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# Amerasian Refugees: Social Characteristics, Service Needs, and Mental Health

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*Since 1983, more than 34,000 Amerasians and their 48,000 accompanying family members from Vietnam have been resettled in the United States of America. Having American fathers whose race and ethnicity are very different from traditional Vietnamese, these children were considered outcasts by members of their own culture and, for the most part, led marginal lives in Vietnam. This article presents findings of a study conducted on a sample of 80 Amerasian refugees who have resettled in a large Southern city within the last two years. The study's intent was to identify the current social characteristics, service needs, and mental health status of the Amerasians. Implications for social work practice with Amerasians are also discussed.*

Since the end of the Vietnam war in 1975, nearly one million Southeast Asian refugees have been resettled in the United States. Since 1983, this immigration has included more than 34,000 Amerasians, offspring of United States military personnel and Vietnamese women, and 48,000 of their accompanying family members (Refugee Reports, 1993). During the first half of FY 1993, a total of 60,170 refugees came to the U.S. Of them, about 6,620, or 11% were Amerasian refugees and their accompanying family members (Refugee Reports, 1993). The decision to admit the Amerasian children as refugees was based on the judgment that they had been subject to discrimination and penalties in Vietnam due to their mixed parentage and close ties with the United States. Having American fathers whose race and ethnicity are very different from traditional Vietnamese, these children were considered outcasts by members of their own culture and for the most part led marginal lives.

The Amerasians thus constitute a special subgroup of the Southeast Asian population. Alcohol and drug abuse, psychiatric problems such as depression and psychosomatic complaints, family relationship problems, and other adjustment problems have already surfaced and are reported by refugee assistance workers. While systematic study on this population is rare, one such study by Nicassio and his associates (1986) on the psychosocial adjustment of 24 Amerasian youths indicated that there was a significant degree of mood disturbance as well as the prevalence of depression, somatization, and withdrawal which are consistent with the clinical and field data from other refugee studies (Flaskerund & Anh, 1988; Hirayama & Hirayama, 1988; Rumbart and Ima, 1988; Westermeyer, 1988; Williams and Berry, 1991).

Their problematic social history and family life, the suddenness with which they were uprooted, and the numerous practical obstacles, e.g., language barriers, conflicts in values and social norms, and involvement in culture change, can cause Amerasian refugees to find their resettlement in the United States especially difficult. Data on their adaptation processes and problems have not yet appeared in the professional literature in sufficient numbers to draw conclusions. As an initial attempt to explore the general characteristics, service needs, and mental health status of the Amerasians, this article presents findings of a study conducted on a sample of Amerasian refugees who have resettled in a large Southern city within the last two years.

#### Review of the Literature

Voluminous studies on immigrants and refugees have identified the variables which are known to profoundly affect refugees' adaptation to a new society. Although the results are not conclusive, Berry and his associates (1987), for example, found that females in the various acculturating groups—immigrants, refugees, sojourners, native peoples, and ethnic groups—had higher stress than males. Similarly, among Southeast Asian refugees, females reported more anxiety than men though no gender differences were found in the level of depression (Berry & Kim, 1988). Income and employment are often major problems for refugees (Baker, 1989; Jones & Strand, 1986). These variables have been consistently found to be significant predictors of cross-cultural

adaptation. For instance, among the second- and third-generations of Japanese-Americans, Fugita and O'Brien (1985) found that income was one of the key predictors for their integration into a society. Other studies (Kuo & Tsai, 1986; Van Tran, 1987; Van Tran & Wright, 1987) also indicated income as a significant predictor for adaptation. Likewise, employment status was correlated with adaptation level. After migrating to a new society, refugees are often underemployed or unemployed. In other cases, wives might make more money than husbands, and this might contradict the social values of their own cultures. These situations create status or role inconsistency that produces stress in a family.

