- Hmong woman identity presentation

**3:15pm – 4:30pm**

- Second breakout session

*3:15pm – 3:25pm: (10 minutes)*

- Organize and settle in group

*3:25pm – 3:45pm: (20 minutes)*

- Messages about Hmong women
  - Give 10 minutes for people to fill out “Messages about Hmong Women”
  - Give 10 minutes for people to share their answers

**Key points:**

- The purpose of this activity is to gain awareness about the messages that we are given about who we are “supposed to be” and how that affects “who we really are”.
- We receive messages about who we’re “supposed to be” all of the time but that is different from “who we really are”.

*3:45pm – 4:15pm: (30 minutes)*

- Hmong woman identity

- Have each woman paint their hands a certain color and place imprint on the quilt (10 minutes)
- While the paint is drying, have each woman fill out the “My true self” worksheet. (10 minutes)
- Give 5 minutes for each woman to share one word that best describes their “true self”.
- Give 5 minutes for each woman to write next to their handprint a word or quote and sign it (unless they want to remain anonymous)

*4:15pm – 4:30pm: (15 minutes)*

- Yarn toss
  - Stand in a circle; one person starts with yarn and shares something they took away from the workshop; toss the yarn to another person so they can share, but still hold on to a piece--this creates a "web" of yarn; when everyone has spoken, pass around scissors so each person can cut off a piece as a gift; web slowly falls apart, but we all have a piece of it to remember it.

**Key points:**

- Even after the conference, we are forever connected through our past, present, and future.
- We are never alone in our experiences.

**4:30pm – 5:00pm**

- Discussion and conclusions

## Appendix G

### Life History Timeline

Before BIRTH, mark what events in history or in your parents' lives that may have an impact on you or your family today.

After BIRTH, mark events that have happened in your life that may have an impact on you or your family today. Write events that have had a positive impact above the line and events that have had a negative impact below the line.

POSITIVE

---

BIRTH

NEGATIVE

## Appendix H

### Conspiracy of Silence Activity

#### Script A

A: Have you seen my book? I can't remember where I put it.

B: Which one?

A: The murder mystery. The one you borrowed.

B: Is this it?

A: No. It's the one you borrowed.

B. I did not!

A: Maybe it's under the chair. Can you look?

B: OK--just give me a minute.

A: How long are you going to be?

B: Geez, why so impatient? I hate when you get bossy.

A: Forget it. I'll find it myself.

B: Wait—I found it!

---

#### Script B

##### **Secret emotional distraction: You are in a rush to catch the bus.**

A: Have you seen my book? I can't remember where I put it.

B: Which one?

A: The murder mystery. The one you borrowed.

B: Is this it?

A: No. It's the one you borrowed.

B. I did not!

A: Maybe it's under the chair. Can you look?

B: OK--just give me a minute.

A: How long are you going to be?

B: Geez, why so impatient? I hate when you get bossy.

A: Forget it. I'll find it myself.

B: Wait—I found it!

Appendix I

Messages about Hmong Women Activity

<p>What are messages I received about being Hmong from the larger/mainstream community?</p>	<p>What are messages I received about being Hmong from my family?</p>	<p>What does it really mean for me to be Hmong?</p>
---	---	---

<p>What are messages I received about being a woman from the larger/mainstream community?</p>	<p>What are messages I received about being a woman from my family?</p>	<p>What does it really mean for me to be a woman?</p>
---	---	---

## CURRICULUM VITAE

# IA XIONG

Ph.D. Candidate

## EDUCATION

---

### **Doctor of Philosophy – Counseling Psychology (2008 – 2015)**

University of Wisconsin-Milwaukee – Milwaukee, WI

- APA-Accredited
- Dissertation: Interrupting the Conspiracy of Silence: Historical Trauma and the Experiences of Hmong American Women

