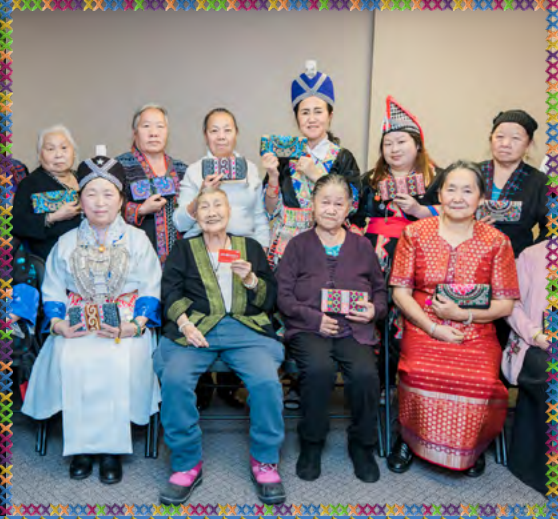
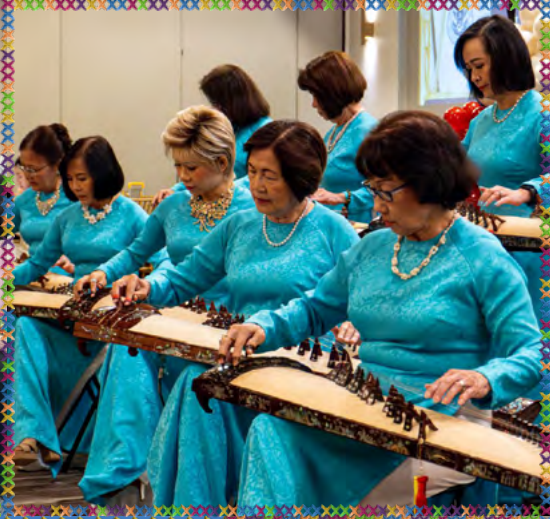
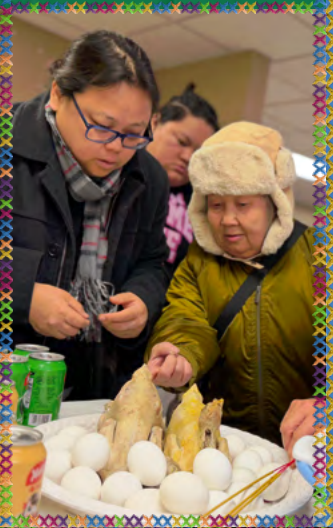
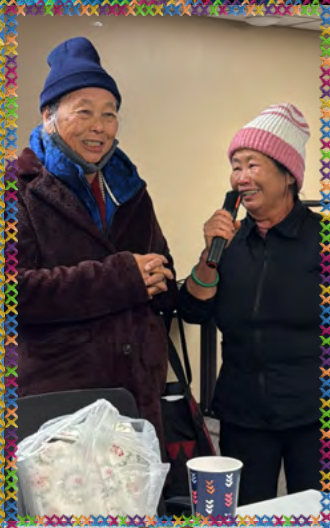
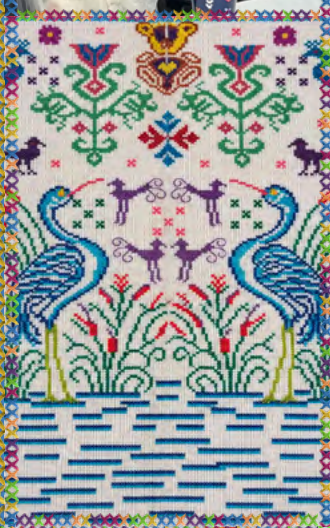




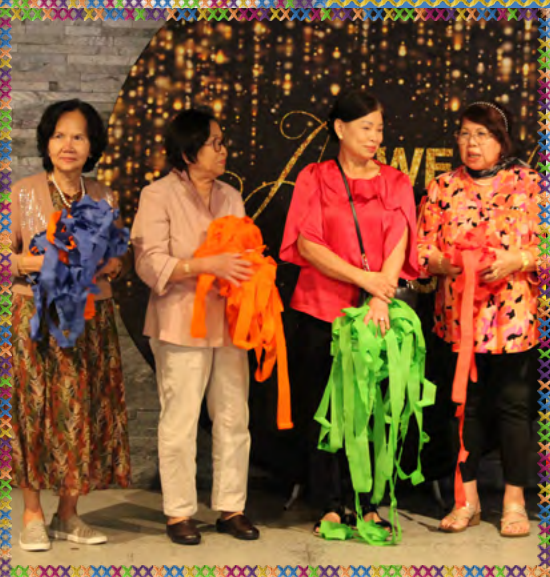
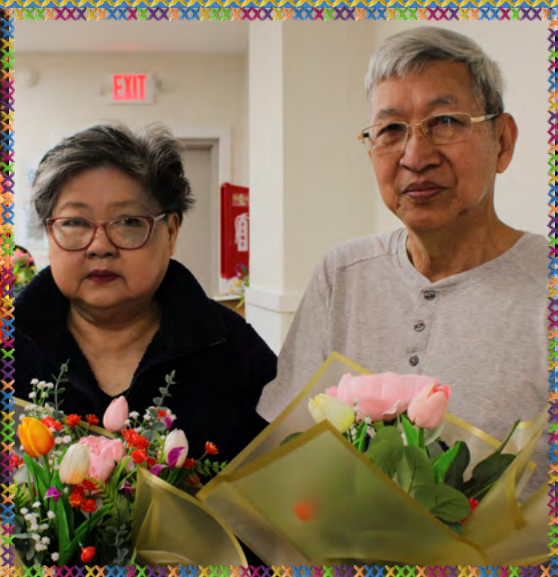
WEAVING WELLNESS

Intergenerational Insights from Southeast Asian American Communities

SEARAC

SEPTEMBER 2026

A Note from the Researchers

We are deeply grateful for the love, care, and solidarity of the community members who helped guide this project to where it is today. To our community advisory board members—Rita Phetmixay, Dr. Kara Uy Has, Dr. Patricia Nguyen, and Dr. Mai See Thao—thank you for your thoughtful guidance, oversight of our research design, and insights on our preliminary findings.

To our CBO partners and staff, thank you for your labor in recruiting community members, organizing site visits, coordinating interpreters, and feeding everyone. Further, thank you for prioritizing our communities' well-being—and especially for ensuring our elders are not forgotten.

To the more than 150 community members who participated in this study, we express our deep gratitude and reverence for your willingness to share your experiences—including your vulnerabilities and your most sacred wellness practices.

Thank you to the Robert Wood Johnson Foundation not simply for funding this study, but also for engaging as a thought partner throughout the process.

Finally, thank you to SEARAC for your amazing partnership, with special thanks to Anna Byon for guiding us through the report-writing process. The work SEARAC does has made it possible for all of us to pursue wellness.

With deep gratitude,
The Research Team

About SEARAC

SEARAC was founded in 1979 as the "Indochina Refugee Action Center" due to concern about the genocide in Cambodia and the large number of refugees fleeing Southeast Asia.

After the war and bombings of Vietnam, Laos, and Cambodia claimed millions of lives between 1955 and 1975, our founders advocated for the passage of the 1980 Refugee Resettlement Act, which created our nation's first comprehensive and unified system of refugee resettlement and support.

Today, SEARAC is a national civil rights organization that builds power with diverse communities from Cambodia, Laos, and Vietnam to create a socially just and equitable society. As representatives of the largest refugee community ever resettled in the United States., SEARAC stands together with other refugee communities, communities of color, and social justice movements in pursuit of equity.

SUGGESTED CITATION

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EXECUTIVE SUMMARY

More than 50 years after the first refugees from Cambodia, Laos, and Vietnam began resettling in the United States, Southeast Asian Americans (SEAAs) have created vibrant communities and helped shape the nation. At the same time, SEAA communities—shaped by histories of war, genocide, and displacement—remain underserved and invisibilized, facing persistent systemic inequities across generations and multiple measures of health.

KEY THREAD

SEAA wellness is multidimensional, interconnected, and communal.

SEAA wellness is multidimensional, interconnected, and communal. While dominant notions of wellness emphasize individual health and actions, they insufficiently address the needs of multiple generations of SEAAs. In partnership with five SEAA community-based organizations and a Community Advisory Board, this report sought to determine wellness as defined by SEAA communities. We found that wellness is connection within and across generations — a connection that offers possibilities for healing from historical, contemporary, and intergenerational trauma.

KEY THREAD

Expressions of wellness vary across SEAA ethnic communities and generations.