One of the most salient aspects in personal factors is language proficiency. For immigrant groups in this country, the ability to communicate in English is a significant predictor of labor force participation and income (Van Tran & Wright, 1986). Hence, lack of this ability can prevent one from successfully living and interacting with the dominant society. The relationship between language proficiency and cross-cultural adaptation have been supported by empirical studies concerning Southeast Asian refugees in the U.S. (Lin et al., 1979; Van Tran, 1987; Van Tran & Wright, 1986; Van Tran, Wright, & Mindel, 1987; Westermeyer, Neider, and Callies, 1987) and Korean immigrants in Canada (Hurh & Kim, 1984). Berry and his associates (1987) have found that educational level was a consistent predictor of intensity of stress. Since the educated people are often able to speak English and have some knowledge about a new society, they tend to have lower stress. The same result has been found in the studies of Vietnamese refugees (Van Tran & Wright, 1986; Van Tran et al., 1987). Educational level is thus another factor affecting cross-cultural adaptation.

Social support can be obtained from ethnic groups such as extended families, ethnic friends, and national and local ethnic organizations, as well as from elements in the dominant society such as neighbors, friends, the host community, and more formal human service institutions (Berry, 1990). Some studies have pointed out that social support from a dominant society rather than from ethnic groups is more important because strong ties with one's own ethnic group retard acculturation (Kagan & Cohen, 1990). In another study, Hmong refugees who relied on

external social support systems (an American sponsor, American friends, and social services in the community-at-large) were likely to have less stress than those relying on internal social support systems within the Hmong community (Hirayama & Hirayama, 1988).

### Methods and Procedures

In consultation with Southeast Asian workers at the Refugee Program Center, a questionnaire was constructed with closed-ended and open-ended questions in order to yield both quantitative and qualitative data on respondents characteristics as well as their perceptions, thoughts, feelings about their lives, jobs, and service needs. Social characteristics included such items as housing, employment status, self-assessment of English language proficiency, social relationships and social activities, life satisfaction, and life aspiration. For mental health status evaluation, a standardized instrument, the Generalized Contentment Scale by Walter Hudson (1982) was used. Both the questionnaire and the Generalized Contentment Scale were translated into Vietnamese by a bilingual Vietnamese worker. Loyalty to meaning in both languages, rather than literal accuracy, was the guiding principle in translating individual items. A second bilingual worker independently checked the accuracy of the original translation, and necessary modifications were made. The Vietnamese version of the questionnaire and the Generalized Contentment Scale were administered by a bilingual resettlement worker at each respondent's home. Descriptive and multivariate statistics and content analyses were used to analyze the data.

### Study Sample

With the assistance of a local refugee resettlement agency, a random sample of 90 Amerasians from a population of 200 were selected. A sampling method was used due to the length of interviews and cost considerations. Complete data on 80 subjects were obtained while still preserving the representativeness of the sample.

As presented in Table 1, the sample was composed of more females than males. Mean age was about 22 years for the respondents of American/Caucasian male and Vietnamese female

Table 1

*Sample Characteristics*

	Mean	SD
Age	21.9 yr.	2.4 yr.
Length of residence	11.7 mo.	8.2 mo.
Income	\$807.50	\$155.00
	%	n
Gender		
Female	56.3	45
Male	43.7	35
Country of origin		
Vietnam	93.0	77
Cambodia	7.0	3
Marital status		
Single	55.0	44
Married	38.8	30
Divorced	3.7	3
Separated	2.5	2
Number of children		
One or more	32.5	25
None	67.8	52
Having family in the U.S		
Yes	75.0	60
No	25.0	20
Formal Education received in the country of origin		
Less than 5 years	26.3	21
4-6 years	40.0	32
7-9 years	22.5	18
Attended high school*	11.2	9

\* 15% (4) completed high school.

parentage. The respondents had been living in the study area for about a year. In Vietnam, many of these respondents had lived with their extended family relatives, mostly their grandmothers in the country, rather than with their natural mothers in the city. Their educational levels in Vietnam were uniformly low.

