

Running Head: BICULTURAL STORIES OF COUNSELLING & GBV

**A Qualitative Exploration of Second-Generation Asian Canadian Bicultural Women's
Stories about Counselling and Gender-Based Violence**

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Dedication

This work is dedicated to all second-generation immigrants who have both celebrated and struggled with their cultural identity. To the women who have survived and continue to survive against the odds.

Abstract

Within Asian cultures, stigma is commonly associated with seeking professional help for mental health issues, resulting in underutilization of professional services. While recent research has identified unique barriers in seeking help among first-generation immigrant women, perceptions of counselling remain understudied in the context of second-generation Asian Canadian women who identify as bicultural—particularly those facing gender-based violence. This article-based thesis sought to gain a better understanding of second-generation Asian Canadian women’s perspectives on counselling within the context of gender-based violence and bicultural identity. Because visible minority women are often a marginalized segment of the Canadian population, this study drew from the narrative approach, in which stories were collected and analyzed. Semi-structured interviews were conducted with five participants. Results are presented in a manuscript and consist of five themes: (a) intersectionality, (b) perceptions of mental health and counselling, (c) barriers to counselling, (d) counselling experiences, and (e) hopes for counselling. Observations on “the bicultural struggle” and gender-based violence are also discussed in the thesis. The findings elaborate understandings of multiple social identities in second-generation Asian women’s perceptions of counselling and experiences with gender-based violence, and help inform multicultural counselling practices with Asian populations.

Table of Contents

Acknowledgments	ii
Dedication	iii
Abstract.....	iv
List of Tables	ix
Chapter I: Introduction.....	1
Background to the Research	4
Acculturation.....	4
Biculturalism and Bicultural Identity.....	6
The model of acculturation strategies.	6
Contextualizing biculturalism in Canada.....	8
Bicultural Identity Conflict and Intersectionality	8
Intersectionality: Generation, ethnicity, race, and gender.	10
Generational identity.....	11
Ethno-racial identity.....	11
Gender identity.....	11
Asian Canadian Women and Violence against Women	12
Help Seeking in Asian Cultures	14
Current Study.....	17
Statement of the Problem.....	17
Research Questions	18
Theoretical Framework.....	18
Narrative Inquiry.....	19
Analysis of narratives.	20

Prosaic discourse.....	20
Hermeneutic circle.....	21
Participant Selection and Recruitment.....	21
Instruments Used	23
Demographic questionnaire.....	23
Interview protocol.....	24
Procedures.....	25
Data collection.....	25
Data analysis.....	25
First level.....	26
Second level.....	26
Third level.....	27
Fourth level.....	27
Fifth level.....	27
Trustworthiness.....	28
Chapter II: Between Two Cultures: The Counselling Perceptions of Second-Generation Asian Canadian Women who have Experienced Gender-Based Violence	30
Abstract.....	30
Acculturation and Biculturalism.....	32
The model of acculturation strategies and biculturalism.....	33
Intersectionality.....	34
Biculturalism: Asian and Canadian cultures.....	35
Generational and gender identities.....	36
Counselling and Help-Seeking in Asian Cultures	36
Method	38
Methodology.....	38
Participants.....	38
Data Collection	39

Data Analysis	39
Results.....	39
Intersectionality.....	40
The complexity of biculturalism.....	40
Religion and gender.....	41
Gender-based Violence in the Asian context.....	42
Perceptions of Mental Health and Counselling	43
Benefits of counselling (internal).....	43
Source of knowledge (internal).....	43
Lack of knowledge and exposure (external).....	44
Generational differences and traditionalism (external).....	45
Barriers to Counselling	47
Accessibility.....	47
Stigma.....	48
Perceived severity of the problem.....	49
Counselling Experiences.....	50
Negative experiences.....	50
Keeping it secret.....	51
Hopes for Counselling	52
Ideal counsellor characteristics and qualities.....	52
Ideal counsellor knowledge.....	53
Practical guidance.....	54
Discussion.....	55
Implications for Counselling.....	59
Limitations and Recommendations for Future Research.....	60
Conclusion	61
References.....	62
Chapter III: Discussion and Conclusion.....	71
Summary and Discussion of the Findings	71

Intersectionality.....	72
Perceptions of mental health and counselling.....	72
Barriers to counselling.....	72
Counselling experiences.....	73
Hopes for counselling.....	74
Considerations for Interviewing on Gender-Based Violence.....	74
Contributions and Implications.....	76
Gender-based violence.....	78
Limitations.....	78
Concluding Remarks.....	79
References.....	80
Appendix A.....	90
Appendix B.....	92
Appendix C.....	93
Appendix D.....	94
Appendix E.....	97
Appendix F.....	98
Appendix G.....	100
Appendix H.....	101
Appendix I.....	104
Appendix J.....	106

List of Tables**Chapter I**

Table 1. Prevalence Rates of Intimate Partner Violence and Depression among Women in Asian Countries Compared to America	12
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Chapter II

Table 1. Demographic Information of Participants	69
Table 2. Themes and Subthemes	70

Chapter I: Introduction

In 2011, visible minorities made up approximately 19% of the Canadian population (Statistics Canada). The two largest ethnic groups were South Asian and Chinese, comprising 46% of all visible minorities. Despite Asian Canadians composing a significant portion of visible minorities in Canada, data about this heterogeneous group and their help-seeking attitudes are not easily accessible. Individuals with two cultural identities—hereafter referred to as bicultural individuals—can often experience tension between their cultures (Stroink & Lalonde, 2009). This bicultural conflict occurs when one culture prescribes an action or value while the other culture promotes another. Continuously negotiating between cultural values can prove to impact psychological wellbeing (Nguyen & Benet-Martínez, 2013). Research often cites mental health as one area in which Asian and North American cultures might offer differing and even conflicting perspectives (Kuo, Roysircar, & Newby-Clark, 2006; Omizo, Kim, & Abel, 2008). Asian Americans, for instance, have a more negative attitude toward seeking psychological services and engage in help-seeking at a lower rate compared to their European counterparts (Guo, Nguyen, Weiss, Ngo, & Lau, 2015). While research has consistently found that cultural values, such as collectivism and group harmony, play a significant role in help-seeking attitudes, much of the research has been done in the US (David, 2010; B. S. K. Kim & Omizo, 2010; P. Y. Kim, Kendall, & Chang, 2016; S. Sue, Cheng, Saad, & Chu, 2012). Few studies have explored help-seeking attitudes among Asian Canadians.

More troubling are the possible consequences of negative help-seeking attitudes in the context of Asian Canadian women who face gender-based violence (GBV). Based on the 1993 United Nations *Declaration on the Elimination of Violence against Women*, Statistics Canada (2013) define violence against women (VAW) as “any act of gender-based violence that results in...physical, sexual or psychological harm or suffering to women” (p. 4). Thus, GBV includes forms of harm ranging from sexual assault, harassment, stalking, to financial or emotional abuse. Although Statistics Canada (2013) found that the rate of intimate partner violence (IPV)—one form of VAW that is perpetrated by a woman’s intimate partner—is not affected by visible minority status, statistics on violence against Asian Canadian women are scarce. However, it is well established in the research that unique barriers exist for first-generation immigrant women facing IPV. *First-generation* immigrant refers to those who were born outside of Canada (Statistics Canada, 2011). One study, for instance, found that Vietnamese American immigrant

women do not seek help due to the cultural belief that family violence is a private matter and to the obligation of protecting one's familial reputation (Morash, Bui, Zhang, & Holtfreter, 2007). Other barriers for immigrant women accessing services include language barriers, loss of immigration status, and patriarchal cultural context (Anitha, 2011; Morash et al., 2007; Raj & Silverman, 2002). Less clear are the potential barriers among *second-generation*—those born to immigrant parent(s)—Asian Canadian women and whether they experience similar challenges in seeking professional support for any form of GBV (Statistics Canada, 2011).

The lack of statistical data on Asian Canadian experiences illustrates the neglect of such voices in the research. There is limited knowledge about how the combined challenges of having a bicultural identity and experiencing GBV impact the lives of second-generation Asian Canadian women. Therefore, this research examined the experiences of an often underrepresented but significant segment of the Canadian population. The objective of this qualitative study was to better understand perceptions of counselling among second-generation Asian Canadian women who have experienced GBV. By seeking the narratives of second-generation bicultural women, the present study adds to the knowledge of multicultural counselling and help-seeking attitudes specifically in the context of Asian Canadian women who experience violence. Additionally, Asian Canadian women's voices are at the forefront of this study. With greater awareness of the stories of Asian Canadian women, counsellors can cultivate more culturally sensitive practices.

As a second-generation Asian Canadian woman myself, I brought to this study my own bicultural experiences. My bicultural identity has provided me with rich experiences both positive and negative. My parents' immigration story has instilled in me the importance of education and hard work, and has served as inspiration throughout my academic career. Although I will always be grateful for my parents and the sacrifices they have made, we as a family have felt the rift of intergenerational conflict, worsened by a language barrier. At times, it felt as though I was being pulled in two different directions trying to meet the expectations of both cultures. Growing up, these stories of struggle and unique cultural experiences were seldom represented in media and school textbooks. In recent years, however, the rise of YouTube and shows like *Fresh Off the Boat* and *Kim's Convenience* provided a platform for Asian experiences. Content creators have long spearheaded the movement of legitimizing Asian voices and increasing representation, and I simply hope to help propel it forward with this research.

Many of the topics explored in this study already exist in the modern digitized narrative. My aim is to bring these stories to the, at times, insulated academic discourse.

In the last year of my undergraduate studies, I began to volunteer at various women's organizations. There, I learned about the complex roles of culture, gender, and ethnicity in societal oppressions. I also became aware of the prevalence of VAW through my volunteer work and my personal life. The women, particularly Asian women, who reached out to the organizations struck me as brave. I also lamented the silent suffering of the many Asian women who have not yet or may never come forward. In my own experiences, my ethnic culture discouraged me from expressing my emotions and counselling was never discussed. I became curious about bicultural women's perceptions of counselling, especially when GBV is often concealed. This led me to conduct a pilot study exploring second-generation bicultural identity among Asian Canadian women (Yeung, 2018).

There were several findings of the pilot study that inspired the present research. First, participants had personal definitions of being bicultural that could diverge from those found in the literature. This has important implications for counsellors as those who rely on academic understandings are at risk of imposing their definitions on the client. Second, while all four participants reported positive attitudes toward counselling, only one sought out counselling and all participants predicted that their parents would react negatively if they were to seek professional help. Thus, shame may be a significant barrier for second-generation bicultural women in seeking help. Based on these experiences, my hopes for the present study were to shed light on the stories of Asian Canadian women who experience GBV. By privileging these stories, counsellors are able to provide services that are more accessible to this population.

Since I share many characteristics with the participants involved in this study, I recognize that this study was guided by my personal interest in bicultural perspectives. In using qualitative methods, I acknowledge the biases that were inherent in using the researcher as the instrument to collect data from people's personal stories and experiences. As such, I endeavoured to be transparent in my own positionality, personal experiences, and intentions behind this research. This study was premised upon my assumptions as a second-generation Asian Canadian woman that (a) social conflicts are attributable to cultural factors (i.e., generational, gender, and racial), (b) Asian voices are underrepresented by mainstream society, (c) Asian Canadians are reluctant to seek help in the context of GBV, and (d) this reticence to seek help is influenced by Asian

cultural values. In working with marginalized individuals, I understand that using stories as data must be done with care and sensitivity. Thus, I aimed to privilege Asian Canadian women's perspectives and collaborate with participants to co-construct stories about being bicultural.

This article-based thesis is organized into three sections, starting with the present chapter, which outlines the background of the study as well as my personal connection to the topic. I further situate the study in a review of the literature on biculturalism, violence against Asian women, and help seeking attitudes among Asian populations. I then provide the theoretical frameworks as well as the rationale and research questions that serve to guide the study. I also outline the methods used to carry out the research. Chapter Two consists of the article that examines the stories of the second-generation Asian Canadian participants and their perceptions of counselling. The final chapter offers a summary discussion of the results, some methodological observations about interviewing participants who have experienced GBV, implications for counselling practices in Canada, limitations of the study, recommendations for future research, and my closing remarks.

Background to the Research

Acculturation researchers have long attempted to conceptualize the lived experiences of newcomers to a different culture. The endeavour to operationalize a complex, abstract phenomenon has given rise to numerous terms and definitions. The very term "acculturation" has solicited debate and criticism. In this review of acculturation literature, I will first explore the various definitions of acculturation and the clarification of the terms "ethnic" and "mainstream" culture to assist in understanding acculturation. An examination of the terms "biculturalism" and "bicultural" will follow, as these are important concepts derived from acculturation research.

Acculturation

Acculturation has often been understood as the process of adapting to and interacting with the culture individuals immigrate to (B. S. K. Kim & Omizo, 2010; Miller, 2007; Nguyen & Benet-Martínez, 2013; Yoon et al., 2013). The term has also been conceptualized unidirectionally (Kiylioglu & Wimmer, 2015; Miller, 2007; Schwartz, Unger, Zamboanga, & Szapocznik, 2010). That is, acculturation was premised only on the ability of individuals to adopt the values and practices of the new culture as opposed to *enculturation*, which refers to the

maintenance of one's culture of origin. For the purposes of this study, *ethnic culture*¹ refers to the cultural beliefs, values, and practices of first-generation immigrants' places of birth (e.g., Asia). On the other hand, *mainstream culture*² refers to the dominant beliefs, values, and practices of the place to which second-generation individuals were born (e.g., Canada). The unidirectional model has been criticized for reinforcing the notion that "success" was only attainable if newcomers abandoned and rejected their ethnic culture in favour of the mainstream culture (Rudmin, 2009). In other words, the term acculturation has become interchangeable with assimilation, which is conforming to the mainstream culture, subsequently resulting in the loss of newcomers' ethnic culture (Berry & Hou, 2017; LaFromboise, Coleman, & Gerton, 1993).

However, many acculturation scholars regard Redfield, Linton, and Herskovits's (1936) definition as the most accepted characterization of the term (Berry & Sam, 2016). They described acculturation as the "phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield et al., 1936, p. 149). Thus, Berry and Sam (2016) argued, the term acculturation is falsely synonymous with assimilation as Redfield and colleague's definition refers to any possible changes to the ethnic and mainstream groups. The authors also acknowledged that although both groups influence one another, there is typically a dominant-nondominant dynamic present. Berry (2001) further differentiated between the changes that occur at the individual level—also discussed in the broader literature as psychological acculturation—and the group level. As such, it is important to not confuse acculturation (at the group level) with psychological acculturation (at the individual level). This

¹ The terms used to describe the cultural place newcomers depart from and arrive to have varied in the literature (Giguère, Lalonde, & Lou, 2010; B. S. K. Kim & Omizo, 2010; LaFromboise, Coleman, & Gerton, 1993; Miller, 2007; Sun, Hoyt, Brockberg, Lam, & Tiwari, 2016). "Heritage," "original," and "indigenous" have all been used to describe ethnic culture. This study utilizes the term ethnic culture since this study attends to racial and ethnic identity, specifically those of Asian ancestry. Furthermore, the terms "heritage" and "original" are complicated by the fact that second-generation immigrants are often born in Canada. In the Canadian context, using the term "indigenous" culture ignores the complex history and rich culture of First Peoples in Canada.

² "Dominant" and "host" have been used to describe mainstream culture. While it is true Western principles dominate the broader discourse in Canada, the term dominant in this context suggests Asian groups are to be subjugated while "host" perpetuates the perceived illegitimacy of their citizenship despite being born in Canada. This study chose to use the term mainstream for these reasons.

study adopts the former definition that describes an individual's adaptation to mainstream culture since this meaning is more commonly used in recent literature (B. S. K. Kim & Omizo, 2010; Rudmin, 2009) and the focus of this study is the internalizations that occur at the individual level among Asian bicultural individuals.

Biculturalism and Bicultural Identity

There are multiple ways the term *biculturalism* is used by researchers. *Bicultural* individuals can be generally described as those who are “exposed to and internalize more than one culture” (Nguyen & Benet-Martínez, 2013, p. 122), including immigrants, biracial³ individuals, and visible minorities. However, this broad definition does not explain how the two cultures interact or are internalized. To better understand Asian Canadian women, it is important to first examine Berry's (2001) conceptualizations of acculturation strategies and biculturalism.

The model of acculturation strategies. A prominent framework that researchers often cite to understand how individuals internalize their ethnic and mainstream cultures is Berry's (2001) model of acculturation strategies (Chia & Costigan, 2006; Farver, Bhadha, & Narang, 2002; Nguyen & Benet-Martínez, 2013). Berry proposed a bidirectional framework, as opposed to the traditional unidirectional model, that accounted for both acculturation (adapting to and interacting with the mainstream culture) and enculturation (preserving one's ethnic cultural values and norms) processes. This model states that bicultural individuals can orient their identities by one of the four following acculturation strategies: (1) assimilation, (2) separation, (3) marginalization, and (4) integration. *Assimilation* refers to internalizing only the mainstream culture. Conversely, *separation* refers to identifying with only the ethnic culture. *Marginalization* is the least desirable outcome and refers to the rejection of both host and ethnic culture. *Integration*—also referred to as biculturalism—involves the integration of the “behaviors, values, and identities pertaining to each of their two cultures” (Nguyen & Benet-Martínez, 2013, p. 124). In other words, biculturalism occurs when both acculturation and enculturation are high, as would be reflected in individuals who adapt to mainstream culture while simultaneously upholding their ethnic values and norms. Biculturalism, in this case depicted as an orientation toward integrating two cultures, is often described as the most

³ *Biracial* is a subset of bicultural identity. The term describes a person who is mixed-race due to “interracial parentage” (Nuttgens, 2010, p. 355). A biracial individual will also be bicultural while a bicultural individual may not always be biracial.

desirable out of the four acculturation strategies that results in “fewer psychological problems” (Chae & Foley, 2010; Farver et al., 2002, p. 12; Nguyen & Benet-Martínez, 2013). Nguyen and Benet-Martínez (2013) attributed this positive adjustment to the complex cognitive processes associated with bicultural individuals needing to adapt their identities to their external environment—findings that they claim “invalidate” (p. 122) previous assertions that bicultural individuals experience “marginality and maladjustment” (p. 123).

Though the positive association between biculturalism and adjustment is strongly supported by research, it is not well understood why biculturalism leads to better psychological adjustment compared to other acculturation strategies (Chae & Foley, 2010; Farver et al., 2002; Nguyen & Benet-Martínez, 2013). Since “integration” and “biculturalism” are interchangeable, the use of these terms can be easily confused, and “biculturalism” must be distinguished from “bicultural.” Relying on “biculturalism” as an acculturation strategy can misrepresent bicultural individuals to invariably orient toward the integration of their two cultures. The link between biculturalism and positive psychological adjustment may also lead to the expectation that bicultural individuals be “well-adjusted.” As a result, rather than simply describing individuals who interact with two cultures, the term “biculturalism” can be misinterpreted to be the method of acculturation bicultural individuals *ought* to employ. That is, bicultural individuals may be assumed to inherently orient toward integration or biculturalism, and therefore must not encounter “marginality and maladjustment.” However, as will be evident in the following section, bicultural individuals often experience conflict influenced by various external factors. In fact, Berry and Sam (2016) distinguished acculturation strategy from *acculturation expectations*—“how the dominant group thinks nondominant peoples *should* acculturate” (p. 23).