These multidimensional expressions of wellness are interconnected and weave together physical health, mental health, nutrition, creative practices, and other dimensions of well-being. Often, these practices were deeply connected to building and sustaining relationships among family and community. SEAA wellness integrates individual, community, and institutional healing practices, and it encompasses and goes beyond traditional access to medical health care.

KEY THREAD

Intergenerational trauma requires cross-generational healing.

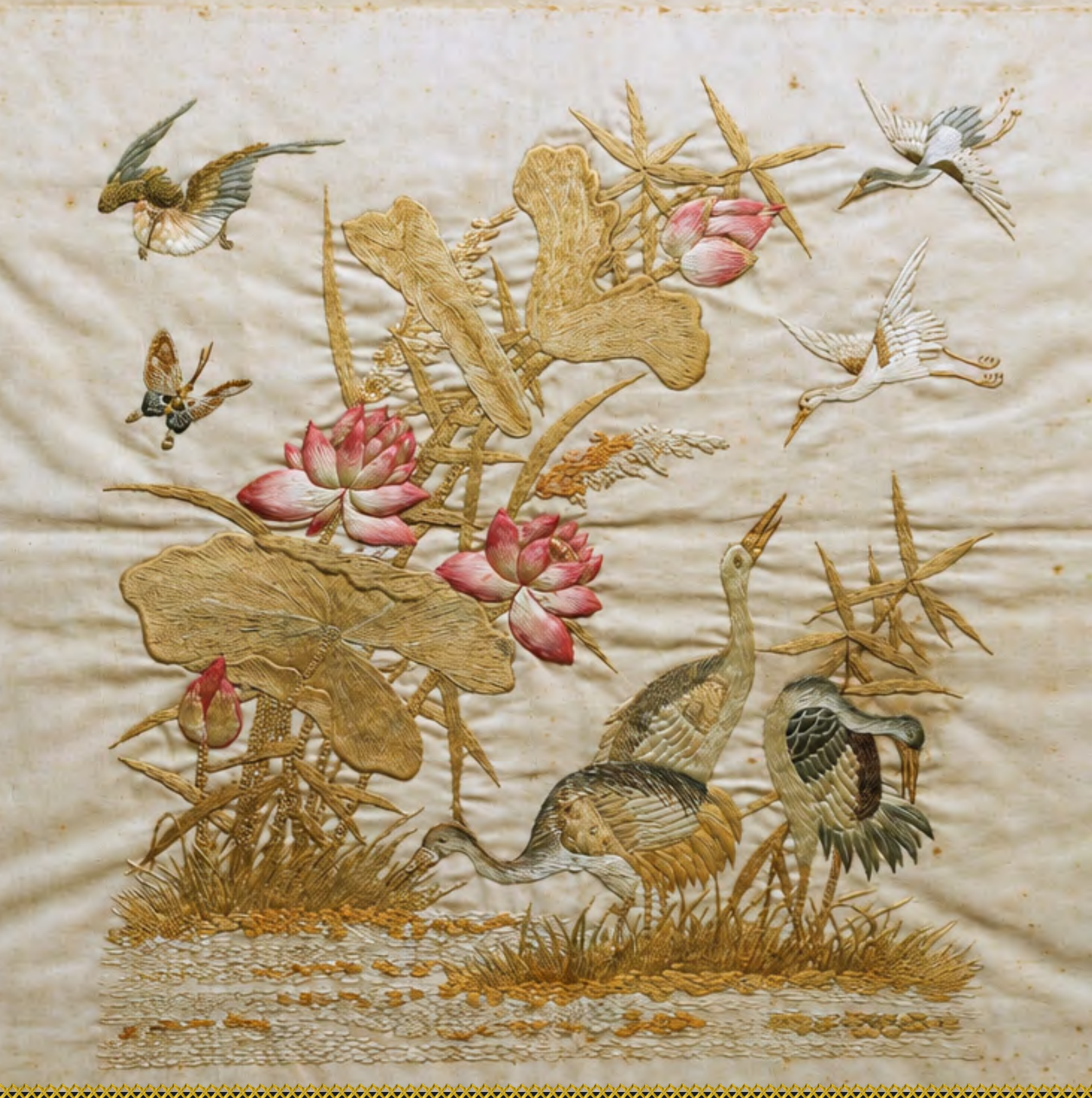
Expressions of wellness differed between multiple generations of SEAAs, sometimes coming into conflict. At the same time, wellness across the generations still centered around seeking connection. Individual and collective intergenerational support for wellness can foster mutual understanding and spur healing.

KEY THREAD

Community-based organizations (CBOs) are culturally responsive sites for supporting wellness.

CBOs are critical wellness drivers and support their respective SEAA communities in multiple ways. CBOs were frequently the only spaces where elders found social connection with others, shared their experiences, and gained support rooted in their language and cultures. CBOs were also spaces for SEAA community members to engage in advocacy. Furthermore, CBOs have the potential to reach across generations and support intergenerational connection and wellness.

Overall, the report found that SEAA wellness is multidimensional, interconnected, and shared. Government, philanthropy, and community institutions therefore share responsibility for supporting wellness through investments in reconnection and collective healing and through policies that strengthen communal care. Rooted in community, this project expands Western frameworks for wellness that focus on individual responsibility and advances a more collective understanding of healing.



01 | 05

INTRODUCTION

The histories and connections that shape SEAA wellness

Image: Nguyen-dynasty embroidery, National Museum of Vietnamese History. Photo: Daderot / CC0.

SECTION ONE OF FIVE

INTRODUCTION

The histories and connections that shape SEAA wellness

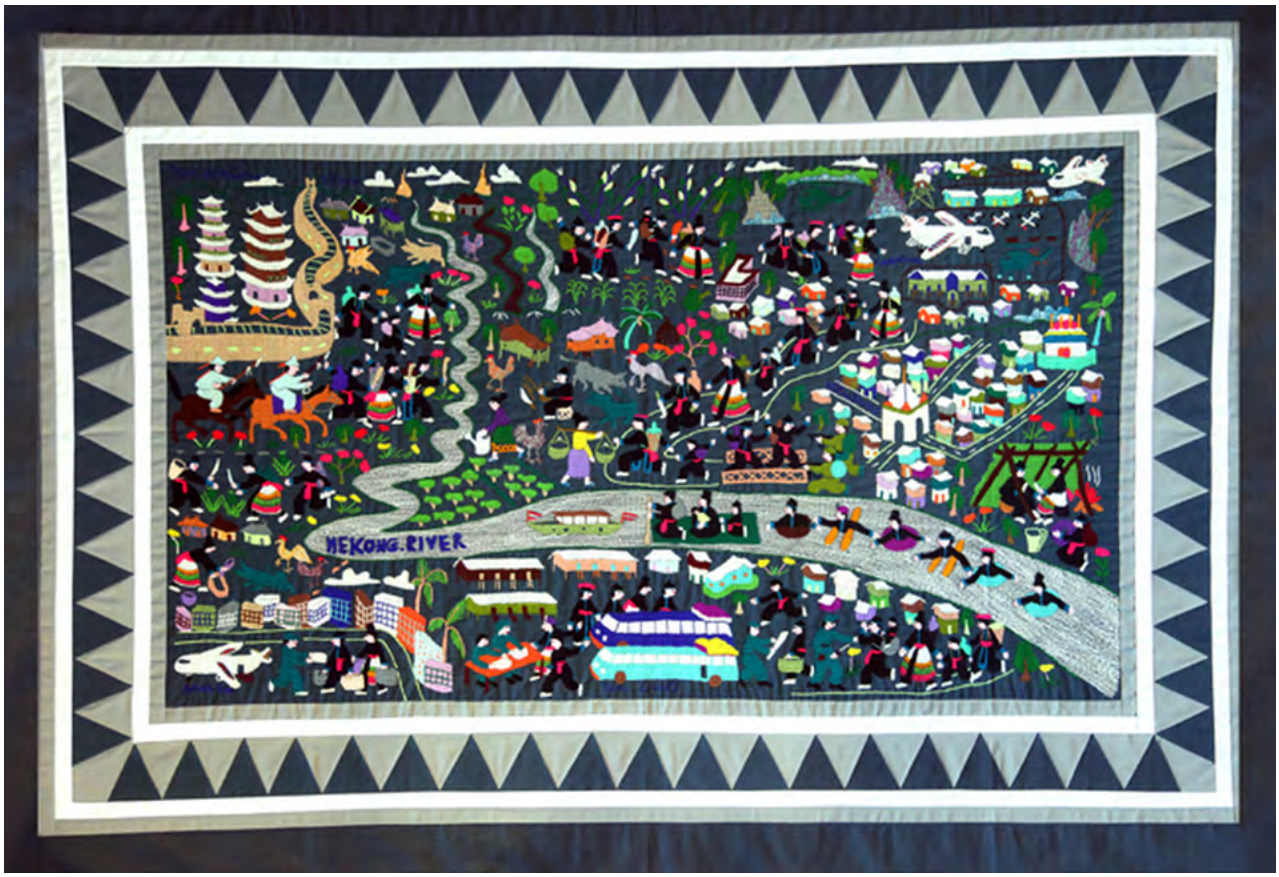
In 2025, Southeast Asian Americans (SEAAs) commemorated 50 years since their communities began resettling in the United States — the largest refugee resettlement in the nation's history. SEAAs, as defined by SEARAC, refer to communities that have a shared political identity of mass migration to the United States in the aftermath of the Khmer Rouge genocide, the Secret War in Laos, and the Vietnam War. Today, SEAAs total more than 3.1 million,[1] with representation in every US region. Through decades of community power, advocacy, and resilience, SEAAs have built vibrant communities and helped shape the United States.

