HEALING FORWARD

A Guide for Mental Health Professionals Working with Hmong Women

A Community-Based Educational Resource

2025 Edition · Revised October 2026





About This Guide

Healing Forward: A Guide for Mental Health Professionals Working with Hmong Women is a collaborative effort brought to life through the Hmong Women Lead initiative. Developed by a diverse group of contributors including Hmong community leaders, mental health practitioners, and cultural advocates, this community-based educational resource offers professionals insight and cultural context to inform culturally grounded care for Hmong women.

Rooted in academic research, professional expertise, and lived experience, the guide explores the historical, social, and cultural factors that shape the mental health journeys of Hmong women. Real-world case studies are woven throughout to illustrate common challenges and showcase culturally responsive strategies in action.

This guide is a community resource that helps bridge the gap between clinical expertise and cultural understanding, offering reflective prompts, practical considerations, and a lens grounded in identity, resilience, and community wisdom.

> **Because healing happens when culture and care finally speak the same language.**



Acknowledgements

Each contributor offered unique perspectives grounded in clinical practice, community organizing, traditional knowledge, and personal narrative that informed the guide's structure, content, and voice.

From shaping trauma-informed strategies and alternative healing methods, to contextualizing intergenerational dynamics and language access considerations, their work is woven across every section. This guide is a collective effort, reflecting the diversity, depth, and strength of the Hmong community. We are honored to carry forward the vision for inclusive, community-rooted mental health support.

- Yangmee Lor, PMP, Founder of Hmong Women Lead
- Annie Lee, Children Counselor and Certified Women Circle Facilitator
- Sheng Lee Yang, MSW, LCSW, PMH-C
- Dr. Alyssa Kaying Vang, PsyD, LP, BC-TMH
- T. Mindy Heu, LCSW
- Lisa Khang, MHS, PA-C
- Ka Bao Adame, LMFT
- Lynda Yang-Gungsing, Life Coach & Enneagram Specialist
- Daniela Thao, MFT
- Dr. Sendra Yang, PharmD, MBA
- Dr. Cindy Vang, PhD, MSW

We extend our deepest gratitude to each contributor for sharing their time, wisdom, and heart. Their dedication to culturally responsive healing and community-rooted advocacy has shaped every aspect of this guide. It is through their collective knowledge and care that this resource comes to life not just as a tool for professionals, but as a testament to the power of collaboration, storytelling, and cultural resilience.

We honor their ongoing commitment to the well-being of Hmong women and their families.

Healing Forward: A Guide for Mental Health Professionals Working with Hmong Women is a community-based educational resource offering mental health practitioners cultural context to support their work with Hmong women.

Many Hmong women navigate unique challenges shaped by cultural background, immigration experiences, and traditional values. This guide aims to help bridge the gap between mental health services and the Hmong community by offering professionals a nuanced understanding of Hmong culture and the mental health experiences many Hmong women describe.

⚠ Disclosures

Community-based and educational only. Healing Forward is a community-created resource shared for general educational purposes. It reflects the knowledge, perspectives, and lived experiences of its contributors and our community.

Not professional advice or a clinical guideline. This guide is not medical, psychological, clinical, legal, or other professional advice. It is not a clinical practice guideline, a peer-reviewed publication, or a standard of care, and it does not replace professional education, clinical training, supervision, licensing requirements, ethics codes, or professional judgment. Professionals remain responsible for their own practice and for following the laws and standards that apply to them.

Every person is unique. Hmong women and families are diverse. This guide describes common cultural themes, which may not apply to every individual. Each person's own experiences, beliefs, and preferences should guide their care.

Case studies and stories. Case studies are fictionalized composites created for learning and do not describe real individuals. Personal stories are based on real experiences and shared in the storyteller's own words, with names changed to protect privacy.

Your choices and responsibility. Readers decide whether and how to use any information in this guide. Use is at the reader's own discretion and responsibility.

Contributors. Contributors shared their insights in their personal capacity. Their views are their own and do not necessarily reflect those of their employers, Hmong Women Lead, LLC, or PABNEEG. Credentials are listed as provided by each contributor. Listing a contributor or resource is not an endorsement, referral, or recommendation of their services.

No guarantees. This guide is offered "as is." Every effort was made to ensure accuracy at the time of publication, but no guarantee is made about completeness, reliability, or continued accuracy as cultural contexts and clinical practices change. Reading or using this guide does not create a professional relationship with Hmong Women Lead, LLC, PABNEEG, or any contributor. To the fullest extent permitted by law, the authors, contributors, Hmong Women Lead, LLC, and PABNEEG are not liable for outcomes arising from use of this guide.

External resources. Links and resources are provided for reference only. Their inclusion is not an endorsement, and we do not guarantee the accuracy of their content.

Not a crisis resource. If you or someone you support is in crisis, call or text **988** (Suicide and Crisis Lifeline). If someone is in immediate danger, call **911**. For domestic violence support, call the National Domestic Violence Hotline at **1-800-799-7233**.

Objectives of the Guide

- Enhance Cultural Understanding

  Deepen practitioners' knowledge of Hmong history, values, migration experiences, and gender roles to inform respectful and relevant mental health care.

- Improve Communication and Trust

  Provide tools to build rapport, navigate language barriers, and engage with Hmong clients in ways that foster safety, dignity, and connection.

- Promote Culturally Responsive Assessment

  Offer providers culturally sensitive approaches to identifying and interpreting mental health concerns, including how symptoms may be expressed spiritually, physically, or intergenerationally.

- Integrate Traditional and Modern Practices

  Encourage therapeutic approaches that honor traditional healing methods such as storytelling, herbal medicine, and shamanic beliefs, alongside evidence-based care.

- Address Postmigration and Structural Stressors

  Highlight the mental health impact of systemic challenges such as discrimination, displacement, and loneliness, especially among elders and first-generation Hmong women.

- Uplift Hmong Women's Voices and Leadership

  Center Hmong women's lived experiences, narratives, and resilience throughout the guide to promote empowerment and long-term well-being.



Why This Guide Matters

Mental health professionals regularly serve individuals from diverse cultural backgrounds, making cultural competence essential for providing effective and ethical care. For Hmong women, this need is especially urgent due to the complex intersection of traditional values, gender expectations, and the lasting impact of historical trauma.

Hmong women often face barriers such as language access, cultural stigma around mental health, and a lack of providers who understand their lived experiences. Without culturally grounded care, these barriers can lead to misdiagnosis, mistrust, or disengagement from services.

Build Trust

Understand cultural norms and relational dynamics to create safer spaces.

Respond to Lived Realities

Tailor approaches that resonate with Hmong women's lived realities.

Promote Inclusivity

Provide equitable support that acknowledges identity, culture, and healing practices.

How to Use This Guide

This guide is designed to be a flexible learning tool for providers, advocates, educators, and community leaders working with or alongside Hmong women. Whether you're new to this work or looking to deepen your practice, the guide offers multiple entry points for learning and application.

Focused Learning Sessions

Each section covers a key topic such as Hmong history, cultural values, intergenerational trauma, or mental health stigma intended to build your understanding step by step.

Real-World Case Studies

Illustrative scenarios bring concepts to life, helping you connect theory to practice and better understand how to apply culturally responsive strategies in real situations.

Curated Resources

A collection of books, articles, and community-based tools is included to support ongoing learning and reflection beyond the guide.

By applying the insights, case studies, and tools within these pages, you are taking important steps toward more inclusive, respectful, and effective care for Hmong women and their communities.

Training Opportunity

Hmong Women Lead offers interactive workshops for service providers, mental health professionals, and community leaders. Sessions explore culturally informed approaches to supporting Hmong women in a welcoming, reflective learning space.

This training is available in both online and in-person formats and is rooted in the principles outlined in our community-developed guide. Participants will explore the historical context, intergenerational trauma, and culturally specific barriers that impact mental health access and outcomes for Hmong women.

What Participants Will Explore

- Approaches for building trust and rapport with Hmong clients
- Strategies for recognizing cultural nuances in trauma and healing
- Ways to thoughtfully connect traditional healing frameworks with modern care
- Opportunities for reflection, discussion, and case-based learning

This workshop is ideal for:

- Mental health professionals
- Community-based organizations
- Public health departments
- Advocates and educators working with Hmong or refugee communities

To learn more or request a training, visit:
www.hmongwomenlead.com/Contact





Table of Contents

Module One: Introduction to Hmong Culture 8

Module Two: Understanding Mental Health in Hmong Women.....20

Module Three: Culturally Competent Care.....24

Module Four: Specific Therapeutic Approaches.....27

Module Five: Alternative Healing Methods.....31

Module Six: Emerging Mental Health Themes in Hmong Women.....35

Module Seven: Healing Through Storytelling.....42

Module Eight: Building Partnerships with Local Hmong Organizations to Advance Mental Health Outreach.....46

Welcome

As you begin this guide, we invite you to approach each section with openness, humility, and curiosity. This work is about showing up with care, respect, and the willingness to learn alongside the communities you serve.

Module One: Introduction to Hmong Culture

History and Migration Patterns

The Hmong people possess a rich and resilient history marked by migration, resistance, and cultural preservation. Originating from the Yellow River region of China, the Hmong endured centuries of marginalization and displacement, particularly during the Qing Dynasty (1644–1912), when imperial campaigns drove them southward. This led to widespread migration into the highland regions of Laos, Vietnam, and Thailand, where the Hmong sought autonomy and protection from systemic oppression.

In the mid-20th century, the Hmong became deeply involved in the Vietnam War through their alliance with the United States during the covert "Secret War" in Laos. Recruited by the CIA, thousands of Hmong men and boys served as soldiers, guides, and intelligence operatives. After the U.S. withdrawal in 1975, many Hmong families were targeted by communist forces for their alliance with America. Facing persecution, torture, and imprisonment, tens of thousands fled through the jungles into Thailand, where they lived in refugee camps—sometimes for years—before being resettled through international humanitarian efforts.

By the late 1970s and into the 1980s, large waves of Hmong refugees began arriving in the United States, as well as in countries like France, Australia, and Canada. These experiences of forced displacement, trauma, and survival shape not only individual identities but also intergenerational dynamics in Hmong communities today.

Establishment of Hmong Communities in the United States

Today, the Hmong diaspora in the United States has grown into a vibrant and interconnected community, with strong populations in Minnesota, Wisconsin, California, and North Carolina. These communities are marked by both cultural continuity and adaptation, balancing traditional practices with new generational expressions of identity.