Therefore, confusing bicultural identity with biculturalism as an orientation can be problematic. To avoid imposing assumed levels of acculturation or enculturation and psychological adjustment onto bicultural individuals, this study relies on the general definition of the term bicultural (Nguyen & Benet-Martínez, 2013). As such, “bicultural” in this study describes an individual who identifies with two cultures—specifically Asian and Canadian.

Further complicating matters is the use of “biculturalism” as the noun form of “bicultural.” Outside of the model of acculturation strategies, “biculturalism” has also been used to describe the experience of bicultural identity. LaFromboise and colleagues (1993), for instance, associated biculturalism with “cultural interactions,” more specifically to do with

“second-culture acquisition” (p. 396). The term has also been used in the literature to describe the phenomenon of “having two cultures” (Nguyen & Benet-Martínez, 2013, p. 122). To mitigate probable confusion, hereafter Berry’s acculturation strategy of adapting to mainstream culture while maintaining ethnic culture will *only* be referred to as “integration.” “Biculturalism” will strictly describe the phenomenon of being bicultural.

Contextualizing biculturalism in Canada. Berry (2001) contended that in order for integration to occur, mutual accommodation is necessary where both the “dominant and nondominant groups” (p. 619) promote the principles of multiculturalism. Multiculturalism has long been integral to Canada’s national identity and practices since its adoption into policy in 1988 (Canadian Heritage, 2017). Despite the *Canadian Multiculturalism Act* stating Canada’s commitment to “preserve and enhance the multicultural heritage of Canadians while working to achieve the equality of all Canadians in the economic, social, cultural and political life in Canada,” the proclamation has not always been upheld (Gulliver, 2018). For Asian Canadian women, the dynamics of the dominant and nondominant groups is ever-present, making integration a difficult standard to achieve. Indeed, under scrutiny, the undercurrents of power in both Canada’s multicultural society and acculturation research become evident. Rudmin’s (2009) sweeping review of the literature revealed that stress and mental illness have been consistently and ostensibly linked to acculturation. This association is most evident in the ubiquitous “acculturative stress” research. The author highlighted that the research exhibits a deficit model that focuses on minority groups as the problem and the inevitability of their struggles entering a new culture. Rudmin also noted that acculturation research often neglects the impacts of discrimination on newcomers and pointed to studies that demonstrate discrimination has more negative consequences than acculturation itself. Thus, power, dominance, and its impacts cannot be ignored when people in positions of power describe and dissect Asian Canadian women’s experiences.

Bicultural Identity Conflict and Intersectionality

Although research strongly supports the association between positive psychological adjustment and integration, it is appropriate to raise a caveat. The recent focus on positive psychological outcomes and biculturalism is important, and it must be clarified that I am not advocating for a reversion to the deficit model within acculturation research. However, bicultural individuals, even those who integrate both their ethnic and mainstream cultures, may still

experience conflict between their two cultures. Stroink and Lalonde (2009) defined *bicultural identity conflict* as the “broad range of conflicts associated with simultaneous membership in two distinct cultural groups” (p. 45). According to Giguère and colleagues (2010), these conflicts can occur at both the inter- and intrapersonal level. They can arise from the contradictory “values, behaviors, and expectations of heritage and mainstream cultures” (Stroink & Lalonde, 2009, p. 46). The authors concluded that bicultural individuals’ *perception* of compatibility between their two cultures determines their sense of belonging to each culture. It is critical to recognize that conflicts can occur due to intercultural differences, yet it is equally important to underscore bicultural identity is not necessarily the *cause* of conflicts and the responsibility does not only fall on the bicultural individual to “perceive” their two cultures as harmonious. To heed Berry’s (2001) conditions necessary for integration, the broader cultural context of the bicultural individual must be taken into account. However, when conflicts do arise, research has consistently demonstrated the negative impact on the wellbeing of bicultural individuals. Kim, Sarason, and Sarason (2006), for instance, explained that merely having contradicting “attitudes and thoughts” can result in “an adverse psychological state” (p. 27). While tension can arise when bicultural individuals interact with their external context, these conflicts can become internalized.

Interpersonal conflict can range from intergenerational tensions to racial discrimination. Chung (2001) concluded that Asian American college students experience intergenerational conflict in the realms of “family interactions, educational and career concerns, and dating and marriage issues” (p. 382). Students reported higher self-esteem, less anxiety, and less conflict when there was less of a gap in cultural values between themselves and their parents (D.-Y. Kim et al., 2006). In addition to familial conflicts, bicultural individuals must confront stereotypes and racism. The “model minority” and “perpetual foreigners,” for instance, are common stereotypes associated with Asian Americans (Suzuki, Ahluwalia, & Alimchandani, 2012). The *model minority myth* is characterized by the idea that (typically Asian) minorities are successful, hardworking, and obedient. Although this myth on the surface might appear positive, it reinforces that assimilation is most desirable and homogenizes Asian minority experiences. Despite this misconception that Asian minorities are the “model” for other newcomers, they are still seen as *perpetual foreigners*, or “inherently foreign” (Suzuki et al., 2012, p. 9), because they do not look like the typecast of an American or Canadian. By invalidating experiences of

marginalization and maladjustment among bicultural individuals, the research propagates the myth in which Asian Americans are the successful, model minority (Nguyen & Benet-Martínez, 2013). In addition, Ong and colleagues (2013) found that within a two-week period, 78% of Asian Americans experienced racial microaggressions, which are subtle acts of racism. The authors found that microinvalidations, “actions that nullify the experiential reality of racial minorities” (p. 189), were the most frequent form of microaggression. Although individuals who integrated their identities fared better than others, Berry and Hou (2017) confirmed that discrimination resulted in negative outcomes in terms of wellbeing among second-generation immigrants in Canada.

On the other hand, *intrapersonal conflict* occurs within the individual “as the experience of ‘feeling torn’ between two cultures” (Giguère et al., 2010, p. 19). Since Western cultures tend to stress individualism and independence while Asian cultures emphasize collectivism and interdependence, bicultural individuals can experience a sense of internal conflict (D.-Y. Kim et al., 2006). This incongruence can “threaten...their sense of self” resulting in psychological distress (D.-Y. Kim et al., 2006, p. 27). Through internalized racism, the individual can adopt racial discrimination and stereotypes (Pyke, 2010), which can result in health consequences such as high cortisol levels (Tull, Sheu, Butler, & Cornelious, 2005). Contrary to some of the recent research on biculturalism and positive psychological adjustment, simply being bicultural and having a bicultural identity can result in inter- and intrapersonal conflicts, which have potential negative consequences for the individual’s psychological adjustment and physical health.

Intersectionality: Generation, ethnicity, race, and gender. The inherent pluralism in bicultural identity creates complexity that scholars have historically overlooked (Rudmin, 2009). With its origins from black feminist and antiracist discourses, intersectionality theory considers how multiple social identities amalgamate to produce a unique outcome (Crenshaw, 1991; Warner, 2008). Rather than understanding biculturalism as a singular phenomenon, intersectionality “is the idea that social identities such as race, gender, and class interact to form qualitatively different meanings and experiences” (Warner, 2008, p. 454). Otherwise, scholars risk reductionism through representing individuals only as the salient social group they belong to. Although Berry’s construct of integration is consistent with some aspects of intersectionality theory, it is grounded in the acculturation framework and only observes changes at the group level—although seldom examined in the research as such—and individual level (Rudmin, 2009).

In other words, Berry's model of acculturation strategies neglects the effects of other significant social identities such as race, age, socioeconomic status, ability, religion, and so on. Thus, I acknowledge that bicultural individuals occupy social locations that extend beyond those inferred by the term Asian Canadian. Since my research study centres around second-generation Asian Canadian women, the primary though not exclusive identities examined at this particular intersection are generational, ethnic, racial, and gender.

Generational identity. Statistics Canada (2011) defined second-generation persons as those who are born in Canada but have one or more parent born elsewhere. This group has the unique experience of an inherited ethnic culture combined with the Canadian culture that is institutionalized through its government, schools, and media (Sundar, 2008). Although this position can often serve as an advantage, generational status can have important implications. In addition to the resulting bicultural conflicts explored above, children of immigrants may take on roles such as translator, "cultural brokers" (Leu, Schroth, Obradovic, & Cruz, 2012, p. 133), and perhaps even advocates for their foreign-born parents.

Ethno-racial identity. Despite second-generation Asian Canadians usually being born in Canada, they can still be affected by visible minority status or racial discrimination, for instance the perpetual foreigner myth. They could also experience rejection not only from the mainstream culture, but also from their ethnic culture—never really feeling like they fit into either cultures (Giguère et al., 2010; Yeung, 2018). This rejection from ethnic cultures is evidenced by terms like CBC (Canadian-Born Chinese), ABC (American-Born Chinese), and banana to describe a person who is "yellow" on the outside but "white" on the inside or coconut for their South Asian counterparts.

Gender identity. Furthermore, the role of gender must be considered in the discourse of bicultural identity. In the context of intergenerational conflict, it was found that there were gender differences in expectations about dating and marriage where "female students report[ed] higher conflict scores than male[s]" (Chung, 2001, p. 381). Farver, Bhadha, and Narang (2002) found that South Asian bicultural females were less likely to have their two cultural identities integrated compared to their male counterparts due, in part, to the fact that Asian cultures tend to grant males "greater independence" (p. 23). That is, South Asian bicultural women are more likely to orient toward other strategies of acculturation, such as marginalization. Therefore, women can experience bicultural conflict differently, perhaps more severely, compared to men.

In sum, bicultural women can be situated at numerous intersections of identity. Few, if any, studies have investigated how various combined social locations as well as the power relations embedded in each identity impact Asian Canadian women.

Asian Canadian Women and Violence against Women

Another crucial consideration this study takes into account is Asian Canadian women's experiences with violence. The patriarchal system is not only present in Canadian society (Canadian Women's Foundation, 2016) but also a persistent feature of Asian cultures that is significant to consider in VAW research. Confucian principles prescribe women to take sole responsibility for maintaining harmony within the family. Chinese women, for example, "value self-sacrifice for the greater good of their families" (Wong, Tiwari, Fong, & Bullock, 2016, p. 1376). Filial piety is another Confucian value based on patriarchy that "privileges the parents, particularly the father...[and] stresses the importance of family over individual desires" (Zaheer et al., 2016, p. 49). Thus, patriarchal values can play a significant role in VAW and psychological concerns for Asian women. Wong and colleagues (2016), for example, indicated that Japanese men are viewed as the owner and decision-maker of the family's finances; therefore, financial abuse is not considered a form of spousal abuse in Japan. The researchers also stated that women are typically seen as property of men in India as demonstrated by the dowry system. Thus, how women experience and understand violence vary across cultures. However, it is evident that cultural and patriarchal views often greatly impact Asian women who experience GBV.

Though the rates of violence against Asian Canadian women are not easily accessible, Wong and colleagues (2016) outlined the prevalence of IPV among abused women in certain Asian countries compared to America as shown in Table 1. The authors also listed the rates of depression as research has consistently found that depression is associated with IPV.

Table 1

Prevalence Rates of Intimate Partner Violence and Depression among Women in Asian Countries Compared to America

China	Japan	India	America
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IPV	20-34% (urban) 64.8% (rural)	33%	40%	64%
Depression	75%	62%	47%	47.6%

Since definitions of IPV and depression vary by culture, it is difficult to compare rates of spousal abuse between Asian and Western cultures. However, the prevalence of IPV in both Asian and American cultures outlined in Table 1 are especially troubling when one considers the fact that Asian Americans are less likely to seek help compared to other ethnic minority groups (Wong et al., 2016). Consistent with previous research, it is possible that the discrepancy in IPV rates between American and Asian women are due to the lack of reporting among Asian women. Since Asian women view maintaining family harmony as a duty, they may not perceive certain forms of violence, such as financial abuse, as IPV. Thus, rates of IPV may be higher than what is reported in Table 1—a significant consideration for counsellors. What is to be gleaned from the prevalence of IPV and depression are the real psychological impacts of violence and the potential clinical implications of the cultural contexts in VAW.

While few have examined Asian Canadian women's experiences of GBV, substantial research exists for one bicultural Asian subgroup that helps shed light on the potential impacts of intersectionality. For South Asian immigrant women, Shirwadkar (2004) determined that existing Canadian legislation aimed at ending IPV was insufficient. The author listed gender inequalities, along with family and social hierarchies within Indian culture, as factors in the complex dynamics of IPV. Shirwadkar also indicated a reluctance among Indian immigrant women to report violence. Further, first-generation South Asian Americans employ problem-solving coping while their second-generation counterparts turn to social support in face of domestic violence. Moller, Burgess, and Jogiyat's (2016) study found that even second-generation British South Asian women held misconceptions about counselling, which acted as barriers to seeking services. The results indicated there was a lack of awareness about services and a stigma associated with mental health still exists. In Beharry and Crozier's (2008) investigation of second-generation South Asian Canadian women's bicultural experiences, the authors confirmed that the women dealt with racial oppression in the Canadian context as well.

Thus, South Asian women's experiences with GBV can be further implicated by their ethnic cultural context and generational differences in coping, all while confronting racial discrimination. Whether some of these barriers exist in a broader context for other bicultural Asian women remains unclear. Beyond the South Asian subgroup, Lee and Law (2001) found that Asian Americans are generally reluctant to seek professional services, such as counselling, in the face of sexual violence. Liang and colleagues (2010) found that first- and second-generation bicultural women employ different coping mechanisms in response to racial discrimination. Generational differences, therefore, do arise in regard to coping and should be considered in VAW research. The compounding effects of GBV and racial discrimination on bicultural individuals should also be deliberated.

Within Canada's *Criminal Code*, financial and emotional abuse are excluded as forms of VAW (Statistics Canada, 2013). To capture both violent and "non-violent" forms of abuse, Statistics Canada used self-reported data gathered by the General Social Survey (GSS) along with police-reported surveys. However, police-reported surveys only capture data from those who report violent incidents, and the GSS can be unsuitable for individuals who do not speak English or French—a significant concern since nearly 73% of immigrants spoke languages other than English or French as their mother tongue (Statistics Canada, 2011). Also inaccessible are the rates of VAW based on ethnicity and generation. Though Statistics Canada (2013) determined that visible minorities experience IPV at the same rate as non-visible minority women, the data available excludes non-English and French speakers and disregards the heterogeneity among visible minority groups in Canada. Barrett and St. Pierre (2011) drew from the 1999 GSS to explore help-seeking behaviours among Canadian women. While most women reported IPV to formal services, such as police and counselling, informal sources such as family members, friends, and spiritual advisors were more frequently used. In contrast to Statistics Canada's (2013) findings, Barrett and St. Pierre found that visible minority status along with earning a low income were factors in decreased use of formal support. Thus, the information on bicultural Asian Canadian women and their experiences with VAW and help-seeking is limited.

Help Seeking in Asian Cultures

Despite the lack of data from the Canadian perspective, there have been consistent findings that indicate Asian Americans have negative perceptions of mental health services and subsequent lower rates of seeking professional help. Since psychotherapy is traditionally a

Western practice that emphasizes individualism and expressing emotions, it is often perceived as “incongruent with Asian values” (Sun, Hoyt, Brockberg, Lam, & Tiwari, 2016, p. 625). Numerous studies have found lower rates of help-seeking among Asian Americans in comparison to both white Americans and other ethnic groups (Guo et al., 2015; S. Sue et al., 2012). Le Meyer, Zane, Cho, and Takeuchi (2009) found the rate of seeking mental health services among Asian Americans with a diagnosable mental disorder was 28% compared to that of the general public at 54% (as cited by Sue et al., 2012). The help-seeking rate of Asian Americans was lowest compared to white Americans and other ethnic minority groups, even when other factors like age and gender were taken into account. Sue and colleagues (2012) found that Asian Americans were less likely to seek professional services compared to other ethnic groups even when they controlled for the prevalence of mental disorders. The level of acculturation was also found to influence the likelihood of Asian Americans utilizing mental health services. Second-generation Asian Americans reported seeking help 28.8% of the time and first-generation 30.4% (S. Sue et al., 2012). Conversely, third-generation Asian Americans reported significantly higher rates at 62.6%. It has also been found that drop-out rates among Asian Americans who have participated in counselling are high (Singh & Hays, 2008). Cultural factors along with generational status all contribute to the low rates of help-seeking among Asian Americans.

Some researchers have cited cultural values to explain the reluctance among Asian Americans toward seeking professional help. Collectivistic values, as evident in Eastern cultures, favour interpersonal harmony and preserving social norms to “prevent one from losing face” (Novin, Banerjee, & Rieffe, 2012, p. 578). In contrast, Western cultures tend to be classified as individualistic, which is more focused on the interests of the individual. This collectivist versus individualist dichotomy exemplifies the potential for bicultural individuals to experience conflict between maintaining harmony and privileging self-interests. Since Asian cultures emphasize harmony, negative emotions or psychological symptoms tend to be concealed to avoid interpersonal conflict and may result in an aversion to seek help (Chang, Jetten, Cruwys, & Haslam, 2017). Returning to Morash and colleague’s (2007) study, the dichotomy may help shed light on Vietnamese American women’s struggle in seeking help for family violence. For example, these women may fear “losing face” or damaging the reputation of the family by accessing services.

Additionally, there is much research to support that mental health issues are more stigmatized within Chinese than Western cultures. Both stigma and shame have been associated with negative attitudes toward seeking help (P. Y. Kim et al., 2016; S. Sue et al., 2012). Mental illness is seen by Chinese culture as “a weakness of character and a cause of family shame” (Chang et al., 2017, p. 17). Japanese women are responsible for preserving family harmony and have also reported feeling “ashamed if they are unable” (Wong et al., 2016, p. 1376). Thus, it is evident that some Asian values impact and discourage utilizing mental health services. These negative perceptions of mental health within Asian culture may stem from the still burgeoning profession of counselling in Asia. In China, for example, the majority of counsellors work in hospital settings that serve populations with “severe mental illness” (Lim & Lim, 2013, p. 78) and tend to employ the medical reductionist model in practice. Consequently, counselling is often associated with mental illness and hospitalization. Comparatively, counselling has a more extensive history in South Korea with school counselling established in the 1950s (S. M. Lee & Yang, 2013). In fact, culturally specific modalities (e.g., Onmeum and reality dynamic counselling) have been developed to reflect Korean philosophies. However, as the field continues to become more recognized, there is still a stigma attached to seeking mental health services in a largely collectivist culture.

While there is research that explores the help-seeking attitudes and experiences of bicultural women, few studies examine help-seeking within a Canadian context or actual counselling experiences. In a scoping review conducted by Guruge, Thomson, George, and Chaze (2015), it was found that immigrants to Canada “underutilize formal sources of social support” (p. 664) citing stigma as one major barrier. This result is consistent with previous research in America and other Western countries (Hermannsdóttir & Ægisdóttir, 2016; Tang, Reilly, & Dickson, 2012). Though research on counselling experiences among bicultural—particularly Asian Canadian—women is scarce, Rogers-Sirin, Melendez, Refano, and Zegarra’s (2015) qualitative inquiry into immigrant experiences with counselling is of relevance. The authors found that immigrant clients often experienced discrimination or microaggressions by their therapist and concluded that cultural competency was a crucial factor in successful therapy. Additionally, O’Brien, Henderson, and Bateman (2007) found that women survivors of childhood sexual abuse reported experiencing minimization of their abuse and inadequate care when utilizing not-for-profit organizations’ therapeutic services, though there were both positive

and negative encounters. However, Singh and Hays' (2008) study demonstrated efficacy in the feminist group approach for counselling South Asian Americans who have experienced IPV. The authors conducted a case study and found that drop-out rate was low among the South Asian women who attended the feminist group. The findings outlined here are of significant concern considering the implications for Asian Canadian women in need of support for GBV.