*Housing:*

Upon a refugee's arrival, the assistance agency arranged a rented apartment. Thus, findings on housing indicate that 85% (68) lived in rented apartments. Without exception, all of these apartments were located in deteriorated neighborhoods where illegal drugs and crime are rampant. Most, 83.7% (67), shared their present dwellings for an average of 8.6 months and paid an average monthly rent of \$221,50. Despite residing in the city's deteriorated sections, the majority, 73.4% (58), were satisfied with their housing conditions; only one was not.

*Employment:*

As presented in Table 2, 71.2% (57) of the respondents were currently employed, 66.3% (53) full-time and 5.0% (4) part-time.

Table 2

*Employment Status, Type of Jobs, Number of Work Hours, and Job Satisfaction*

	%	n
Employment status		
Employed (full or part-time)	71.2	57
Unemployed	22.5	18
Student & employed	6.3	5
Type of jobs (full time)		
Mechanical/factory	54.0	31
Service	46.0	26
Work Hours (full time)		
40 hours/week	70.2	40
40 plus hours/week	24.6	14
No answer	5.2	3
Satisfaction with job		
Satisfied	81.0	45
Neutral	17.4	10
Dissatisfied	1.1	1

Eighteen (22.5%) were unemployed. For 70.2% (40) of full-time workers, the work week was 40 hours, and for 24.6% (14) more than 40. Income was \$807.50 per month. It ranged from \$350 to \$1200 a month. Respondents had been holding their jobs for an average of 6.9 months.

Among the eighteen unemployed, 50% (9) had been out of a job for 1–2 months and the other 50% for 3–11 months. All but one were receiving unemployment benefits, and 50% (9) were actively searching for jobs. As to present sources of income, most respondents indicated that their jobs were the primary source. Some pointed to AFDC and refugee resettlement help.

#### *English Language Proficiency*

As presented in Table 3, the language barrier, as for other Southeast Asian groups, was singled out by respondents as the hardest obstacle to manage or overcome in making a successful adaptation to American society. Currently 57.5% (46) were attending an English language class, and 42.5% (34) were not. Among those attending, 39% (18) were in classes for three hours a week, 15.2% (7) for four hours, and 43.5% (20) for 5 or more hours. Those not attending indicated they had other things to do (47.0%; 16), the classes were more than they could master (11.4%; 9), and other reasons (11.4%; 9).

Table 3

#### *Self-Perceived English Language Competency*

	%	n
Spoken English		
Very good	0	0
Good	26.3	21
Poor	58.7	47
Very poor	15.0	12
Written English		
Very good	1.3	1
Good	16.2	13
Poor	62.5	50
Very poor	21.3	17



*Social Relationships:*

Respondents had an average of four (4) friends among their native countrymen/women, and an average of 1.3. Data indicated that Amerasians' social relationships, similar to other refugee groups, were limited to their own group of people because of the language barrier, their customs, and ethnic and cultural differences. However, several respondents commented that their inability to make American friends was one of their problems.

For 14, or 15.1% of the respondents, sports combined with another activity were the most popular leisure activity followed by music, housework, and time with family and friends. The rest (20%; 16) engaged in activities like reading, sewing, shopping, drinking, playing cards, and studying English.

*Life Satisfaction:*

Regarding satisfaction with life in the United States, 81.3% (65) were satisfied and 17.5% (17) were neutral. Nevertheless, 86.3% (69) also indicated that they experienced difficult and troublesome problems while 13.7% (11) reported not having any difficulty. The language barrier proved to be the single most difficult problem for 45.9% (34) of the respondents, trailed by language barriers and employment combined (25.7%; 19). Language barriers and culture shock combined bothered 8.1% (6) respondents. The remaining 18.8% (15) cited issues like making friends, finding a place to live, homesickness, family and medical problems, or some combinations of the above problems.

