

# Intergenerational Trauma and Southeast Asian American Youth in California



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**RISE**  
FOR BOYS AND MEN OF COLOR



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## 1 Introduction

Asian Americans are the fastest growing racial/ethnic group in the United States (U.S.), comprising 17.3 million Asian Americans and 5.6% of the total U.S. population.<sup>1</sup> Asian Americans are an immensely diverse community with at least 23 ethnic communities identified by the U.S. Census Bureau. Understanding the conditions and social determinants of the health of various Asian American communities begins with recognizing the diversity, multiplicity, intersectionality, and disparities within and among various Asian American ethnic groups.

To reveal the nuances of the Asian American experience, this brief specifically focuses on the experience of Southeast Asian Americans (SEAs), comprised of those who share the political and historical experience of coming to this country as refugees from the U.S. occupation of Cambodia, Laos, and Vietnam. Since 1975, more than one million Southeast Asian refugees have resettled in the U.S., making Southeast Asians the largest refugee community ever to be resettled in the country.

Today, SEAs total more than 3.1 million throughout the country, with the largest SEAA communities residing in California (992,257), Texas (292,464), Minnesota (127,518), and Washington State (126,617).<sup>2</sup> Other states with a SEAA population larger than 61,000 include Massachusetts, Florida, Virginia, Georgia, Pennsylvania, and Wisconsin.<sup>3</sup> Since SEAA families fled war and genocide to seek refuge in this country over 40 years ago, SEAA communities continue to be disproportionately underserved. SEAs face high rates of poverty, low education attainment, high rates of criminalization, and have little access to culturally appropriate health and mental health care.

This brief is centered on research that demonstrates how individual and group health outcomes are influenced by experiences before, during, and after migration of the refugee experience.<sup>4</sup> Specifically, this brief looks at how the unique historical and socioeconomic experiences of the SEAA community contribute to ongoing trauma for SEAA youth today, with a focus on California.

This brief begins by defining trauma and how it relates to the SEAA experience. It then examines intergenerational trauma through identifying key traumatic pre-and-post-migration experiences and their impacts on current socioeconomic challenges, and expands the narrative by spotlighting data from a California youth report. The brief concludes with policy recommendations to address intergenerational trauma in the SEAA community.

- **Pre- and Post-Migration Experiences**

- o Brief history of wars prior to the refugee experience
- o Trauma of the refugee experience

- **Current Day Socioeconomic Distress**

- o Economic insecurity
- o Access to education
- o Access to culturally and linguistically appropriate resources

- **Expanding the Narrative: Today's youth experiences**

## 2 Defining Trauma

Since the 1970s, trauma theory has been increasingly incorporated into various disciplines that seek to heighten understanding of contemporary issues. *Trauma* is often defined as emotionally and physically distressing experiences that challenge an individual's ability to cope.<sup>5</sup> The concept of *cultural trauma* complicates the definition of trauma, as it moves beyond the individual experiences to include how a traumatic event can reformulate a whole group's memories and identities.<sup>6</sup> *Intergenerational trauma*—also known as *historical trauma*—occurs when trauma is not addressed in previous generations; as a result, trauma is passed on through generations within families and communities.<sup>7</sup> Key elements of intergenerational trauma for this brief include the following.

- **Lasting effect that worsens with each generation.** Trauma has been shown to have a lasting effect on communities, where unresolved trauma becomes more severe each time it is passed onto subsequent generations.<sup>8</sup>
- **Biological mechanisms.** Research has also shown that epigenetic modifications to DNA expression have emerged as key biological mechanisms contributing to intergenerational transmission.<sup>9</sup>
- **Parent-child relationships.** Some research has proposed that parents who experience trauma may have difficulty establishing secure attachments to their children, which results in impaired parenting capacities and poor self-image by children in relation to their surroundings.<sup>10</sup>
- **Culture of silence creates internal and external trauma for children and youth.** There is often a culture of silence within families that have experienced trauma, which inhibits healing. Children learn to internalize this silence and respond based on what they imagine occurred to their traumatized parents, even if they do not truly know or understand.<sup>11</sup> Adolescents can develop internal symptoms of trauma, such as post-traumatic stress disorder (PTSD), depression, and anxiety, as well as external symptoms such as substance use, aggression, and delinquency.<sup>12</sup> Additionally, exposure to trauma can create major consequences, including low self-esteem, challenges with associative absorption, emotional maturity, sustaining healthy interpersonal relationships, and cognitive/mood changes.<sup>13</sup>