Current Study

Statement of the Problem

The research on biculturalism is notable, yet much of it is concentrated on theoretical conceptualizations of the phenomenon and relies on quantitative methods, removed from the voices of bicultural individuals (Nguyen & Benet-Martínez, 2013). Acculturation research has historically been rooted in the mainstream culture's assumptions about assimilation and mental health. For bicultural Canadians, most have to contend with the power structures extant in Canada, which often results in tensions and conflicts unique to their cultural group. Another issue found in the review of the literature is that studies on bicultural identity have largely taken place in the US (Novin et al., 2012; Stroink & Lalonde, 2009). Despite Asian Canadians making up a significant portion of visible minorities, there is a paucity of research that strives to understand and elucidate the lived experiences of this segment of the Canadian population.

Additionally, the effects of various social identities intersecting are not well understood among bicultural individuals. It is clear, however, that Asian women experience challenges related to their bicultural identity as well as a reluctance in seeking professional support. In the face of such challenges, Asian women from various generations tend to employ different coping and help-seeking behaviours. While risk factors and barriers of first-generation immigrants within IPV have been identified in the literature, little is known about more general forms of violence, such as harassment or stalking, against second-generation Asian Canadian women and their perceptions of seeking professional help. The purposes of this study were to bring bicultural Asian women's stories of counselling perceptions and experiences as well as GBV to the fore and to better understand their experiences for more culturally informed practices in the Canadian counselling context.

Research Questions

The primary question that this study posed was: How do second-generation Asian Canadian women who identify as bicultural and have experienced GBV perceive counselling? The following subquestions were also explored:

- What are their perceptions of counselling and seeking professional help?
- What stories do they share about their family's perception of counselling?
- What are their stories of GBV?
- In what ways do they see these stories as shaping their perceptions of counselling?

Theoretical Framework

Social constructivist and feminist-multicultural theories were used as frameworks for this study. Since this study sought narratives to better understand the experiences of second-generation Asian Canadian women, a *social constructivist* lens was deemed appropriate. Through this lens, I recognize the validity of every individual's experiences as there are "multiple realities" (Creswell, 2013, p. 36) and, therefore, multiple ways of knowing. This is particularly relevant as each participant's unique story was explored. While this study attempted to understand the experiences of Asian Canadian women, it was not a priority to measure any specific concepts or identify generalizable definitions pertaining to biculturalism. Rather, this study sought to co-construct knowledge with participants in order to prepare counsellors to be informed multicultural practitioners. As each identity (e.g., generational status, ethnicity, race, gender) adds another layer of complexity to an individual's story, a social constructivist framework allows for a deeper analysis of these multiple dimensions.

Aligned with social constructivism, *feminist-multicultural theory* (FMT) acknowledges the importance of collaboration as well as individual and societal contexts (Courtois, 2012). By using FMT, I strived to establish "collaborative and nonexploitative relationships" (Creswell, 2013, p. 29) with participants. While both social constructivism and FMT provide room to consider intersectionality, FMT is concerned with how different social identities impact "the conditions of [individuals'] lives" (Creswell, 2013, p. 29). Early feminist theories were largely concerned with the patriarchal system and its oppressive effects on women (Whalen et al., 2004). They also centered around white, middle-class, cis-gendered women. Since traditional feminism ignored the perspectives, concerns, and voices of women of colour, there was a call to integrate cultural diversity into feminist theory (Remer & Oh, 2012). FMT recognizes that oppression is

often based on race, ethnicity, and gender and that pathology is rooted in unjust social systems (Creswell, 2013; Whalen et al., 2004). Therefore, a full understanding of the social status and the multiple identities of women of colour is necessary. As is the case for second-generation Asian Canadian women, having multiple identities and social locations can significantly impact lived experiences. Not only do Asian Canadian women face challenges of being racial minorities, they must also face the often divergent gender expectations between two cultures. As values and beliefs are adapted from their ethnic and mainstream cultures, Asian Canadian women's perceptions of mental health issues along with counselling are shaped by their bicultural identities and experiences. Guided by FMT, this study conceptualizes individual problems as consequences of external factors embedded within societal structures, such as sexism and racism.

Narrative Inquiry

In order to shed light on the often underrepresented stories of bicultural women, an analysis of narratives, a methodology drawn from narrative inquiry, was conducted (Polkinghorne, 1995). The term *narrative* can be interpreted in a variety of ways. In the general sense, narratives can refer to any prose text. In the context of this study, narrative referred to the "texts that are thematically organized by plots" (Polkinghorne, 1995, p. 5). Within the narrative approach, the process of storytelling is also "the practice of constructing meaningful selves, identities, and realities" (Chase, 2011, p. 422). Thus, narratives themselves are lived experiences. The primary goal of utilizing this approach is to collect stories about the individuals' lived experiences and beliefs (Creswell, 2013; Hoshmand, 2005). Through the telling of stories, the researcher and participants co-construct knowledge. Since this study focused on issues of VAW and racialized experience, there are a multiplicity of perspectives and voices involved, particularly those of the dominant and consequently silenced discourses. As the voices of abused bicultural women are often ignored, there is an urgency of speaking and being heard that drives the collection of these stories (Chase, 2011). Narrative inquiry provides a way of understanding human experience holistically with consideration of social, cultural, and political contexts at play. More importantly, narrative inquiry legitimizes the knowledge and perspectives of bicultural women in ways that traditional scientific approaches typically do not.

Contrary to the conventional question-and-answer interview, the objective of a narrative approach is to allow for change and openness to occur in the narrator's storytelling (Holloway & Jefferson, 2000). Drawing from Polkinghorne's (1995) construct of prosaic discourse, I

employed a line of inquiry that focused on open-ended questioning and invitations to tell stories. This method of eliciting stories positions the researcher as more of a listener than an inquirer. Holloway and Jefferson (2000) also emphasized free association in narrative inquiry. Here, interviewers invite interviewees to tell stories about “core theoretical concerns” (Holloway & Jefferson, 2000, p. 309) set out by the interviewers, and then interviewers follow the interviewees’ lead through their free associations.

Consistent with the collaborative nature of FMT, narrative inquiry allows for the interviewee to exert control over their own story. The narrative approach also emphasizes collaboration between the researcher and the participant. Representing others’ narrative must be approached with care. As the stories told by others are the primary source of data in this study, the researcher must engage in “critical reflexivity” and maintain a “sense of humility” (Hoshmand, 2005, p. 184).

Analysis of narratives. Within narrative inquiry, there are two types of approaches: analysis of narratives and narrative analysis (Polkinghorne, 1995). Analysis of narratives uses stories as the data set and categories are produced from the analysis of such data. Conversely, a narrative analysis collects events or actions in order to produce a story. Because researchers have historically homogenized Asian women’s experiences based on ethnicity or gender (Chae & Foley, 2010; O’Mahony & Donnelly, 2010), this study employed the analysis of narrative approach by collecting narratives through interviews. In accordance with social constructivism, developing categories, rather than a single story, from the data allows for pluralism to be represented. The analysis of narratives provides an inclusive approach for a culturally diverse population, which is consistent with FMT. Even within each Asian subgroup, “regional language, religious, educational, and immigration histories” (Beharry & Crozier, 2008, p. 263) differ greatly. Instead of consolidating intersectional experiences into one narrative, common themes were identified based on the core theoretical concerns identified by the interviewer.

Prosaic discourse. As this study aimed to collect stories from individuals, the term *narrative* was also conceptualized here as prosaic discourse. That is, prosaic discourse includes “any data that are in the form of natural discourse or speech” (Polkinghorne, 1995, p. 6) such as interviews. The narrative approach posits that the interviewee will naturally give responses in storied accounts so long as the interviewer does not restrict them with narrow questions. Thus, I sought to elicit stories by inviting participants “to tell how something happened” (Polkinghorne,

1995, p. 13). These stories were then transcribed in order to conduct the analysis of textualized data.

Hermeneutic circle. The hermeneutic circle is a narrative understanding that acknowledges the part-to-whole process (Hoshmand, 2005). Consistent with FMT, the hermeneutic approach requires the context and background to be considered during the interpretation of data. Thus, when examining textualized data, the storyteller, her various social identities, the dominant discourses upheld by the status quo, and the embedded history cannot be separated from the story told. The researcher must also recognize that human understanding will always be “partial and contingent” (Hoshmand, 2005, p. 180). This recognition increases the researcher’s responsibility to engage and understand the participants’ perspectives as well as to practice reflexivity. It must be acknowledged that while human understanding can be expanded, “narrative truth claims require continuing development” (Hoshmand, 2005, p. 180). As such, the purpose of this study was not to find *the* truth about second-generation Asian Canadian women’s experiences, but only to contribute to the ever-evolving discourse.

To practice reflexivity, I had to exercise caution to ensure my own positionality and assumptions did not significantly bias my interpretation of the stories. My position as a second-generation Chinese Canadian was both a source of bias and insight. My race and generational status carried the possibility that I, knowingly or unknowingly, generalized my personal experiences to the participants. However, my Asian identity also enabled me to analyze the data beyond the “tacit knowing” (Hoshmand, 2005, p. 184) that is so common in narrative interpretation. As the researcher, power differentials were inherent in the researcher-participant relationship. Several measures were put in place to reduce bias in my interpretation of narratives, such as transparency, member checks, and external audits. The study was guided by frameworks that assisted in a holistic rather than reductionistic analysis of the data.

Participant Selection and Recruitment

For this study, a combination of volunteer and convenience sampling was used (O’Leary, 2014). Because comprehensive contextual information is required, it is common within narrative inquiry to examine the story of a single individual (Creswell, 2013). However, the objective of this study was to expand the understanding of Asian Canadian women’s perceptions, which would benefit from multiple voices rather than one. In order to expand our knowledge while still capturing an adequate understanding of each individual’s lived experiences, this study relied on a

small sample size. Upon receiving approval from the University of Ottawa's Research Ethics Board (Appendix A), participants were recruited between March and May 2018 from local resource centers that likely served the Asian community and a university located in Eastern Canada. Recruitment posters (Appendix B) were displayed in the resource centres and the university. Letters to professional contacts (Appendix C) along with the recruitment text were sent to two organizations to be posted on their premises. I proposed to include four to six participants, and ultimately five participants joined the study, all of whom were from the university.

Recruitment was based on self-identification as some people do not neatly fit into cultural or generational labels used in the literature. Participants were included in this study if they self-identified as (a) a second-generation immigrant, (b) an Asian Canadian woman, (c) having experienced any form of GBV, and (d) at least 18 years old. This study followed the definition of VAW set out by Statistics Canada (2013). Thus, GBV is not limited to IPV but includes any form of violence perpetrated by any individual. Since there seems to be stigma associated with seeking professional help among Asian cultures, participants were not required to have had formal counselling experience though their views on counselling were sought. Because Asian visible minorities are not a homogenous group, this study included all Asian subgroups for a broader representation of the population rather than focusing on one specific subgroup (O'Leary, 2014). The Asian subgroups included Southeast Asian, East Asian, South Asian, and Pacific Islanders (Miller, 2007). Including women who have not participated in formal counselling and who are not of one specific racial identity (e.g., Chinese) increased the likelihood of recruiting a sufficient number of participants. Given the potentially sensitive nature of GBV experience and its impact for some, caution was exercised in cases where there was a risk of suicidality or retraumatization through study participation. The assessment of suicidality risk was based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T, 2009; see https://www.integration.samhsa.gov/images/res/SAFE_T.pdf). If persons were to identify with imminent suicidal ideation or attempts, they would not be included in this study and would be provided a list of local support resources.

Once potential participants contacted me, I provided them with the study description (Appendix D). After participants self-appraised their eligibility, I arranged a telephone conversation with each of them to review the screening checklist (Appendix E) to further

determine their suitability. Those who expressed recent suicidal ideation and displayed low risk of suicide were included in the study but were provided a list of local resources (Appendix F) immediately upon disclosure. They were also made aware at the time of the telephone conversation that their participation could increase their risk and that their participation was voluntary throughout the study. They were reminded of the risks and the voluntary nature of their participation again during the in-person interview. Of the five participants, three disclosed having suicidal thoughts within the past month though none had made attempts or had plans to complete suicide. Once participants were deemed eligible, we scheduled a time and location that was mutually convenient.

I provided participants with an abridged version of the interview guide via email in advance of the meeting to help ease them into the interview process. Receiving the interview guide in advance can assist participants by prompting them in the recounting their stories Seidman (2006)—an advantage similarly reported in interviews using text-based instant messaging that create space for participants to “reflect critically on their narratives” (Pearce, Thøgersen-Ntoumani, & Duda, 2014, p. 688). While this study did not conduct interviews using instant messaging, providing the shortened interview protocol was intended to assist participants in preparing their answers and increasing their level of comfort.

Instruments Used

During the in-person interviews, two instruments were developed and used for data collection. A demographic questionnaire was created to gather contextual information while a semi-structured interview protocol was utilized to guide the collecting of participants’ stories.

Demographic questionnaire. A demographic questionnaire (Appendix G) was used to collect contextual data, such as ethnicity, age, and generational status. The questionnaire asked about general counselling experiences if any, such as frequency of meetings and demographics of the counsellor. This information was collected to help contextualize the participants’ perceptions of counselling and assist in the interpretation of their stories. The data also assisted in understanding the impacts of various intersectional identities. The questionnaire also provided an opportunity for participants to select a pseudonym. As all of the participants declined to choose a pseudonym, I assigned one to each participant in a manner that I hope reflected their cultural identities. This portion of the interview generally took 10 to 15 minutes.

Interview protocol. The interview protocol (Appendix H) included questions that encouraged a prosaic discourse where participants were invited to tell stories about their experiences. Interview questions sought out narratives about Asian Canadian participants' perceptions of counselling in the context of bicultural identity and GBV. The questions generated were based on four principles outlined by Holloway and Jefferson (2000): (a) use open-ended questions, (b) elicit stories, (c) avoid "why" questions, and (d) follow up using interviewees' language. The protocol was organized into four categories of concern, and each category began with a broad invitation to tell something to help ensure openness (Polkinghorne, 1995). The interview began with exploring the meanings of being bicultural to help contextualize participants' positions as bicultural women. The first category of questions of the interview protocol regarded the participant's Asian Canadian context and how that impacted their identity and counselling perceptions. Participants were invited, for example, to "Tell me about the concept of counselling within the Asian community." In the second category, the participants were asked about their personal perceptions and experiences with counselling with the broad invitation, "Tell me what counselling means to you." If the participant had previous counselling experience, the therapeutic relationship was explored. Both participants who had and who had never accessed counselling were asked about the hindrances associated with seeking services. They were also invited to talk about their experiences with GBV in the third category to help provide insight into what is helpful or unhelpful coping, such as "Tell me about a time you experienced gender-based violence." In the final category, the perceptions of an ideal counsellor and counselling experience were explored with "Tell me about what an 'ideal' counsellor would be like." If participants required further prompting, follow-up questions, such as "How have family members responded (or might respond) to you seeking counselling?" and "How did your experience with violence shape your view of counselling, if at all?", were used to further elicit stories. At the end of each interview, participants were invited to share their thoughts or questions and were asked what their experience was like participating in the research interview. None of the follow-up prompts included a "why" question. Throughout the interview, I used language consistent with the participant "to respect and retain the interviewee's meaning frame" (Holloway & Jefferson, 2000, p. 308).

Procedures

Once ethics approval was attained, I began the process of recruitment and data collection. During the in-person meeting, the participants were first invited to read the informed consent form (Appendix I) on their own. I then went over informed consent with them verbally to ensure their participation was voluntary and they understood the potential risks and benefits associated with the study. I also emphasized my commitment to protecting their identity and explained the limits to confidentiality. All participants, particularly those who disclosed having suicidal ideation within the past month during the screening process, were encouraged to stop the interview or skip questions if they felt any discomfort. I also emphasized with participants that retraumatization could be a risk through recounting traumatic events. Participants were invited to ask any inquiries they had before commencing the interview. A copy of the informed consent form was provided to each participant.

Data collection. Using the interview protocol to help guide the questions posed to participants, I conducted face-to-face semi-structured interviews. With the participants' consent, I began to audio-record the interview. The duration of interviews ranged from 45 to 90 minutes. Each interview was later transcribed verbatim. I asked participants for their permission to take notes throughout the interview process. I completed the demographic questionnaire followed by the interview with the participants. One participant asked to skip the questions specifically regarding GBV. Each participant was debriefed upon completion of the interview. All participants, even those who received one via email prior to the interview, were provided with a list of local resources in case they experienced emotional discomfort during or after the interview. Participants were also invited to ask any questions they had at the end of the interview. Once the participant had left, I added any salient impressions I had during the interview to my field notes.

Data analysis. After I transcribed each interview verbatim, the transcripts were read multiple times to ensure a thorough understanding of the data and to generate themes (Creswell, 2013; O'Leary, 2014). At each reading, there were several considerations or levels of interpretations. According to Polkinghorne (1995), the analysis of narrative follows the paradigmatic method of data analysis. Paradigmatic analysis is a "coding scheme...designed to separate the data into groups of like items" and are then "inspected to identify common attributes that define them as members of a category" (Polkinghorne, 1995, p. 10). These codes or groups

and its definitions are continuously revised based on “their power to order the data.” Thus, upon reading the transcripts, common themes were identified from the data. Storied narratives are commonly conceptualized temporally, or as having a beginning, middle, and end. Within narrative inquiry, data can be classified as diachronic and synchronic (Polkinghorne, 1995). *Diachronic* data relate temporal events by cause and effect relationships (e.g., personal account of what happened in a counselling session) while *synchronic* data derive present information or beliefs from individuals (e.g., answers to questions about their thoughts on counselling). While this study primarily sought diachronic data, both types of data were generated and analyzed. Narratives can reveal “when and why events occurred” (Polkinghorne, 1995, p. 12) as well as the effects of specific events. Although the paradigmatic approach focuses on classifying commonality, listening for exceptions, such as silenced and powerful voices as well as oppressive experiences, allows for potential causes and effects to be considered, yielding diachronic data. By eliciting stories through follow-up prompts, synchronic data can be extracted from the participant’s perspectives and beliefs.

First level. Guided by the concept of the hermeneutic circle, the first reading allowed for the transcripts to be considered as a whole text. The technique of memoing was used to record my initial reflections and impressions throughout each individual transcript (Birks, Chapman, & Francis, 2008). My thesis supervisor also provided her memos, which highlighted significant items I had missed, and responded to my reflections. This process helped extract meaning and understand the data.

Second level. At the second reading, the data were coded using the qualitative data miner software NVivo according to topics or “nodes.” The codes were first generated from the stories elicited from the participants based on the four main categories of the interview protocol (i.e., counselling in the Asian Canadian context, counselling perceptions, GBV, and ideal counselling). Codes were also generated from the memos in the first reading. Each transcript was analyzed line-by-line and coded according to the associated topics. Based on the paradigmatic method, codes were continuously amended as needed during the reading of each transcript as new or nuanced topics appeared from the data. Coding within the NVivo software allowed for the analysis of repetitions and created a data set under each code. It also permitted the examination of unique codes, participants, or stories.