The Hmong have established community organizations, faith centers, advocacy groups, and cultural festivals to preserve language, oral history, and rituals. Simultaneously, Hmong Americans have made significant contributions to civic leadership, education, the arts, and mental health advocacy.

Yet, the impact of war, migration, and resettlement still echoes in many families. Mental health stigma, intergenerational trauma, and cultural misunderstandings between providers and clients can complicate care. Understanding this background is critical to engaging respectfully and effectively with Hmong individuals particularly Hmong women, who often carry multiple layers of cultural and caretaking responsibility.

Religious Diversity and Mental Health in Hmong Women

Understanding the religious diversity within the Hmong community is crucial for mental health practitioners providing culturally competent care. *According to Ali et al. (2020), while traditional animistic beliefs and shamanic practices remain prevalent, many Hmong women have embraced other religions, particularly Christianity, creating a complex spiritual landscape that can shape how women understand and seek mental health care.[1]

Traditional Beliefs and Shamanism

*Approximately 70% of the Hmong population maintains traditional animistic beliefs, which include:

- Ancestor worship
- Spirit-based healing practices
- Shamanic rituals
- Soul-calling ceremonies
- Spiritual offerings

Christianity and Other Religions

*About 30% of Hmong individuals have converted to Christianity[1], including denominations such as:

- Roman Catholic
- Presbyterian
- Baptist
- Lutheran
- Christian and Missionary churches

Over time, many Hmong communities have established their own culturally adapted congregations, blending Christian doctrine with Hmong language, customs, and family structures. For Hmong women, church participation often provides spiritual guidance, emotional support, and social connectedness.

Women may find themselves navigating expectations from both sides: honoring ancestral rituals while participating in church life, or balancing personal faith with family obligations. This duality can influence their willingness to seek help, the type of support they find acceptable, and how they articulate mental health challenges. For practitioners, recognizing this layered spiritual identity is essential for building trust and creating a respectful space for healing.

⚠ This overview is not an exhaustive account of all religious beliefs or practices within the Hmong community. Religious identity among Hmong women is complex, fluid, and deeply personal, often shaped by regional, generational, and familial influences. The information provided reflects commonly observed patterns and lived experiences shared with us, but may not represent all individuals. Practitioners are encouraged to approach each client with openness, cultural humility, and curiosity about their unique spiritual framework.

*Resource: Review of Hmong-Related Health Problems: A Quick Guide for Healthcare Providers

Impact of Religious Beliefs on Mental Health

Religious and spiritual beliefs deeply shape how many Hmong women understand mental health, define wellness, and decide whether—or how—to seek support. For mental health professionals, understanding these belief systems is critical to delivering care that is culturally respectful, relevant, and effective.

Traditional Belief Systems

In traditional Hmong culture, mental health concerns are commonly viewed through a spiritual lens rather than a psychological or medical one. This perspective may include:

- Viewing emotional or behavioral symptoms as a sign of soul loss, spiritual imbalance, or ancestral displeasure
- Seeking healing through shamanic practices such as soul-calling (*hu plig*), ritual offerings, or herbal remedies
- Relying on shamans (*txiv neeb*) as spiritual diagnosticians and primary healers

While meaningful and valid within its cultural context, this belief system can create barriers to engaging with Western mental health services—particularly when the underlying cause of distress is not perceived as psychological, but spiritual.

Christian Influence

Christianity offers a different framework for interpreting and addressing emotional and psychological well-being. Many Hmong families, especially those who converted in refugee camps or after resettlement, integrate Christian beliefs with their healing practices. In these communities:

- Mental health struggles may be acknowledged and addressed through prayer, counseling, and church-based support
- Religious leaders may act as trusted confidants and emotional guides
- In one small study of 30 Hmong participants, 44% of Christian participants had thought about seeking mental health treatment, compared with 5% of those practicing shamanism.*

The presence of faith-based networks can improve access to care—but can also introduce tension when family members hold conflicting spiritual views.

*Source: Yang, Y. (2013). Hmong perceptions of health and healing: Shamanism, mental health, and medical interventions [Master's project, California State University, Sacramento]. **https://hdl.handle.net/10211.9/2026**

Blended Practices and Spiritual Conflict

Many Hmong women navigate multiple spiritual identities, combining elements of traditional beliefs with newer religious affiliations. This blending can:

- Provide layered sources of strength, meaning, and coping
- Lead to inner conflict, particularly during life transitions like marriage, motherhood, or loss
- Complicate help-seeking decisions when different systems (e.g., spiritual vs. clinical, Christian vs. animist) offer opposing views on healing

Mental health providers should be aware that these tensions—often unspoken—can significantly influence how Hmong women perceive their distress, what kinds of help feel safe or acceptable, and who they are willing to trust.

Therapeutic Considerations

When working with Hmong clients, especially women, consider the following:

During Assessment:

- Ask about the client's spiritual and religious background
- Understand family and intergenerational religious dynamics
- Be aware of possible internal conflicts or shifting belief systems

During Treatment Planning:

- Respect and, when appropriate, incorporate the client's spiritual worldview
- Avoid dismissing blended or syncretic practices as contradictory
- Explore options such as spiritual counseling, peer support, or collaboration with faith leaders (if the client desires)
- Be mindful that spiritual distress may underlie or amplify emotional symptoms

Understanding these dynamics creates a foundation for more compassionate and effective care. The following case study illustrates how spiritual conflict, cultural expectations, and postpartum stress can intersect in the lived experience of a Hmong woman navigating multiple roles.

Let's take a closer look at how these dynamics show up in real life. The following case study explores the lived experience of a Hmong woman navigating postpartum challenges, cultural expectations, and spiritual conflict—and highlights key considerations for culturally responsive care.



Case Study 1: Cultural Assessment and Religious Context

⚠ *This case study was developed in collaboration with a licensed social worker and represents a fictionalized composite scenario informed by real clinical experiences. It is intended for educational purposes only and does not depict any one individual.*

Mai, a 33-year-old Hmong woman, presented with anxiety, sadness, and emotional numbness. She expresses exhaustion from trying to meet everyone's expectations as a new mother, a caregiver, and a professional. She also mentions difficulty balancing her own cultural identity rooted in shamanism with her husband's Christian family, which creates internal conflict and confusion. The onset of Mai's symptoms occurred 3 months after the birth of her first child. These intersecting pressures have compounded her sense of emotional overwhelm. Before becoming a mother, Mai was advancing in her career as an accountant. She now feels pressure to return to work but also guilt for leaving her child in someone else's care. Her career has always been a source of pride and independence, yet she feels torn between her professional ambitions and the demands of her home life.

Cultural Assessment and Religious Context:

Mai grew up practicing shamanism, a core belief system for many Hmong people. Shamanic rituals and beliefs are deeply connected to health and well-being in her culture. However, her husband's family practices Christianity, and she has been under pressure to convert. This has caused her spiritual distress, as she feels disconnected from her own spiritual traditions while struggling to adopt her husband's beliefs. This divide is particularly challenging in the postpartum period when her cultural beliefs suggest that spiritual well-being is essential for the health of both mother and child.

Mai also serves as the primary caretaker for her elderly in-laws, which requires significant emotional and physical labor. Her in-laws have health complications and are heavily reliant on Mai for daily care. She describes feeling like she's on call 24/7, and she has not had time to rest or recover after the birth of her child. Her caretaking duties have taken a toll on her mental health, as she feels guilty for not giving her in-laws enough attention while also feeling overwhelmed with her newborn.



Case Study 1: Cultural Assessment and Religious Context continued

Mai's postpartum period has been marked by symptoms of depression and anxiety. She reports crying often, feeling inadequate as a mother, and being excessively worried about her baby's health. She has difficulty sleeping and often feels irritable or disconnected from her child. Although she understands these feelings may be tied to postpartum changes, she struggles to ask for help, fearing it will be seen as a weakness by her family.

1

Roles of Hmong Women:

Many Hmong women are raised to embody the qualities of a "good girl," with clearly defined roles from an early age that follow them into adulthood. Now, as Mai navigates life as a woman in America, she seeks to preserve her cultural identity as Hmong, but this becomes challenging when comparing the societal systems in the United States to those in Thailand or Laos.

2

Perinatal Health in Hmong Culture:

Many families traditionally observe a postpartum diet centered on chicken soup and warm water, with frequent rest as the body recovers after birth. Mai's role as a caretaker, however, keeps her from getting adequate nourishment and rest, and the lack of social support may intensify her perinatal mental health symptoms.

3

Spiritual Conflict:

Mai's internal battle between shamanism and Christianity is a significant source of stress. She feels disconnected from her spiritual identity, which in her culture is tied to both mental and physical health. The pressure to adopt a new faith while mourning her own is emotionally distressing.



Educational Discussion Points

Cultural Sensitivity and Spiritual Counseling: A therapist who understands, or is willing to learn about, Hmong traditions and beliefs can create a supportive environment for Mai to express her struggles.

Cognitive-Behavioral Therapy (CBT)

Explore with Mai how her identity as a Hmong woman manifests into her multiple roles as a new mother, caretaker, and career woman. This therapy modality would focus on Mai reducing her feelings of guilt and developing a balanced view of her roles.

Spiritual Counseling

Explore spiritual counseling therapy to address emotional, mental, and spiritual challenges. This recognizes the importance of spirituality in a person's life and seeks to provide guidance, comfort, and healing.

Postpartum Support Group

Connecting Mai to a postpartum support group, particularly one that includes women of similar cultural backgrounds, would give her a space to share her experiences and realize she is not alone in her struggles. Peer support could alleviate some of the feelings of isolation.

Notes:



Social Structure and Family Dynamics

Family and community serve as the cornerstone of Hmong society, with loyalty and interdependence being fundamental values. Understanding these dynamics is crucial for effective engagement with Hmong clients.

Clan System

Hmong society is organized into clans, functioning as extended families that provide social identity, support, and conflict resolution. Clans, identified by surnames such as Lee, Yang, and Vang, are integral to the social fabric of the community, emphasizing collective well-being and mutual responsibility.

Loyalty and Interdependence

Family loyalty is paramount, with children expected to care for their aging parents and uphold familial unity. Elders are highly respected, and their wisdom is often sought in decision-making processes. This emphasis on interdependence fosters a sense of belonging and support within the family unit.