*Sources of Assistance and Service Needs:*

The majority (67.0%; 47) tried to solve their problems by seeking the assistance of the Refugee Resettlement Program, while 13.8% (11) went to friends and teachers for help. A few (5.0%; 4) were able to mobilize both the Refugee Resettlement Program and their friends. Sixty-four percent (51) thought that their problems were resolved effectively.

Regarding the service needs, 27.5% (22) indicated that they needed transportation; 12.5% (10) needed help with family matters; 11.3% (9), with employment/jobs; 32.5% (26) of the cases needed eleven different individual or combinational items. The three most important needs that required special and immediate attention were learning to drive/getting a driver's license and a

car, taking care of family-related matters, and going to school and learning English.

*Mental Health Status:*

The respondents' mental health status was assessed by Hudson's Generalized Contentment Scale (GCS), which purports to measure the state of reactive depression affected by environmental factors, exclusive of biological or organic ones. Along with GCS, a series of open-ended questions whose intent was to solicit thoughts and feelings were used as part of assessments. With GCS, thirty is the cut-off point. For the purposes of this study, two points above (32) and two below (28) the cut-off point were considered borderline points. The respondents who scored 33 and above were categorized as at-risk of nonpsychotic depression, and 27 and below as free of nonpsychotic depression. Accordingly, the findings indicate that 16.3% (13) fell in the borderline group and 25% (20) in the at-risk group, while 58.7% (47) were in the no-risk group. Of the 20 in the at-risk group, females and males were equally represented. However, females in general showed significantly higher at-risk scores than males. As a matter of fact, four of the high scoring respondents were female. Their qualitative data indicated a generally high level of tension and stress in their life situations, such as severe intrafamilial conflicts, abandonment by a boy friend after the respondent became pregnant, conflict in job situations, and not receiving support from one's husband. This finding, though a concern, is by no means a surprise to us, since other studies on the mental health of Southeast Asian refugees and all other refugees have shown similar results (Lin, 1986; Vega, Kolody & Valle, 1987; Westermeyer, 1988): a higher incidence of mental disturbance, particularly depression, and somatic complaints than in the general population.

Because of the importance ascribed to the mental health status of refugees in general and Amerasians in particular, single step and stepwise regression analyses were conducted to explore the contributions of a selected set of variables to mental health status (Table 4). These variables were chosen on the basis of their recurring appearances in practice situations. Single step results indicate that the variable set used had a multiple correlation (R) of .80, thus accounting for 64 percent of variation in mental health status. Stepwise regression analysis findings reveal that the "high" and

Table 4  
*Regression of Mental Health Status (Single Step and Stepwise Solutions)*

Variables	Single Step		Stepwise	
	B/Beta	Step 1 B/Beta(t)*	B/Beta(t)	Step 2** B/Beta(t)
Female	2.17 / -0.09			
Age	0.22 / 0.05			
Single	- 3.78 / 0.16			
Married	- 1.60 / -0.07			
With One Child	- 2.34 / -0.07			
Grade Education	1.89 / -0.06			
High School Education	1.82 / 8.08			
Living with Friends	1.84 / 0.06			
Living with Family	2.22 / 0.09			
Living with Family and Friends	- 8.99 / -0.16			
Employed	- 6.51 / -0.25			
High Level of Spoken English	-17.07 / -0.68	-10.82 / -0.43(3.73)	-20.04 / -0.79(5.22)	-11.86 / -0.51(3.37)
Medium Level of Spoken English	- 5.12 / -0.22			
High Level of Written English	- 3.67 / -0.12			
Medium Level of Written English	- 2.10 / -0.09			
Involved in Leisure Activity	7.36 / -0.31			
Had Difficulty with Language	- 5.12 / 0.24			