Third level. Since paradigmatic research can derive concepts or categories from theories, this study drew from the feminist-multicultural framework at the third level of analysis (Polkinghorne, 1995). Because power structures and marginalization are reflected in stories, each transcript was examined for voices that were silenced and in power (Creswell, 2013). Experiences of oppression based on gender, race, or other social statuses were also considered. These considerations were taken into account in the generation of new codes from individual transcripts and the common themes generated across transcripts through paradigmatic analysis.

Fourth level. At the fourth and last reading of the transcripts, themes and subthemes were identified across the transcripts. Beyond identifying themes, paradigmatic analysis also seeks to distinguish relationships between categories (Polkinghorne, 1995). The common themes produced across the transcripts were analyzed for potential relationships. To this end, each transcript was compared with one another, and common or salient experiences across participants along with the relationships between characters, themes, and events were examined. Points of divergence, or instances where one participant's perceptions or experiences differed from those of other participants, were considered. Based on this level of analysis a summary of the themes was produced, and my thesis supervisor acted as an auditor to verify that the developed themes reflected the codes. The resulting five themes were assigned a name and then characterized with a rich description (Creswell, 2013). The completion of the analysis of narratives resulted in several themes and subthemes that depicted Asian Canadian women's perceptions of counselling.

Fifth level. After summarizing the five themes, I invited participants to provide feedback about the interpretation of the data (Creswell, 2013). This study drew from Birt, Scott, Cavers, Campbell, and Walter's (2016) proposed five-step model of *synthesized member checking*. The model involves research participants in the process of confirming the results, which helps facilitate the credibility of the findings. All five participants initially agreed to the member checking process and received a copy of the results section based on my interpretation of all transcripts via email. The summary of results included the five themes, theme descriptions and direct quotes that represented each theme. Participants also received a response form (Appendix J), which consisted of open-ended questions, such as "To what extent do the themes match your experience?" and "Is there anything you would like to add?" One of the five participants responded via email with comments about the extent to which the themes matched her

experience. This participant reported that her experiences were accurately represented within the summary of results but noted that some of the themes (generated from other participants' experiences) did not closely match experience. This supplementary data ultimately did not impact the five identified themes but was considered in the discussion.

Trustworthiness

Following Lincoln and Guba's (1985) criteria of validation and reliability, this study used the constructs of credibility, transferability, dependability, and confirmability (as cited in Creswell, 2013).

Credibility refers to how believable, realistic, or accurate the findings are based on the rigour with which the research is conducted while still recognizing the existence of multiple realities (O'Leary, 2014). To enhance the credibility of this study, I verified my interpretations of the data using synthesized member checking (Birt et al., 2016). This process involved providing the participants a synthesized summary of the results based on their interviews and inviting them to provide feedback about my initial analysis.

Transferability is a construct concerned with the extent to which the conclusions of the study are relatable in other groups or settings (O'Leary, 2014). To this aim, this study provided rich descriptions of the contexts in which the participants' stories were embedded and the findings that emerged (Creswell, 2013). Providing thick descriptions allows for the transfer of the findings to other settings when the reader deems appropriate.

As this study acknowledged that lived experiences are unique to each individual, this study strived to enhance the dependability of the findings. *Dependability* refers to the consistency of the findings through the use of systematic methods while recognizing that lived experiences cannot be replicated (O'Leary, 2014). I rigorously documented the methods, data collection, and data analysis used to enable future researchers to reproduce the study (Shenton, 2004). Additionally, I provided detailed contextual information about the participants and myself as the researcher, which will help increase transparency allowing future researchers to determine which methods are most appropriate.

Confirmability refers to whether the findings can be verified by others (O'Leary, 2014). In other words, this construct is concerned with the extent to which the data supports the conclusions made by the researcher. To strengthen confirmability, I explained and detailed the methods used to allow readers to understand the reasoning behind the findings (O'Leary, 2014).

Engaging in synthesized member checking further ensured confirmability by providing participants the opportunity to verify the themes emerged from the transcripts. Additionally, external audits by my thesis supervisor generated feedback on the quality and consistency of my interpretations, which were then integrated throughout the data analysis (Creswell, 2013).

Chapter II: Between Two Cultures: The Counselling Perceptions of Second-Generation Asian Canadian Women who have Experienced Gender-Based Violence

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Abstract

The purpose of this study was to better understand counselling perceptions among second-generation Asian Canadian women who have experienced gender-based violence. Research examining violence against bicultural women often centres on first-generation immigrants. Moreover, little is known about gender-based violence or help-seeking among Asian Canadians. This context is particularly troubling given Asian ethnic groups tend to underutilize mental health services. Narrative inquiry was used in this study to collect stories from five bicultural Asian Canadian women, where analysis resulted in five themes: intersectionality, perceptions of mental health and counselling, barriers to counselling, counselling experiences, and hopes for counselling. Unique outcomes and challenges based on the women's intersectional identity were identified. Findings indicate that while mental health services were perceived positively, participants confronted negative attitudes in their cultural context and faced barriers to counselling. The results raise important considerations for multicultural counselling practices.

Key words:

acculturation, counselling, Asian Canadian, gender, gender-based violence, intersectionality, second-generation

The Asian community makes up a significant portion of visible minorities within Canada. According to Statistics Canada (2011), over half of all immigrants entering Canada between 2006 and 2011 were from Asia. As the Asian population grew, so too did their families. It is projected that second-generation Canadians belonging to an ethnic minority group will double in

number by 2031 (Statistics Canada, 2011). Children of immigrants—often referred to in the literature as “biculturals”—are in the unique position of relating to the world through the lens of two distinct cultures: their parents’ culture and the broader Canadian culture. Despite the expected increase of second-generation Asian Canadians, the knowledge in how they experience their bicultural identity, especially when multiple social factors intersect, is limited.

The interaction between the two cultures for bicultural individuals is often portrayed as discordant with one another. When cultural values conflict, it can result in “the experience of ‘feeling torn’ between two cultures” (Giguère et al., 2010, p. 19). For bicultural Asian Canadians, the disparate messages about individualism and collectivism may create a sense of incongruency (D.-Y. Kim et al., 2006). Chung (2001), for instance, found that Asian American college students experience intergenerational conflict in the realms of “family interactions, educational and career concerns, and dating and marriage issues” (p. 382). Beyond tensions that arise from divergent norms, Asian Canadians might also contend with the obligations of being children of immigrants. Despite second-generation Asian Canadians usually being born in Canada, they can still face discrimination based on their race (Ong et al., 2013; Suzuki et al., 2012).

The absence of research on Asian Canadian experiences is particularly noticeable in the context of gender-based violence (GBV). The Canadian Women’s Foundation (2016) stated that women in Canada are disproportionately affected by family violence, intimate partner violence (IPV), and sexual assault than men. Although Statistics Canada (2013) determined the rate of reported IPV is similar between visible minority and non-visible minority women, the prevalence of GBV experienced by generation and ethnicity is not easily accessible. Furthermore, it has been well established that ethnic minority groups face barriers in accessing services (Guruge et al., 2015; Tang et al., 2012), and these obstacles are acutely relevant for first-generation immigrant women facing IPV who often wish to protect familial reputation, fear the loss of immigration status, and encounter a patriarchal cultural context (Anitha, 2011; Morash et al., 2007; Raj & Silverman, 2003).

The lack of knowledge regarding violence against Asian Canadian women is alarming when considering the fact that South Asian, Japanese, Chinese, and Korean Canadians are among the least likely to seek mental health treatment (Gadalla, 2010). Negative attitudes toward help-seeking and underutilization of psychological services among Asian ethnic groups have been

documented consistently within the literature (David, 2010; Guo et al., 2015). It is unclear, however, how these low rates of service utilization might be represented in Asian women who face GBV. More uncertain are the experiences of second-generation Asian Canadian women who negotiate the norms and beliefs of both the ethnic and mainstream cultures.

This study sought to elucidate participants' stories about their experiences and perceptions of counselling. The authors posed the question: *How do second-generation Asian Canadian women who have experienced gender-based violence perceive counselling?* The ways in which the intersections of various social identities impact the lives of second-generation Asian Canadian women are not well understood. In addition to barriers to mental health services and negative help-seeking attitudes, Asian women often face challenges related to their bicultural identity and visible minority status. Understanding the perceptions of counselling among Asian Canadian women and their lived experiences can facilitate more informed counselling practices.

Acculturation and Biculturalism

Acculturation and biculturalism are key constructs to consider when understanding the experiences of second-generation Asian Canadian women. Biculturalism research is rooted in acculturation literature, which carries various connotations because of biculturalism's complex history. Redfield, Linton, and Herskovits's (1936) definition of the term *acculturation* as the "phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (p. 149) is the most accepted (Berry & Sam, 2016). However, acculturation research has a long history of problematizing minority groups entering a new culture (Rudmin, 2009). As a result, the term "acculturation" has become synonymous with *assimilation*, which refers to the adaptation and conformity to the culture newcomers enter into, subsequently losing their original culture (Berry & Hou, 2017; LaFromboise et al., 1993). Elsewhere in the literature, acculturation has been defined as "the process by which individuals adapt to the norms determined by the dominant group" (B. S. K. Kim & Omizo, 2010, pp. 175-176). John W. Berry, a prominent acculturation researcher, argued that this association between acculturation and assimilation is misleading as the Redfield and colleague's classical definition of acculturation

refers to any possible changes to both ethnic⁴ and mainstream⁵ cultures (Berry & Sam, 2016). Since the acculturation discourse is dominated by how newcomers adapt to the mainstream culture, this study will adhere to this meaning of acculturation (B. S. K. Kim & Omizo, 2010; Rudmin, 2009).

The model of acculturation strategies and biculturalism. Berry's (2001) model of acculturation strategies posits that individuals who encounter two cultures can engage with their cultural identities through four strategies: assimilation (orientation toward mainstream culture), separation (orientation toward ethnic culture), marginalization (orientation toward neither cultures), and integration/biculturalism (orientation toward both cultures). According to research, marginalization is the least desirable outcome as it resulted in the "most psychological distress" (Farver et al., 2002, p. 12). Conversely, integration, also known as biculturalism, involves the integration of "the behaviors, values, and identities pertaining to each of their two cultures" (Nguyen & Benet-Martínez, 2013, p. 124). Integration has been depicted as the most desirable of the four acculturation strategies that was linked to "fewer psychological problems" (Chae & Foley, 2010; Farver et al., 2002, p. 12; Nguyen & Benet-Martínez, 2013). In order for integration to occur, Berry (2001) argued, mutual accommodation is a necessary condition whereby both the "dominant and nondominant groups" (p. 619) promote the principles of multiculturalism.

Using "integration" and "biculturalism" interchangeably can cause some confusion given the varied use of biculturalism in the literature, such as "second-culture acquisition" (LaFromboise et al., 1993, p. 396), which is closer to the concept of acculturation, or "having two cultures" (Nguyen & Benet-Martínez, 2013, p. 122). To further complicate, the term

⁴ The terms used to describe the cultural place newcomers depart from and arrive to have varied in the literature (Giguère et al., 2010; B. S. K. Kim & Omizo, 2010; LaFromboise et al., 1993; Miller, 2007; Sun et al., 2016). "Heritage," "original," and "indigenous" have all been used to describe the culture newcomers leave. This study utilizes the term ethnic culture since this study attends to racial and ethnic identity, specifically those of Asian ancestry. Furthermore, the terms "heritage" and "original" is complicated by the fact that second-generation immigrants are often born in Canada. In the Canadian context, using the term "indigenous" culture ignores the complex history and rich culture of First Peoples in Canada

⁵ "Dominant" and "host" have been used to describe the culture newcomers enter. While it is true Western principles dominate the broader discourse in Canada, the term dominant in this context suggests Asian groups are to be subjugated while "host" perpetuates the perceived illegitimacy of their citizenship despite being born in Canada. This study chose to use mainstream culture for these reasons.

bicultural has described individuals who are “exposed to and internalize more than one culture” (Nguyen & Benet-Martínez, 2013, p. 122), such as immigrants, biracial⁶ individuals, and visible minorities. The mixed meanings of “biculturalism” can produce misconceptions about bicultural individuals, with the most troubling misconception being that bicultural individuals solely orient toward integration, and therefore must not encounter psychological distress as some researchers claim (Nguyen & Benet-Martínez, 2013). For the purpose of this study, “bicultural” describes individuals who interact with two cultures, Berry’s acculturation strategy will only be referred to as “integration,” and “biculturalism” will strictly describe the phenomenon of being bicultural.

While an important contribution to the acculturation literature, Berry’s (2001) framework does not address the process of integration and how individuals interact with or interpret their two cultures (Benet-Martínez & Haritatos, 2005). Even though recent research found the positive relationship between psychological adjustment and integration, the extensive literature on “acculturative stress” cannot be overlooked. Rudmin (2009) argued that acculturation research has long ignored the impacts of racial discrimination on newcomers. Thus, the assertion that bicultural individuals no longer encounter “marginality and maladjustment” (Nguyen & Benet-Martínez, 2013, p. 123) is dangerous. Visible minorities in Canada often face unique tensions and racial discrimination as will become evident in the following section. Furthermore, much of modern biculturalism research relies on quantitative methods and largely take place in the US (Nguyen & Benet-Martínez, 2013; Yoon et al., 2013).

Intersectionality

With its origins in black feminist and antiracist discourses, intersectionality theory considers how multiple social identities amalgamate to produce a unique outcome (Crenshaw, 1991; Warner, 2008). Thus, the phenomenon of biculturalism can be understood through the lens of intersectionality. Rather than limiting to four possible acculturation strategies, intersectionality “is the idea that social identities such as race, gender, and class interact to form qualitatively different meanings and experiences” (Warner, 2008, p. 454). Otherwise, scholars risk reducing individuals to the salient social group they belong to, for example Asian Canadians, Asian women, or biculturals. Intersectionality allows for the consideration of the bicultural individual’s

⁶ *Biracial* is a subset of bicultural identity. The term describes a person who is mixed-race due to “interracial parentage” (Nuttgens, 2010, p. 355). A biracial individual will also be bicultural while a bicultural individual may not always be biracial.

level of acculturation, process of integration, and their social identities beyond bicultural identity.

Biculturalism: Asian and Canadian cultures. Before exploring social identities outside of biculturalism, the intersection of Asian and Canadian cultures must first be examined. Bicultural individuals, even those who integrate both their ethnic and mainstream cultures, may still experience tensions and conflicts. Stroink and Lalonde (2009) defined *bicultural identity conflict* as the “broad range of conflicts associated with simultaneous membership in two distinct cultural groups” (p. 45). According to Giguère and colleagues (2010), these conflicts can occur at both the inter- and intrapersonal level. They can arise from the contradictory “values, behaviors, and expectations of heritage and mainstream cultures” (Stroink & Lalonde, 2009, p. 46). In addition to bicultural identity conflict, Asian Canadians must contend with visible minority status and racial discrimination. Despite the *Canadian Multiculturalism Act* stating Canada’s commitment to “preserve and enhance the multicultural heritage of Canadians while working to achieve the equality of all Canadians in the economic, social, cultural and political life in Canada,” the proclamation has not always been upheld (Gulliver, 2018). For Asian Canadian women, the dynamics of the dominant and nondominant groups is ever present, making Berry’s integration a difficult standard to achieve.

There is a dearth of literature on Asian Canadian experiences with racism, and much of the existing literature focuses on Asian Americans. The model minority⁷ and perpetual foreigners⁸, for instance, are common stereotypes Asian Americans are confronted with (Suzuki et al., 2012). Ong and colleagues (2013) found that racial microaggressions was a common experience among Asian Americans, the most frequent being microinvalidations that reinforce the perpetual foreigner stereotype. Although individuals who integrated their identities fared better than others, Berry and Hou (2017) confirmed that discrimination “undermines positive outcomes” (p. 37) in terms of wellbeing among second-generation immigrants in Canada. By

⁷ The *model minority myth* is characterized by the idea that (typically Asian) minorities are successful, hardworking, and obedient. Although this myth on the surface might appear positive, it reinforces that assimilation is most desirable and homogenizes Asian minority experiences.

⁸ The *perpetual foreigner stereotype* refers to minorities being seen as “inherently foreign” (Suzuki, Ahluwalia, & Alimchandani, 2012, p. 9) because they do not look like the typecast of the dominant culture (typically white).

invalidating experiences of marginalization and maladjustment among bicultural individuals, the research propagates the myth in which Asian groups are the successful, model minority.

Generational and gender identities Because this study focuses on second-generation Asian Canadian women, it is important to understand the intersections of generational and gender identities with biculturalism. Second-generation persons are defined by Statistics Canada (2011) as those who are born in Canada but have one or more parent born elsewhere. Second-generation individuals can experience discrimination from their mainstream culture, while also be rejected by their ethnic culture—never feeling like they fit into either culture (Giguère et al., 2010; Yeung, 2018). Children of immigrants may take on additional roles as translators, “cultural brokers” (Leu et al., 2012, p. 133), and even advocates for their foreign parents. Thus, generational status can have significant implications on bicultural experiences.

Gender differences were found in expectations about dating and marriage where “female students report[ed] higher conflict scores than male[s]” (Chung, 2001, p. 381). Farver, Bhadha, and Narang (2002) concluded that South Asian bicultural females were less likely to have their two cultural identities integrated compared to their male counterparts due in part to the fact that Asian cultures tend to grant males “greater independence” (p. 23). Therefore, women can experience bicultural conflict differently, perhaps more severely, compared to men. This raises particularly important considerations in the context of GBV. Statistics Canada (2013) defined violence against women (VAW) as “any act of gender-based violence that results in...physical, sexual or psychological harm or suffering to women” (p. 4). Thus, VAW includes forms of harm ranging from sexual assault, harassment, stalking, to financial or emotional abuse. Within Asian culture, patriarchal norms and values are often reinforced. Wong and colleagues (2016), for example, indicated that Japanese men are viewed as the owner and decision-maker of the family’s finances; therefore, financial abuse is not considered a form of IPV in Japan. The researchers also stated that women are seen as property of men in India as demonstrated by the dowry system. These findings highlight the potential clinical implications of the combined effects of cultural norms and GBV. This is evident in Lee and Law’s (2001) finding that Asian Americans are generally reluctant to seek professional services in the face of sexual violence.

Counselling and Help-Seeking in Asian Cultures

Since psychotherapy is traditionally a Western practice that emphasizes individualism and expressing emotions, it is often perceived as “incongruent with Asian values” (Sun et al.,

2016, p. 625). Numerous studies have found lower rates of help-seeking among Asian Americans compared to both white Americans and other ethnic groups (Guo et al., 2015; S. Sue et al., 2012). Furthermore, second-generation Asian Americans reported seeking help approximately half as often as third-generation Asian Americans, indicative of the potential impacts of generational status on help-seeking (S. Sue et al., 2012).

Researchers have cited cultural values to help explain the reluctance among Asian Americans to seek formal help. While Western cultures are classified as individualistic, which tends to prioritize individual interests, collectivist values in Asian cultures tend to favour interpersonal harmony and preserving social norms to “prevent one from losing face” (Novin et al., 2012, p. 578). Because Asian cultures emphasize harmony, negative emotions or psychological symptoms tend to be concealed to avoid interpersonal conflict (Chang et al., 2017). Moreover, Chinese cultures tend to view mental illness as “a weakness of character and a cause of family shame” (Chang et al., 2017, p. 17), and Japanese women often responsible for preserving family harmony have also reported feeling “ashamed if they are unable” (Wong et al., 2016, p. 1376). Thus, it is evident that some Asian values impact and dissuade utilizing mental health services.