Gender Roles and Expectations

Traditional gender roles within Hmong culture have historically defined the responsibilities of men and women. Men are often viewed as providers and leaders, while women are entrusted with caregiving and maintaining family harmony. However, these roles are evolving as Hmong women increasingly assert their voices and seek opportunities for personal and professional growth.

As gender roles continue to shift and intergenerational expectations evolve, providers can remain attuned to the layered experiences of their clients. The following case study illustrates how these dynamics can surface in a clinical setting—and how culturally informed approaches can foster more meaningful and effective care.

How might your own assumptions about gender and family roles influence the way you understand or respond to your Hmong clients' experiences?

Case Study 2: Cultural Role Conflict and Family Obligation

⚠ *This fictionalized case study was created in partnership with a licensed mental health professional. It draws on recurring cultural themes and clinical experiences, but does not reflect any specific person. It is for educational purposes only.*

Pah, an 18-year-old Hmong woman, presents with significant anxiety after recently moving away from home to attend college. She is the first in her family to pursue higher education, which has become a source of both pride and emotional turmoil. Pah reports feeling intense guilt for leaving her family, who lives in poverty, and for not being available to help care for her younger siblings. She struggles with balancing her academic responsibilities, cultural expectations, and the emotional weight of leaving her family behind. Pah describes feeling "selfish" for being at school when her family needs her, particularly her mother, who relies on her to assist with household duties and sibling care. She is experiencing anxiety related to the cultural expectations placed on her as a Hmong woman, combined with her desire for independence and academic achievement.

Pah comes from a traditional Hmong household where family obligations, particularly for women, are deeply rooted in the cultural value of collectivism. In Hmong culture, the eldest daughter is often seen as a primary caretaker, responsible for managing household duties and caring for younger siblings. This strong sense of duty was a central part of Pah's upbringing. Now that she is away at college, she feels she is failing her family by not fulfilling her expected role. The anxiety she experiences stems from this cultural conflict—she desires to succeed academically and achieve personal independence, but this clashes with her internalized expectations of what it means to be a "good" Hmong daughter.

Hmong Gender Roles and Family Expectations

In many Hmong families, women are expected to contribute greatly to family care and household management, and these responsibilities are often prioritized over personal ambitions. Pah was raised with these values, and her family's expectations weigh heavily on her, even from afar. In her family's eyes, she is seen as a "daughter first," and this cultural expectation conflicts with her desire to pursue higher education and personal growth. Her guilt is compounded by her knowledge that her family continues to struggle financially while she is away.

Navigating Two Cultures

Pah is navigating the tension between her Hmong cultural upbringing, which emphasizes familial obligation and sacrifice, and American societal norms that prioritize individual success and independence. Her anxiety stems from this cultural conflict, as she feels caught between wanting to honor her family's values and pursuing her own goals. This dual pressure is creating a significant emotional burden.

Case Study 2: Cultural Role Conflict and Family Obligation, Continued.

Educational Discussion Points

It is crucial that Pah receives services from a provider who understands or is willing to learn about Hmong cultural values, particularly regarding gender roles and family obligations. This will allow Pah to express her struggles without feeling that her cultural background is being dismissed.

Cognitive-Behavioral Therapy (CBT)

Help Pah notice thought patterns contributing to her guilt and anxiety, such as “I’m abandoning my family” or “I’m failing as a daughter,” and explore more balanced ways of thinking while respecting the family values behind them. Support Pah in developing a balanced view of her responsibilities at home and at school, in a way that fits her own goals.

Family Communication Strategies

If Pah chooses, support her in sharing her feelings with her parents in her own words, so the family can talk openly about how her education fits with their hopes and values.

Notes:



Language and Communication

A comprehensive understanding of Hmong culture is essential for mental health professionals committed to providing effective and respectful care. By exploring the rich history, traditional values, social structures, and communication styles of the Hmong people, practitioners can build deeper connections with their clients and foster therapeutic environments that promote healing and empowerment. This foundational knowledge will serve as a critical basis for the culturally competent care that will be detailed in subsequent modules of this guide.

Hmong Dialects

The Hmong language consists of two primary dialects: Hmong Daw (White Hmong) and Hmong Njua (Green/Blue Hmong). Both dialects share a written form known as the Romanized Popular Alphabet (RPA), developed in the mid-20th century. However, language barriers can present challenges, particularly for older Hmong individuals with limited proficiency in English.

Qualified Medical Interpreters

Using trained, qualified interpreters (certified, where certification is available for Hmong) who know both dialects and mental health terminology supports clear communication and understanding, and can help strengthen the therapeutic relationship and trust.

Avoiding Family Members as Interpreters

While it may seem convenient to use family members as interpreters, this can compromise confidentiality and introduce bias, particularly in sensitive discussions about mental health.

Navigating Language Barriers Through a Culturally Informed Lens

Effective communication in healthcare and mental health settings is essential for building trust and delivering appropriate care. Many Hmong individuals—particularly elders and those with limited formal education—may face challenges expressing complex emotions or understanding Western psychological terms in English. This can lead to misdiagnosis, mistrust, or disengagement from care.

When possible, work with trained interpreters who are not only bilingual but also culturally informed. However, be cautious about using family members as interpreters in sensitive situations, especially when discussing topics such as trauma, abuse, or mental illness, which may carry stigma or emotional weight.

Incorporating culturally meaningful metaphors or analogies can also improve understanding. For example:

- Instead of saying "You are experiencing clinical depression," consider:
  "You've been feeling a heavy sadness for a long time, like your spirit is tired or your energy has gone away."
- For anxiety:
  "It feels like your heart is unsettled, or like something bad might happen even when things seem okay."

Visual aids, storytelling, or checking for comprehension using reflective questions can further enhance engagement. Always confirm understanding with the client, rather than assuming nods or silence mean agreement.

Engaging Family and Clan Networks

Practitioners should respectfully inquire about family structure, clan affiliation, and decision-making roles early in the relationship. Clan elders, uncles, or spiritual leaders may have influence over whether someone seeks treatment or how they interpret their symptoms.

However, involving family is not always straightforward. Practitioners should:

- Clarify confidentiality and boundaries when family is involved
- Be aware of possible power imbalances or dynamics (e.g., gender hierarchy, intergenerational conflict, spiritual authority)
- Explore the potential for both support and pressure within the family system

Understanding these dynamics can help clinicians navigate culturally appropriate interventions—such as aligning treatment goals with culturally meaningful values like honoring one's parents or protecting family harmony.

Module Two: Understanding Mental Health in Hmong Women

Common Mental Health Issues

Hmong women may face mental health challenges shaped by their cultural and social environment. These challenges can be compounded by the pressures of navigating two distinct cultural identities: traditional Hmong culture and the Western societal norms of the countries in which they now live. Experiences vary from person to person. Below are some commonly reported mental health concerns among Hmong women:

Cultural Sensitivity

Depression

Depression is a frequent concern among Hmong women, which may appear as persistent sadness, emptiness, and a sense of hopelessness. Many women describe a “heaviness” in their daily lives, which can be intensified by cultural expectations, family responsibilities, and societal pressures. Depression may be underdiagnosed in Hmong women due to cultural stigma and the tendency to express emotional distress through physical symptoms.

Anxiety

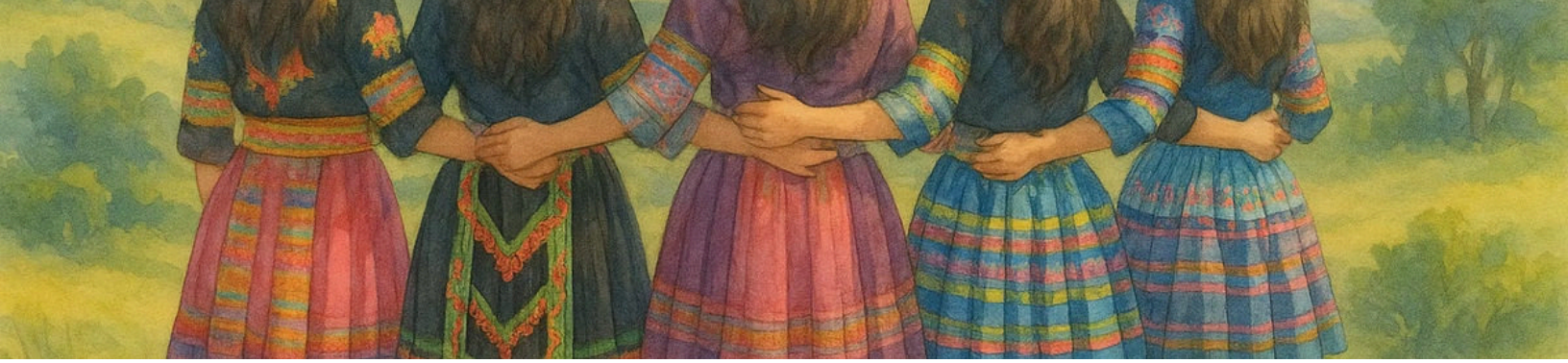
Anxiety is another common experience, often rooted in worries about family expectations, financial instability, and fear of judgment from the community. Hmong women may feel immense pressure to fulfill their roles as caregivers, daughters, wives, or mothers, which can lead to chronic worry and feelings of inadequacy.

Trauma

Historical trauma plays a significant role in the mental health of Hmong women. Many carry the psychological scars of war, displacement, and life in refugee camps. Even younger generations, who did not directly experience these events, may inherit secondary trauma through family narratives and cultural memory.

Identity Challenges

Younger Hmong women, in particular, grapple with balancing the expectations of their Hmong heritage with the values and opportunities of the Western world. This tension often creates identity conflicts and feelings of isolation, as they strive to honor their cultural roots while pursuing personal goals.



Specific Stressors and Trauma

Understanding these factors is critical for providing effective care.

Refugee Experiences

The impact of the Vietnam War and the subsequent displacement of the Hmong community continues to affect many women today. Elder generations often recount harrowing experiences of fleeing violence, enduring life in refugee camps, and resettling in foreign countries. For many, these experiences have had lasting effects, which can include symptoms of post-traumatic stress disorder (PTSD) and anxiety. Younger generations may experience secondary trauma through their elders' stories or the pressure to reconcile their family's sacrifices with their own opportunities.

Domestic Violence

Domestic violence occurs across all cultures. In some Hmong families, cultural norms may discourage women from seeking help. Some women feel a duty to uphold family harmony, even in the face of abuse, fearing the stigma or dishonor that speaking out may bring.