### 3 Brief Pre- and Post-Migration History

History of Wars Prior to the Refugee Experience – Ongoing trauma among SEAA refugee communities is rooted in a long history of war and occupation in Cambodia, Laos, and Vietnam. Generations of Southeast Asians lived through wars. Before the U.S. wars and protracted bombings in Cambodia, Laos, and Vietnam, Southeast Asians were directly impacted by World War 2 (1939-1945) and the First Indochina War (1946-1954). Southeast Asians also lived under both French (1887-1941 and 1945-1954) and Japanese (1941-1945) military occupation. The U.S. Vietnam War (1955-1975) was mirrored by the Secret War in Laos (1955-1974) and followed by the Cambodian Genocide (1975-1979).

After the Vietnam War, millions of Southeast Asian refugees fled Cambodia, Laos, and Vietnam to escape persecution. They poured into refugee camps in neighboring countries and resettled in western countries, such as the United States and France. Southeast Asian refugees found refuge in the United States, but they had few resources available to serve their social and mental health needs.

Historical Trauma of the Refugee Experience - Historical events and circumstances shape the mental health profile of any racial and ethnic group. During the four years of Pol Pot's regime (1975-1979), between 1 and 3 million of the 7 million people in Cambodia died through starvation, disease, or mass executions. Families and communities in Laos and Vietnam faced violent re-education camps and mass persecution. Southeast Asian families were separated and torn apart. Countries of people fled their homes to survive; many lost their lives, and some were able to seek shelter in refugee camps. This mass collective trauma and the stressors associated with relocation, including English language difficulties and cultural conflicts, continue to affect the emotional health of many SEAA refugees and their children.<sup>14</sup>

Today, many SEAs suffer from PTSD because of their histories of war, conflict, and resettlement.<sup>15</sup> A 2005 study in Long Beach found that 62% of older Cambodian adults experienced symptoms of PTSD and 51% had major depression, compared to 3% of the general population in the United States who experience PTSD and 7% who experience major depression.<sup>16</sup>

Additionally, a double silence exists within families and also within society. Many refugees feel voiceless and powerless in their new environments, and they often refrain from talking about their experiences, even within their families.<sup>17</sup> Due to cultural stigma, many SEAA refugees avoid discussing their trauma and rarely access professional mental health services. When emotional wounds are left unhealed, the pain carries over to their children and future generations.<sup>18</sup>

### 4 Defining Trauma

**ECONOMIC SECURITY** — Upon arrival to the United States, most SEAA refugees were resettled in low-income neighborhoods plagued with street crime, violence, and under-resourced schools. These conditions were often exacerbated by the hostile reception of pre-existing communities that had little understanding of these refugee communities. Poverty and economic instability can negatively impact an individual's well-being and can have a direct impact on the brain and body.<sup>19</sup> Some SEAA ethnic groups today continue to have some of the highest rates of economic distress of any other U.S. ethnic or racial group.

- 14% of Cambodian men, 12% of Hmong men, and 13% of Laotian men are unemployed, rates that are double the general Asian American and Pacific Islander (AAPI) population's unemployment rate.<sup>20</sup>
- California's SEAA children have the highest rates of poverty: 42% of Hmong children and 33% of Cambodian children live under the poverty line, compared to 23% of California's children overall.<sup>21</sup>

**EDUCATION ATTAINMENT** — Research shows that education attainment directly correlates to health outcomes. People with greater education attainment have more access to resources and opportunities, feel more in control of their lives, and are able to develop stronger support systems, which enable healthy outcomes.<sup>22</sup> While many Asian American ethnic groups have a higher college attainment rate than the general U.S. population, SEAA communities have glaringly low education attainment rates. These rates also differ by gender.