Yet, SEAAs continue to be underserved and invisibilized, with staggering rates of intergenerational systemic inequities as survivors of war, genocide, and displacement. Across multiple socioeconomic measures, SEAA communities face high rates of poverty, low educational attainment, and high rates of criminalization and deportation, and they often have little access to culturally appropriate health and mental health care.[2]

SEAAs faced multiple stressors and changes in family structures during resettlement, and mental health conditions resulted from the pressures of assimilation and experiences with discrimination.[3] Additionally, nearly half of SEAAs have limited English proficiency, which increases barriers to resources and jobs, creates reliance on children to become cultural brokers, and exacerbates discrimination and harassment.[4]

Emerging scholarship suggests that intergenerational trauma continues to be a significant issue within the SEAA community. For SEAA youth, intergenerational trauma can adversely affect self-esteem, emotional maturity, interpersonal relationships, and cognitive capacity.[5] SEAA youth experience multiple barriers inside and outside of schools, including experiences of poverty, erasure by their educational environments, language barriers in communicating with their families, and acts of anti-Asian hate.[6] For SEAA refugees, socioeconomic barriers as well as cultural stigma cause many to avoid discussing their trauma or accessing mental health care, leaving unhealed emotional wounds to pass on to their children and future generations.[7]

New research is surfacing the importance of mental health support to address trauma associated with racism and socioeconomic status.[8] However, research has mainly focused on the impacts of racialized trauma and trauma associated with experiences of poverty in relation to Black and Latinx communities, often leaving out Asian American communities, and SEAA communities in particular.[9] Given that many Southeast Asian (SEA) refugees were resettled into under-resourced areas with largely Black and Latinx communities,[10] it is likely that SEAAs also experienced trauma from racism and poverty.[11] However, studies examining how SEAAs cope with, process, or heal from trauma associated with racism are still limited, albeit growing. In the few existing studies, scholars highlighted the potential for community-based organizations in creating healing justice spaces for members to navigate structural violence.[12]



This Hmong embroidery story cloth traces a history of migration, war, displacement, and resettlement. Scenes depict Hmong flight from China into Vietnam, Laos, and Thailand; Long Cheng and Vientiane in Laos; the crossing of the Mekong River following the Vietnam War; refugee camps in Thailand; and eventual resettlement in third countries.

Unknown artist, 1980s–1990s. 85 × 125 cm. Photograph by Xai S. Lor. Image courtesy of the Hmong Cultural Center.

WELLNESS IN SOUTHEAST ASIAN AMERICAN COMMUNITIES

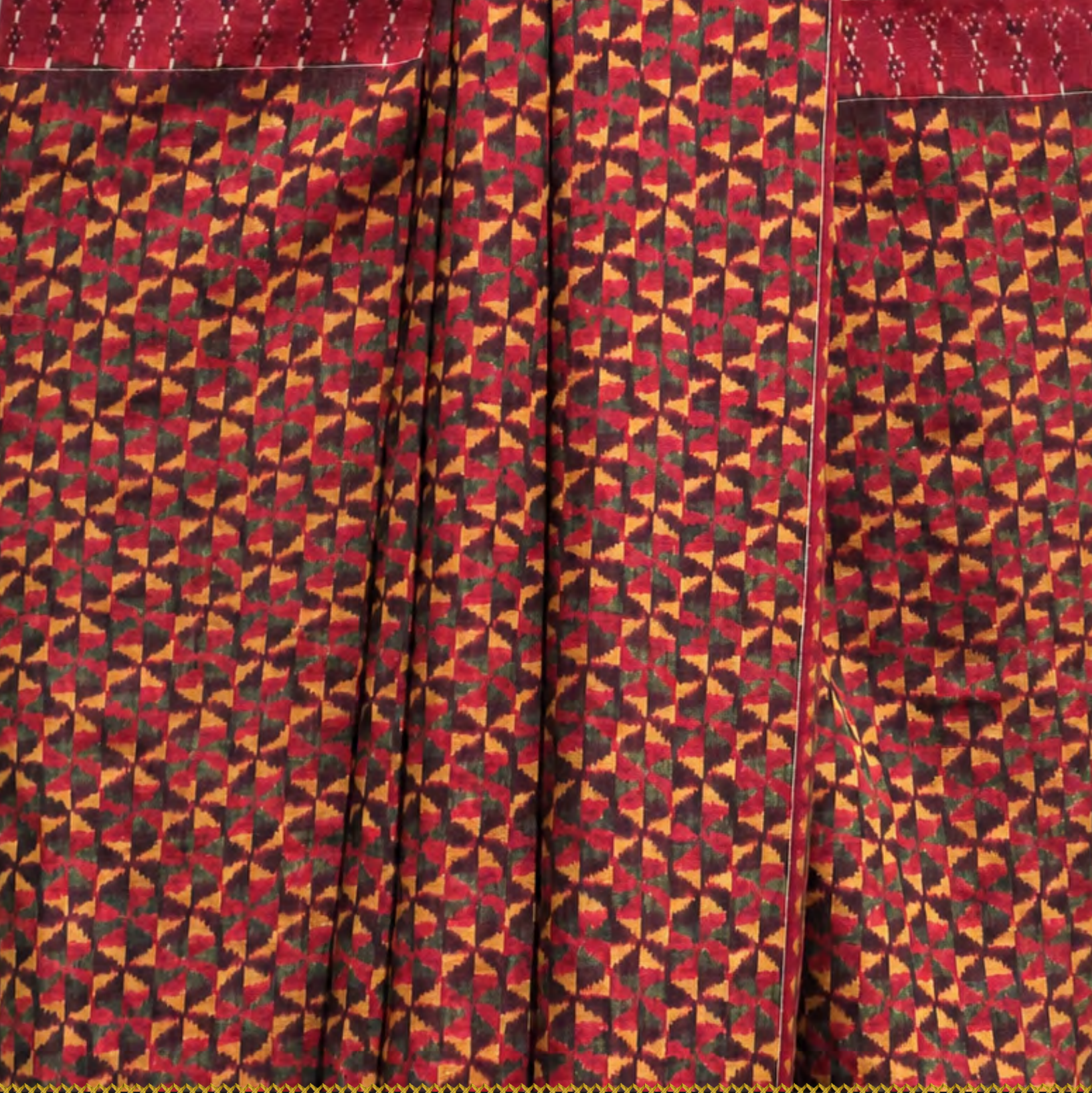
Amid these challenges, a deep understanding of what wellness looks and feels like within SEAA communities remains underexamined. Recent studies have explored the ways SEAAs express desires to heal[13] and undergo post-traumatic growth through creating a new personal trauma narrative.[14]

Through this project, SEAA communities defined wellness as **connection within and across generations** — a connection that opens possibilities for healing from historical and contemporary trauma, including intergenerational trauma. Wellness manifests as community-led Indigenous healing practices, ranging from gardening, creative arts, spiritual practices, storytelling, civic engagement, and building political power. These practices and frameworks of health and wellness include and go beyond traditional access to physical and mental health care, which are also still inaccessible for many.

Rooted in this definition, SEAA wellness deeply contrasts with Western frameworks for wellness that focus on individual health and put the onus of wellness on individual actions. Instead, SEAA wellness integrates individual, community, and institutional healing practices and policies, with the potential to shift the understanding of healing nationwide.

KEY THREAD

Through this project, SEAA communities defined wellness as connection within and across generations.



02 | 05

METHODS

How we listened across generations and communities

Image: Woman's hip wrapper (sampot hol), Cambodia. Courtesy of the Honolulu Museum of Art / CC0.