Cultural Expectations

Many Hmong women are expected to embody traditional roles, including being obedient daughters, supportive wives, and nurturing mothers. These expectations can clash with modern aspirations, such as pursuing education or careers, creating significant stress. The tension between traditional and modern roles can lead to feelings of inadequacy or guilt.

Intergenerational Conflicts

Intergenerational conflicts can occur as younger Hmong women adopt Western values that may differ from those of their parents or elders. These conflicts can show up as disagreements over gender roles, educational pursuits, or lifestyle choices, and may strain family relationships.

Cultural Perceptions of Mental Health

Understanding the Hmong community's perceptions of mental health is essential for mental health professionals. These perceptions, shaped by cultural beliefs and traditions, significantly influence how Hmong women view mental health challenges and their willingness to seek help.

Stigma Surrounding Mental Health

Mental health stigma is common in many Hmong families and communities. Many women fear that acknowledging mental health struggles will bring shame to their families. The concept of “saving face” can be deeply ingrained, leading individuals to hide their struggles to maintain the family’s reputation.

Key contributors to stigma include:

- **Misunderstanding Mental Health**: Mental health issues are often viewed as spiritual imbalances or weaknesses, rather than medical conditions requiring treatment.
- **Fear of Labels**: Hmong women may avoid seeking help out of fear of being labeled "crazy" or "unstable," which can affect not only their reputation but also their marriage prospects.
- **Impact on Marriage Prospects**: For unmarried women, mental health struggles may be seen as a barrier to finding a suitable partner, creating additional pressure to conceal their challenges.

Traditional Healing Practices

Traditional healing practices remain a cornerstone of Hmong cultural beliefs about health. These practices include:

- **Shamanic Healing**: Shamans play a vital role in addressing spiritual imbalances believed to cause illness. Rituals often involve calling back a lost soul or removing spiritual disturbances.
- **Herbal Remedies**: Many Hmong women rely on traditional herbal medicines to address physical and emotional symptoms.
- **Holistic Health:** Many Hmong families do not traditionally separate mental and physical health. Emotional distress may be expressed through physical symptoms, such as headaches, fatigue, or gastrointestinal issues.

While these practices provide comfort and cultural connection, they may also delay access to professional mental health care.

Strategies for Improving Mental Health Support

Mental health professionals can take several steps to address the unique challenges Hmong women face and improve the accessibility and effectiveness of mental health services.

Education and Awareness

Culturally Tailored Education Campaigns: Educate the Hmong community about mental health in culturally sensitive ways. Campaigns should emphasize the connection between mental and spiritual well-being and reduce stigma around seeking help.

Bilingual Resources: Provide mental health information in both Hmong and English to ensure accessibility for all generations.

Building Cultural Bridges

Integrating Traditional and Modern Practices: Collaborate with shamans, religious leaders, and other traditional healers to create a dual treatment approach that respects cultural beliefs while incorporating evidence-based mental health care.

Family Involvement: Involve family members in treatment plans, as family plays a central role in Hmong culture. Educating families about mental health can foster understanding and support.

3 Tailored Mental Health Services

Increase Representation: Encourage and support more Hmong-speaking mental health professionals to address linguistic and cultural barriers.

Culturally Competent Therapies: Use therapeutic approaches that align with Hmong cultural values, such as group therapy or narrative therapy, which emphasize storytelling and shared experiences.

Addressing Intergenerational Conflicts

Intergenerational Programs: Develop programs that bridge generational gaps, helping parents and children communicate and understand each other's experiences.

Empowerment and Advocacy: Support Hmong women in navigating cultural expectations while pursuing personal goals, fostering resilience and self-efficacy.

Module Three: Culturally Competent Care

Providing culturally competent care to Hmong women requires an in-depth understanding of their cultural background, values, and lived experiences. Mental health professionals can approach care with cultural humility, demonstrating respect for the traditions and beliefs that shape their clients' perspectives on health, family, and identity. This module focuses on three key aspects of culturally competent care: building trust and rapport, conducting culturally sensitive assessments, and designing culturally appropriate interventions.

Building Trust and Rapport

For many Hmong clients, trust is the foundation of any effective therapeutic relationship. Building rapport requires genuine respect for cultural values, a calm and empathetic demeanor, and a willingness to listen without judgment. It also helps to recognize the stigma surrounding mental health in the Hmong community and approach conversations with sensitivity.

- ### Learn About Hmong Culture

  Practitioners do not need to become experts in Hmong culture but should familiarize themselves with key cultural values, traditions, and historical contexts. For example, understanding the significance of shamanic healing or the role of the clan system can help inform therapeutic conversations.

- ### Demonstrate Cultural Respect

  Show respect for cultural norms by addressing clients appropriately. For instance, when working with older Hmong clients, use respectful titles such as "Niam Laus" (older sister) or "Tij" (older brother). This simple gesture can establish trust and demonstrate cultural awareness.

- ### Asking Directly About Safety

  When suicide risk may be present, ask directly and clearly, in a warm and caring way. For example: “Sometimes when people feel this hopeless, they think about ending their life. Have you had thoughts like that?” Asking directly does not increase risk. Follow your organization’s risk assessment and safety planning protocols, and if risk is present, connect the client with crisis support such as 988.

- ### Recognize the Role of Family

  Hmong culture emphasizes collectivism, meaning that family often plays a central role in decision-making. Be mindful of family dynamics and consider involving key family members in treatment discussions, when appropriate and with client consent.

Culturally Sensitive Assessment and Diagnosis

Conducting assessments and making diagnoses in a culturally sensitive manner is critical to ensuring that care aligns with the client's worldview and avoids misinterpretation of cultural expressions of distress. Many Hmong clients may express emotional struggles through physical symptoms or spiritual concerns rather than psychological terminology.

Understanding Cultural Contexts of Illness

Hmong clients may attribute mental health symptoms to spiritual causes such as "poob plig" (soul loss) or ancestral disharmony. It is essential to explore these beliefs without imposing Western medical frameworks. For instance, rather than labeling symptoms as "anxiety," ask the client how they understand what they are experiencing.

Use Open-Ended, Non-Stigmatizing Questions

Build a comprehensive understanding of the client's experience by asking culturally appropriate questions, such as:

- *"What do you think is causing these feelings or symptoms?"*
- *"Have you sought help from a shaman or used herbal remedies?"*
- *"How does your family understand what you are going through?"*

Explore Physical Manifestations of Distress

Many Hmong clients express emotional suffering through somatic symptoms, such as headaches, fatigue, or chest tightness. Questions like, “When you are stressed, do you notice changes in your body?” can help uncover underlying emotional challenges.

Assess for Historical and Intergenerational Trauma

Given the Hmong community’s history of war, displacement, and refugee experiences, it is important to explore how past trauma influences the client’s current mental health. Questions such as, “Have you or your family experienced difficult events in the past that still affect you?” can provide valuable insights.

Consider Acculturation Stress

Many Hmong women experience significant stress related to navigating dual cultural identities. Asking questions like, “Has adjusting to life here been challenging, especially with balancing Hmong and American values?” can help uncover acculturation-related concerns.

Culturally Appropriate Interventions

Interventions for Hmong women should honor traditional cultural practices while incorporating evidence-based mental health techniques. Effective care requires a collaborative approach that respects the client's values and beliefs, integrates family involvement, and acknowledges the importance of traditional healing practices. These foundational principles will be expanded upon in subsequent modules, providing further guidance on specific therapeutic approaches and practical applications.

Key Components of Culturally Appropriate Interventions

Dual Treatment Approaches

Many Hmong clients value traditional healing methods, such as shamanic rituals or herbal remedies. Rather than discouraging these practices, practitioners can explore how they may fit alongside Western therapeutic approaches. For example, a client receiving CBT for depression may also choose to take part in shamanic ceremonies that bring her spiritual comfort.

Family-Centered Therapy

In Hmong culture, family plays a central role in a person's well-being. Involving family members in therapy sessions, with the client's consent, can foster a supportive environment. Family psychoeducation can also help reduce stigma and improve understanding of mental health treatment.

Use of Metaphors and Stories

Hmong culture places great value on storytelling as a way to convey meaning and emotion. Practitioners can use culturally relevant metaphors to explain mental health concepts. For instance, describing emotional distress as a "loss of balance" between the body and spirit may resonate more deeply than clinical terminology.

Group Therapy and Community Support

Group therapy sessions that include other Hmong clients can help normalize the experience of seeking mental health care. Community-based support groups also provide a space for shared experiences and mutual encouragement.

Strength-Based Approaches

Highlight strengths, such as maintaining family harmony or bridging two cultures.

Module Four: Specific Therapeutic Approaches

Many Hmong women navigate unique challenges that call for culturally sensitive therapeutic approaches. This module builds on the foundations of culturally competent care and offers strategies for addressing trauma, strengthening family and community involvement, and fostering empowerment and advocacy. Mental health professionals may better support clients by thoughtfully integrating these approaches into their practice, acknowledging the cultural and historical contexts that shape Hmong women's lived experiences.

Trauma-Informed Care

Trauma-informed care is essential when working with Hmong women, many of whom carry the psychological burdens of war, displacement, domestic violence, and intergenerational trauma. These experiences often manifest as post-traumatic stress disorder (PTSD), anxiety, depression, or somatic complaints that may be misinterpreted in clinical settings without proper cultural understanding.

Understanding Trauma in the Hmong Context

- **Historical Trauma**: The Hmong community has endured significant trauma due to their involvement in the Vietnam War, displacement as refugees, and resettlement in unfamiliar countries. Practitioners should acknowledge the impact of these experiences, even for younger generations who may inherit secondary trauma through family narratives.
- **Cultural and Gender-Based Trauma:** Some Hmong women have faced domestic violence, patriarchal expectations, or limited autonomy, as women in many communities have, which can create ongoing emotional and psychological distress.

Key Principles of Trauma-Informed Care

Safety and Trustworthiness

Create safe environments where clients feel respected

Cultural Sensitivity

Recognize trauma responses may be expressed differently

Empowerment and Collaboration

Rebuild sense of control and autonomy

Practical Strategies

- Use gentle, open-ended questions to explore trauma without retraumatizing the client. For example: *"Have you experienced events in the past that still affect you emotionally or physically?"*
- Incorporate mindfulness practices that align with Hmong cultural values, such as breathing exercises or grounding techniques, to help clients manage symptoms of anxiety or hypervigilance.
- Offer psychoeducation about trauma and its effects on mental health, using culturally relevant metaphors. For instance, explain PTSD as a disruption of the connection between the body and spirit, which may resonate with some clients' beliefs.