### **Bachelor of Arts – Psychology (2004 – 2008)**

Eastern Washington University – Cheney, WA

- Summa Cum Laude

## CLINICAL EXPERIENCE

---

### **Training Psychologist – Predoctoral Psychology Internship (2013-2014)**

Spark M. Matsunaga VA Medical Center – Honolulu, HI

- APA-Accredited

### **Assessment Coordinator – Staff Position (2012 – 2013)**

St. Rose Youth & Family Center – Milwaukee, WI

### **Assessment Specialist – Doctoral Student Practicum (2011 – 2012)**

St. Rose Youth & Family Center – Milwaukee, WI

### **Clinic Counselor – Doctoral Student Practicum (2010 – 2011)**

Clement J. Zablocki VA Medical Center – Milwaukee, WI

### **Clinic Counselor – Doctoral Student Practicum (2009 – 2010)**

Lutheran Social Services – Milwaukee, WI

### **Youth & Family Program Counselor – Doctoral Student Practicum (2009)**

Social Development Commission – Milwaukee, WI

## TEACHING EXPERIENCE

---

### **Trauma Counseling Course Co-instructor (2011)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Multicultural Counseling Course Co-instructor (2010)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Career Development Instructor – Teaching Assistantship (2008 – 2010)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Introductory Psychology Discussion Facilitator (2007 – 2008)**

Eastern Washington University – Cheney, WA

---

## CONSULTATION EXPERIENCE

---

**Mental Health Clinic Consultation Project (2014)**

Spark M. Matsunaga VA Medical Center – Honolulu, HI

**Hmong Youth Education Consultation Project (2011)**

University of Wisconsin-Milwaukee – Milwaukee, WI

---

## RESEARCH EXPERIENCE

---

**Hmong Historical Trauma Project – Primary Investigator (2012 – 2015)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Police Suicide Prevention Research Team – Member (2008 – 2014)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Dr. Santiago-Rivera's Research Team – Member (2008 – 2010)**

University of Wisconsin-Milwaukee – Milwaukee, WI

**Happiness & Gratitude Research Team – Member (2006 – 2008)**

Eastern Washington University – Cheney, WA

---

## SPECIALIZED TRAINING

---

- Acceptance and Commitment Therapy (2013-2014)
- Mindfulness Skills Training (2013-2014)
- Law Enforcement Culture Training, Milwaukee Police Academy (08/2009)
- HIPPA Training, University of Wisconsin-Milwaukee (08/2009)
- Grief Counseling Training, University of Wisconsin-Milwaukee (11/2009, 03/2010)
- Data Security Training, University of Wisconsin-Milwaukee (01/2010)
- Qualitative Research Analysis Training, University of Wisconsin-Milwaukee (01/2010)
- Male and Masculinity Training, University of Wisconsin-Milwaukee (01/2010)
- Suicide Risk Assessment Training, University of Wisconsin-Milwaukee (05/2010)

## PROFESSIONAL AND STUDENT AFFILIATIONS

---

- American Psychological Association, Member (2008–Present)
  - *Division 17: Society of Counseling Psychology*
  - *Division 45: Society for the Psychological Study of Ethnic Minority Issue*
- Counseling Psychology Student Association, Member and Treasurer (2008-2015)
- Hmong Graduate Student Organization, Vice President (2009-2013)
- Hmong Human Rights Committee, Member (2012 – 2013)
- Spokane Hmong Youth Association, Secretary (2004-2008)

## PROFESSIONAL CONFERENCE PRESENTATIONS

---

**Xiong, I.** (2012, May). *“Healing the Soul Wound”*: Intergenerational Historical Trauma and Resilience in the Hmong. Oral presentation presented at the 4<sup>th</sup> International Conference on Hmong Studies in St. Paul, Minnesota.

**Xiong, I.**, Kies, A., & Parisot, M. (2012, February). *Social Justice for Immigrant and Refugee Populations*. Roundtable discussion presentation at the 29<sup>th</sup> Annual Winter Roundtable in New York, New York.

**Xiong, I.**, Ardnt, L. M., Schmitt, N., & Wohlers, H. (2011, August). *CBPR: The law enforcement as community partner in mental health research*. Poster presented at the 119<sup>th</sup> annual conference for the American Psychological Association, Washington, D.C.

Wohlers, H., Ardnt, L. M., **Xiong, I.**, & Schmitt, N. (2011, August). *Emerging Issues in Law Enforcement Suicide: Caring for Peacetime Warriors*. Poster presented at the 119<sup>th</sup> annual conference for the American Psychological Association, Washington, D.C.