SECTION TWO OF FIVE

METHODS

How we listened across generations and communities

The research design was developed in consultation with a Community Advisory Board (CAB) comprising four members. These members were selected for their SEAA backgrounds, professional expertise in mental health, and educational experience with SEAA communities. The CAB was modeled after the institutional review board process and served as a community-informed advisory board to ensure ethical and culturally relevant processes within the research design. The research team met with the CAB multiple times. First, they provided review and input on the research design and interview protocols; the feedback was used to refine the protocols. The second meeting solicited input from the CAB on preliminary themes.

KEY THREAD

The CAB was modeled after the institutional review board process and served as a community-informed advisory board to ensure ethical and culturally relevant processes within the research design.

Five research sites were identified before data collection. These sites were selected because they are community-based organizations with decades of experience working within their local Southeast Asian American communities:

- **Cambodian Association of Greater Philadelphia** *(Philadelphia, PA)*
- **Freedom, Inc.** *(Madison, WI)*
- **Boat People SOS-Houston** *(Houston, TX)*
- **Iu-Mien Community Services** *(Sacramento, CA)*
- **Lao Assistance Center of Minnesota** *(Minneapolis, MN)*

The research team collected data between July and September 2025. We conducted two-day site visits, working with each partner organization.

Each organization provided a venue for conducting the focus groups, recruited participants from the communities they serve, and provided translators and interpreters, who signed confidentiality agreements.

Each site was provided a $5,000 stipend for its support. Sites also provided $50 gift cards as participant incentives.

We used qualitative research methods in this study. Semi-structured interviews were conducted primarily through focus groups, family, and individual interviews. Interview questions explored what wellness meant to participants, what words and phrases they associated with wellness, and inquired about multidimensional aspects of wellness, such as familial, cultural, spiritual, and community forms of wellness. We also asked about barriers to wellness and facilitators of wellness.

During the interviews, one researcher served as the primary interviewer while the second interviewer took notes and recorded timestamps for speakers to ensure the accuracy of attribution. All interviews, except for one, were audio-recorded. One participant requested not to be recorded, and written notes were taken instead.

Fifteen focus groups, five family interviews, and three individual interviews were conducted across the five sites. Focus groups ranged from six to 13 participants. Thirteen focus groups were conducted in-language with the support of interpreters. One focus group was conducted in English. One focus group was conducted in English and Hmong. Five family or mixed interviews were conducted; one in English and four in-language. Three individual interviews were conducted in English.

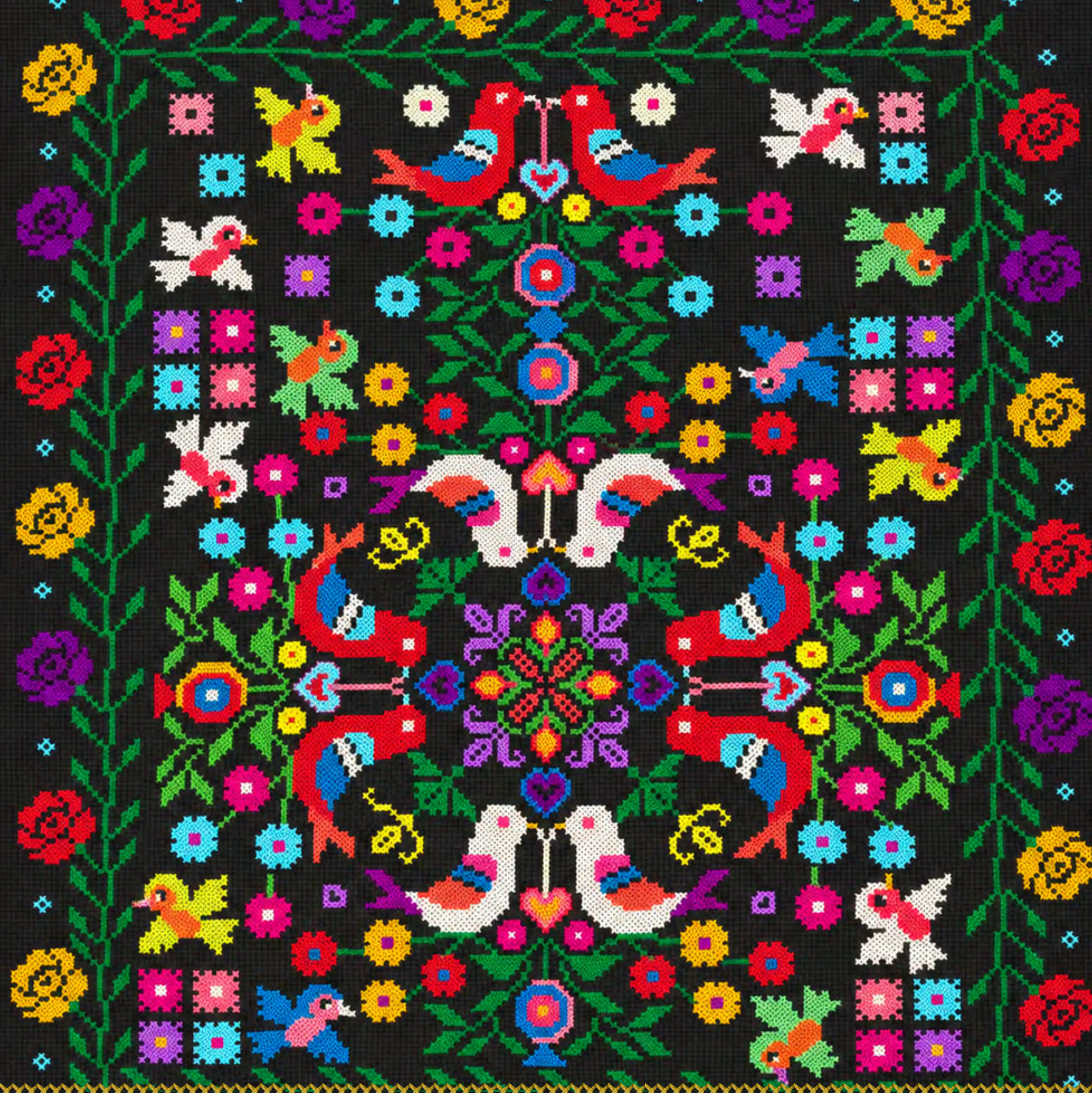
Overall, 153 individuals participated in the study. We interviewed between 26 and 39 participants per site.

Seventy-three percent of the participants identified as women, 25.7% as men, 1.3% as transgender. The majority of participants (69%) reported speaking a primary language other than English. Two-thirds of participants (66%) were aged 55 or older. Sixty-one percent of participants reported either no income or less than $15,000 in annual income. Eighty-two percent were born outside of the United States.

STUDY AT A GLANCE

5	15	5	3	153
Research sites	Focus groups	Family interviews	Individual interviews	Total participants

*See the **Appendix** for more details on methodology.*



03 | 05

FINDINGS

What communities shared about wellness, healing, and connection

Image courtesy of Freedom, Inc.

FINDING ONE OF FOUR

THE TRAUMA OF SEPARATION

To deeply understand how SEAA communities navigate, practice, and sustain wellness, the findings in this study must be contextualized alongside the historical and contemporary traumas experienced by SEAAs before and during their resettlement into the United States as well as from the systemic injustices maintained by US laws and policies. Though this study did not specifically focus on trauma, all enactments of SEAA wellness are intertwined with and embedded within the many traumatic events leading up to their arrival and resettlement into the United States.

Many participants in this study were aware of trauma existing within their community, connected to their refugee origin stories or to intergenerational trauma they observe presently. Elders, in particular, were open to sharing their refugee experiences and stories. As a community that experienced trauma related to displacement, genocide, and war, government policies that perpetuate the trauma of separation of families and communities wove a contextual thread throughout how SEAA communities conceptualized and practiced wellness and the barriers they encountered.

INTERGENERATIONAL DIFFERENCES IN SEAAS' EXPERIENCES OF TRAUMA

Participants across generations had different understandings of how trauma is experienced by first-, second-, and third-generation SEAAs. Historical traumas appeared as intergenerational divisions within families, and wellness requires opportunities for families to come together to share across those gaps.

COMMUNITY VOICE

"There is so much conflict between our parents and younger people. Not because we are colliding, but we have different needs that are not being addressed...

And they create this gap where you seem like the elder and the younger people don't get along. But that's not true. It's just that we don't create opportunities for us to share our common thoughts and ideas and express those ideas together."

MY (PSEUDONYM)

Middle-aged, 1.5 generation Hmong American participant

While older first- and 1.5-generation members directly experienced the initial traumatic events surrounding their displacement from Southeast Asia and resettlement into the United States with limited resources, their children and grandchildren experience these traumas secondhand while navigating their own challenges as American-born SEAAs.