Family and Community Involvement

Family and community are central to Hmong culture and play a pivotal role in the mental health and well-being of Hmong women. Effective therapeutic approaches should involve these networks to foster understanding, support, and collective healing.

The Role of Family in Hmong Culture

- **Collectivist Values**: Hmong families emphasize interdependence, loyalty, and harmony. Decisions are often made collectively, and individual well-being is closely tied to family dynamics.
- **Gender Roles**: Traditional family structures often place significant responsibilities on women as caregivers, which can contribute to stress or burnout. At the same time, women's roles within the family are critical to maintaining cultural continuity and stability.

Taking A Closer Look

- **Emotional distress may be described as physical symptoms** (e.g., chest tightness, fatigue, headaches) rather than "anxiety" or "depression."
- **Therapy may be perceived as unnecessary** unless tied to restoring family harmony or spiritual balance.
- **Terms like "trauma" or "mental illness" can feel stigmatizing** — consider using language around stress, exhaustion, or imbalance.
- **Some Hmong clients may not ask clarifying questions** out of respect, even if they don't fully understand — check in gently and often.

Strategies for Family and Community Involvement

Family and community connections can be a powerful source of support. These strategies offer ways to involve them thoughtfully, always guided by the client's consent and preferences.

Include Family in Therapy

When appropriate and with the client's consent, involve family members in sessions to strengthen support systems and address family dynamics, including open conversations that help reduce stigma.

Facilitate Intergenerational Dialogue

As younger members navigate Western cultural norms, conflicts can arise. Practitioners can help families talk through them, fostering understanding and finding common ground.

Collaborate with Community Leaders

With the client's consent, engaging clan leaders or spiritual healers can strengthen support. These leaders often hold significant influence and can help bridge cultural gaps.

Practical Applications

- When the client wishes, use family therapy to address shared challenges, such as caregiving responsibilities or intergenerational conflicts, and encourage family members to express their feelings and work together on solutions.
- Organize community mental health workshops that incorporate traditional practices, such as storytelling or collective rituals, to reduce stigma and promote awareness.
- Recognize the influence of the clan system in decision-making, and consider how clan dynamics may affect the client's mental health or treatment options.

Culturally Grounded Interventions to Consider

Co-Facilitated Community Workshops: Partner with a shaman, pastor, or elder to co-host events that bring together wellness, spirituality, and mental health education.

Storytelling Events: Invite Hmong women across generations to share personal stories as a healing practice, in group therapy or community settings.

Clan System Mapping: Use genograms or clan charts to understand relationships that may shape decision-making, support systems, or emotional stressors.

Empowerment and Advocacy

Empowerment is an important part of mental health care for Hmong women, supporting them to reclaim their voices, define their goals, and build resilience. Advocacy efforts further support this process by addressing systemic barriers and promoting culturally responsive mental health services.

Fostering Empowerment

Encourage Self-Determination

Invite clients to take an active role in their own healing journey, at their own pace.

Validate Cultural Identity

Support clients as they navigate two cultural identities, without asking them to choose.

Promote Resilience

Recognize and name the strength and adaptability clients have already shown.

Advocacy for Systemic Change

Reduce Stigma

Advocate for culturally sensitive education campaigns that address mental health stigma in the Hmong community and frame mental health care as a complement to traditional practices.

Increase Accessibility

Work to expand access to bilingual mental health services and support more Hmong-speaking providers, helping bridge the language and cultural gaps that can keep women from care.

Partner with Community Organizations

Work with local organizations on culturally tailored programs, such as support groups, parenting classes, or workshops on navigating intergenerational conflict.

⚠ Key Takeaway

Therapeutic approaches for Hmong women can address the intersecting challenges of trauma, family dynamics, and cultural identity. Trauma-informed care acknowledges the historical and individual experiences that shape each client, while family and community involvement can strengthen support networks.

Module Five: Alternative Healing Methods

⚠ The following content discusses traditional and alternative healing methods rooted in cultural beliefs. These are not substitutes for professional mental health care, and their efficacy has not been evaluated by medical authorities.

Healing within the Hmong community often extends beyond conventional therapeutic approaches, encompassing traditional practices rooted in spiritual beliefs and cultural values. This module explores traditional and alternative healing methods alongside contemporary techniques, so mental health professionals can offer care that resonates both therapeutically and culturally.

Integrating Traditional and Modern Practices

Thoughtfully pairing traditional Hmong healing practices with contemporary therapeutic approaches is an important part of culturally responsive care. Traditional rituals, including shamanic ceremonies and herbal remedies, often address body, mind, and spirit together, while modern therapeutic interventions provide evidence-based support for psychological well-being.

Traditional Healing Practices

Shamanic Healing

Shamans serve as spiritual intermediaries in Hmong culture, addressing conditions believed to stem from spiritual imbalance, particularly poob plig (soul loss). Healing ceremonies typically include:

- **Soul-calling rituals:** ceremonies to reunite a displaced soul with the body and restore spiritual harmony.
- **Traditional tools:** instruments such as gongs, drums, and buffalo horns that connect with the spiritual realm.
- **Spiritual offerings:** food, incense, and symbolic items offered to ancestral spirits for protection and guidance.

Traditional Herbal Medicine

Hmong herbal remedies are used for a range of physical and spiritual concerns, often alongside shamanic rituals. Preserved through generations of oral tradition, they are tailored to each person's needs and spiritual circumstances. Encourage clients to share any remedies they use with their prescriber or pharmacist.

Modern Therapeutic Interventions

Modern mental health practices, such as Cognitive Behavioral Therapy (CBT) or trauma-informed care, can be adapted to align with Hmong cultural frameworks:

- **Narrative Therapy**: Practitioners can incorporate storytelling, a valued Hmong tradition, enabling clients to process their experiences.
- **Family-Centered Therapy**: Addressing family dynamics and involving key family members honors the collectivist nature of Hmong culture.

Integrating the Two Approaches

- **Collaboration with Shamans**: Mental health professionals can work alongside shamans to create treatment plans incorporating both spiritual and psychological interventions. For instance, after a soul-calling ceremony, therapy sessions may help clients process emotional trauma.
- **Education and Advocacy**: Educate clients and families on how traditional practices and modern therapy complement each other. Frame modern interventions as tools to restore balance and harmony, concepts familiar in Hmong spirituality.

Sound Healing, Breathwork, and Energy Healing

Some clients find practices such as sound healing, breathwork, and energy healing meaningful. These are not part of traditional Hmong healing, and evidence for them varies, so offer them only if the client wishes and within your scope of practice.

Sound Healing

Sound healing echoes Hmong traditions that use music and vibration in shamanic ceremonies, and it may be offered, if the client wishes, as a complementary practice that builds on these cultural parallels.

- **Traditional Parallels:** In shamanic rituals, drums and gongs induce trance states and facilitate spiritual healing. Similarly, modern sound healing uses instruments like Tibetan singing bowls, crystal bowls, and tuning forks to create vibrations that many people find relaxing.
- **Client Preference:** Invite clients to choose sounds that feel calming and culturally familiar, adjust the volume or length as needed, and stop any practice at any time if it does not feel comfortable or helpful.
- **Practical Application**:
  Sound healing can be integrated into therapy sessions by:
  - Playing calming background music during mindfulness exercises.
  - Encouraging clients to listen to culturally familiar sounds, such as gongs or nature sounds, during relaxation practices.

Breathwork

Breathwork is a simple practice that may help some people manage stress and anxiety, and it fits well with the Hmong cultural emphasis on balance and spiritual harmony.

- **Diaphragmatic Breathing (Belly Breathing)**: Helps clients ground themselves and reduce stress by focusing on the natural rise and fall of the belly, a simple technique that can be practiced during or outside therapy sessions.
- **4-7-8 Breathing:** This practice extends the exhale and may help some people relax, calm anxiety, and prepare for sleep.
- **Cultural Sensitivity**: Frame breathwork as a way to align body and spirit, emphasizing balance and control, concepts that resonate with Hmong spiritual beliefs.
- **Empowerment Through Breathwork**: Teach Hmong clients to use breathwork as an independent tool for managing stress, giving them agency over their emotional responses.

Energy Healing

Some clients may find energy-based practices, such as Reiki, meaningful. These practices are not part of traditional Hmong healing and have limited scientific evidence. If a client brings them up, explore what they mean to her, respect her choices, and stay within your own scope of practice.

Collaborating with Cultural Healers

Collaboration with cultural healers, such as pastors, shamans or herbalists, can be an important part of providing culturally competent care to Hmong clients. These healers hold significant influence within the community and often serve as the first point of contact for health-related concerns.

The Role of Cultural Healers

- **Community Trust:** Shamans and traditional healers are deeply respected in many Hmong communities and often have a nuanced understanding of their clients' spiritual and emotional needs.
- **Spiritual Healing:** Cultural healers address issues such as soul loss, spiritual harm, or ancestral disconnection, believed by many to underlie mental health challenges.

Building Collaborative Relationships

1

Establish Mutual Respect

Mental health professionals should approach shamans and traditional healers with respect and curiosity, acknowledging their expertise and community role. This builds trust and fosters collaboration.

Open Communication

Engage in dialogue with cultural healers to understand their practices and explain how modern mental health care can complement traditional methods. For example:

A shaman might perform a soul-calling ceremony, while a therapist helps the client process emotions tied to the experience.

Coordinate Care

With client consent, coordinate care with cultural healers so traditional practices and therapy work well together. Encourage clients to tell their prescriber or pharmacist about any herbal remedies, so possible interactions can be checked.

Educate Clients

Help clients understand how traditional and modern approaches can work together to support their healing journey. Frame collaboration as honoring cultural beliefs while addressing mental health needs.

Practical Applications

Community Workshops

Invite cultural healers to participate in community workshops or mental health awareness events, creating opportunities for mutual learning and collaboration.

Client-Chosen Healers

When a client asks, support her in connecting with traditional healers she chooses, so her cultural needs are honored alongside psychological care.

Alternative healing methods can offer meaningful options for supporting Hmong women's mental health in a culturally sensitive, holistic manner. By respecting traditional practices like shamanic healing, and offering approaches such as breathwork when appropriate and within scope, mental health professionals can provide care that honors Hmong cultural values. Collaboration with cultural healers can foster trust and bridge ancient traditions with contemporary therapeutic practices, helping clients embrace their cultural identity as a source of strength.