Had Difficulty with Making Friends	- 16.77 / 0.39		
Had Difficulty with Finding Employment	2.63 / 0.06		
Had Difficulty with Finding Place to Live	- 0.67 / -0.02		
Had Difficulty with Homesickness/ Culture Shock	- 4.99 / -0.19		
Were Able to Solve Difficulties	7.95 / 0.33		
Efforts Were Effective	- 5.75 / 0.22		
Want to Have a House/Family	- 0.63 / -0.02		
Want Business/Career	- 2.18 / -0.06		
Want Education	0.99 / 0.03		
Want to Visit/Invite Relatives	0.28 / 0.01		
No Plans	11.74 / 0.37		
Want to Do Many Things	4.83 / 0.17		
F VALUE	2.07	13.89	13.77
CONSTANT	33.55	29.98	34.20
R SQUARED	0.64	0.18	0.31

\* One tailed t statistics are used. Absolute t statistics values appear in parentheses. Levels of significance for the t statistics are 1.65 for 5% and 2.33 for 1%. The size of the samples was 64. As for the overall F values are concerned, the single step F value is significant at 0.02 level (with 29 and 34 degrees of freedom); step one value is significant beyond the 1% level (with 1 and 62 degrees of freedom); step two is significant beyond the 1% level (with 2 and 61 degrees of freedom).

\*\* F levels and tolerance insufficient for further stepping. F-to-enter/remove were 4.00 and 3.9. Tolerance was 0.01.

“medium” levels of spoken English variables are the two most important ones, jointly accounting for 31 percent of the variation, in the direction of improving the mental health status of Amerasians. The contribution of all the other 27 variables combined is 33 percent. The qualitative findings also confirm this conclusion.

### Discussion

Our findings suggest that a typical profile of an Amerasian in this study is the mixed parentage of Vietnamese woman and Caucasian man, single with no children, of either gender, 22 years old with almost a year of residence in the community, and with six years of formal education or less. Furthermore, the respondents also tended to have at least a mother or sibling living with them, and about half of them reported that they have close relatives living in Vietnam. The majority of respondents were employed full-time and divided almost equally between mechanical/factory and service types of jobs; they earned an average monthly salary of about \$800, had been employed for about seven months, and were satisfied with their work. Comparing this profile with that of other Southeast Asian refugees, Amerasians appear to be different in their lower socioeconomic background in their native country; lower educational level; younger in ages, and the absence of fathers in the family.

The study also indicated a number of problematic areas for Amerasians making the transition from their culture of origin to the culture of adoption. One of the major problems is a high unemployment rate, 22.5%. The number is significantly higher than for the general population and other minority populations in this country. Even those who are fully employed, as most work with small enterprises, are under constant threat of lay-offs by their employers at a time of economic recession or company restructuring.

Given the strong relationship observed between the mental health status and language, the most important concern is the respondents' English proficiency, i.e., low spoken and written skills. Although the majority were able to attend language classes, the percent of those not attending any class was still large enough to cause concern. In considering the limited formal education most Amerasians have received, which is a unique aspect of this group, learning a foreign language is by no means an easy task

to undertake. Ordinary means of teaching English in classes to Amerasians may not be as effective as it is meant to be, and alternative approaches need to be considered.

Similar to all other refugee groups, the Amerasians were more socially interactive with the Vietnamese parentage refugees as well as among themselves than they were with the natives of the country. Although they had been subjected to harsh treatment by the natives of their country when they were still in Vietnam, here in the U.S. they did not experience any animosity and rejection by the Vietnamese parentage people according to the qualitative data and clinical observations made by the refugee center workers. They seemed to be isolated from mainstream America. Although a great majority rated life in the United States as "satisfactory" in general, still many reported experiencing difficult problems since coming to their new country. However, their future aspirations reflect those of a person native to the United States, indicating that the new country's ideals of life had already taken them over.