The needs for each generation may look different and even contradictory; for example, youth sometimes needed distance from family members as a form of self-protection and healing, while elders prioritized keeping their families together. These distinctions warrant further exploration.

GENERATIONAL TERMS USED IN THIS REPORT

FIRST GENERATION

Individuals who immigrated to or resettled in the United States as older youth or adults.

1.5 GENERATION

Individuals who immigrated to or resettled to the United States as adolescents, who have strong ties to the homeland while having grown up largely in the United States.

SECOND GENERATION

Individuals born to first-generation (or individuals who are the first generation to be born in the United States).

THIRD GENERATION

Individuals born to second-generation individuals.[15]

Photo courtesy of Freedom, Inc.

GOVERNMENT POLICIES PERPETUATE SEPARATION AND TRAUMA

Trauma rooted in separation also shaped participants' wellness practices, as US economic conditions and immigration policies continue to separate families and carry past experiences of displacement into present-day fears.

Some elders spoke longingly about how they missed their children, who often worked in different cities or states to earn a living. This resulted in many elders living with one or two family members, or living on their own with limited access to their children or to services, such as transportation or translation.

COMMUNITY VOICE

"My youngest kids, I have a son and a daughter... My older kids, they live in a different city. But those two are the ones who live close to me here. They'll call and say, mom, we're gonna come pick you up. And you come around with us.

For a while I'll go with them, but when I come home, I miss them so much."

YANG
Hmong elder

Also, participants spoke increasingly more about shifts in federal immigration policy and deportation efforts as the study progressed. The fear they spoke with was palpable, and the shifts in policy they wished to see were clear. At one focus group hosted by a community organization in Madison, multiple participants spoke up about the impact of the immigration policies, including Nkauj Kli and Houa Ci:

COMMUNITY VOICES

"It's been hard for me, for us to travel and go see our families back in the homeland. For example, my mom, she's been sick, but I'm scared and I can't travel to go and see her.

I wish it was easier for us to move freely like we used to. Like it used to be. 'Cause otherwise I'd be visiting my mom right now."

NKAUJ KLI
Middle-aged Hmong woman

"I want them to love refugees more and to give us the opportunities that we can stay, provide for ourselves, can succeed. Give us that grace because the way that it's going right now, we never know when it's our turn.

Today, it's this group that's getting sent back. Tomorrow, it may be us."

HOUA CI
Middle-aged Hmong woman

Some forms of prolonged separation take shape within families as distance between children and parents and a lack of space to connect. Other forms stem from systemic factors, such as capitalist conditions and inhumane immigration policies, that rupture relationships. When families are separated, the larger SEAA community may not have sufficient resources or the established infrastructure to step in for healing and care, further reinforcing separation as trauma and resulting in prolonged ruptures.

FINDING TWO OF FOUR

WELLNESS IS MULTIDIMENSIONAL, INTERCONNECTED, AND COMMUNAL

Expressions of wellness within the SEAA community vary across communities and span generations. These multidimensional expressions of wellness are interconnected, shared, and communal by nature. Participants conceptualized wellness in multiple ways and placed a high priority on how these dimensions set the foundation for practicing well-being not just for themselves or their families, but also for their communities.

Participants used varied phrases and concepts in both English and their heritage language. They shared concepts of "longevity," "peace of mind and peace of body," and "health is better than gold." Greetings such as *Sabaidee* or *Soksabai* centered well-being as the initial focus of daily interactions within family and community. Even within language, wellness is a central, everyday concern. As such, SEA participants spoke expansively about what wellness meant to them, highlighting not only its daily expressions and practices but also its foundation in connection and community.

EXPRESSIONS OF WELLNESS

Photos courtesy of Cambodian Association of Greater Philadelphia and Freedom, Inc.

- Handstitching story cloths, sewing
- Attending religious and cultural events
- Gardening
- Fishing
- Communal gatherings centering food
- Attending CBO events tailored to elders, such as social outings, health education, technology education
- Sustaining social relationships
- Cooking
- Exercising, such as going to the gym, fitness classes, walking
- Strengthening familial bonds, such as seeing family or checking in via phone or text
- Engaging in SEAA cultural health practices
- Counseling and therapy
- Participating in community advocacy, such as attending workshops, learning, doing research

Note: The activities noted in this report are not exhaustive of all the ways SEAA communities engage wellness and well-being.

WELLNESS PRACTICES ARE DEEPLY INTERCONNECTED

Wellness practices within the SEAA community highlight the multidimensional ways community members see and understand health, wellness, and well-being. Physical activities, such as exercise, walking, gardening, and fishing, were important ways to maintain health. Many acknowledged the importance of physical movement, nutrition, medicine, and other health practices to preserve health, even as many elders shared significant health challenges, such as high blood pressure, diabetes, and other chronic illnesses.

Malea, a Cambodian woman in her 50s, was recently widowed and managing multiple chronic illnesses. She is no longer able to work due to a prolonged work-related injury, but spoke about her commitment to staying healthier:

COMMUNITY VOICE

"I plan to exercise more for longevity of life…I am always active. I exercise. I clean the house and take classes. I go out and try to enjoy life because we don't know when we are going to die.

I take medication for diabetes and eat more vegetables. I don't have kids so I rely on myself to try to stay healthy."

MALEA
Cambodian woman in her 50s

Mental health also held a high priority within the SEAA community, with participants sharing how important it was to keep the mind busy. Many elders especially described their wellness practices as a means of keeping busy and quieting the mind.

Also, elders described pursuing many dimensions of wellness, such as gardening, fishing, crafting, and sewing, as both a means of creative activity and familial contribution. Chai, a Iu Mien grandmother, said:

COMMUNITY VOICE

"I like to keep my mind busy, do things, be creative, and design stuff…I can garden…I make some of my own clothes and make my grandkids' clothing.

So that's a thing that I consider as a wellness to me because it makes me happy, and seeing the fabric turning into a nice dress for my little grandkids."

CHAI
Iu Mien grandmother

Additionally, elders understood the connection between physical activity and mental health maintenance. Nu, a Vietnamese woman, shared that both physical health and mental health are important and require ongoing care using a metaphor:

"…a person is like a car. So it needs regular maintenance. …If you don't take care of it, you can get sick a lot. And there will be more issues that when you discover later…it's gonna be too late at that point."

Participants described wellness in interconnected ways, highlighting that wellness cannot be disconnected or disengaged from other dimensions of health (such as physical health and mental health) and well-being. Instead, multiple dimensions of health build on each other and are equally important to tend to. They are not discrete concepts; rather, they are deeply intertwined and interconnected to each other.

WELLNESS IS COMMUNAL AND SHARED

Wellness within the SEAA community is communal and shared. While participants spoke of seemingly individualistic practices and ways to manage their health and well-being, they also highlighted how these practices purposefully allowed them to be connected and present for others around them. In turn, communal well-being emerged to the forefront of conversations.

Lien, a Vietnamese woman in her 80s, described how maintaining her own physical and mental wellness personally enabled her to give to and help others. To Lien, her wellness could not be distinguished from her ability to support others' well-being; communal wellness was a core foundation and value.

Communal practices such as participating in cultural traditions and attending family dinners or parties are also important aspects of wellness. Participants engaged in diverse spiritual and religious beliefs and practices. Some attended church regularly, while others shared the importance of preparing food for monks at the temple. Though diverse, their religious and spiritual beliefs underscored the importance of helping others and sharing what you have. Thu, a Vietnamese woman, said:

> ***"That makes a lot of meaningful [sic] in life. Doesn't have to be a lot of things. You can do a little small thing…You can do small thing, but then it's from your heart."***

Many participants also emphasized the importance of maintaining friendships and social groups as well as family harmony and health. Sharing time, food, and presence were key ways to support individual and collective wellness within the community. Lien described the importance of having community and friendships to share internal burdens:

COMMUNITY VOICE

"We need to share. We need to have a company. We have a best friend to share. Don't be lonely. Don't be [by] yourself. That's the way I live."

LIEN
Vietnamese woman in her 80s

Nhi, a Vietnamese woman and restaurant owner, connected the ways she takes care of herself and her passion for cooking for others. She shared that she took walks in the park for her own sense of peace and relaxation, but that ultimately, her desire to cook for others brought her the most joy. Nhi's expressions of wellness encompassed individual expressions through walking as well as cooking as a means of connection with others.

Furthermore, Sherry, a Iu Mien woman, while describing her own challenges with mental health, noted the ways her wellness is improved by and through connections with others in her family and community. She said:

COMMUNITY VOICE

"Just knowing that they're checking in and validating that I'm not feeling well. Right. I think sometimes we just need that validation as well. So it uplifts me and know that they do care and they are concerned for me. And that in turn impacts me. 'cause it makes me wanna be better and feel better…

Family or community impacts me and my well-being."