Little is known about second-generation Asian Canadian women’s help-seeking and actual counselling experiences. One Canadian review by Guruge, Thomson, George, and Chaze (2015) focused on immigrant women and found that they “underutilize formal sources of social support” (p. 664), citing stigma as one major barrier. This is similar to findings cited in the Mental Health Commission of Canada’s report that identified various barriers for ethnic minorities to accessing mental health services, including cultural incompatibility of existing services, transportation, additional costs, language proficiency, and stigma surrounding mental health problems (McKenzie, Agic, Tuck, & Antwi, 2016). When individuals do access services, they all too often report experiencing discrimination, minimization, or microaggressions (O’Brien et al., 2007; Rogers-Sirin et al., 2015), reflecting a lack of cultural competency. The fact that bicultural women can be situated at numerous intersections of identity calls for an exploration of how Asian Canadian women experience various combined social locations as well as the power relations embedded in each identity.

Method

Methodology

This study drew from narrative inquiry, which describes storytelling as “the practice of constructing meaningful selves, identities, and realities” (Chase, 2011, p. 422). Through the process of telling stories, the researcher and participants co-construct knowledge. The primary goal of utilizing this approach was to collect stories about the participants’ lived experiences and beliefs (Creswell, 2013; Hoshmand, 2005). Narrative inquiry provides a way of understanding human experience holistically with consideration of social, cultural, and political contexts at play. More importantly, this approach legitimizes the knowledge and perspectives of bicultural women in ways that traditional scientific approaches typically do not.

Participants

Participants were recruited using a combination of convenience and volunteer sampling. Although recruitment texts were placed at local resource centres and a university located in Eastern Canada, individuals who responded to the call for participants were all students from the university.

As is common in qualitative studies, we engaged a small sample of participants to obtain rich, in-depth accounts of lived experiences (Creswell, 2013). This approach allowed for expanding “nonessentialist” knowledge on Asian Canadian women by creating space for each participant’s unique experiences. The five participants included in this study met the following criteria: they (a) considered themselves second-generation immigrant, (b) self-identified as an Asian Canadian woman, (c) had experienced GBV, and (d) were at least 18 years of age at the time of the study. Because some individuals do not neatly fit into the cultural and generation labels used in the literature, recruitment was based on self-identification. Persons from the major Asian subgroups (e.g., Southeast Asian, East Asian, South Asian, and Pacific Islanders) were invited to participate (Miller, 2007). This study followed Statistics Canada’s (2013) definition of VAW, which includes any form of GBV perpetrated by any individual (e.g., verbal harassment, IPV, financial or emotional abuse). The women in this study ranged from ages 19 to 22 and came from East Asian and Southeast Asian backgrounds. Participants were not required to have formal counselling experiences, although four of the five participants received some form of counselling. Out of the four participants who received counselling, three shared their reasons for

seeking counselling, including career concerns, GBV, and lack of motivation. The demographics of the five participants are found in Table 1. Pseudonyms are used to protect their identities.

[Insert Table 1 about here]

Data Collection

During the face-to-face meeting, consent was first obtained followed by completing a demographic questionnaire to collect contextual data, such as ethnicity, age, generational status, and counselling experience. Semi-structured interviews were conducted using an interview protocol that consisted of open-ended questions reflecting four main areas of interest: (a) counselling in the Asian Canadian community, (b) counselling perceptions, (c) GBV, and (d) ideal counselling. The audio-recorded interviews, which were later transcribed verbatim, ranged from 45 to 90 minutes.

Data Analysis

Within narrative inquiry, analysis of narratives is one method of data analysis that uses stories as the data set and categories are produced from the analysis (Hoshmand, 2005; Polkinghorne, 1995). The transcripts were read multiple times to ensure a thorough understanding of the data. Meaningful units of text were coded using NVivo, from which themes were generated (Creswell, 2013; O’Leary, 2014). The analysis was guided by feminist-multicultural theory (FMT) to consider how different social identities impact “the conditions of [individuals’] lives” (Creswell, 2013, p. 29). FMT recognizes that oppression is often based on race, ethnicity, and gender and that pathology is rooted in unjust social systems (Creswell, 2013; Whalen et al., 2004). The second author audited the analysis process, reviewing the themes generated for resonance with the coded data. Participants were asked to verify a summary of the data analysis via email and any feedback received was integrated into the final results.

Results

The following five themes were identified within the data: (a) intersectionality, (b) perceptions of mental health and counselling, (c) barriers to counselling, (d) counselling experiences, (e) and hopes for counselling. Corresponding subthemes are presented in Table 2.

[Insert Table 2 about here]

Intersectionality

This theme encompasses how participants describe biculturalism as two intersecting cultures, and the challenges and complexity they experience when bicultural identity additionally intersects with other identities.

The complexity of biculturalism. Most participants responded with tentativeness when asked what bicultural meant to them. In response, Grace said it was a difficult construct to define, and Linda stated that she did not know how to define biculturalism. After some trepidation, participants offered definitions that were varied and intricate. One participant described biculturalism as a part-to-whole relationship:

I think for me, it's like I can identify myself in both and for some aspects of my life...I can identify myself more with one more than the other, or like the other way around...but as a whole like they both significantly represent my like background and like my cultural identity... (Grace)

Other participants underscored the differences between the two cultures. Linda, for example, described biculturalism as “having different values from two different origins...it's like difference in lifestyle and how you see things.”

Complexity of biculturalism was also reflected in participants' struggle to maintaining their ethnic culture. Julie describes how she forefronts her ethnic culture but not necessarily with ease.

...being bicultural to me means that I am Vietnamese, and I am Canadian, so I try to keep my Vietnamese culture...I guess more predominant in my life because I'm always surrounded by the Canadian like Western culture...At the end of the day, I am a Vietnamese woman living in Canada. That's how I see it. I'm Canadian, but I am first and foremost Vietnamese.

For Julie, the very definition of being bicultural is to retain her ethnic identity. This continuous and conscious effort to preserve ethnic culture is corroborated by Linda's account of her bicultural experiences.

...I find that I'm disconnecting a lot to my original roots...since I identify more Canadian based, so it makes me think 'huh...should I be [pause] trying to reconnect with my roots more and try to be a bit more understanding?' 'Cause I feel like to be fully bicultural, you have to be integrated into both cultures constantly...[W]hen you grow up [in Canada],

it's not like you're completely connected to [your ethnic] side. Like you gotta take the time to learn about it, and that takes years to develop.

Religion and gender. This subtheme illustrates the intricacies of when bicultural identity amalgamates with other social factors, such as religion and gender, creating a distinct experience. Grace viewed her cultural identity as intertwined with religion since she noted that Christianity was a significant part of her Korean Canadian identity, contributing to a unique point of contention for her:

I know my parents are homophobic in the sense that...they still think that homosexuality is a sin, and...I disagree with it, but I'm not going to call them on it because that's how they've interpreted the bible. I've just interpreted it in a different way. I'm not going to be open about that because that's honestly asking for a lot of trouble...[B]ut when it comes like when they start being like rude about it...like saying how they're mistreating someone just on the fact that they identify as like homosexual...that's when I start to call them out because I can say like the bible says that you gotta love everyone, right?

With respect to gender, Yoni acknowledged that her intersectional identity as an Indonesian Canadian girl shaped what she described as her aloof personality:

I really struggled with English. And with the guys, like you didn't need any verbal communication, like if you knew how to throw a punch, you were pretty much set [laugh] because all they did was like play fight the entire time. So, because I kind of grew up with guys in earlier years, I...I actually have trouble making female friends and kind of connecting with them. Um...I guess that's also why I grew up with like a very boyish mentality as well.

Several participants spoke about their gender experiences with patriarchal values within their Asian cultural context. Grace explained that growing up in a culture that endorses patriarchal norms resulted in her parents being much more "protective" of her compared to her brother solely because of her gender. For instance, her brother had the freedom to go out with friends as he pleased while Grace had curfews and had to constantly inform her parents of where she was. Julie expressed similar sentiments, stating that "Vietnamese culture is very traditional in the sense that they prize the man in the household or prize men in general." According to Linda, these patriarchal attitudes also exist in the Chinese context, stating "sometimes it's just like the

women [in China] just take it as it is. And they feel like they're powerless, and they can't do anything 'cause it's expected for males to be a bit more dominant."

Gender-based Violence in the Asian context. Another intersection participants spoke of regards GBV in the Asian context, including experiences from within both mainstream and ethnic cultures. There were challenges emerging out of mainstream culture that reflected encounters with fetishizing. In addition to the catcalling and harassment, Julie received comments like, "you're so ethnic," "you're so Asian," and "you're so exotic." She was also fetishized at the workplace by a coworker who she described as under the influence and said, "Oh you're so exotic, Julie, like when are you gonna give me a chance?" Linda also had an incident where a man was "trying to touch [her] because [she] felt like he had this kind of Asian fetish going on. He made that very clear that he only wanted to be with Asian people." This man subsequently harassed her via text message to try to arrange a meeting.

In terms of responses to GBV from within participants' ethnic culture, participants revealed that victim-blaming and stigma about sexual assault were pervasive. Yoni characterized her mom as "traditional Indonesian" and as "always one of those people who thought...if you're sexually assaulted, it's because of...what you wear...where you're going out, all that type of thing." However, when recounting the sexual assault that occurred at 12 years old, Yoni clarified, "This is also like broad daylight, I was really sick, and I was wearing like 3 layers of clothing." Likewise, Julie believed if she were to talk about GBV with her family:

...they would kind of be like "What did you do to provoke them?" kind of think like that. Because it's always a woman who provokes the man, like especially...relating it back to the Vietnamese culture where they see men as kind of this like holy figure, almost, compared to women.

In Grace's case, these patriarchal views about GBV were further complicated by her intersectional identity as a Korean Canadian Christian woman.

I think growing up with that Christian religious background, there was a lot of like internalized shame...that also took a really long time for me to get over. Um...so I think...that shame came with a lot of guilt as well, so I think that definitely impeded me from being able to heal from [the sexual assault]. So, it's like I wanna heal, but no this is what I deserve, this is what I get...for defiling my body or like being like a slut and stuff.

Perceptions of Mental Health and Counselling

Perceptions of mental health and counselling were organized according to the perceptions of the participants (internal), and those of the participants' family and social community (external) as described by participants. Overall, the women reported having positive perceptions of counselling, while they perceived their social communities to lack knowledge or have a different understanding of mental health.

Benefits of counselling (internal). All participants expressed positive attitudes toward and identified benefits of counselling regardless of their level of experience with counselling or whether the actual experience was favourable. Several participants portrayed counselling as a source of support to assist in gaining coping strategies. Grace elaborated:

For me, it's just...one of many resources you could use to better yourself...[I]t doesn't necessarily mean that like you're weak...[I]t's not something that should be like feared, I guess. And it's not something that only serious cases can use as well, like if you are just struggling with anxiety, you could go to counselling...to like get more practice on...how can I learn to deal with this, how can I get some better tactics to tackle it.

In addition to learning methods of coping, Julie explained that counselling was a source of validation:

[Counselling makes] you realize that [pause] you know so many other people share this common experience that you do. So many people feel the way that you feel. It's not just you...And I think that counselling really makes you realize how almost small you are in a sense where you know there's this entire big community of you know people just like you who are experiencing the same things as you, so don't ever feel like you're alone in it because so many other people feel the same way.

In line with the other participants, Yoni described counselling as “key to maintain mental wellbeing and kind of prevent...things from getting worse in your own mind.”

Source of knowledge (internal). Participants cited sources outside of the family as the basis of their knowledge about mental health and counselling services (e.g., school, friends, internet, and campaigns). Many participants learned about mental health through school settings, including Public Service Announcements and announcements from teachers, particularly in health class. Linda cited “the education system and all these ads such as Bell Let's Talk” that

“constantly push...towards improving mental health.” Julie became more exposed and open to mental health discussions after studying psychology at her university.

Others found out about mental health through their own research. One participant garnered an interest in psychology since the seventh grade, regularly researching and reading psychology sources, such as *Psychiatric Times* or *Psychology Today* (Yoni). Because Linda’s parents “never really talked about counselling,” Linda attributed her knowledge about mental health topics solely to reading books and hearing about it from school. Similar to Linda, Grace noted that discussions about mental health were absent from every aspect of her life—including her family, acquaintances, and church—except for school.

Lack of knowledge and exposure (external). This subtheme addresses community views of mental health and counselling, including those of immediate and extended family, as reported by the participants. Most participants described a lack of knowledge about mental health that they believed was linked to Asian culture. Linda stated that her extended family “don’t really understand the concept of [mental health] and what it means to have depression, what it means to have anxiety.” She also spoke about her extended family not having the language for mental health and are therefore unable to identify their experiences as mental health issues. Grace explained that not only is mental health “not emphasized enough,” but “it’s just not a thing.” Yoni received no messages “about counselling itself” from her family, though her mother did endorse mental health indirectly:

...I think on my mom’s end, she just never really thought about mental health...but more so that like, okay it’s important to talk about what happens during your day, it’s important to let someone know about what’s going on in your life. So in a sense like she was promoting mental wellbeing, um, without really talking about mental wellbeing.

In addition to a lack of knowledge about mental health among the participants’ Asian communities were negative views about counselling. Julie explained that the Asian community “looked down upon” counselling. She also described the reaction one might receive by the Asian community:

I think that if you were to seek out counselling, it’s kind of like “Oh you can’t solve your own problems? Like...why do you need to [go to] counselling when you, you know, you can do other things like go to your parents, go to your family, your friends, whatever.” I think that they don’t really understand the concept of counselling, even. ‘Cause with

them, the Asian community, I feel like it's very tight knit, so everyone's very close to each other. So in a way, I think they think that's a form of counselling 'cause they're so close, like their whole community's very very close.

When counselling was involved in the Grace's family life, there was still the perception within the family that counselling should be a limited endeavour.

[My brother] did have like regular appointments and like meetups and stuff for like a few months, I'd say, until he felt like he could—he was okay without. But even then, it was kind of like in the sense of “Oh you're strong enough to be without it, like you're strong enough to break free to have to rely on the counsellor,” was kind of the message that I was getting.

Linda speculated that the negative attitudes toward counselling are related to the lack of awareness and education regarding mental health within Asian cultures. She highlighted the differences between her immediate family in Canada and her extended family in China. Linda's immediate family “know[s] what counselling is and how it helps because there's such a huge emphasis on mental health here in Canada.” On the other hand, her relatives in China are not exposed to mental health issues due to the lack of “availability of counsellors in China...the understanding of what mental health is and also the lack of education.”

Conversely, Katie reported that her parents appreciated the importance of counselling. Despite never discussing counselling with her family, Katie predicted that her parents would be supportive and assist her in booking an appointment if she were to seek counselling. With the exception of one participant, the women observed their family members to lack knowledge and exposure to mental health topics.

Generational differences and traditionalism (external). In addition to the lack of knowledge regarding mental health and negative perceptions of counselling among family members, participants also acknowledged that there are generational differences in views on mental health. Some participants attributed this difference to the older generation's traditionalism, while others noted level of acculturation as a factor. Grace stated that the “older generation” would respond to mental health issues with “Oh you're sad? Just pray more. We'll pray for you, but you just need God.” She also noted that talking to her parents about mental health is different from talking to her brother, who she felt she “would not need to filter [her]self with.” Julie offered similar opinion about generational differences:

I think that our generation [second generation], we are more open to seeking out these new, you know, new things, so counselling as one of them...I don't even think that counselling is an option for the older generation. It's more...it's not even like a last resort. It's not even an option at all.

When asked who would least support the idea of her seeking counselling, Yoni named her maternal grandfather, describing him as the most rooted in Indonesian traditions. Conversely, her paternal Dutch great grandmother would be more "open" to counselling based on her observation that Dutch and Canadian cultures have similar values. Yoni also discussed how traditions influenced her parents' attitudes differently despite both parents being of Indonesian descent:

...my dad is actually like...does go to counselling and then like I said when I was younger he would have like bursts of rage and be very expressive with his emotions. Whereas my mom as I've said is very traditional, um, she's more kept to herself like she would, when she's really down, she doesn't really tell anyone. She doesn't even like really talk to me about it or anything.

Yoni attributed her mother's reluctance to seek counselling to traditionalism associated with her Indonesian culture as evidenced by her mother and grandfather; whereas her father and Dutch great grandmother, whom she described as being more Canadian or Western, appeared more open to talk about mental health.

Linda's experiences also support Yoni's suggestion that the more a person adopts Canadian values, the more willing they are to talk about mental health. She highlighted the disparity between international Asian friends, Asian friends who lived in Canada longer (e.g., Canadian-born), and her white Canadian friends.

I feel like for the Asian friends, they're a bit more quiet about [counselling]...but I feel like for my friends that are Caucasian, they're a lot more open about it and they're willing to talk about their concerns more freely...But I guess it also depends if you're more Canadianized Chinese, or Asian I should say 'cause they're not all Chinese, because they would also be more open to talk about it. But compared to my international Chinese friends, they're a lot more quiet about it even though they've been here for the past few years though they started opening up to it more.

Barriers to Counselling

There were potential barriers to seeking help regarding mental health issues and GBV that emerged from the participants' stories. The barriers include accessibility, stigma associated with counselling, and perceptions of problem severity.

Accessibility. This barrier refers to the accessibility of services when participants did seek out counselling, which included issues related to long wait times and lack of need-specific services. Grace explained that although she reached out to her university counselling services, she was unable to receive regular services. Likewise, when Linda did reach out for services, the counsellor she was referred to was largely unavailable.

[My counsellor] said “Oh I get very busy, so you can only come see me like every 6 months” or something like that...so I felt like okay...I—by then I’m going to deal with these types of issues on my own for 6 months. It’s not like I can email you or really call you ‘cause you’re so busy and you made sure you emphasized the fact that you can’t, I can’t book you...

As a result of this experience, Linda’s enthusiasm to seek out counselling services was dampened. She said that she became “less motivated to go see a counsellor... ‘cause you’re trying hard to reach out, but it’s just the wait times makes it seem like it’s not quite worth it.” While Yoni never explicitly identified accessibility as a barrier to counselling, her experience reflected a lack of available services that adequately met her needs. She received short-term counselling and was supposed to enter long-term counselling, but she was ultimately shuffled back into short-term services since no counsellors were available. Additionally, Yoni disclosed that she had been sexually assaulted just a few weeks prior to participating in this study, yet she stated during the interview that she faced a wait of two to three months for crisis support.

Another barrier to accessibility of counselling found among participants was the cost of mental health services. Although none of the participants faced this barrier personally, a few participants mentioned cost in jest. When asked how Katie’s relationship with her mother was different from a counselling relationship, she responded, “it’s the same...except that it’s free.” Meanwhile Julie noted that her Asian peers’ parents would,

...probably look down on counselling, especially if you had to pay for it. I feel like parents would kind of be like why are you paying just to go talk to someone, like you can talk to someone for free [laugh].

Faced by a long waitlist, Linda considered personal therapy as an alternative but decided it was too costly and noted that “the access to [private counselling] seems to be quite the barrier.”

Stigma. Participants contemplated how their family would react if they disclosed to their family that they had sought counselling services.