- 34.3% of Laotian, 38.5% of Cambodian, 39.6% of Hmong, and 30.2% of Vietnamese American adult populations do not have a high school diploma, compared to 14.4% of U.S. adults.
- High school completion rates of Hmong and Laotian males are lower than their female counterparts.<sup>23</sup>
- 15.8% of Cambodian, 14.2% of Hmong, 10.4% of Laotian, and 29.5% of Vietnamese American adults in California, 25 years and older, hold a bachelor's degree or higher, compared to 49% for the general Asian American population.<sup>24</sup>

Additionally, school culture and climate have direct impacts on education performance and outcomes. While little disaggregated data exists on SEAA students around school culture, data on the AAPI students overall suggest that schools are not equipped to support youth to feel safe.

- 58.5% of Asian American high school students in Oakland do not feel safe and protected while they are at school.<sup>25</sup>
- AAPI students reported the highest rate of classroom bullying, 20% higher than any race or ethnic group.<sup>26</sup>

Schools also contribute to students' feelings of belonging or exclusion. This sense of exclusion is reflected in the lack of curricula within the K-12 system on wars in Southeast Asia or the experience of SEAA refugees in America. As a result, many SEAA students feel that their families' individual and collective memories are invisible to their teachers, classmates, neighbors, and society at large.<sup>27</sup>

**ACCESS TO CULTURALLY AND LINGUISTICALLY RELEVANT SERVICES** — Pervasive language and cultural barriers continue to prevent SEAA communities from accessing high quality, culturally, linguistically, and age-appropriate health and mental health care. For example, the majority of first-generation Cambodian and highland Laotian (i.e. Hmong, Lu-Mien, Khmu, and Thai-Dam) refugees had little-to-no formal education before arriving in the United States. Most are unable to read and write in their native languages and are limited English proficient (LEP), meaning they speak English less than very well. In California, nearly 92% of LEP adults reported unmet needs for mental health services, with about 70% receiving no treatment at all.<sup>28</sup>

- 41.2% of Cambodians, 39.7% of Hmong, 38% of Laotian, and 50.1% of Vietnamese Americans in California are LEP.<sup>29</sup>
- In California, Laotian, Cambodian, and Hmong Americans have the lowest ratio of native language-speaking physicians and nurses compared to all other racial/ethnic groups.<sup>30</sup>
- Overall, only 70 AAPI mental health providers are available for every 100,000 AAPIs in the United States.<sup>31</sup>

Additionally, a deep lack of awareness on health concepts can cause major health concerns to slip through the cracks because they are unknown. For example, many chronic diseases and mental health conditions are new to SEAA refugees, and many concepts do not have a direct translation in various SEAA languages. Lacking vocabulary and understanding of these serious issues prevents many from accessing services they need.

## 5 Expanding the Narrative: Today's Youth Experiences

Intergenerational trauma is a new concept in the SEAA community. There has been minimal research done on the effects of intergenerational trauma of war on second and third SEAA generations. This policy brief borrows from existing social and scientific intergenerational trauma research done in other communities to illustrate the similar impacts observed in the SEAA historical context and experiences of youth and their families. It also draws from past research that shows how combined with high rates of poverty and a lack of culturally appropriate services for youth, unaddressed trauma can have a negative impact on SEAA young people. For example, these individuals face disproportionately low rates of high school completion and high rates of arrest.<sup>32</sup>

To broaden the knowledge base on the state of health of SEAA communities, the Southeast Asia Resource Action Center (SEARAC) worked in collaboration with the Asian American and Pacific Islander Boys and Men of Color Coalition Helping Achieve Racial and Gender Equity (CHARGE) to conduct a statewide California Asian American and Pacific Islander (AA&PI) Youth Survey. The survey received 813 responses from various AA&PI ethnic groups. SEARAC and CHARGE then disaggregated the AA&PI youth data to reveal the successes, challenges, and disparities among these communities in five key conditions of health outcomes: school culture and climate, neighborhood culture and climate, economic security, mental health, and criminal justice. SEARAC and CHARGE also conducted five focus groups throughout California to dive deeper into the lives of AAPI youth and elevate their narratives.