Module Six: Emerging Mental Health Themes in Hmong Women

Intergenerational Disconnection and Postmigration Stress

While foundational research has shed light on the trauma and resilience of Southeast Asian refugee communities, there are still vital dimensions of Hmong women's lived experiences that remain underrepresented in clinical practice. Dr. Cindy Vang's scholarship offers critical insights into how acculturation, age, and structural inequality intersect to shape mental health outcomes among Hmong women.

1

Acculturation Gap Stress

Younger Hmong women, raised or born in the U.S., often adopt Western values around independence and self-expression, which can clash with traditional expectations of filial duty and collective identity. Dr. Vang notes that this dissonance may result in intergenerational disconnection, eroding traditional support systems and increasing internal conflict.

2

Postmigration Structural Stressors

Additionally, postmigration structural stressors, such as poverty, discrimination, and reduced access to culturally appropriate services, can further exacerbate feelings of isolation. Elder Hmong adults in particular face increased loneliness, especially when their roles as cultural knowledge bearers are diminished in resettled contexts.

3

Age and Trauma Processing

Finally, Dr. Vang's research suggests that age plays a moderating role in how trauma is processed. Older Hmong women may internalize distress due to cultural norms of emotional restraint, while younger women are more likely to externalize symptoms—yet both groups often encounter barriers in accessing care that validates their experiences.

These findings call for expanded clinical models that account for the layered effects of migration history, intergenerational dynamics, and cultural identity in treatment planning. Dr. Vang's work not only informs, but challenges, mental health professionals to think beyond the individual and engage with systemic and cultural frameworks in their care for Hmong women.

You can download her work from this Google Drive here: **https://bit.ly/cindyvangresearch**

Practice Considerations: Expanding the Circle of Support

Not all mental health support must take place in a clinical setting. For many Hmong women, healing often begins in trusted environments such as support groups, family discussions, or community storytelling spaces. These nonclinical approaches can provide critical pathways to emotional processing, particularly for those who are hesitant to engage in traditional therapy.

In navigating intergenerational challenges, it's important to understand that conflict may stem from differing worldviews rather than a lack of respect or care. Bridging these perspectives requires approaches that honor both tradition and adaptation. Facilitated dialogue—whether in formal settings or informal gatherings—can help uncover unspoken narratives and validate the lived experiences of both younger and older generations.

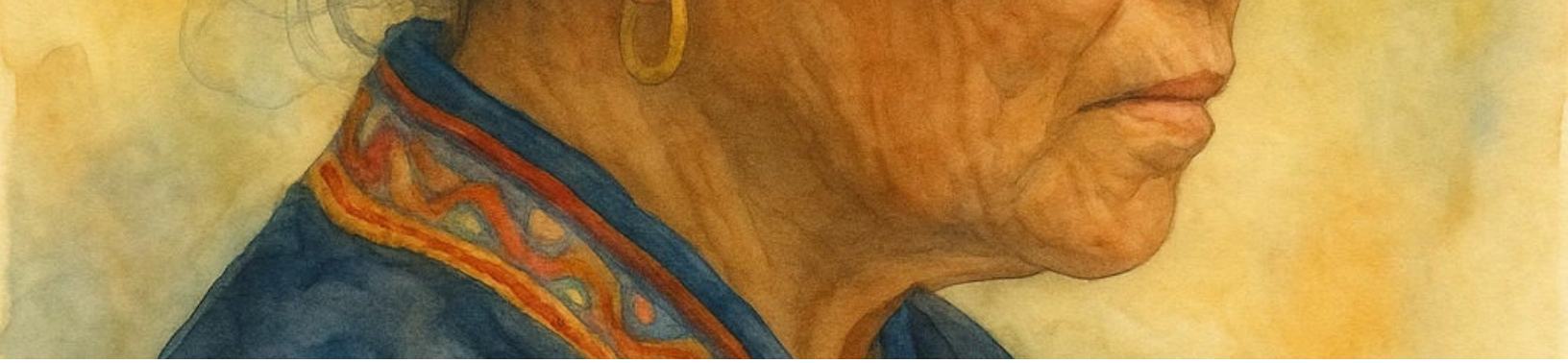
To enhance access and trust, mental health professionals can collaborate with trusted community members who speak the language, understand cultural values, and can assist in making services more approachable. These individuals may include elders, bilingual advocates, educators, or faith leaders who already hold influence within the community.

Programs that engage multiple generations and offer space for reflection, storytelling, and cultural expression can be especially meaningful. They can help participants reestablish connections, shift harmful narratives, and strengthen resilience across age groups.

Ultimately, nonclinical support structures are not a substitute for mental health care but a vital complement. When thoughtfully designed and culturally attuned, they can serve as bridges to deeper healing and long-term well-being.

The following case study highlights the lived experience of an elder Hmong woman navigating the long-term impacts of trauma, cultural expectations, and domestic violence. It underscores the importance of expanding the circle of support—not just through clinical treatment, but through culturally grounded, trauma-informed care that recognizes the complexity of intergenerational harm, isolation, and gender-based oppression. This case invites us to consider how healing can begin when safety, cultural understanding, and empowerment are prioritized together.

How might expanding your own circle of support—beyond the clinic—create deeper trust and healing for the clients you serve?



Case Study 3: Mental Health Challenges in a Hmong Elder

> ⚠ *This case study is a fictionalized composite created with input from a licensed social worker. It highlights common experiences among elder Hmong women, particularly regarding trauma and domestic violence. It does not describe a real individual and is intended for learning and reflection only.*

Yia, a 69-year-old Hmong woman, presents with symptoms of post-traumatic stress disorder (PTSD), anxiety, and somatic complaints such as chronic pain and headaches. She reveals ongoing emotional and physical abuse from her husband, who recently married a younger woman overseas. Yia describes feelings of worthlessness, fear, and a deep sense of betrayal, particularly as her husband's overseas wife represents an embodiment of patriarchal dominance that has overshadowed her life for decades. Yia's distress is compounded by the trauma she experienced during and after the Vietnam War, when she and her family were forced to flee as refugees. These memories continue to affect her mental and physical health, contributing to her feelings of emotional numbness and difficulty trusting others. Yia also shares a profound fear that her husband may harm her if she attempts to leave. She feels unsafe in her home but also feels culturally bound to remain. Her anxiety is compounded by the isolation she experiences, as her children live far away, and she has no immediate support network.

Cultural Assessment:

In some traditional Hmong households, as in many cultures, women may be expected to defer to their husbands' decisions, including matters of marriage and family dynamics. Yia has lived in the shadow of her husband's control for most of her life, and his decision to take an overseas wife has deepened her feelings of inadequacy. The expectation to remain obedient, coupled with her husband's emotional and physical abuse, has eroded Yia's sense of self-worth. She feels trapped, unable to leave due to cultural, familial, and economic factors.

Yia carries unresolved trauma from her experiences during the Vietnam War. As a refugee, she witnessed violence and the death of loved ones, and the displacement led to long-term emotional and psychological scars. Although decades have passed, she continues to experience flashbacks, nightmares, and hypervigilance. These PTSD symptoms are triggered by her current domestic violence situation, intensifying her fear and feelings of helplessness.

Cultural Considerations:

Patriarchal Expectations and Domestic Violence: Yia's experiences reflect the intersection of patriarchy and domestic violence in her marriage and community. She has been conditioned to prioritize her husband's needs and authority over her own, which has resulted in a lifetime of self-sacrifice and submission. The abuse she experiences has been minimized by those around her, making it difficult for her to seek help or leave. Her husband's decision to take a second wife overseas feels to her like a profound violation of her worth, further diminishing her sense of agency and self-respect.

Vietnam War Trauma and PTSD: The trauma Yia experienced during the Vietnam War continues to influence her mental health. The unresolved grief, loss, and fear from her time as a refugee have compounded her emotional distress in the present. The violence she witnessed has contributed to her current fear of domestic violence escalation and her sense of hypervigilance in her daily life. This long-term trauma, combined with the present abuse, has created a complex psychological profile of PTSD, anxiety, and depressive symptoms.

Educational Discussion Points

Domestic Violence Support and Safety Planning (first priority): Work with Yia, at her own pace and guided by her own choices, to create a safety plan, including safe places and people to contact in an emergency, and connect her with culturally sensitive domestic violence services. Follow your organization's protocols and any state reporting requirements, which in some states apply to abuse of older or vulnerable adults. The National Domestic Violence Hotline (1-800-799-7233) can help.

Cultural Sensitivity and Self-Worth: Support Yia in exploring her own values and sense of worth, at her own pace, in a way that honors her cultural experience. Help her reconnect with her identity beyond her marriage and roles, and with her inherent value as a person deserving of safety and respect.

Trauma-Focused Therapy (once safe and stable): Once Yia is safe and stable, a trained clinician may consider trauma-focused therapy, such as Prolonged Exposure Therapy, to help her process war-related memories. Trauma processing is typically deferred while a client faces ongoing danger.

Medication, Stigma, and Confidentiality

Part A: Medication and Stigma

Dr. Sendra Yang, Co-founder of the North Carolina Hmong Women Association, Inc., has shared in her presentations that Hmong adults may be at higher risk for mental health challenges, with depression, anxiety, and PTSD being particularly common. Yet many Hmong women remain hesitant to seek help, often because of the belief that admitting to distress is shameful and taking medication is a sign of weakness or failure.

Misconceptions about psychiatric medication are widespread. Some believe it will permanently change a person's character or 'destroy a healthy brain,' while others assume that side effects are worse than the illness itself or that medication should bring immediate relief.

These beliefs create significant barriers that may prevent Hmong women from considering medication as a safe and legitimate option.

An added challenge is the lack of knowledge about medical privacy rights. There is fear that their families or communities will discover they are taking medication. Providers can ease this fear by explaining how HIPAA and related privacy laws generally protect their health information, and the limits, such as safety concerns, mandated reporting, and insurance statements sent to a policyholder. Knowing their rights, and those limits, can become a turning point.

Part B: Reproductive Health, Control, and Abuse

Reproductive health choices, particularly the use of birth control, add another layer of stigma. In some Hmong households, contraception is associated with secrecy or infidelity. Women who choose it may face mistrust, accusations of adultery, or heightened abuse. Rather than being recognized as a personal health decision, the use of birth control may instead become a point of conflict within marital power dynamics.