The mental health status of Amerasians posed challenging concerns. Similar to other Southeast Asian groups, approximately 20–25% of the respondents suffered from reactive depression (Hirayama, Hirayama, and Cetingok, 1992). However, cautious interpretation of the data is necessary here in view of the absence of tested reliability and validity of interpreted version of the instrument used for this particular group of people whose cultural backgrounds differ markedly from those of the general American population. Although a few measurement instruments for the Vietnamese population are available, the validity and reliability of these instruments have not yet been sufficiently tested. The absence of appropriate measures for Southeast Asians continues to be one of the major drawbacks in mental health research in the refugee population.

Despite many difficulties and obstacles identified by the respondents, the majority reported that they were satisfied with their work and social lives in the United States. The data also suggest that there are significant enough variations in the individual adaptation process that it is not possible to make a conclusive statement pointing out a particular adaptation phase the respondents as a group could be placed in at this time.

Regarding the Amerasians' issues with self-identity, many respondents appear to be experiencing a greater sense of freedom

here than in their native country, because of living in a multiracial and ethnic society where their mixed racial parentage is deemphasized. As they are still in the early stage of adaptation to the new society, and they are directing their activities and mental energies to their daily living situations, they appear not yet to have developed a discernible new self-identity of their own.

### Implications for Social Work Practice

Currently the bulk of services provided for refugees are short-term and concrete in nature to help them to settle in the community as quickly as they can by providing such services as locating apartments and employment. Although these services are indispensable, what is lacking are long-term concrete services, such as job training to prepare Amerasian youth for the acquisition of higher skills with better wages, consistent English language training that includes innovative approaches such as arranging individual or family-centered tutorials by volunteers, and other types of services to promote acculturation of refugees into mainstream American society. Thus, we recommend the development of services which are organized around the following practice concepts: 1) empowerment, 2) work with the family as a unit of service, and 3) work with ethnic organizations.

Empowerment helps refugees increase their capacity to be connected to many social systems. To empower refugees, the social worker may need to supply them with power resources: 1) information on how to obtain resources; 2) knowledge of civil, political, and legal systems, 3) attitudes and behaviors that are effective in dealing with social systems and culture-specific methods of problem-solving; 4) creating opportunities to build networks of friends and acquaintances within and outside the refugees' community (Hirayama & Cetingok, 1988). In order to empower refugees, the worker uses the family as the unit of service. The fact is that not only the Amerasian children themselves but, for the most, also their mothers and other Vietnam-born siblings had been brought to the United States to live with the children. In addition, 39% (30) of the Amerasians are married and 32.5% (25) have children of their own born in the United States. Consequently, it would be reasonable to conclude that almost three-fourths (71%) of the Amerasian refugees live in the

family units consisting of their mothers, siblings, extended family members, or any combination of these individuals as well as including their spouses and offspring. It is therefore reasonable to focus the service efforts on the current make up of the family units. Strengthening this unit is more effective and efficient in the long run than working with individual clients one by one. Traditionally ethnic organizations have played indispensable roles as catalysts for socialization of their members, social service providers, emergency helpers, and above all, social support systems. Strengthening such organizations or working through the organization appears to be more beneficial to clients in the long run, as they maintain cohesion and natural helping networks in the ethnic community.