### Through the survey data and focus groups, SEARAC and CHARGE found additional stressors SEAA youth face in addition to the transmission of intergenerational trauma:

- More than 40% of Cambodian, Lu-Mien, Laotian, and Hmong youth indicated their parents or guardians have either no English or low English fluency. During the focus groups, one youth participant described that “because of the language barrier, my dad can’t get a job.”
- 44% of Hmong, 56% of Cambodian, 64% of Laotian, and 68% of Lu-Mien youth responded they have not had classes that taught them about their racial/ethnic history, culture, and identity. One participant shared during the focus group, “I constantly tell people about our history. ... [Teachers] don’t teach it in school. I have to educate people about us, and that’s hard.”
- 36% of Laotian and 34% of Cambodian youth identified as not having positive coping mechanism when they are sad or angry.
- 49% of Laotian, 40% of Lu-Mien, and 38% of Cambodian American youth have used alcohol when they are sad or angry.

During the focus groups, a common theme that surfaced was the lack of love and belonging SEAA youth felt at home and at school. More than 50% of Cambodian and Laotian American males reported they do not have a positive adult ally at home to support and mentor them when they are having problems. Additionally, SEAA youth described significant mental and emotional stressors that result from having parents and elders who experience unresolved war traumas, in combination with generational gaps where they feel misunderstood by their parents and elders. These stressors compound on the other issues they face at school and in their neighborhoods.

## 6 Dialogic Reading

The wars in Cambodia, Laos, and Vietnam may have ended decades ago, but the effects linger for SEAA refugees and their subsequent generations. An understanding of historical context is essential for shaping prevention, early intervention, and intervention approaches to mitigate the lasting effects of intergenerational trauma of war on SEAA youth and families. The following are policy recommendations to deepen our understanding of the mental health challenges that SEAA communities face and to take SEAA socioeconomic needs into consideration. These are steps to begin addressing the glaring mental health disparities of SEAA youth and young adults, and to prevent future generations and communities from facing similar consequences.

- **Reveal hidden disparities through high quality, disaggregated data.**
  - Encourage and provide resources for institutions, state departments, and agencies to expand and report disaggregated AA&PI data in order for stakeholders, policymakers, and SEAA leaders to push for targeted resources addressing long-standing disparities in health access and educational opportunities, and
  - Critical institutions, departments, and agencies include but are not limited to K-12 and public higher education institutions, departments of health, departments of social services, and labor and workforce development agencies.
- **Protect and provide access to quality, affordable, and life-saving mental health services to SEAA youth and families, including:**
  - Protecting and expanding policies such as Medicaid,
  - Ensuring SEAA youth and families have access to culturally competent prevention and early intervention mental health services, such as those provided through state and federal mental health programs, and
  - Ensuring all communities regardless of immigration backgrounds have access to affordable and quality health care, such as policies that provide Medicaid to undocumented community members.
- **Increase SEAA representation in the healthcare and education workforce pipeline to ensure culturally and linguistically competent care.**
  - Explicitly target SEAA youth and families in outreach by labor and workforce development agencies, medical school internships, teacher preparation programs, etc.
- **Fully invest in public education, by:**
  - Expanding trauma-informed care training for staff and faculty,
  - Implementing quality Ethnic Studies curricula to help cultivate positive school cultures and climates for all youth to thrive,
  - Replace traditional school discipline and implement restorative or transformative justice models,
  - Increasing on-campus culturally competent support services and increasing culturally competent training for pre-K through higher education, including on-campus mental health therapists, student enrichment programs, retention programs, etc.,
  - Prepare students to be college- and career-ready, and
  - Increasing access to affordable higher education.

- **Invest in social safety nets and economic opportunities that alleviate poverty and improve safety by:**
  - Expanding social safety net programs to increase access to sustainable jobs, and
  - Increasing support services to immigrant and refugee communities.
- **Prevent future intergenerational trauma and effects by:**
  - Permanently ending the deportation of any refugee communities (including SEAs) and changing current immigration law, and
  - Ending U.S. investment and engagement in current and future wars

## 7 Conclusion

We still have much to explore in understanding how intergenerational, or historical, trauma impacts today's SEAA youth. However, the data we do have suggest that SEAA youth are experiencing intergenerational trauma that will only intensify without appropriate recognition of their needs and challenges. The data also indicate a need for the proper allocation of community resources for: 1.) improving data collection and reporting to gain a better understanding of inequities, 2.) education solutions that transform schools to meet student needs and assets, and 3.) culturally competent social services that address intergenerational trauma and health effects. While there is much to learn about the impact of intergenerational trauma, this brief offers a stepping stone to understand SEAA youth, the unique challenges they must overcome, and the policy solutions needed to dismantle the lasting effects of intergenerational trauma of war, ultimately bolstering resilience and moving our communities toward collective healing.