Stigma surrounding women's health is not limited to traditional practices. In some faith-based households, spiritual teachings are used to discourage reproductive choices or seeking mental health care, framing such actions as interference with divine intent. Whether cultural or religious in origin, the outcomes are similar: women's voices are silenced, their autonomy diminished, and their health decisions controlled. For practitioners, recognizing these intersections is key to understanding how reproductive and psychiatric care can be constrained by broader systems of coercion and religious abuse.



Religious Abuse and Mental Health

For many Hmong women, faith and spirituality are central to identity, family life, and community connection. Prayer, religious gatherings, and faith-based practices can provide strength and resilience. At the same time, it is important to consider how religious teachings, when interpreted in certain ways, may also reinforce stigma around mental health and medication.

Some women may encounter messages that depression or anxiety indicate a lack of faith, or that seeking professional help reflects spiritual weakness. Decisions around reproductive health, such as the use of birth control, may also be framed as interfering with spiritual teachings or as disobedience to family expectations. While these views are not universal, when women internalize them, they may experience deep guilt, shame, or fear, making it even harder to seek care. In these moments, faith shifts from being a supportive resource to a source of pressure and control.

For mental health professionals, this context is important to keep in mind. A Hmong woman may not directly name these experiences as religious abuse, but she may express distress through guilt (for example, saying 'I feel like I'm failing my faith if I take medicine'), fear of judgment from her religious or family community, or silence around reproductive health. Exploring these concerns requires cultural humility, asking open questions, listening without assumptions, and creating a safe space where faith and health can be discussed together.

It can also be helpful to explain women's privacy rights. Many are not fully aware that HIPAA and related privacy laws generally protect their decisions about counseling, medication, or reproductive care, with some exceptions a provider should explain. Understanding this protection, and its limits, can reduce fear and encourage more honest disclosure.

By approaching faith as both a potential source of strength and, at times, a source of conflict, providers can support Hmong women in separating genuine spiritual support from messages that undermine autonomy. This balance allows women to maintain the faith that grounds them while still making informed, independent choices about their mental health and well-being.

Choua's Story

⚠ **Content note:** this story describes domestic violence and religious abuse; please read at your own pace. It is based on real experiences and shared for educational purposes in the storyteller's own words. The name has been changed to protect privacy.

My husband had been hurting me, both physically and emotionally, for many years. No matter how exhausted or broken I felt, he kept pressuring me to have another child. For him, another baby wasn't just about family. It meant tying me down even further, keeping me busy with diapers, feedings, and sleepless nights so I would have no energy left for myself. It meant I would be even more dependent on him, with fewer choices and no way out. Deep down, I knew I wasn't ready, but I also knew that saying no wasn't an option in his eyes. For the first time in a long time, I tried to take back some control. I started using birth control.

The moment he found out, everything turned against me. He accused me of cheating, saying I must be seeing another man. In his eyes, and in the eyes of his family, a faithful wife would never need birth control unless she was trying to hide an affair. They believed that preventing pregnancy could only mean I was protecting myself while being unfaithful. His family joined in, and suddenly I was surrounded by whispers and accusations that I was untrustworthy. The pain wasn't just in the home anymore; it followed me into my church, a place I once thought was safe.

My mother-in-law, who led the women's ministry, began weaving those accusations into her Bible study lessons. She taught that birth control was a sign of infidelity and that seeking mental health care was proof of weak faith. In our church, struggles like sadness, anxiety, or trauma were often described as spiritual failings, something that could be prayed away if you truly believed. The message was clear: if I was suffering, it was because I wasn't faithful enough.

I sat in silence, listening to lessons that were really about me, while everyone nodded in agreement. I felt humiliated, like I was being stripped of my dignity in front of the very people I had prayed with for years. I began to believe their words. I thought maybe they were right. Maybe taking care of myself meant I was failing as a wife, as a daughter-in-law, and as a believer. The shame was crushing. I felt like I couldn't win. If I stayed quiet, I suffered. If I sought help, I was judged.

What began to shift everything for me was when a provider looked me in the eyes and told me something simple but powerful. My medical decisions were mine, and no one had the right to take that from me. She reminded me that my faith and my healing did not have to be enemies. Hearing that gave me a glimmer of hope. For the first time in a long time, I felt like I had permission to care for myself, not because I was weak, but because I was strong enough to fight for my own well-being.



Module Seven: Healing Through Storytelling

Storytelling is more than a way of remembering the past, it is a pathway to healing, connection, and empowerment. For Hmong women, whose voices have often been overshadowed in both family and community narratives, storytelling creates space to be heard, validated, and believed. It allows the pain of war, displacement, and intergenerational struggle to be acknowledged, while also lifting up resilience, survival, and cultural pride.

Why It Matters

- **Healing Historical Trauma:** Storytelling can help break cycles of silence that keep trauma unspoken and unprocessed. By sharing experiences, Hmong women and families can turn private pain into collective understanding.
- **Strengthening Identity:** Stories preserve cultural values, language, and traditions, strengthening a sense of belonging for younger generations.
- **Building Empathy:** Listening to one another's stories fosters compassion across generations, reducing stigma around mental health, gender roles, and family conflict.
- **Countering Erasure:** Storytelling helps keep Hmong experiences from being lost or rewritten by dominant narratives, so they remain in the voices of Hmong people themselves.

A Tool for Practitioners

For mental health professionals, storytelling offers a culturally responsive approach to supporting Hmong clients. Inviting story-sharing in therapeutic or community spaces not only validates lived experience but also affirms cultural strengths that have sustained the community for generations.

This module introduces how storytelling can bridge generational divides, challenge stigma, and serve as a powerful tool for healing and resilience in the Hmong community.

The following section was written for this guide by Dr. Cindy Vang, PhD, MSW, and is included here as originally submitted.

Storytelling by Dr. Cindy Vang, PhD, MSW

How can the stories of Hmong people help Hmong women today?

Oftentimes, the stories that surround the trauma Hmong people encountered during the Secret War tends to center Hmong men and boys who were recruited, sometimes forcibly, to fight an illegal war in northern Laos for the United States (Vang, 2021). From my work with Hmong elders, I have learned of the various ways Hmong women have navigated the violence of war and genocide, uncertainty of displacement, and postmigration stressors. The massive losses, including family members, identity, community, culture, trust, and land, experienced by Hmong people when the United States left Laos have shaped the isolation and loneliness of Hmong elders and contributed to intergenerational conflict in Hmong families. Yet, there are stories of immense resilience. For instance, a Hmong woman abandoned by her husband following the withdrawal of United States from Laos became a Caub Fab and learned to live among the mountains and valleys. While some of these stories are becoming known, others remain silenced for a number of reasons. I draw on two of these explanations below to encourage storytelling as a mechanism to communicate about historical trauma across generations.

First, it is not uncommon for parents or the generation of Hmong who experienced the Secret War to avoid discussing the trauma of that period. It is also not uncommon for their children and subsequent generations to avoid inquiring about their experiences during the Secret War. This phenomenon is known as the “conspiracy of silence”, and it can deepen the misunderstanding between parents and children and heighten family dysfunction (Cai & Lee, 2022). One study found that Hmong American young adults reported communication difficulties with their own and their parents’ emotions, especially as they related to the traumas of war (Meschke & Juang, 2014). On the other hand, open communication of trauma experienced by a parent may help foster stronger family relationships, stronger cultural identity, greater empathy, and perceptions of their parents and community as resilient (Jeyasundaram et al., 2020).

Second, the history of Hmong Americans remains missing from dominant discourses and curriculums in the United States. Thus, the histories of Hmong people become characterized by narratives and stereotypes of Asian Americans, such as the Model Minority Myth. Under such ethnic-racial and cultural erasure, the historical trauma of American and European imperialism and its intergenerational implications is rewritten as an American rescue of Hmong people and generations of Hmong Americans may have an incomplete grasp of their families and the Hmong people, which can fuel misunderstanding of resistance, resilience, and struggles as cultural deficits and an inability to acculturate.

For these reasons, intergenerational communication about historical trauma through storytelling is an approach that can foster a number of beneficial outcomes for the Hmong community including closer family relationships, positive views of the Hmong community, stronger ethnic identity for young Hmong Americans, and raising the critical consciousness of Hmong Americans.

Cultural Responsiveness

While silence has been a response to the historical trauma, storytelling in the Hmong community reminds us of existing cultural strengths to begin breaking the silence that surrounds historical trauma. Storytelling is amongst a number of longstanding Hmong oral traditions that offers opportunities for Hmong history, cultural practices and values, and family traditions to transmit from one generation to the next generation. As a group that traditionally holds collective values, storytelling is an appropriate strategy that can facilitate meaning making individually and collectively. Stories have the power to express who people are, how they understood their experiences, and where they are still interested in moving towards, which can be helpful to creating new meanings. In a group-based setting, storytelling further provides the opportunity to bear witness to traumatic personal events and individual stories become part of a larger collective story shaped by historical and sociopolitical contexts. This approach can serve to build and strengthen community.

Today, we see storytelling popularized in the Hmong community in the form of neej neeg on different media platforms including YouTube. Neej neeg shares the stories of people who are still alive, and retells the story of a person's life.

> For example, April Yang's thesis titled Ib Lub Chaw Tso Pa "A Place to Exhale" Hmong Women Addressing Violence through Neej Neeg Storytelling argues that "Neej neeg serves as counternarratives challenging the prevailing, often simplistic narratives within Hmong culture regarding violence and the experiences of women" (2024, p. 51). This examination of neej neeg highlights the ways Hmong people, especially Hmong women, strategically uses resources around them to bear witness and respond to injustices.

Considerations for Mental Health Practitioners

- Storytelling as a mechanism for intergenerational communication of historical trauma is most effective when mental health practitioners develop and incorporate into their practice knowledge of Hmong people and their history situated within the social, political, and historical contexts of American and European imperialism. This can assist storytellers and listeners with connecting individual stories to critical historical events and structural violence.
- Stories of trauma are heavy. Thus, practitioners must factor the appropriateness of listening and learning about historical trauma from a young person's developmental stage, the cultural norms of the Hmong community, and post-traumatic symptoms of parents (Cai & Lee, 2022).
- Storytelling in the Hmong community should consider group and community-based approaches. Historical trauma is a collective experience and collective healing is accomplished in community through collective consciousness-raising and mobilization against oppression (Cai & Lee, 2022).