Schmitt, N. L., Ardnt, L., Wohlers, H., & **Xiong, I.** (2011, August). *Undoing Biases: The Qualitative Research Team as Training Environment*. Poster presented at the 119<sup>th</sup> annual conference for the American Psychological Association, Washington, D.C.

Palreddy, S., Rico, A. M., **Xiong, I.**, & Santiago-Rivera, A. (2010, August). *Impact of Time on Acculturation Among Latinos*. Poster presented at the 118<sup>th</sup> annual conference for the American Psychological Association, San Diego, California.

Santiago-Rivera, A., Rico, M., Chavez-Korell, S., Benson, G., DeRose, T., Illes, R., Palreddy, S., Reyes, W., Lira, E., Hernandez, M., & **Xiong, I.** (2009, August). *Impact of age, gender, and income on familismo and acculturation*. Poster presented at the 117<sup>th</sup> annual conference for the American Psychological Association, Toronto, Ontario, Canada.



Watkins, P., **Xiong, I.**, Kolts, R. (2008, May). *How Grateful Processing Brings Closure to Troubling Memories*. Poster presented at the 20<sup>th</sup> Annual Convention of the Association for Psychological Science, Chicago, IL.

**Xiong, I.** & Watkins, P. (2008, April). *Foundations of Intrusive Memories*. Poster presented at the National Conference on Undergraduate Research, Salisbury, MD.

**Xiong, I.** & Watkins, P. (2007, November). *Don't Remind Me! How Thought Suppression Effects Open Memories*. Poster presented at the 16<sup>th</sup> Annual National McNair Research Conference and Graduate Fair, Delavan, WI.

**Xiong, I.** (2006, March). *The History of the Hmong*. Oral presentation at the 30<sup>th</sup> Anniversary of the Hmong in America, Spokane, WA.

## **SERVICE PRESENTATIONS (INVITED)**

---

**Xiong, I.** (2012, November) *Hmong Historical Trauma*. Widening the Circle, Act 31. Hmong Community Cultural Center and Western Technical College, La Crosse, WI.

**Xiong, I.** (2012, September) *Historical Trauma: Hmong Women in the United States*. Guest speaker for 8 hour conference for the Hmong American Women's Association. Mount Mary College, Milwaukee, WI.

**Xiong, I.** (2012, May). *Counseling Hmong Americans*. 2 hour presentation for Master's level multicultural counseling course. University of Wisconsin-Milwaukee, Milwaukee, WI.

**Xiong, I.** (2012, May) *Career Development for Hmong Undergraduates*. 1 hour presentation for the Hmong Student Association (HSA). University of Wisconsin-Milwaukee, Milwaukee, WI.

**Xiong, I.** (2010, October). *Resume Writing*. 1 hour presentation for the Hmong American in Business (HAIB) and the Hmong Student Association (HSA). University of Wisconsin-Milwaukee, Milwaukee, WI.

**Xiong, I.** (2010, May). *Networking and Interviewing*. 1 hour presentation for the Hmong American in Business (HAIB) . University of Wisconsin-Milwaukee, Milwaukee, WI.

**Xiong, I.** (2009, November). *The Hmong in America*. 2 hour presentation for Master's level multicultural counseling course. University of Wisconsin-Milwaukee, Milwaukee, WI.

**Xiong, I.** (2009, April). *Anger Management*. 2 hour presentation for 50+ adolescents for the Youth & Family Development Program. Social Development Commission, Milwaukee, WI.

**Xiong, I.** (2004, May). *The Hmong History*. 1 hour presentation for 30+ undergraduate students. Spokane Falls Community College, Spokane, WA.

## HONORS AND AWARDS

---

- Community/University Partnership (CUP) Grant at University of Wisconsin-Milwaukee - \$1,500 (2012)
- Outstanding Doctoral Student Professionalism Award by Milwaukee Area Psychological Association (2012)
- University of Wisconsin-Milwaukee Advanced Opportunity Fellowship (2010 – 2013)
- Departmental Honors in Psychology at Eastern Washington University (2008)
- Ronald E. McNair Scholar at Eastern Washington University (2007 – 2008)
- Eastern Washington University Presidential Scholarship (2004 – 2006)