# Endnotes

- <sup>1</sup> Hoeffel E.M., Rastogi S., Kim M.O., et al. (2012). The Asian population: 2010 [Census brief]. Washington: U.S. Census Bureau. Retrieved from: [www.census.gov/prod/cen2010/briefs/c2010br-11.pdf](http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf)
- <sup>2</sup> 2011-2013 American Community Survey 3-Year Estimates [online]. (2018). Washington: U.S. Census Bureau. Retrieved from: [www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2013/3-year.html](http://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2013/3-year.html)
- <sup>3</sup> *Ibid.*
- <sup>4</sup> Yoo G.J., Le M., and Oda A.Y. (eds). (2013). *Handbook of Asian American Health*. New York: Springer.
- <sup>5</sup> Wilson A., Rich J., Rich L., et al. (2009). Healing the hurt: trauma-informed approaches to the health of boys and young men of color. Philadelphia: Center for Nonviolence and Social Justice and Department of Medicine at Drexel University. Retrieved from: [www.unnaturalcauses.org/assets/uploads/file/HealingtheHurt-Trauma-Rich%20et%20al.pdf](http://www.unnaturalcauses.org/assets/uploads/file/HealingtheHurt-Trauma-Rich%20et%20al.pdf).
- <sup>6</sup> Alexander J.C., Eyerman R., Giesen B., et al. (2004). Cultural trauma and collective identity. Berkeley, Calif: Regents of the University of California. Retrieved from: [www.bc.edu/bc\\_org/avp/cas/his/schloesser/HS041-042/fall/w03/resources/ALEXANDER\\_Cultural-Trauma.pdf](http://www.bc.edu/bc_org/avp/cas/his/schloesser/HS041-042/fall/w03/resources/ALEXANDER_Cultural-Trauma.pdf).
- <sup>7</sup> Duran E. (2006). *Healing the soul wound: counseling with American Indians and other native peoples*. New York: Teachers College Press.
- <sup>8</sup> *Ibid.*
- <sup>9</sup> Devakumar D., Birch M., Osrin D., et al. (2014). The intergenerational effects of war on the health of children. *BMC Medicine*, 12(1):57; doi: 10.1186/1741-7015-12-57.
- <sup>10</sup> Daud A., Skoglund E., and Rydelius P. (2005). Children in families of torture victims: transgenerational transmission of parents' traumatic experiences to their children. *International Journal of Social Welfare*, 14(1):23-32; doi: 10.1111/j.1468-2397.2005.00336.x.
- <sup>11</sup> Danieli Y. (1997). International handbook of multigenerational legacies of trauma. *The National Center for Post-Traumatic Stress Disorder PTSD Research Quarterly*, 8(1). Retrieved from: <https://www.ptsd.va.gov/professional/newsletters/research-quarterly/v8n1.pdf>.
- <sup>12</sup> Ngo HM. (2007). *Journal of Immigrant and Minority Health: Stressful life events, culture, and violence*. 9(2):75-84.
- <sup>13</sup> Corrado M. (2016). Trauma narratives with inner city youth: The Storiez intervention [dissertation, paper 77]. Philadelphia: University of Pennsylvania School of Social Policy and Practice. Retrieved from: [https://repository.upenn.edu/cgi/viewcontent.cgi?article=1080&context=edissertations\\_sp2](https://repository.upenn.edu/cgi/viewcontent.cgi?article=1080&context=edissertations_sp2).
- <sup>14</sup> U.S. Department of Health and Human Services (2001). *Mental health: culture, race, and ethnicity: a supplement to mental health*. Rockville, Md: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from: [https://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/Bookshelf\\_NBK44243.pdf](https://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/Bookshelf_NBK44243.pdf)
- <sup>15</sup> Office of the Surgeon General, Center for Mental Health Services, National Institute of Mental Health. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health. A Report of the Surgeon General*. Rockville (MD): Substance Abuse and Mental Health Services Administration (US), August 2001.