I think that they would see me as a weak person, that I didn't know how to handle um my own mental health...[I]f I were to seek out counselling, I think they would kind of even ask like, “Why do you need that? Why—like there's nothing wrong with you physically, why would you need to seek out counselling?” Like they wouldn't understand. (Julie)

Based on her impressions about her family, Julie considered the repercussions for other individuals from Asian backgrounds hoping to seek counselling, stating that they would hesitate and ask themselves, “Am I really weak? Am I really...do I really need this if my family is looking down on me because of it? Is it even worth it to get it?” Linda also predicted similar reactions from her family were she to reveal that she had received counselling:

But if I had to assume and judge from the way they speak, if I were to go talk to [them] about it, they'd be like “What? That's not real, that's not even a thing” and they'd be like “What's a counsellor? Who really needs that?”

Grace further discussed how stigma related to counselling was reflected in her family interactions. Despite her parents being supportive of her brother's counselling, Grace stated, “It was still kind of like an uncomfortable topic, so we didn't really talk too much about it.” There was a collective effort in her family to avoid the topic of counselling. The church community was another source of stigma for Grace and her family, which resulted in the family concealing her brother's struggle from that community. When Grace did seek counselling, this stigma followed her into the counselling room:

So being in an environment where like “Oh, she's probably not fine. That's why she's here.” It's very like weird for me, it's kind of like “Oh what do they think.” Like I wonder what they're thinking of me, like are they judging me? I know that they're definitely 99% were not, but there's still that kind of lingering worry, I suppose, of having like [pause] this so-called weakness out in the open.

Grace's story about the “Korean Fan Death” superstition exemplified that stigma surrounding mental health that exists in Asian cultures extends to mental health in general:

...they say that something with the circulation [of the fan], you're going to die in your sleep because of it. And I've heard that...the...superstition only started up because people wanted to cover up why their children were dead...when it was like suicide, right, in Korea...But then they're just like "Oh no, no, no, it was like a mistake with like something wrong with the circulation 'cause of the fan," or at least what I've heard.

Some participants discussed how their parents' views on counselling impacted their own perceptions, usually resulting in their own reticence around accessing services. Grace acknowledged that she internalized the attitudes of mental health as "just not a thing" that her family held. Similarly, since Julie's family never considered counselling as an option, Julie acknowledged:

I never thought about counselling either. For me, I always sought out different ways to deal with it, so like my mom said like exercising, meditation, like any—anything that I can do to deal with my stress...and I think that not being exposed to the topic of mental health with like my family or anything, I think it did play a part.

Furthermore, Julie recognized that her own views of counselling were influenced by her parents' stigma around mental health:

...before I came to university, so I was still living under my parents' roof, um...I kind of saw counselling as "Oh like only crazy people need counselling, like only people that...you know have really really terrible issues need counselling."

Perceived severity of the problem. Many of the participants also discussed the perceived seriousness of mental health concerns and GBV as a factor in seeking services. Linda expressed an unwillingness to involve her family with her mental health concerns because her situation was not severe enough to require all the support she can get. Katie compared herself to her friend who faced some difficulties and determined, stating "If I had my friend's life, I would definitely see a psychologist." In sharing her story about grappling with mental health as a family, Grace explained her parents took her struggle with mental health more seriously because of her brother's previous struggle with mental health. Grace's parents were dismissive when her brother revealed his struggles with depression and suicidal ideation to them:

...when he first told them, they were not about it. They were just like "Oh no, you just..." you know like typical stuff like "No you're just confused," like you know? But it was only after he left home, and he cut contact with us for a while that when he came back

they were like “Okay, this is serious. We’ll respect this” and then they like...helped him go to counselling to see a therapist and stuff.

Thus, only when Grace’s parents understood the gravity of the situation did they approve of seeking professional help. Similarly, the perceived seriousness of GBV appeared to also be a factor in parents’ willingness to involve formal assistance.

I think they would probably tell me to go to the police or go to authorities... I think it also depends on how serious it was. So for example if it was like sexual abuse or like rape or something, [my parents] would definitely take it a lot more serious than if it was just um...like verbal stuff being said. So like catcalling or stuff like that. I don’t think they would have um—it’s not that they wouldn’t have mind it, but they wouldn’t have taken it as seriously. (Julie)

Counselling Experiences

This theme consists of the experiences with counselling itself for the four participants who accessed services. Two of the four participants reported an overall positive, albeit limited, experience with counselling, where one participant had two career counselling sessions and the other had a single session of personal counselling. Comparatively, participants who had more extensive experience with counselling divulged more negative stories about psychotherapy. As a result, participants spent more time overall talking about negative experiences than positive. For this reason, this theme forefronts the counselling encounters that were unhelpful for participants, namely negative experiences and keeping counselling a secret.

Negative experiences. Grace’s lone counselling session was deemed positive and helpful, but she noted that the experience itself was “super awkward” and “uncomfortable.” This discomfort was echoed by Linda, who stated that, in a group setting, “it was a bit uncomfortable to immediately share your experiences.” Both participants found, however, that this discomfort around disclosure gradually dissipated as they continued with the session(s). Despite overcoming initial discomfort, Linda found her experience with the group was overall unhelpful.

...when there were things that really spoke up to [the group], it almost felt like a battle between answering questions because we were limited in time... So I just feel like there wasn’t very good efficiency in the group. But also...the lack of usefulness for me myself... [I]t just felt like here’s a lecture, here’s a question, now we can talk about it, but then here’s another lecture.

Linda also called into question the intentions of the counsellor who facilitated the group, stating that she was not sure “the woman genuinely wanted to [listen] or she’s doing it because it’s just a job she has to do.” Ultimately, the group that Linda was referred to (because of her individual counsellor’s unavailability) did not meet her needs and expectations.

Yoni also disclosed encounters with her counsellor that deteriorated her counselling experience, mainly due to his continuing to promote and employ cognitive-behavioural methods despite telling him that she had already tried those techniques without success. The participant described the counsellor to be rigid in his approach rather than willing to explore how he was actually affecting her. Additionally, Yoni felt as though the counsellor assumed that her problems stemmed from the pressure of performing academically because of her Indonesian background. Although Yoni acknowledged that she did face academic pressure from her parents, it was not the primary concern that she went to counselling for. Yoni indicated that frustration and exasperation from him not listening made her “feel a lot worse” in the end.

Keeping it secret. Participants who did attend counselling kept their counselling secret from family members. Yoni stated that she preferred her parents know less about her since “they tend to be...very know-it-all.” Linda also expressed such avoidance of being burdened by parent reactions to counselling:

...it’s also ‘cause the fact that they would ask a lot of questions and would go on for days and days and days on end and then it almost becomes kind of like too much ‘cause you know sometimes I don’t really like to talk about it. Like I do talk about it but I don’t need that constant, 24/7 like “So did you go talk to someone today? How did that go?” and the next day it’s like “When’s your next appointment?”

Conversely, participants also kept counselling a secret to avoid burdening their parents. Linda later pointed out that her parents’ stress from work was a factor in not wanting to “add more pressure” on them. Similarly, even though Grace’s parents became more open to counselling after her brother’s struggle with mental health, Grace still expressed the desire to withhold her counselling from her parents in fear that it would worry them.

Julie was the only participant who would disclose her involvement in counselling. She reasoned that her mother is very understanding and has “never been like one of those...Asian tiger moms” but noted that she would not “tell anyone else in [her] family just because they still have a bit of like a traditional Vietnamese mindset.”

Hopes for Counselling

This theme describes the participants' hopes and expectations around ideal counsellor traits, counselling experiences, and counselling outcomes.

Ideal counsellor characteristics and qualities. Participants identified various physical characteristics and counsellor qualities of their ideal counsellors. There were mixed responses regarding the importance of gender and ethnicity in their ideal counsellor. For Grace and Julie, gender and cultural background were important factors to consider. Both expressed a desire for female counsellors with Julie stating she would be more open with a female counsellor than male. While Julie had a clear preference for an Asian counsellor, Grace was open to a counsellor with an immigrant background though for her there was an "added bonus if they're Asian." Both women ascribed these attributes to the counsellor's ability to better understand and to have "this unspoken knowledge" of their experiences as Asian Canadian women. Conversely, Yoni, Katie, and Linda did not articulate any inclinations for the gender or ethnicity of their ideal counsellor. To Linda, the physical traits of the counsellor "doesn't really matter." However, for Yoni, the counsellor's cultural background mattered depending on how much it affected their work. She explained that she would not want cultural or racial "assumptions to be brought onto the table."

Although preferences for gender and ethnicity were mixed among the women, all participants identified qualities they would want their counsellors to have. For Yoni, an ideal counsellor would be more like a friend:

...someone I would actually look forward to, to seeing and sharing not just these negative experiences and stressful situations but also the positive that's going on in life...[T]hey would try different strategies to see which one worked for me, and then once they found something, they...just kept going with it.

Linda echoed this desire for personalized care stating:

...an ideal counselling experience would be the therapist or counsellor...getting to know you first and hearing about the issues you have...just getting to know you one-on-one...so you don't feel like you're another patient who you provide the same solutions again...

Participants described other ideal qualities of a counsellor. Various interpersonal characteristics included being nonjudgmental, an active listener, understanding, supportive, relatable, and

receptive. Therapist qualities were also identified as openminded, honest, trustworthy, genuine, and authentic.

Ideal counsellor knowledge. Although the participants varied on the counsellor's ideal characteristics, most agreed that counsellor knowledge of cultural context was optimal. This knowledge referred to the counsellor's awareness of ethnic considerations, GBV, and how the two intersect. The counsellor's comprehension of the academic pressure from Asian families was brought up by several participants, but Yoni stressed the importance of not making assumptions that the primary problem is academic expectations from family:

I guess it's more of a putting Asian culture into consideration rather than bringing in Asian culture. So um...like for Indonesians, very family oriented rather than individually oriented like it is in North America. So uh...like have, like being questioned as to the relationship between me and the rest of my family and how that kind of affects the flow of how my family works together and how um the...the relationship is between you know family in Indonesia versus family in Canada.

Linda also emphasized the importance of “understanding the cultural divide” and the importance of family in the Asian context. Julie explained that counsellors should be aware of that Asian clients may lack family support.

...for example let's say someone was having problems with like their parents, their mom or whatever, um if the counsellor were to suggest maybe you know tell your mom that you feel this way, it may be difficult for that person to tell their mom that they're feeling that way because you know...tiger mom, she doesn't—she doesn't take that [laugh].

Beyond understanding the Asian family context, Julie suggested that some Asian clients may have skewed expectations since “they may not understand...what you get from counselling [and] what the outcome should be.” The participants established various Asian-specific cultural circumstances critical for counsellors to grasp. Katie exceptionally believed that cultural understanding was “not important” in the counselling context.

Two participants also pointed out the importance of counsellors possessing knowledge about GBV. Grace described the difficulty Asian women may have with recognizing maltreatment based on gender due to a patriarchal upbringing and hoped counsellors would appreciate that there might be a lack of understanding “to some extent” about GBV. Similarly, Julie expected counsellors to:

...be aware of or be mindful of the fact that some people don't really understand what sexual harassment and sexual assault, gender-based violence, what that is. I think that um, someone can say that they haven't experienced it, but maybe they have, they just didn't put a label on it because they didn't understand what it was.

Given their perception that not everyone has a clear understanding or extensive knowledge about GBV, including themselves, participants identified the need for counsellors to be able to recognize GBV. Although Katie felt knowledge about client cultural background was not significant, she was adamant that the counsellor "needs to know every detail about" GBV.

In addition to having knowledge about GBV, participants also felt it important for counsellors to appreciate the implications of GBV in an Asian context. Grace explained that her own lack of awareness regarding GBV stemmed from her upbringing in a patriarchal context. Julie also raised concerns surrounding victim-blaming that counsellors should be aware of. She explained:

...when an Asian woman comes forward about you know an allegation about gender-based violence, I think not many people would take her seriously just because they value the opinion of the man. So they go to the man first and be like "Hey what happened?" And you know usually in those scenarios, the man won't tell you know 100% of the truth or maybe he'll tell his truth, which is not necessarily the truth...So I think it's important for counsellors to understand that and to kind of listen to the Asian woman, understand her side, and understand the backlash that she may get or may have gotten if she had told her family...

Yoni made a similar statement where Asian families often hold the notion that sexual harassment and assault are based on how one presents themselves.

Practical guidance. When participants were questioned about ideal counselling outcomes, they often spoke about being taught practical skills and solutions. Not only did Julie expect that counsellors be informed about GBV, she would also hope for the counsellor to educate her about GBV:

I would really appreciate if [the counsellor] would kind of tell me "Oh like what you experienced here would be considered you know assault or harassment" or whatever...you know textbook definition...And it would kind of make me reflect on it as

well and say, “Oh maybe it is harassment,” but I just never thought of it in that way because I was never exposed to...that term or...these situations.

Grace likened counselling to a workshop that would “teach you how to write better” as opposed to a tutor who would “go through the essay for you.” Participants also talked about gaining skills and coping strategies, especially ones that can be utilized outside of the counselling room if problems were to arise again. When Katie spoke about what was helpful about her mom, who Katie considered as her counsellor, she pointed to her mom’s tendency to search for solutions.

Discussion

In this study, we used narrative inquiry to better understand second-generation Asian Canadian women’s perceptions and experiences of counselling in the context of GBV. Participants’ attempts to define biculturalism suggested that it is a nuanced and complex construct that may vary from person to person. Conceptualizations of biculturalism ranged from having two cultures to a “part-to-whole” depiction not fully captured by Berry’s (2001) model of acculturation strategies. As Nguyen and Benet-Martínez (2013) pointed out, “bicultural individuals do not comprise a homogenous group” (p. 123) and the way they integrate their two cultures vary. While some descriptions of biculturalism participants offered were evocative of Berry’s integration strategy (i.e., acknowledging and engaging in both ethnic and mainstream culture), participants also acknowledged the impossibility of “true biculturalism,” constantly struggling to navigate Western Canadian culture while preserving their ethnic culture.

Adding to the complexity, participants identified ways biculturalism intersected with various social identities. In terms of gender, patriarchal norms and beliefs were strongly represented in the participants’ depiction of their Asian cultural context (Wong et al., 2016). For one participant, the intersection between ethnicity and gender was further complicated by her religious identity, operating as both a cause of controversy and a source of resolution. Thus, the women’s lived realities and nuanced experiences as bicultural individuals are not well represented by definitions used in the literature, though may be best understood through intersectionality theory (Crenshaw, 1991; Warner, 2008).

In terms of GBV, the women of this study primarily experienced sexual harassment, mostly in the form of catcalling, and sexual assault. However, the stories they shared revealed some confusion around what they believe constitutes GBV—a result consistent with Canadian Women’s Foundation’s (2016) finding that only a third of Canadians understand sexual consent.

When bicultural identity intersected with gender, some participants described facing Asian fetishism—a behaviour that could be considered a culmination of racism and sexism. In this regard, we were reminded of literature on racial microaggression, particularly the “subjugation of Asian American women to roles of sexual objects, domestic servants, and exotic images of Geishas” (D. W. Sue, Bucceri, Lin, Nadal, & Torino, 2007, p. 76). When reflecting on their community’s views of GBV, participants identified the all-too-common societal response of victim blaming (Harber, Podolski, & Williams, 2015). However, it is clear that the women in our study experienced forms of GBV and stigmatizing responses to GBV that were directly associated with their ethnic identity.

In this study, second-generation women’s perceptions of counselling were clearly distinct from those described of previous generations. While all participants held positive views toward counselling, discussions of mental health were noticeably absent from family conversations. Participant knowledge about mental health came mainly from external sources, such as school and self-initiated research. In fact, both parents and grandparents were perceived to lack certain understanding and language to speak about mental health issues. Participants believed that the older generations tend to hold on to traditions associated with negative perceptions of mental health and that reluctance to use counselling services seemed to stem from pre-existing informal alternatives, such as prayer and support from their community (Barrett & St. Pierre, 2011). This result is consistent with past findings showing a relationship between generational status and service utilization (S. Sue et al., 2012). Level of acculturation also seemed related to attitude toward mental health, where Asian individuals perceived to be more acculturated (e.g., those who have been in Canada longer, those born in Canada) were believed to be more open to discussing mental health compared to those who were less acculturated (e.g., International Asian students, relatives in Asia).

When it came to seeking counselling services, participants faced certain barriers, particularly related to accessibility and stigma. While such barriers have been reported elsewhere (McKenzie et al., 2016), stigma discussed in our study that was associated with mental health seemed influenced, at least in part, by cultural factors. Notions that people who receive mental health care are, for example, “crazy” and that mental illnesses should be concealed (Wood & Newbold, 2012) ultimately diminished willingness to access counselling services in favour of adopting alternatives endorsed by older generations, such as exercising, meditation, and talking

to friends. Such alternatives often delayed obtaining formal mental health care. For those who did manage to reach out for care despite the negative perceptions, there were significant accessibility issues, such as long wait times, understaffed clinics, and prohibitive counselling fees.

A notable barrier to seeking counselling that we did not anticipate was perceived severity of the problem. Delayed help-seeking as a result of the “reluctance to believe the problem is real” (McKenzie et al., 2016, p. 12) has been documented elsewhere. Other research has found that Chinese ethnic groups do not perceive VAW “as a serious problem” (M. Y. Lee & Law, 2001, p. 13) compared to other Asian subgroups. In our study, how “serious” the problem was perceived to be weighed heavily in decisions to involve external support, with counselling deemed warranted only for problems that could not be managed independently, such as suicidal ideation and sexual assault. Though reluctance among Asian women to involve formal services is well documented (Lee & Law, 2001; Shirwadkar, 2004; Wong et al., 2016), reticence described by participants of this study related to older generations’ stigmatizing views of mental health and was present despite their own openness to counselling and discussing mental health.

Unfortunately, for the women who did secure counselling services, it was not uncommon for the experience to be negative. Although there were also positive direct counselling encounters, there were more reports about discomfort and experiences that were unhelpful or even detrimental. Instances of microinvalidation were described where, for example, counsellors assumed the client’s ethnic cultural values were the source of her presenting problem or else dismissed a request for a different approach. Such experiences are reminiscent of Hook et al.’s (2016) conceptualization of racial microaggressions as counsellors “den[ying] the thoughts, feelings, or experience of a person of colour” (p. 269). Regardless of the quality of counselling, participants chose not to disclose to family members about their involvement in mental health services. The overarching reason cited for the nondisclosure was burden, whether anticipating being burdened by family members’ inquiries or placing burden on the family. We understood nondisclosure to “avoid burden” as indicating a desire to either maintain family harmony (Wong et al., 2016) or prevent intergenerational conflict where, for example, a desire to tackle a problem independently may clash with a family custom of solving problems collectively (Chung, 2001; D.-Y. Kim et al., 2006; Kuo et al., 2006). However, how acculturated family members appear may impact second-generation Asian Canadians’ decisions to disclose. Interestingly, participants

overall maintained a positive view of counselling despite having had negative counselling experiences and been exposed to stigmatizing views of mental health.

It is noteworthy that, contrary to literature correlating positive therapeutic outcomes with matching therapist and client on characteristics such as gender and ethnicity (Cabral & Smith, 2011; Coleman, Wampold, & Casali, 1995), this study produced mixed results regarding preferences for counsellor characteristics. On the one hand, similarity in gender meant a more open and comfortable environment and similarity in cultural background implied a common understanding. That said, a shared ethnic background did not always preclude the occurrence of microinvalidations, as was described by one of the participants. On the other hand, gender and ethnicity of the counsellor were viewed as “not important.” This departure from traditional research may be clarified by Swift and colleagues’ (2013) finding that highly acculturated Asian Americans preferred therapists of different cultural backgrounds. Despite a lack of consensus on matching counsellor gender or ethnicity, a counsellor’s understanding of cultural context was considered imperative. Ideal counsellor qualities identified included being an active listener, open-minded, honest, authentic, and nonjudgmental—qualities aligned with foundational conditions for effective counselling (e.g., Norcross, 2011; Rogers, 1992).