Resources

Hmong Model Curriculum:
https://camodelcurricula.ucdavis.edu/hmong-history-and-cultural-studies

Book: The Latehomecomer by Kao Kalia Yang

Book: Where Rivers Part: A Story of My Mother's Life by Kao Kalia Yang

Podcast: Inheriting: **https://laist.com/podcasts/inheriting**

Program: Self Evident **https://selfevidentshow.com/oral-history-welcome**

Program: Story Corps **https://storycorps.org/participate/**

References

Ali AH, Kang MS, Kaur K, Al Adhami S, Yuvienco CR. Review of Hmong-Related Health Problems: A Quick Guide for Healthcare Providers. Cureus. 2020 Aug 17;12(8):e9808. doi: 10.7759/cureus.9808. PMID: 32953320; PMCID: PMC7494405.

Cai, J., & Lee, R. M. (2022). Intergenerational communication about historical trauma in Asian American families. Adversity and Resilience Science, 3(3), 233-245.

Jeyasundaram, J., Cao, L. Y. D., & Trentham, B. (2020). Experiences of intergenerational trauma in second-generation refugees: Healing through occupation. Canadian Journal of Occupational Therapy, 87(5), 412-422.

Meschke, L. L., & Juang, L. P. (2014). Obstacles to parent–adolescent communication in Hmong American families: Exploring pathways to adolescent mental health promotion. Ethnicity & Health, 19(2), 144-159.

Vang, M. (2021). History on the run: Secrecy, fugitivity, and Hmong refugee epistemologies. Duke University Press.

Yang, A. B. (2024). Ib Lub Chaw Tso Pa" A Place to Exhale" Hmong Women Addressing Violence through Neej Neeg Storytelling. [Master's Thesis, University of California, Los Angeles]. UCLA Electronic Theses and Dissertations. **https://escholarship.org/uc/item/0x8676p6**

The **2025 Seeds4Hope Storytelling Summit** created a community space where Hmong women shared stories across generations to process trauma, build resilience, and strengthen identity. Participants engaged in workshops and performances. For more information, please visit **https://seeds4hope.newzenler.com/**



Module Eight: Building Partnerships with Local Hmong Organizations to Advance Mental Health Outreach

For providers serving Hmong communities, partnering with local Hmong-led organizations can be an important way to build trust, improve access, and reduce stigma around mental health care.

1

Starting with Relationship-Building

Effective collaboration starts with showing up. Attend community events, introduce yourself to local organizations, and invite them to co-host health fairs or mental health workshops. Becoming a familiar, trusted presence is key to long-term engagement.

2

Mutual Learning Through Cultural Awareness

Partnering to co-facilitate cultural awareness workshops can be a powerful entry point. These sessions help providers understand Hmong traditions and values while offering the community insights into mental health in a culturally respectful way. This mutual learning can strengthen trust and help services be delivered with care and humility.

3

Co-Creating Educational Programs

Collaborating on mental health education—such as workshops on anxiety, depression, or intergenerational stress—allows providers to address real concerns in ways that resonate. Mentorship and peer support programs, particularly for Hmong women and youth, can create healing spaces grounded in shared experience.

Example of a Collaborative Opportunity

The *North Carolina Hmong Women Association, Inc.* launched the NC Hmong Community Health Fair, bringing together over a dozen vendors including Burke County Public Health and NC DHHS to provide culturally relevant health screenings, wellness education, and mental health resources.

Advancing Culturally Responsive Mental Health Care for Hmong Communities

As the mental health needs of the Hmong community continue to evolve, practitioners are called to grow in both cultural humility and clinical excellence. This guide has highlighted the importance of understanding the historical and generational trauma carried by many Hmong individuals, including the lasting impact of war, forced migration, and cultural disruption. At the same time, it acknowledges the strength, resilience, and vibrant traditions that continue to ground and uplift Hmong families.

To serve this community well, mental health professionals can stay attuned to shifting attitudes, especially among younger generations who may be more open to discussing mental health but still face barriers due to language, family expectations, or stigma. Ongoing education and cultural competency training are essential not as a one-time exercise, but as a lifelong commitment to respectful and informed care.

Effective care also requires recognizing that healing doesn't always look the same across cultures. Integrating culturally appropriate therapy models, working effectively with interpreters, and honoring traditional beliefs where appropriate can help bridge the gap between Western clinical approaches and Hmong worldviews. Trauma-informed and community-rooted care builds trust and fosters safety in the therapeutic relationship.

Approach with Curiosity

Every client is the expert of their own story. Approach with an open mind, not assumptions.

Understand Cultural Context

Language and culture shape how pain is expressed and how healing is possible. Be willing to learn.

Focus on Connection

Being present, respectful, and eager to learn goes further than striving for perfection.

Mental health professionals are in a unique position to not only provide care but to advocate for systems that acknowledge and honor the voices of Hmong clients. By adapting to their evolving needs, expanding our own awareness, and centering the lived experiences of those we serve, we contribute to a future where culturally responsive care is the norm not the exception.

Let this guide be a beginning, not an end.

Let it encourage deeper listening, more intentional action, and lasting partnerships rooted in respect, equity, and healing.

Resources for Staying Informed

This is not a complete list, but here are some valuable resources to deepen your understanding of Hmong culture and mental health. Some are offered by contributors to this guide; listing is for information only and is not an endorsement or referral.

Academic Journals

- ***Hmong Studies Journal*** offers research about Hmong culture and health.
- ***Journal of Immigrant and Minority Health*** covers health issues affecting immigrant groups, including Hmong people.

Books & Podcasts

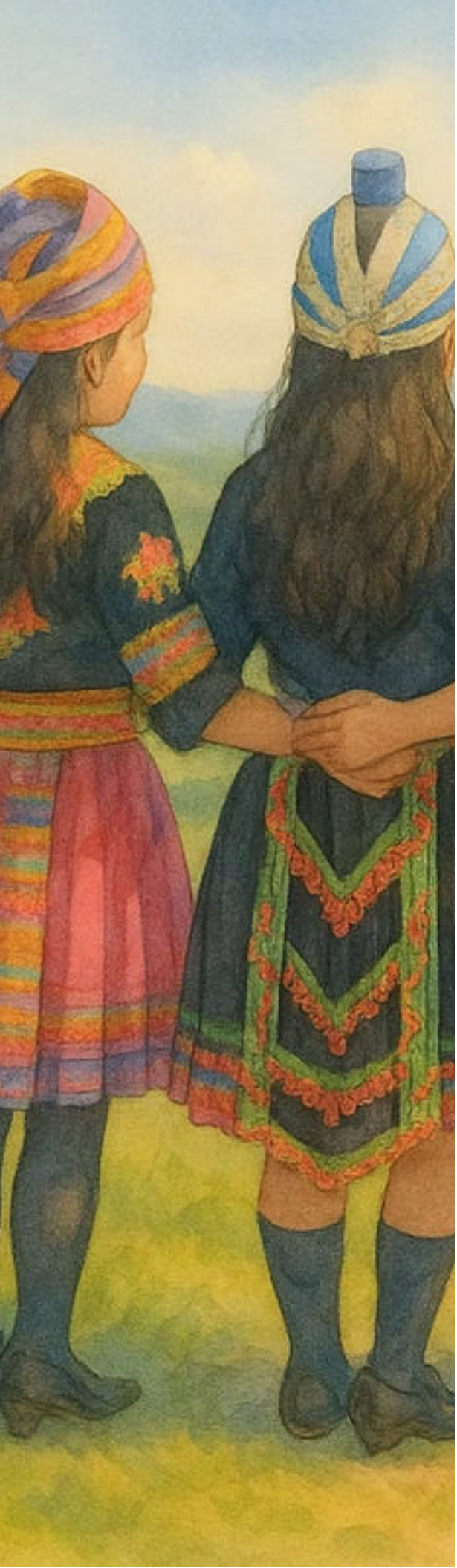
- The Latehomecomer by Kao Kalia Yang
- Where Rivers Part: A Story of My Mother's Life by Kao Kalia Yang
- Podcast: Inheriting: **https://laist.com/podcasts/inheriting**
- Podcast: Vanguard Mental Health Clinic, **https://www.vanguardmhclinic.com/podcast-1**
- Podcast: His Purpose Prevails with Pam Vang LMFT. **www.hispurposeprevails.com**

Other Resources

- Circle With Annie - Hmong Sisterhood Circles (storytelling circles) **circlewithannie.com**
- Seeds4Hope Online Storytelling Curriculum **https://bit.ly/seeds4hopestorytellingjourney**
- Mental Health and Medications in the Hmong Community, Dr. Sendra Yang - Speaker - **https://dryang.carrd.co/** and **https://nc-hwa.org/**
- Let's Talk Taboo - Child Sexual Abuse within Hmong Community - **www.tmindyheulcsw.com**
- Us 2 Behavioral Health Care Inc., Multicultural Trainings & Direct Mental Health Services - **https://us2bhc.org/trainings/**
- Vanguard Mental Health & Wellness Clinic, Direct Mental Health Services, **https://www.vanguardmhclinic.com/**

Curriculum

Hmong History and Cultural Studies Model Curriculum
Developed by the University of California, Davis



Thank You for Your Commitment!

We appreciate your dedication to providing culturally responsive, trauma-informed mental health care to Hmong women and their families.

Your commitment to learning and community-centered care can help build trust, reduce stigma, and support healing across generations.

Educational use is permitted with attribution. Not for commercial redistribution.

Connect With Us

If you have questions or would like to collaborate, we welcome you to connect with us through our website.

Contact Information

Email: info@hmongwomenlead.com
Website: hmongwomenlead.com
Requests: hmongwomenlead.com/Contact

Healing Forward: 2025 Edition, revised October 2026

This guide was made possible with support from the Chinook Fund.

Illustrations in this guide were created with the assistance of AI tools.

© 2025–2026 Hmong Women Lead, LLC. All rights reserved.

HEALING FORWARD

Healing Forward is a community-based educational resource for mental health professionals working with Hmong women. Drawing on cultural knowledge, community expertise, and lived experience, this guide offers insights into stigma, resilience, and culturally responsive care. Through personal stories, case studies, and practitioner reflections, it seeks to bridge understanding. Developed in collaboration with Hmong women leaders and mental health professionals, Healing Forward invites providers to listen, learn, and lead with cultural humility. Because healing happens when culture and care finally speak the same language.

This guide was made possible with support from the Chinook Fund.

Learn more at
www.hmongwomenlead.com