SHERRY
Iu Mien woman

Thus, the interconnected nature of wellness is manifested not just in the connectedness of wellness practices, but among and between family and community members. The more well-off family members are, the more they can affirm wellness for others.

SEAA participants' expressions of wellness were varied and multidimensional. Furthermore, their motivations for wellness transcended individual pursuits and were deeply connected to building and sustaining relationships among family and community.

For a community whose origins in the United States were caused by separation from their homelands and families of origin, wellness in the United States was rooted in the pursuit of connection and unity within their families and communities. Wellness practices may have manifested differently among generations within the SEAA community, but the common focus of these practices was connection seeking.

FINDING THREE OF FOUR

INTERGENERATIONAL TRAUMA REQUIRES CROSS-GENERATIONAL HEALING

Support and programs for healing — individually, collectively, and within and across generations — are needed to understand each other's experiences and spur familial and communal healing. For elders, connections to family and community served as a central source of wellness. These connections are especially important in the context of family separations they initially experienced during displacement and subsequent resettlement in the United States. Subsequently, elders more often prioritized physical health and longevity, familial harmony, and independence within the family.

Wellness practices often included communal eating and social connections, which served to combat elders' loneliness and isolation. Community-based organizations (CBOs) were the most common locations for many elders to maintain wellness, community, and connection. Elders commonly expressed gratitude for the opportunities CBOs provided to stay connected and engaged through group workout classes or other health, education, and skills-building workshops.

Many elders discussed physical activity classes, group travel, and learning about technology or health education as a means to stay connected while prioritizing their health. Some elders noted challenges in accessing these activities due to a lack of transportation or caregiving duties to their elderly family members or young grandchildren.

The 1.5 and second generation, who were less involved with the CBOs directly, prioritized mental and physical well-being, with a mix of individual pursuits of wellness, such as going to the gym, engaging in other physical exercises, and playing video games, and group-based practices, like group sports and socializing with friends. Some sought out individual therapy as much as they were able to access it. These practices often reflected dominant US cultural norms.

GENERATIONAL DIFFERENCES IN WELLNESS PRACTICES HINDER CONNECTION

Expectations and expressions of wellness may have varied for different generations, but only on the surface; connection was still a high priority. However, bids for connection often came into conflict. For example, elders' desires to keep the family unit together meant they prioritized keeping peace by maintaining silence at the potential expense of deep, honest conversations about familial challenges. Younger generations desired these conversations but did not know how to initiate them. Some believed their parents to be resistant to such discussions.

Furthermore, some younger generation participants held beliefs that their own mental health and wellness challenges paled in comparison to those of their refugee parents, who had experienced significant trauma, leading to self-censorship, minimizing their own needs, and seeking support elsewhere. For example, James, a Iu Mien man, described his challenges connecting with his parents on issues of mental health:

COMMUNITY VOICE

"I also feel like they don't know how to express that. And we don't know how to ask.

And so I feel like sometimes they are suffering from, you know, some sort of mental, you know, not illness, but some mental issues. And they would never know or want to admit that even though you can see that something's going on, you know?"

JAMES
Iu Mien man

James exemplified how younger generation SEAAs are watching and witnessing many challenges faced by their elders, but they may feel unequipped to discuss them and provide support due to perceptions that their elders are unwilling to engage.

Access to resources and support also varied among the community. Younger generation participants described having access to various wellness practices, while elders primarily sought access through CBOs. Some participants described the challenge of having knowledge and access to mental and physical well-being supports, and simultaneously worrying about their parents' well-being.

Sandy, a Iu Mien woman, articulated the challenge of not only having to think about her own wellness but also that of her parents, and facilitating their access to wellness resources. She said:

COMMUNITY VOICE

"I feel like I'm in between two worlds, of I can seek mental health and wellness, physical health, all of that.

I know how to gather those resources and use it. But then I worry about my parents 'cause I'm in this age in my life where I'm finding myself, but then I also have to take care of my parents, make doctor's appointments for them. I'm like their translator, everything."

SANDY
Iu Mien woman

Even when elders want to seek wellness support, logistical, translation, and digital challenges can complicate their access. Also, the burden of facilitating elders' access may fall on their children, compounding their own wellness challenges.

Despite nuances in expressions of wellness and well-being, participants spoke of their desires for community and connection in relation to individual, familial, and community wellness. While many participants shared the physical ailments they experience and discussed the many ways they attempt to mitigate them, they also acknowledged challenges related to their migration to the United States as a result of traumatic experiences in their homelands.

Both older and younger generations discussed the longstanding impact of resettlement and survival within the United States. In particular, elders described experiences with loneliness and isolation as their children grew up and moved out of the household, detrimentally impacting their sense of family.

Ultimately, SEAA participants recognized the importance of community, care, and connection as roots for their wellness and well-being practices. Despite their varied practices and expressions of wellness, friendships, familial, and communal connections were held important and regularly pursued.

FINDING FOUR OF FOUR

COMMUNITY-BASED ORGANIZATIONS ARE CULTURALLY RESPONSIVE SITES FOR SUPPORTING WELLNESS

Decreased US investment in social supports and health systems—including historic and contemporary federal cuts to programs supporting low-income families—has shifted expectations about who is responsible for caring for families and communities. Many of these supports have been dismantled at the state and national levels through inhumane policies and practices that are forcing families to individually bear the brunt of basic needs and health care.

For example, H.R.1, which became law in 2025, cut funding for healthcare and food assistance to make historic increases in funding to Immigration and Customs Enforcement (ICE). As a result, CBOs have become critical wellness drivers and serve as supports for their respective SEAA communities in multiple ways.

CBOS ARE CRITICAL SOURCES FOR COUNTERING LONELINESS AND ISOLATION AMONG ELDERS

For many elderly participants, CBOs were the only spaces where they found social connection with others, shared their experiences, and gained support rooted in their language and cultures. The leaders and staff at these CBOs offered both engaging programming and provided critical one-on-one support to their constituents. For example, Yao, a Iu Mien elder, said:

COMMUNITY VOICE

"One of the things that I join in is with the social group here. Sometimes, I do have a lot of loneliness because I raised these seven children all by myself. But when I participate in this program, it helps me out a lot by meeting different people, participating as much as I can on the activity, the exercise they have on the program.

So, very happy [they] have a program for seniors."

YAO
Iu Mien elder

Some CBOs offered social outings coupled with wellness topics as part of their regular programming; other CBOs were initiating wellness conversations at the onset of this research project, but have long supported community members with services to help them maintain their health, such as offering translation and interpreting services and medical appointment scheduling.

CBOS PLAY AN IMPORTANT ROLE IN CIVIC AND POLITICAL EMPOWERMENT FOR SEAA COMMUNITIES

The nature of how each CBO supported political advocacy amid the intensification of anti-immigrant, anti-refugee, anti-diversity, and other white supremacist politics throughout the course of the site visits shaped the extent to which participants discussed policy suggestions or recent civic engagement opportunities. For example, one CBO was founded in part with a mission to build political power among local communities, and had engaged their SEAA elders in a recent effort to regain local funding for mental health programming.

What was happening in the political climate also shaped how frequently participants discussed political issues. For example, there was one mention of concerns related to deportation that emerged during the first site visit in July, compared to multiple mentions during each focus group during the last site visit in September.

Our focus group and interview protocols did not explicitly ask about political climate or concerns; participants mentioned and discussed concerns related to deportation on their own.

When asked about policy recommendations at local, state, or federal levels, some participants shared fears that voicing their thoughts had limited efficacy. Jack, a Lao elder, questioned:

"Who am I? I'm just a little, little guy. If we say something, we propose something, they don't listen to us. So I feel that our voice doesn't make a difference."

Many SEAAs have experienced political persecution. Given their histories and current feelings of disempowerment, the important role of CBOs in engaging SEAA community members in civic engagement or political advocacy work cannot be understated.

COMMUNITY-BASED ORGANIZATIONS FACE EVOLVING CHALLENGES

The leaders and staff at these CBOs face significant challenges as they continue to engage in advocacy and community-oriented work. Some CBOs are observing an evolving SEAA community constituency. For example, one site is serving noticeably more recent immigrants who participated in this project than other sites. These participants connected to the CBO primarily because of services that helped them resettle in the community, such as taking English classes or facilitating their pathway to citizenship. Some CBOs are located in varying proximity to their community members. Many of the focus group interviews occurred at organizations' offices, except at one site where interviews were conducted at a local housing complex where many community members resided.