Continuing with ideal counsellor qualities, participants highlighted understanding the cultural role of family and potential lack of familial support as important. This finding is particularly relevant in light of Barrett and St. Pierre’s (2011) observation that informal support is the most commonly used form of help among Canadian women facing IPV. As Asian female clients may lack crucial knowledge of GBV, particularly within a culture oriented to patriarchal norms, counsellor competency in recognizing signs of GBV and cognizance of potential victim-blaming within the Asian community is indicated.

For participants, ideal counselling outcomes often involved becoming capable in autonomously resolving the problem that brought them to counselling using skills and information the counsellor provides. This approach could be interpreted either from an individualistic standpoint where persons employ problem-solving coping, or from a collectivistic standpoint where persons practice the Asian values of forbearance and fatalism (Kuo et al., 2006). Zaheer and colleagues’ (2016) study on suicidal behaviours among Chinese Canadian women revealed endurance as a primary coping strategy. Since much of biculturalism research occurs in the Western context, we caution that the desire to cope independently might be

misinterpreted as adherence to individualism rather than the possibility of collectivistic values reflected in forbearance, fatalism, and endurance.

Implications for Counselling

The narratives gathered in this study highlight the importance of understanding the implications of cultural context and the service needs of second-generation Asian Canadians. Because of the nuances of bicultural individuals' lived realities, practitioners should use caution when relying on traditional definitions of biculturalism to understand their clients. First, individuals who identify as bicultural may possess idiosyncratic understandings of what this means and looks like. Second, biculturalism has seldom been considered through the lens of intersectionality, where the meeting of multiple identities in a bicultural context can produce unique outcomes. In addition to possessing knowledge about client cultural norms and values as expected of multicultural competent practice (e.g., Canadian Counselling and Psychotherapy Association Standards of Practice, 2015; Collins & Arthur, 2010), further discerning how a client's bicultural identity might intersect with other social identities to create an entirely distinct experience should be heeded. While an understanding of cultural context (e.g., collectivism, patriarchy, stigma, familial support, academic expectations) is crucial when working with Asian populations, counsellors should be mindful that generalizing common cultural experiences to all Asian clients can result in negative counselling experiences, such as stereotyping and microaggressions.

Level of acculturation raises important clinical implications, as perceptions, understandings, and attitudes toward mental health and counselling often differ between generations. In practice, acculturation can be considered at two levels: the client level and the client's social support level. Extent of client acculturation could have a bearing on client openness to seek services, willingness to disclose therapeutically relevant material, and preferences for certain counsellor characteristics; whereas acculturation among friends and family can help inform counsellors of the client's access to and use of informal support.

Finally, awareness of barriers the general population and, specifically, Asian populations may face can assist in policy reform and increasing service accessibility. As there is still stigma attached to mental health and counselling in Canada, this stigma combined with those often held by the Asian community could result in a "double burden" (Wood & Newbold, 2012, p. 391) on Asian clients who identify with both the mainstream and their ethnic culture. Increased exposure

to mental health in public settings could help mitigate some of the barriers extant for newcomers and subsequently their children. In face of sexual assault and harassment, psychoeducation and validation of client experiences may help strengthen client understandings of GBV and prevent self-blame. Counsellor understanding of the stigma associated with GBV can also provide insight into delays or reluctance to seeking services within this population.

Limitations and Recommendations for Future Research

Several steps were taken to increase credibility of the findings. However, it is important to acknowledge certain limitations while interpreting the results of this study. First, our sample consisted entirely of university students, some of whom were Psychology majors, which may have resulted in a participant sample that was highly acculturated and possessed increased awareness of mental health compared to participants recruited outside of a university context. Second, because our sample comprised of women from East Asian and Southeast Asian backgrounds, the diversity that exists within Asian groups was not represented. Furthermore, our analysis was conducted through the lens of one ethnic group, which homogenizes participants' stories to represent Asian experiences. Third, the majority of counselling experiences participants spoke about were limited in time and specific to one university located in Eastern Canada, confining direct experiences of counselling characterized in the results to a single form of counselling and setting. While the lack of extensive counselling experiences may be reflective of the typical help-seeking behaviours Asian Canadians engage in, this research would have yielded vastly different results using a sample with a lengthier counselling history. Finally, this study limited its scope to counselling perceptions and experiences but did not examine symptomology, such as depression or anxiety, commonly associated with GBV.

Future research should examine perceptions of counselling in various cultural contexts, such as Asian men, other Asian subgroups, and other generations (e.g., 1.5 and third generations), as well as the intersections of these contexts. Given the potential role of acculturation in counselling perceptions and attitudes, it may be beneficial to use mixed methodology that incorporates an actual measure of acculturation. In the future, researchers may consider heterogeneity within the Asian population by expanding this study to locations beyond Canada and including settings other than university counselling services. A sample consisting of participants with extensive experience with counselling may further enrich understandings of

counsellor preferences and improve service delivery. Future research would benefit from examining the role of depression and anxiety in GBV among this population.

Conclusion

The objective of this study was to better understand how Asian women who have grown up in Canada perceive counselling and how their experiences with cultural identity and GBV shape their perceptions. Results of this study contribute to the scarce knowledge about this particular population, specifically how their identities can intersect to create new challenges. Overall, our findings indicate that second-generation Asian Canadian women perceive counselling positively, but their families still stigmatize mental health and GBV. Negative counselling encounters and social stigma can delay or even deter use of counselling services. The intersection of cultures and the counsellor knowledge about these cultural contexts are important implications for multicultural practices. This study challenges historical representations of Asian immigrants in the literature and reveals the intricacies of bicultural experiences that have often been simplified and reduced for easy consumption. Investigations that endorse and expand our understandings of multicultural counselling practices are imperative not only to multicultural literature but also to serving the clients who are so often underrepresented.

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Table 1

Demographic Information of Participants

	Age	Occupation	Cultural Background	Counselling
Grace Kim ⁹	20	University Student (Business)	Korean Canadian	Yes
Julie Vu	22	University Student (Psychology)	Vietnamese Canadian	Yes
Yoni Erawati	19	University Student (Psychology & Linguistics)	Indonesian Canadian	Yes
Katie Findlay	21	University Student (Health Sciences)	Chinese Canadian (Biracial)	No
Linda Loo	22	University Student (Management Information Systems)	Chinese Canadian	Yes

⁹ Because participants opted not to select their own pseudonyms, the first author assigned pseudonyms for the participants. First and last names were selected in a manner that, given the information available, best represents participants' bicultural identities as both Asian and Canadian. Last names were included to reflect the participants' respective Asian heritage and to avoid erasing their ethnic cultures.

Table 2

Themes and Subthemes

Theme	Subthemes
Intersectionality	The complexity of biculturalism Religion and gender GBV in the Asian Context
Perceptions of mental health and counselling	Internal: Benefits of counselling Source of knowledge External: Lack of knowledge and exposure Generational differences and traditionalism
Barriers to counselling	Accessibility Stigma Perceived severity of the problem
Counselling experiences	Negative experiences Keeping it secret
Hopes for counselling	Ideal counsellor characteristics Ideal counsellor knowledge Practical guidance

Chapter III: Discussion and Conclusion

This thesis addresses perceptions and experiences of counselling by Asian Canadian women who identify as bicultural, and who have experienced gender-based violence. Overall, study findings suggest generational, ethno-racial, and gender identities are sites of intersectionality that shape the experiences of bicultural individuals. In this chapter, I summarize and discuss key findings of the study, with additional attention paid to Asian Canadian women's bicultural struggle and understandings of gender-based violence that I observed though were not fully articulated in the manuscript that comprises Chapter Two. I also offer my observations and future considerations for interviewing participants who have experienced GBV. I then identify implications of the findings, followed by limitations of the study and my concluding remarks.

Summary and Discussion of the Findings

To help situate the discussion of themes, I will begin with observations of what I refer to as “the bicultural struggle” and of GBV reflected in participants' stories. In terms of bicultural struggle, there were several challenges associated with positioning one's self as a bicultural individual. How the values between ethnic and mainstream cultures can differ and at times conflict featured prominently in participant interviews (D.-Y. Kim et al., 2006). This contrast took the form of both interpersonal conflict (e.g., pressure from relatives to marry in tension with messages of autonomy from growing up in Canada) and intrapersonal conflicts (e.g., the need to maintain ethnic culture within a predominantly Western society) (Giguère et al., 2010; Stroink & Lalonde, 2009). Consistent with other research findings, incongruency within the family and familial versus peer expectations were examples of bicultural tensions found in this study (Chung, 2001). Furthermore, there was a range of definitions of biculturalism offered, with some depictions of the phenomenon as a part-to-whole relationship, as having two cultures, and as forefronting one culture or the other. The findings demonstrate the complexity associated with biculturalism, which made it a difficult phenomenon for even bicultural individuals to define.

With respect to stories of GBV, there was a general lack of understanding regarding what constitutes GBV (Canadian Women's Foundation, 2016), though participants did identify catcalling, harassment, and sexual assault as forms of GBV they had experienced. A patriarchal thread was evident in the stories, depicting men's opinions and freedoms as more valued than women's (Morash et al., 2007; Wong et al., 2016). Such a context raises significant concerns surrounding experiences of GBV, where a patriarchal upbringing rooted in ethnic culture seemed

to contribute to Asian women's misconceptions about GBV. For example, a patriarchal context made it difficult for some women to recognize when they were mistreated on the basis of gender. Some of the women encountered fetishizing, a form of racist and sexist harassment (D. W. Sue et al., 2007), that created a unique double burden of contending with gender inequality that exists in Canada as well as within their Asian cultural context. When it comes to coping with GBV, the women seemed to favour internal processes (e.g., minimization and normalization) and personal resources (e.g., friends and family members) (Barrett & St. Pierre, 2011; Wong et al., 2016), reflective of the first-generation's sources of support alternative to counselling.

Intersectionality. The applicability of intersectionality theory to biculturalism was a significant finding of this study (Crenshaw, 1991; Warner, 2008). Since negotiating ethnic and mainstream cultures resulted in challenges unique to bicultural experiences, intersectionality provides an apt framework that captures the complexity of biculturalism. Furthermore, when bicultural identity intersected with other identities, novel and distinct circumstances were produced. Some of the women's stories revealed that religion and gender added another layer of intricacy to biculturalism, creating unique challenges. For example, one participant's decision to seek counselling was a struggle because she perceived a counsellor of a dissimilar religion as unable to fully grasp the specific conflicts she faced and, at the same time, believed a counsellor of similar faith would judge her harshly for her sexual activity. Thus, intersectionality generated a unique barrier to counselling.

Perceptions of mental health and counselling. The findings suggest that perceptions of mental health differ between first- and second-generation immigrants. Overall, the women in this study had positive views about mental health and associated counselling with many benefits. They learned about mental health and counselling from school, friends, or their own research, but not from their families. In contrast, their parents and extended family were described as lacking knowledge about and exposure to mental health. The older generation was perceived as holding onto traditions and stigma associated with mental health (Guruge et al., 2015; Wood & Newbold, 2012). Some participants noted that the longer one is in Canada, the more open they are to talking about mental health issues. In other words, the level of acculturation to Canadian society seems to play a role in counselling perceptions (Swift et al., 2013).

Barriers to counselling. There were three major barriers to counselling identified during interviews: accessibility, stigma, and perceived severity of the problem. Accessibility issues

included long wait times, lack of need-specific care, and cost—issues that many persons seeking counselling have reported experiencing (McKenzie et al., 2016). While stigmatizing views of counselling are also common, for Asian Canadians in this study the stigma specifically associated with mental health and the negative reactions from family members acted as deterrents to seeking counselling. It seems, in some instances, second-generation Asian Canadians may even adopt some of their family's negative views about mental health. Thus, in addition to typical barriers to counselling, potential backlash from family members may be another barrier to contend with.

Seriousness of concerns may also have a bearing on decisions by Asian Canadians and their family members regarding whether to seek counselling support. Where “severe enough” concerns would likely be seen as warranting intervention (M. Y. Lee & Law, 2001; McKenzie et al., 2016), alternative methods of coping, such as ethnic community and spiritual practices, appear to be favoured among first-generation family members over formal services (Barrett & St. Pierre, 2011; Lai & Surood, 2009; Shirwadkar, 2004). The stigma associated with mental health, the need for a certain level of severity, and the alternative methods of coping were often passed down to the second-generation (Moller et al., 2016).

Counselling experiences. Although there were positive experiences, many of the stories shared about actual experiences with counselling were negative, generally characterizing the counselling experience as uncomfortable and unhelpful. One participant experienced a microinvalidation (Hook et al., 2016) in session, where the counsellor assumed academic pressure based on ethnic background was at the heart of the presenting problem, and the participant reported that her condition worsened as a result of such stereotyping. This result is consistent with Hook et al.'s (2016) finding that microaggressions by the counsellor, such as microinvalidation, can contribute to negative counselling outcomes with racialized clients, which appears to include bicultural clients as well. Keeping counselling secret from family members, whether actual experiences or intentions to pursue counselling, served to avoid either burdening or being burdened by parents. Although it has been found elsewhere in the literature that stigma serves as a reason immigrants hide the fact that *family members* struggle with mental health (Wood & Newbold, 2012), the results of this study indicate that individuals also tend to conceal *their own* struggles with mental health and that they do so to “avoid burden” (whether on themselves or others) in addition to stigma. Despite the barriers to seeking services and the

negative experiences of counselling, the women of this study still perceived counselling positively.

Hopes for counselling. Contrary to research suggesting benefits of matching counsellor and client on certain characteristics (e.g., gender, race, religion) (Cabral & Smith, 2011; Coleman et al., 1995), the women in this study were mixed in their responses to ideal counsellor characteristics. Some preferred a female and/or an Asian counsellor while others had no preferences, stating that cultural understanding was of greater import than counsellor-client similarity. These mixed responses could be explained by level of acculturation, given Swift et al.'s (2013) observation that bicultural individuals who identify less with their Asian identity tend to prefer ethnically dissimilar counsellors. Counsellor knowledge about the client's cultural background was ubiquitously supported, with a particular focus on understanding academic pressure, bicultural tensions, lack of familial support, misperceptions about counselling, and misunderstandings about GBV. In addition to counsellor qualities such as openmindedness, honesty, and authenticity, gaining practical skills and solutions from counsellors that can be applied beyond the counselling relationship were commonly identified as ideal outcomes. This preference for practical guidance and autonomy can be understood as either independent coping, often associated with Western culture, or as forbearance, a practice aligned with Asian values (Kuo et al., 2006). Past research has found that Chinese Canadian women tend to resolve "difficulties on their own" (Zaheer et al., 2016, p. 46), which can be misconstrued as individualistic coping rather than the values of self-endurance and maintaining family harmony.

Considerations for Interviewing on Gender-Based Violence

There have been several ethical concerns around trauma-focused research, such as the "validity of informed consent decisions by participants about whether to re-expose themselves to these memories and their ability to accurately anticipate their degree of distress" (Newman, Walker, & Gefland, 1999, p. 187). Because this study collected personal stories about sensitive topics, namely gender-based violence, additional measures were used to minimize risk. One such measure was providing the interview guide in advance of the interview during the recruitment process. There are potential advantages and disadvantages of providing prospective participants the interview guide in advance of the interview. Advantages might include affording potential participants space to consider the risks for themselves before making a decision, and time to reflect and prepare their answers (Newman et al., 1999; Pearce et al., 2014; Seidman, 2006);

whereas the disadvantage is that answers from participants may be more vulnerable to the agenda set by the questions on the interview guide, subsequently losing the process of free association (Holloway & Jefferson, 2000). During the recruitment phase of this study, one prospective participant ultimately decided to decline participation in the study citing that the questions unexpectedly provoked discomfort for her. My experience with this study supports the protocol of providing interview questions in advance in so far as it acted as a measure that reinforced ongoing informed consent and appeared to have helped prevent retraumatization among women who experienced GBV.

Another interesting interview observation regarded how one participant chose not to disclose about her experience with GBV. While she did not offer reasons (nor was asked in order to minimize possible coercion), she expressed enthusiasm when local resources were provided at the end of the interview despite her previous assertion that she did not “need counselling.” This led me to speculate whether she had had a recent trauma experience or perhaps had unresolved trauma related to GBV, which may have had a bearing on her readiness to disclose (Herman, 2015). While research has shown positive interview experiences related to disclosing trauma (even when trauma is close in time with the interview) are more common than negative ones (Griffin, Resick, Waldrop, & Mechanic, 2003; Newman et al., 1999), I opted to resist the temptation of advocating for disclosure and took the client’s lead. This meant obtaining less data about GBV but ensured an ethical stance toward the participant.

A final implication was the potential effects of recent GBV on the interview process. One participant shared her recent sexual assault as well as her extensive history with violence, which made her an important voice on GBV but may have influenced her responses to questions throughout the research interview. As this participant also reported dizziness just before the interview began, I speculated about whether/how her recent experience with GBV may have impacted her level of comfort in the interview and whether her physiological symptoms might have been related to trauma. It is possible that a trauma-near experience may affect participants’ ability to regulate emotions and develop trust in the researcher (Herman, 2015). Because of my knowledge of her recent sexual assault and physical discomfort, I believe I was more sensitive and reticent to probe about GBV or topics that may retraumatize the interviewee. This participant also acknowledged during the member checking process that some of the themes, particularly

those pertaining to family values and reactions, did not match closely with her experiences. Thus, the unique circumstances of this participant may have affected the results.

Contributions and Implications

Biculturalism has traditionally been understood as the process of adding ethnic and mainstream culture to form an experience, yet much of the research exists in silos as evidenced by the disproportionate focus on first-generation immigrant, acculturative stress, and the American context (Rudmin, 2009; Warner, 2008). Biculturalism research has seldom examined the implications of having multiple social identities interact, such as racial discrimination and intergenerational conflict. As research on biculturalism has relied primarily on quantitative methods, the rich and contextualized findings of this study make the case for the use of qualitative or mixed methods, or the incorporation intersectionality theory into quantitative methods (Nguyen & Benet-Martínez, 2013; Wei, Carrera, & Li, 2014).

Intersectionality theory posits that experience cannot be reduced to each individual identity, as identities “interact with each other to create specific manifestations that cannot be explained by each alone” (Warner, 2008, p. 454). Indeed, the various definitions of biculturalism participants offered in this study are not fully encompassed by traditional understandings of the phenomenon by virtue of having created space for multiple intersecting identities. This study offers insight into how biculturalism itself may be a site of intersectionality, with the complex interaction of ethnic culture and mainstream culture producing unique struggles. Intersectionality theory shows promise in providing a novel lens through which to understand the interaction between biculturalism and other identities, such as gender, religion, and generation. Future acculturation research, especially on biculturalism, would benefit from expanding conceptualizations of identity as stable and independent to encompass various social identities and the context of each identity.