- <sup>16</sup> Marshall G.N., Schell T., Elliot M.N., et al. (2005). Mental health of Cambodian refugees two decades after resettlement in the United States. *JAMA*. 294(5):571-579; doi: 10.1001/jama.294.5.571.
- <sup>17</sup> Lin N.J., Suyemoto K.L., and Kiang P.N.C. (2009). Education as catalyst for intergenerational refugee family communication about war and trauma. *Communication Disorders Quarterly*, 30(4), 195-207; doi: 10.1177/1525740108329234.
- <sup>18</sup> The National Center for Post-Traumatic Stress Disorder, 1997.
- <sup>19</sup> World Health Report: Executive Summary [online]. (1995). Geneva, Switzerland: World Health Organization. Retrieved from [http://www.who.int/wfr/1995/media\\_centre/executive\\_summary1/en/](http://www.who.int/wfr/1995/media_centre/executive_summary1/en/).
- <sup>20</sup> Rho H.J., Schmitt J., Woo N., et al. (2011). Diversity and change: Asian American and Pacific Islander workers. Washington: Center for Economic and Policy Research. Retrieved from: <http://cepr.net/documents/publications/aapi-2011-07.pdf>.
- <sup>21</sup> The Campaign for College Opportunity. (2015). The state of higher education in California: Asian American, Native Hawaiian, Pacific Islander report. The Campaign for College Opportunity. Sacramento, Calif.: The Campaign for College Opportunity. Retrieved from: [http://collegecampaign.org/wp-content/uploads/2015/09/2015-State-of-Higher-Education\\_AANHPI2.pdf](http://collegecampaign.org/wp-content/uploads/2015/09/2015-State-of-Higher-Education_AANHPI2.pdf).
- <sup>22</sup> Mirowsky J. and Ross C.E. (2003). *Education, social status, and health*. New York: Aldine de Grueter.
- <sup>23</sup> Teranishi R. (2010). *Asians in the ivory tower: dilemmas of racial inequality in American higher education*. New York: Teachers College Press.
- <sup>24</sup> US Census Bureau, 2011-2013 American Community Survey 3-Year Estimates
- <sup>25</sup> Asian Health Services, AYPAL, and Banteay Srei. 2017. Raising AAPI youth visibility. <https://asianhealthservices.org/wp-content/uploads/2017/05/Raising-AAPI-Youth-Visibility-Report-FINAL-digital.pdf>. Oakland, California.
- <sup>26</sup> White House Initiative on Asian Americans and Pacific Islanders: Education [online]. (n.d.) Retrieved from: <https://sites.ed.gov/aapi/education/>
- <sup>27</sup> *Ibid.*
- <sup>28</sup> Grant D., Padilla-Frausto I., Aydin M., et al. (2011). Adult mental health needs in California: findings from the 2007 California Health Interview Survey. Los Angeles: UCLA Center for Health Policy Research. Retrieved from <https://escholarship.org/uc/item/1bv483kw>.
- <sup>29</sup> US Census Bureau, 2011-2013 American Community Survey 3-Year Estimates
- <sup>30</sup> Tseng W., McDonnell D.D., Takahashi L., et al. (2010). Ethnic health assessment for Asian Americans, Native Hawaiians, and Pacific Islanders in California. Berkeley, Calif.: UC Berkeley School of Public Health. Retrieved from: [www.apiahf.org/sites/default/files/PA-factsheet06-2010.pdf](http://www.apiahf.org/sites/default/files/PA-factsheet06-2010.pdf).
- <sup>31</sup> National Alliance for Mental Health Multicultural & International Outreach Center. 2003, accessed June 16, 2017, <http://www.naminy.org/images/uploads/pdfs/Asian%20American%20Community%20Mental%20Health%20Facts.pdf>
- <sup>32</sup> National Council on Crime and Delinquency. (2007). Under the microscope: Asian and Pacific Islander youth in Oakland needs, issues, solutions. Oakland, CA: National Council on Crime and Delinquency. Retrieved from: [www.asianprisonersupport.com/wp-content/uploads/2014/01/9167\\_UndertheMicroscopeUpdate2007\\_online.pdf](http://www.asianprisonersupport.com/wp-content/uploads/2014/01/9167_UndertheMicroscopeUpdate2007_online.pdf)

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