At each site visit, the accessibility of the CBO's location for community members arose as an important consideration. At one site with multiple office locations, slight differences in community profiles are served by each location. For example, some CBOs serve newer members while others serve individuals and families who have been seeking services for decades. Another CBO serves a localized community within a municipality, as well as members who are located two to three hours away. A third CBO is not located at a central location, as the initial community has dispersed since they resettled in the area.

Other CBOs are not facing clear changes in their community profile. As elders age, however, CBOs may need more creative ways to maintain connections to different generations of community members. For example, many of the youngest community members are not finding community through CBOs the way that many elders and middle-aged members have; participants observed that there is a decline in subsequent generations being involved in physical gathering spaces. A major question for CBOs to consider is how to continue fostering community, especially community wellness, if there is not a physical gathering space, and when community member profiles are ever-changing.

04 | 05

RECOMMENDATIONS

Building the conditions for collective healing and wellness

Image: Phaa tuum luuk (baby blanket), Laos, Xam Tai style. Honolulu Museum of Art / CC0.

SECTION FOUR OF FIVE

RECOMMENDATIONS

Building the conditions for collective healing and wellness

Our research demonstrates that wellness for SEAAs is multidimensional, interconnected, and communal — it is not solely an individual pursuit. **As such, systems hold responsibility for supporting wellness by investing in reconnection and collective healing, and policies should scale up communal care and integrate individual, community, and institutional wellness.**

WHAT POLICYMAKERS CAN DO

01 **Fund community-based organizations with sustained investments.**

SEAA-serving organizations have long led the effort to support community health and provide linguistically and culturally appropriate care. For SEAAs, community organizations often serve as the sole trusted institutions for providing a wide range of necessary services, like accessing health care, workforce opportunities, legal services, federal benefits assistance, and more. SEAA organizations have a strong sense of the communities they serve and are able to provide support within a broad range of culturally and linguistically appropriate services, especially in ways that mainstream service providers do not.

02 **Invest in social policies that support community infrastructure and fund safety net programs required for communal wellness.**

Policies should facilitate a holistic wellness that incorporates not only individual wellness, but interconnected wellness, through access to health care, accessible public transit options, affordable and stable housing that support diverse family structures, and more.

03 Increase language accessibility.

To support SEAAs' individual, familial, and community wellness, language accessibility efforts should include interpretation and translation from English into SEAA languages, as well as opportunities for SEAA young people to learn their heritage languages. Forty-nine percent of Vietnamese, 37% of Cambodian, 36% of Laotian, and 33% of Hmong Americans are limited English proficient.[16] These percentages jump significantly when looking at SEAAs who are 65 or older, and many SEAA elders require specialized linguistic support.

For example, Hmong elders often cannot read or write in English or Hmong because the written form of the language is relatively new, and they often require interpreting services. Vietnamese elders also often require specialized translation and interpreting services that do not use modern Vietnamese vernacular, but instead opt for usage of pre-1975 Vietnamese vocabulary. Meanwhile, almost all of today's SEAA school-aged youth are proficient in English, but many have less mastery of their heritage language, which research shows deepens young people's connections to family and community.[17]

04 Support initiatives to combat the social isolation of older adults.

Policies and programs to support elders' mobility can facilitate connection and communal wellness. According to AARP, the majority of adults ages 50 and older believe public transportation is important for their community and strongly support transportation systems that are timely, safe, and accessible.[18] Legislation and funding to improve and expand public transportation systems can ensure that SEAA older adults can more easily connect with their loved ones and members of their communities and access community spaces, such as in CBOs with wide service areas.

05 Ensure access to culturally responsive mental health supports.

In one study of the largest Cambodian refugee community in the US, two-thirds of the adults suffered from post-traumatic stress disorder (PTSD), and more than half had major depression two decades after escaping widespread violence in Southeast Asia; by contrast, in the general US population, only 3% of people suffered from PTSD, and 7% had experienced major depression in the past 12 months.[19] Policymakers should ensure that mental health services are culturally and linguistically appropriate, and that for SEAA communities, account for the intergenerational and communal ways that SEAAs practice wellness.

06 End immigration enforcement practices that terrorize and separate immigrant and refugee communities.

Around 15,000 SEAAs have final orders of removal. Deportation orders place SEAA families — many of whom have already experienced violent upheaval — at renewed risk of separation and perpetuating generational trauma. Policymakers must protect SEAA families' ability to remain together and live in safety, stability, and dignity.

WHAT SERVICE PROVIDERS CAN DO

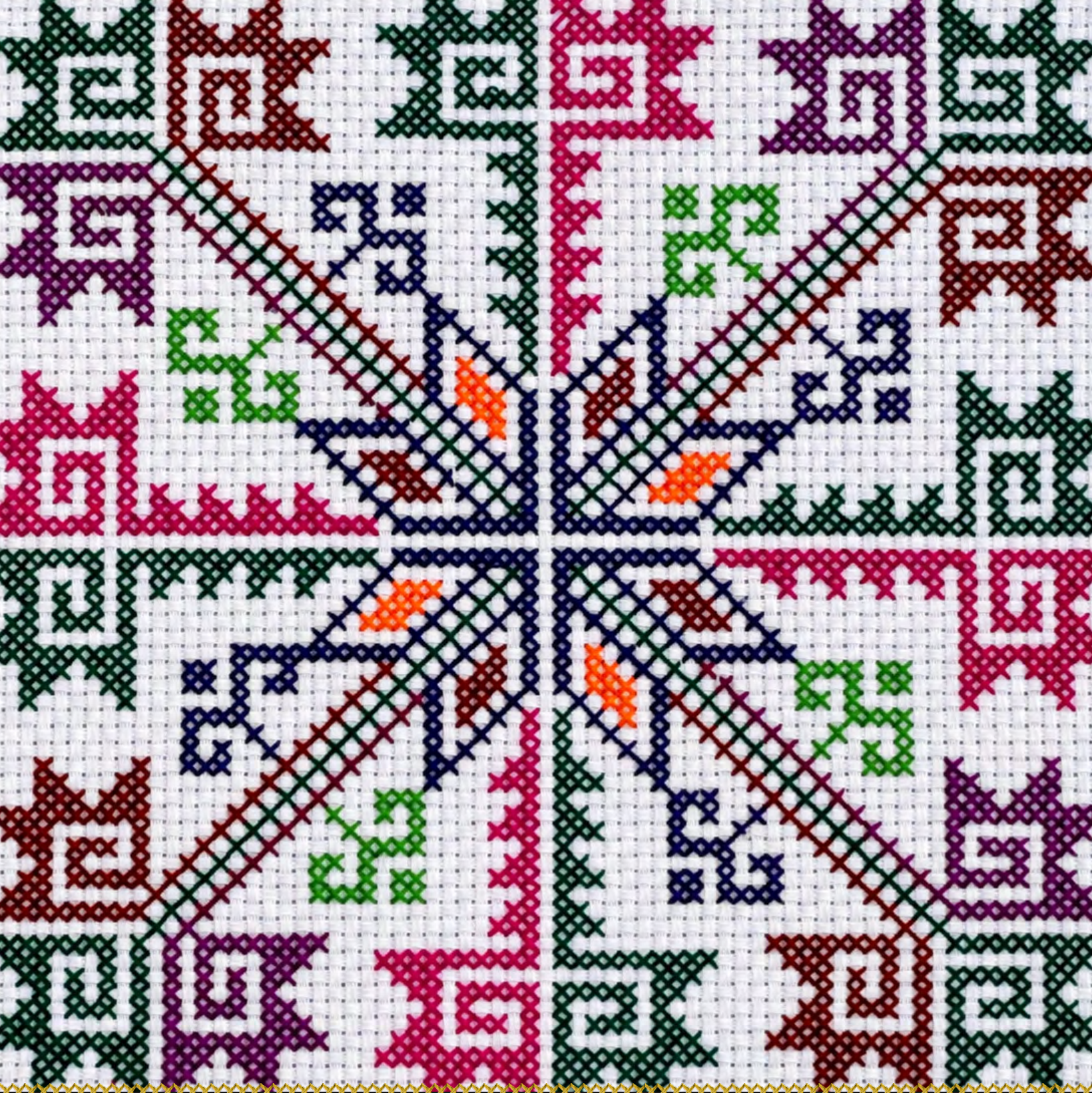
01 Promote intergenerational connection.

None of the CBOs that participated in this project had programs explicitly focused on intergenerational connections, aside from celebrations and social gatherings. However, these organizations were crucial to convening a diverse group of participants for interviews, including across generations, which indicates their potential reach into their communities. Additionally, the CBOs already have intergenerational and communal approaches woven throughout the fabric of their organizations. It is within this fabric that recommendations for intergenerational connection and healing could most effectively emerge.