The findings of this study bring awareness to *how* various identities can affect attitudes toward counselling, help-seeking, and counselling experiences. Knowledge of the intersection of multiple identities and the subsequent challenges is imperative for culturally sensitive practice that counselling psychology is committed to and expected to uphold (CCPA Standards of Practice, 2015; Collins & Arthur, 2010). The results confirm that bicultural individuals can experience unique struggles, which can potentially impact their wellbeing, contrary to some of the existing research (Nguyen & Benet-Martínez, 2013). Counsellors should be mindful of such

implications and utilize interventions that are geared toward the exploration of intersectionality and the resulting idiosyncrasies.

This study advances knowledge about seeking counselling and counselling experiences among second-generation Asian Canadian women. The findings demonstrate that generational identity can have important implications on counselling attitudes and knowledge with “older generations” revealing stigma associated with mental health and reticence in seeking professional services. The negative messaging about mental health and counselling from both the Canadian context and the Asian community can result in a double burden for second-generation Asian Canadians (Warner, 2008). Since cultural context may exacerbate or be the source of barriers to counselling, counsellors could invite discussions early on with clients about how they entered counselling and validate their efforts to seek counselling. Future studies could explore whether and how cultural context might influence help-seeking among other generational groups (e.g., 1.5 or third generation), other Asian subgroups (e.g., South Asian or Pacific Islanders), or other groups who arrive to Canada by various means (e.g., international students, migrants, or refugees). Participants who have extensive experience with counselling may also be included in future studies. Since depression is closely associated with GBV (Wong et al., 2016), future research may examine the prevalence of depression and how it could be a factor in seeking counselling among this population.

The findings also indicate that certain counsellor characteristics (e.g., ethnicity or gender) may or may not matter to Asian Canadian clients, but certain cultural knowledge may be expected of counsellors (e.g., the stigma of mental health from their Asian community or Asian values of self-endurance and maintain family harmony). Areas to learn more about that could be valuable to the therapy process include the client’s family composition and availability of social support, interventions sensitive to values of collectivism and forbearance, and coping strategies geared to increased independence. As experiences of microaggression within the counselling context can result in negative therapeutic outcomes, counsellors must maintain a balance between culturally informed practice and applying knowledge about culture to clients. In the future, researchers can examine the role of levels of acculturation to better understand how much of and whether second-generation Asian Canadian coping comes from Asian or Western influences and how best to incorporate cultural specific coping into clinical practice.

Gender-based violence. Finally, this study offers important insight into the experiences of GBV in the context of various social locations. Since understandings of GBV are obscured further by a patriarchal context found in both Canadian and Asian contexts (McKenzie et al., 2016), counsellors may need to consider a greater role in the psychoeducation and exploration of GBV with clients. Such explorations might lead to better understandings of the client's family support, or lack thereof, as well as the stigma associated with GBV. Counsellors should also be aware of how certain identities or "isms" (e.g., racism and sexism) might intersect to create unique forms of GBV for Asian Canadian clients, for example the experiences of fetishizing found in this study. The findings raise important implications for future research, as they demonstrate the potential of other identities that did not emerge in this study (such as sexual orientation and socioeconomic status) to also contribute to unique challenges for Asian clients, namely understanding, experiencing, help-seeking, and coping related to GBV.

Limitations

Other than small sample size, there are several factors related to participant characteristics that may impact the transferability of the findings, such that participants were: (a) university students, with some studying psychology; (c) recruited from one university located in Eastern Canada; (d) women from East and Southeast Asian backgrounds, (e) not extensively involved in counselling, and (f) included only if they did not disclose imminent risk of suicide. Due to their demographics, participants may have been highly acculturated and educated, particularly about mental health, which could have influenced the results. However, it must be acknowledged that academia is an important feature of second-generation Asian experience and history as the findings of this study demonstrate.

Methodological limitations of this study include (a) the homogenization of Asian women's experiences, (b) reliance on participants' reconstruction of past experiences, (c) researcher assumptions and biases inherent in the interpretation of stories, and (d) limited understanding of participants' life context. Holloway and Jefferson (2000) argued that qualitative and interview-based research relies on the assumption that interviewees are "incontrovertible experts" (p. 298) on their experiences. While social constructivist theory does assert the interviewees' expertise on their own lives, I echo the authors' sentiment that human memory is flawed, and introspection and transparency are not guaranteed. Although narrative inquiry pursues a robust understanding of a single person's life, this study opted to include multiple

participants (Creswell, 2013). Additionally, this study was limited in time and conducted one interview with each participant, which only afforded a miniscule glimpse into the participants' complex lives.

Concluding Remarks

Second-generation Asian Canadian women have unique experiences due to their generational, cultural, and gender identities. When factors from their various identities interact, bicultural women often contend with divergent cultural values, incongruous parental expectations, racial discrimination, and patriarchal contexts that raise important considerations for attitudes toward and utilization of counselling services. To better serve diverse populations, practitioners would do well to employ holistic approaches and interventions that are sensitive to cultural contexts, including intersectionality. Beyond possessing competent knowledge about cultures, continued investigation and reflection on the “how” of cultural impacts on clients will help uphold the Canadian standard of multicultural practices.

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Appendix A

Certificate of Ethics Approval

28/02/2018

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-01-18-296
Titre du projet / Project Title	Between Two Cultures: Asian-Canadian Women's Perceptions of Counselling in the Context of Gender-Based Violence
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	28/02/2018
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	27/02/2019

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Betty YEUNG	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Cristelle AUDET	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

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28/02/2018

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche



University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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Appendix B
Recruitment Poster

Participants Needed!

Are you a second-generation Asian-Canadian woman? Have you experienced gender-based violence?



You are invited to participate in a study that explores perceptions and experiences of counselling among second-generation bicultural women. This study could help inform multicultural counselling practices. Participation involves a 1 to 1.5 hour in-person interview, which is completely voluntary and confidential, and you will receive \$20 for your participation. To participate, you must:

- Self-identify as a woman, as a second-generation immigrant, and as Asian-Canadian
- Have experienced some form of gender-based violence (intimate partner violence, sexual assault, verbal abuse, stalking, etc.)
- Be at least 18 years of age
- Not currently at high risk of suicide
- Not currently be engaged in therapy where simultaneous participation in the study may pose a risk

Participants will be accepted on a first-come first-served basis. Should there be more volunteers than required of the study, participants will be selected to ensure equal representation of the diverse Asian subgroups. You are not required to have accessed or currently be in counselling.

For more information or to participate, please contact Betty Yeung. I am a master's student at the University of Ottawa studying Counselling Psychology. This research has received the approval of the University of Ottawa's Research Ethics Board and is supervised by Dr. Cristelle Audet.

Appendix C

Letter to Professional Contact

Dear [Name],

I am a graduate student of the Counselling Psychology program at the University of Ottawa. I am currently completing my master's thesis supervised by Dr. Cristelle Audet. This study focuses on second-generation Asian Canadian who have experienced gender-based violence and their perspectives on counselling. I hope to gain a better understanding about the perceptions of counselling in the context of bicultural identity and gender-based violence. This knowledge may help inform counsellors' practice and improve their work with this population.

Individuals who self-identify as (a) second-generation immigrants, (b) Asian Canadian, and (c) women are invited to participate in this study. They must be at least 18 years of age. Participants may or may not have accessed counselling; having counselling experience is not a requirement to participate. Participation comprises an in-person interview that lasts approximately 1 to 1.5 hours along with financial compensation.

I would greatly appreciate your assistance in the recruitment process by disseminating information regarding this study to any women who may be interested. You will find enclosed with this letter a recruitment poster to circulate in your network either digitally via your email distribution list or by posting in wait areas on your premises. If you require additional information or have any questions, please do not hesitate to contact me by telephone at [REDACTED] or via email at [REDACTED]. You may also reach Dr. Cristelle Audet at [REDACTED] or at [REDACTED]. Thank you for your time and assistance.

Sincerely,

Betty Yeung

Appendix D

Study Description

Greetings,

My name is Betty Yeung, and I am a graduate student of the Counselling Psychology program at the University of Ottawa. I am currently completing my master's thesis supervised by Dr. Cristelle Audet. This study focuses on second-generation Asian Canadian who have experienced gender-based violence and their perspectives on counselling. If you are interested, I would like to extend an invitation for you to participate in this study.

Purpose

The objective of this study is to gain knowledge about the perspectives and experiences of Asian Canadian women to help inform counsellors and their work as culturally sensitive counsellors. The voices of Asian Canadian women are often underrepresented in both the media and research. My hope as a fellow Asian Canadian woman is to increase visibility and empower our voices.

Participants

You are invited to participate in the study if you:

- Self-identify as a second-generation Asian Canadian woman
- Have experienced any form of gender-based violence (ex. intimate partner violence, sexual assault, physical or verbal harassment, childhood sexual abuse, stalking, etc.)
- Are 18 years old or older

You are not required to have accessed or to be currently in counselling. However, persons who are experiencing serious mental health concerns, such as having high risk of suicidality, or are currently in therapy where simultaneous participation in this study may pose a risk will not be included in the study. Participation is on a first come first served basis. Should there be more volunteers than required of the study, participants will be selected via purposeful sampling to ensure equal representation of the diverse Asian subgroups (Southeast Asian, East Asian, South Asian, and Pacific Islanders).

Participation in the Study

If you decide to join the study, you will be invited to complete a demographic questionnaire and an in-person interview lasting approximately 1 to 1.5 hours. You will receive in advance a copy of the general questions that will be asked during the interview. Interview questions will seek your perceptions on counselling, your Asian Canadian identity, and your experiences with gender-based violence. We can arrange a time and location for this interview that is convenient for the both of us. If you provide your consent, the questionnaire and interview responses will be audio-recorded and then transcribed.

As a participant, you have the right to at any time:

- Ask any questions about the study
- Decline to answer any questions
- Stop the interview or audio-recording
- Withdraw from the study without any negative consequences
- Choose what information to disclose or not to disclose with the understanding that your real name will not be used and transcripts will be de-identified
- Ask for and be given your interview transcripts as well as a summary of analysis of your interview

Once the data has been collected, you will be invited to provide feedback about my data analysis. If you agree to participate in this portion of the study, you will be provided via email with a summary of the themes that emerged from my interpretation of all transcripts as well as questions to ensure your voice is accurately represented. Your responses to these questions can be returned via email. You will receive a \$20 honorarium for your time and participation.

Potential Risks

Discussing your personal experiences with counselling or gender-based violence can produce discomfort or distress. Your participation is completely voluntary, and you can refuse to answer questions or withdraw from the study at any time without penalty. You may also inform me of your discomfort. After each interview, I will provide all participants with local resources of support services for their consideration.

Potential Benefits

This interview may provide an opportunity to discuss topics that are not often talked about, which may be a positive experience for some. You will also contribute to an understanding of Asian Canadian women's perceptions and experiences aimed to improve counselling services offered to other Asian Canadian women.

Privacy and Confidentiality

The information and interview you provide will be completely confidential. You will be invited to select your own name (a pseudonym) to maintain anonymity. Your identity will not be revealed at any time, and only your pseudonym will appear in interview transcripts, thesis manuscript, and future publications. Data collected from this study will be kept secured and confidential for five years and subsequently destroyed.

If you have any questions or are interested in participating in the study, please contact me by phone at [REDACTED] or by email at [REDACTED]. Dr. Cristelle Audet can be reached at [REDACTED] or [REDACTED]. Thank you for your time and consideration.

Sincerely,

Betty Yeung
University of Ottawa

Appendix E
Screening Checklist

The participant:

- self-identifies as Asian Canadian (Southeast Asian, East Asian, South Asian, and Pacific Islanders).
- self-identifies as second-generation immigrant (I was born in Canada, but my parents were born in Asia).
- self-identifies as a woman.
- is 18 years old or older.
- is not currently experiencing suicidal thoughts or any other serious mental health concerns (SAFE-T)¹⁰.
- does not have a plan to self-harm or make an attempt (SAFE-T).
- has not had suicidal thoughts or has made attempts in the past month (SAFE-T).
- is not currently involved in high-risk counselling.

¹⁰ Checklist items identified as SAFE-T are drawn from the Suicide Assessment Five-Step Evaluation and Triage—a questionnaire developed by Screening for Mental Health, Inc. and the Suicide Prevention Resource Centre commonly used to assess suicide risk.

Appendix F

Local Resources

Crisis Lines	Mental Health Services
<p>Mental Health Crisis Line</p> <p>An all-encompassing crisis service offered in English and French. Available 24/7.</p> <p>██████████</p> <p>1-866-996-0991</p> <p>www.crisisline.ca</p>	<p>Family Services ██████████</p> <p>Family Services ██████████ offers crisis intervention, counselling, family counselling, support groups, and assessment.</p> <p>██████████</p> <p>████████████████████</p>
<p>██████████ Distress Centre</p> <p>An all-encompassing crisis service in English. Available 24/7.</p> <p>██████████</p> <p>████████████████████</p>	<p>██████████ Community Health Centre</p> <p>██████████</p> <p>Offers crisis support, counselling, family counselling, LGBTQ+ counselling, support groups, health services, and resources.</p> <p>██████████</p> <p>████████████████████</p>
<p>██████████ Rape Crisis Centre ██████████</p> <p>Provides English service to survivors of sexual violence, supporters, and family and friends of survivors. The crisis line volunteer counsellors provide crisis intervention on issues such as: childhood sexual abuse, recent sexual assault, flashbacks and suicide intervention. Crisis line available 24/7.</p>	<p>██████████ Community Health Centre</p> <p>██████████</p> <p>Offers crisis support, counselling, family counselling, support groups, health services, and resources.</p> <p>██████████</p> <p>████████████████████</p>

<p>[REDACTED]</p> <p>[REDACTED]</p>	
	<p>[REDACTED] Community Health Centre</p> <p>[REDACTED]</p> <p>Offers crisis support, counselling, family counselling, health services, and resources.</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

Appendix G

Demographic Information Questionnaire

Pseudonym: _____

Date: _____

1. How old are you?
2. Are you a university student? What program? How did you find out about the study?
3. What is your ethnic/cultural background?
4. Place of birth:
 - a. Where were you born?
 - b. Your parents?
 - c. Your grandparents?
5. If you/they were born outside of Canada:
 - a. How old were you when you immigrated to Canada?
 - b. How old were your parents/when did they immigrate to Canada?
 - c. How old were your grandparents/when did they immigrate to Canada?
6. What language(s) do you speak at home?
7. Can you fluently speak your ethnic language?
8. Can you understand but not speak your ethnic language?

Counselling

9. If you have accessed counselling, how many sessions did you attend?
10. How often did you see your counsellor(s)? (ex. weekly, monthly, etc.)
11. How many counsellors have you seen?
12. What was the ethnic/cultural background of your counsellor(s)?
13. What was the gender of your counsellor(s)?
14. Were you able to choose the counsellor(s) you worked with? If yes, how did you go about choosing them?

Appendix H
Interview Guide

<i>Questions</i>	<i>Notes & Reflections</i>
<i>Counselling in the Asian Canadian Community</i>	
<p>Tell me about what it means to be bicultural.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • How do you define being bicultural? • What does it look like? Can you share an example? 	
<p>Tell me about the concept of counselling within the Asian community.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • What messages have you picked up about counselling? Can you share an example? • What stands out for you? • How do you make sense of that? 	
<p>Tell me about your family’s perceptions of counselling.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • How have family members responded (or might respond) to you seeking counselling? • Who in your life would support the idea the most/the least? • How do you make sense of that? 	
<i>Counselling Perceptions</i>	
<p>Tell me what counselling means to you.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • In what ways might your Asian Canadian identity be 	

reflected in this?	
<i>If she has no counselling experience</i>	
Tell me about what stopped you from seeking counselling. <i>Prompts:</i>	
<ul style="list-style-type: none"> • What, if anything, got in the way? • What might it be like to look for/work with a counsellor? 	
<i>If she has counselling experience</i>	
Tell me about a time when counselling became part of your life. <i>Prompts:</i>	
<ul style="list-style-type: none"> • How did you decide to seek counselling? What was that like? • How did you see counselling before/during/after participating in it? 	
Tell me about your experience with your counsellor. <i>Prompts:</i>	
<ul style="list-style-type: none"> • What stood out for you: <ul style="list-style-type: none"> ○ as an Asian Canadian woman? Can you share an example? ○ when sharing your experiences with gender-based violence? Can you share an example? • What did you find most/least helpful? Can you share an example? 	
<i>Gender-Based Violence</i>	
Tell me about a time you experienced gender-based violence.	

<p><i>Prompts:</i></p> <ul style="list-style-type: none"> • How did you cope with the experience? What was most/least helpful? • How did/might your family/community respond to your experience? Can you share an example? • How did your experience with violence shape your view of counselling, if at all? Can you share an example? 	
<p><i>“Ideal” Counselling</i></p>	
<p>Tell me about what an “ideal” counselling experience would look like.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • What would the counselling relationship look like? Counselling process? Counselling outcome? Can you give some examples? 	
<p>Tell me about what an “ideal” counsellor would be like.</p> <p><i>Prompts:</i></p> <ul style="list-style-type: none"> • What would be helpful for counsellors to know about working with Asian Canadian women who have had experiences of gendered violence? Can you give some examples? 	
<p><i>Final Thoughts</i></p>	
<p>Are there any comments you would like to add or share at this time?</p>	
<p>What was it like for you to participate in this interview?</p>	

Appendix I

Informed Consent Form



Université d'Ottawa | University of Ottawa
 Faculté d'éducation | Faculty of Education

Between two cultures: Understanding bicultural Asian-Canadian women's experiences and their views toward counselling

Names of researchers and contact information:

Betty Yeung, MA Student
 Principal Investigator
 Faculty of Education
 University of Ottawa

Dr. Cristelle Audet, PhD
 Thesis Supervisor
 Faculty of Education
 University of Ottawa

Invitation to Participate: I am invited to participate in a master's research study conducted by Betty Yeung under the supervision of Dr. Cristelle Audet.

Purpose of the Study: I understand that the purpose of this study is to collect stories in order to better understand Asian-Canadian women's perspectives of counselling in the context of gender-based violence and bicultural identity.

Participation: My participation will consist of an in-person meeting where I will complete a questionnaire about my demographic information along with an interview about my experiences with gender-based violence and perspectives on counselling with the researcher. The time needed for the interview is approximately 1 to 1.5 hour. This will take place at a mutually convenient time and location. My responses to the demographic questionnaire and during the interview will be audio-recorded and the interview will be transcribed for analysis. I will also be invited to provide feedback via email regarding the researcher's resulting analysis of the transcript of my interview within a two-week period of receiving the analysis. Participation is on a first come first served basis. Should there be more volunteers than required of the study, participants will be selected via purposeful sampling to ensure equal representation of the diverse Asian subgroups.

Assessment of risks: My participation in this study will entail possible risks. There may be some minor physical discomfort, such as tiredness, or psychological discomfort, such as stress and anxiety, by partaking in an approximately 1-hour long interview discussing personal experiences. However, if I experience any discomfort, I will inform Betty. She will provide me with resources to local support services at the end of the interview. I may decide to stop the interview at any time or refuse to answer any questions.

Benefits: By expressing some personal ideas about my experiences with gender-based violence as an Asian-Canadian woman, I will contribute to a broader understanding of the subject from the perspective of a bicultural person living in Canada and the implications of those experiences on counselling.

Appendix J

Summary of Results Response Form

1. To what extent do the themes match your experience?

[Insert text here]

2. Is there anything you would change?

[Insert text here]

3. Is there anything you would like to add?

[Insert text here]

4. Is there anywhere that you feel misrepresents you or your experiences?

[Insert text here]