02 Provide opportunities for political education and empowerment.

Structural inequities and inhumane public policies obstruct SEAAs' pursuit of multidimensional and interconnected wellness. Economic conditions disperse families across cities or states, and drastic immigration enforcement is reinforcing the trauma of separation for SEAA families and communities. As trusted institutions for their communities, CBOs can support the political empowerment of SEAAs to come together and build power, as a part of both practicing wellness and collectively advocating for and producing the conditions for wellness.

Photo courtesy of SEARAC



05 | 05

APPENDIX

Supporting materials, references, and additional context

Image: Iu Mien textile hand-stitched by a senior community member. Courtesy of Iu-Mien Community Services.

SECTION FIVE OF FIVE

APPENDIX

Supporting materials, references, and additional context

DATA ANALYSIS

The interview audio was uploaded to Rev, an online transcription service. The output transcriptions were then reviewed and cleaned by two Southeast Asian American research assistants to ensure proper attribution of speakers and pseudonyms was attached.

The research team then read and conducted general coding of the transcripts. Each researcher focused on two to three sites. Preliminary themes were refined through deep discussions between the research teams and shared with a community advisory board.

DEMOGRAPHICS

CBO Site	No. of Participants
Boat People SOS-Houston	39
Cambodian Association of Greater Philadelphia	26
Freedom, Inc.	26
Iu-Mien Community Services	30
Lao Assistance Center of Minnesota	32
Total	**153**

Age	No. of Participants
18-24	13
25-34	12
35-44	14
45-54	12
55-64	35
65-74	58
75+	8
Not provided	1
Total	**153**

DEMOGRAPHICS CONT.

Racial/Ethnic Identities	No. of Participants
Hmong	26
Iu Mien	28
Khmer/Cambodian	26
Lao	32
Vietnamese	40
More than one selected	1
Total	**153**

Gender Identity	No. of Participants
Man	39
Woman	111
Transgender	2
Not provided	1
Total	**153**

Born in the United States	No. of Participants
Yes	26
No	125
Prefer not to answer	1
Not provided	1
Total	**153**

Individual Income	No. of Participants
No income	26
Less than $15,000	68
$15,001 - 30,000	15
$30,001 - 50,000	6
$50,001 - 70,000	4
$70,001 - 90,000	7
$90,001 - 110,000	3
$110,000 - 130,000	1
$130,000+	1
Unsure/Don't Know	18
Not provided	4
Total	**153**

Highest Level of Education in the United States	No. of Participants
No school	41
Some high school	10
High school diploma or GED	29
Some college	17
Associate's degree	3
Bachelor's degree	17
Master's degree	2
Doctoral or professional degree	1
Prefer not to answer	15
Not provided	18
Total	**153**

ENDNOTES

[1] Analysis of US Census Bureau, "2020 Census Detailed Demographic and Housing Characteristics File A (Detailed DHC-A)"

[2] SEARAC & AAJC. (2020). Southeast Asian American Journeys: A National Snapshot of Our Communities. https://searac.org/resources/southeast-asian-american-journeys-a-national-snapshot-of-our-communities/; RAND. (2005). Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States. https://www.rand.org/pubs/external_publications/EP20050808.html; Mak, C., & Wieling, E. (2024). Mental Health and Relational Needs of Cambodian Refugees after Four Decades of Resettlement in the United States: An Ethnographic Needs Assessment. Behavioral Sciences, 14(7), 535. https://doi.org/10.3390/bs14070535

[3] SEARAC. (2020). The Right to Heal: Southeast Asian American Mental Health in California. https://searac.org/resources/the-right-to-heal-southeast-asian-american-mental-health-in-california/

[4] AAPI Data. (2022). State of Asian Americans, Native Hawaiians, and Pacific Islanders in the United States. https://aapidata.com/wp-content/uploads/2024/02/State-AANHPIs-National-June2022.pdf

[5] Yang, N. I., & Dinh, Q. (2018). Intergenerational trauma and Southeast Asian American youth in California. https://www.equalmeasure.org/wp-content/uploads/2018/04/Rise_YangDinh_R1.pdf

[6] Vue, R. (2021). Trauma and resilience in the lives and education of Hmong American students: Forging pedagogies of remembrance with critical refugee discourse. Race Ethnicity and Education, 24(2), 282–301. https://doi.org/10.1080/13613324.2019.1599347

[7] Han, M. (2006). Relationship among perceived parental trauma, parental attachment, and sense of coherence in Southeast Asian American college students. Journal of Family Social Work, 9(2), 25–45. https://doi.org/10.1300/J039v09n02_02; Kim, I., & Kim, W. (2014). Post-resettlement challenges and mental health of Southeast Asian refugees in the United States. Best Practices in Mental Health, 10(2), 63-77; Kwan, Y. Y. (2020). Interrogating Trauma: Hmong and Cambodian American identity and subjecthood. New Directions for Higher Education, 2020(191), 79–89. https://doi.org/10.1002/he.20384; Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. Journal of Immigrant and Minority Health, 19(3), 745–754. https://doi.org/10.1007/s10903-016-0499-7; Spencer, J. H., & Le, T. N. (2006). Parent refugee status, immigration stressors, and Southeast Asian youth violence. Journal of Immigrant and Minority Health, 8(4), 359–368. https://doi.org/10.1007/s10903-006-9006-x; Yang, N. I., & Dinh, Q. (2018). Intergenerational trauma and Southeast Asian American youth in California. https://www.equalmeasure.org/wp-content/uploads/2018/04/Rise_YangDinh_R1.pdf

[8] Alvarez, A. (2020). Seeing race in the research on youth trauma and education: A critical review. Review of Educational Research, 90(5), 583–626. https://doi.org/10.3102/0034654320938131; Alvarez, A., Milner, H. R., & Delale-O'Conner, L. (2016). Race, trauma, and education: What educators need to know. In T. Husband (Ed.), But I don't see color: The perils, practices, and possibilities of antiracist education (pp. 27–40); Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. American Psychologist, 74(1), 1–5. https://doi.org/10.1037/amp0000442

[9] Lowe, S. M., Okubo, Y., & Reilly, M. F. (2012). A qualitative inquiry into racism, trauma, and coping: Implications for supporting victims of racism. Professional Psychology: Research and Practice, 43(3), 190–198. https://doi.org/10.1037/a0026501

[10] Gordon, L. W. (1987). Southeast Asian Refugee Migration to the United States. In (J. T. Fawcett & B. V. Carino, Eds.) Pacific Bridges: The New Immigration from Asia and the Pacific Islands, 153–73. Center for Migration Studies.

[11] Shih, H., Vinh, R., Ramakrishnan, K., & Hughes, T. (2023). The post-pandemic agenda for community well-being among Asian Americans, Native Hawaiians, and Pacific Islanders in California. https://aapidata.com/reports/the-post-pandemic-agenda-for-community-well-being-among-asian-americans-native-hawaiians-and-pacific-islanders-in-california/

[12] Lin, M. (2022). Khmer Girls in Action and healing justice: Expanding understandings of anti-Asian racism and public health solutions. Frontiers in Public Health, 10, 956308.

[13] Huynh, A., Yeh, C. J., & Tang, P. (2024). Intergenerational trauma and resilience among second-generation Southeast Asian Americans. Asian American Journal of Psychology, 15(2), 158.

[14] Uy, K. K., & Okubo, Y. (2018). Re-Storying the Trauma Narrative: Fostering Posttraumatic Growth in Cambodian Refugee Women. Women & Therapy, 41(3–4), 219–236. https://doi.org/10.1080/02703149.2018.1425025

[15] Louie, A. (2015). Generation. In C. J. Schlund-Vials, L. T. Võ, & K. S. Wong (Eds.), Keywords for Asian American Studies (pp. 110–114). NYU Press. http://www.jstor.org/stable/j.ctt15r3zv2.33

[16] AAPI Data. (2022). State of Asian Americans, Native Hawaiians, and Pacific Islanders in the United States. https://aapidata.com/wp-content/uploads/2024/02/State-AANHPIs-National-June2022.pdf

[17] SEARAC. (2026). Rising Up: The Southeast Asian American Educational Journey. SEARAC. https://searac.org/wp-content/uploads/2026/03/SEARAC_Education-Report_Final_3.18.26.pdf

[18] AARP. (2026). Transit-Oriented Development (TOD). https://www.aarp.org/content/dam/aarp/research/topics/livable-communities/transportation/transit-oriented-development-fact-sheet.doi.10.26419-2fres.01056.001.pdf

[19] Rand (2005). Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States. https://https://www.rand.org/pubs/external_publications/EP20050808.html

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