### References

- American Council for Nationalities Service (1993), *Refugee Reports*, Brentwood, TN: A News Service of the U.S. Committee for Refugees, p. 6.
- Baker, R. P. (1989). Eastern European Refugee: Implication for social work. *Journal of Sociology and Social Welfare*, 16(3), 81-94.
- Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, 21(3), 491-511.
- Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P. R. Dasen, J. W. Berry, and N. Sartorius (Eds.), *Health and cross-cultural psychology: Toward application*. Newbury Park, CA: Sage, 207-236.
- Berry, J. W. (1990). The role of psychology in ethnic studies. *Canadian Ethnic Studies*, 22(1), 8-21.
- Flaskerund, J. H. & Anh, N. T., (1988). Mental health needs of Vietnamese refugees. *Hospital and Community Psychiatry*, 39: 435-437.
- Fugita, S. S., & O'Brien, D. J. (1985). Structural assimilation, ethnic group membership, and political participation among Japanese Americans: A research note. *Social Forces*, 64, 986-995.
- Hirayama, H. & Cetingok, M. (1988). Empowerment: A social work approach for Asian immigrant, *Social Casework: The Journal of Contemporary Social Work*, 69, 41-47.
- Hirayama, K. K., Hirayama, H. & Cetingok, M. (1992). Mental health promotion for Southeast Asian refugees in the U.S.A., *International Social Work*, 36(2), 119-129.
- Hirayama, K. K., & Hirayama, H. (1988). Stress, social supports, and adaptation patterns in Hmong refugee families. *Amerasia*, 14(1), 93-108.
- Hudson, W. W.(1982). *The Clinical Measurement Package: A field manual*. Homewood, Ill.: Dorsey Press.
- Hurh, W. M., & Kim, K. C. (1989). Adaptation stages and mental health of Korean male immigrants in the United States. *International Migration Review*, 24(3), 456-479.



- Jones, W., Jr., & Strand, P. (1986). Adaptation and adjustment problems among Indochinese refugees. *Sociology and Social Research*, 71(1), 42–46.
- Kagan, H., & Cohen, J. (1990). Cultural adjustment of international students. *Psychological Science*, 1(2), 133–137.
- Kuo, W. H., & Tsai, Y. (1986). Social networking, hardiness and immigrants mental health. *Journal of Health and Social Behavior*, 27, 133–149.
- Lin, K. M. (1986). Psychopathology and social disruption in refugees, In C. L. Williams & J. Westermeyer (Eds.). *Refugee mental health in resettlement countries*, Washington D.C.: Hemisphere Publishing, 61–73.
- Lin, K. M., Masuda, M., & Tazuma, L. (1979). Adaptation problems of Vietnamese refugees; I. Health and mental health status. *Archives of General Psychology*, 36(8), 955–961.
- Nicassio, P. M., LaBarbera, J. D., Coburn, P., & Finley, R. (1986). The psychosocial adjustment of the Amerasian refugees, findings from the Personality Inventory for Children, *Journal of Nervous and Mental Diseases*, 174(9), 541–544.
- Nguyen, S. D. (1982). The psycho-social adjustment and the mental health needs of Southeast Asian refugees. *The Psychiatric Journal of the University of Ottawa*, 7(1), 26–35.
- Rumbart, R. G., & Ima, K. (1988). *The adaptation of Southeast Asian groups: A comparative study*, Washington, D.C.: Office of Refugee Resettlement.
- Van Tran, T. (1987). Ethnic community supports and psychological well-being of Vietnamese refugees. *International Migration Review*, 21(3), 831–844.
- Van Tran, T., & Wright, R., Jr. (1986). Social support and subjective well-being among Vietnamese refugees. *Social Service Review*, 60(3), 449–459.
- Van Tran, T., Wright, R., Jr., & Mindel, C. H. (1987). Alienation among Vietnamese refugees in the United States: A causal approach. *Journal of Social Service Research*, 11(1), 59–75.
- Vega, W. A., Kology, B., & Valle, J. R. (1987). Migration and mental health: An empirical test of depression risk factors among Mexican women. *International Migration Review*, 21: 512–529.
- Westermeyer, J., Neider, J., & Callies, A. (1989). Psychological adjustment of Hmong refugees during their first decade in the United States. *The Journal of Nervous and Mental Disease*, 177(3), 132–139.
- Westermeyer, J. (1988). A matched pair study of depression among Hmong refugee with particular reference to predisposing factors and treatment outcome. *Social Psychiatry & Psychiatric Epidemiology*, 23, 64–71.
- Williams, C. L. & Berry, J. W. (1991). Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. *American Psychologist*, 46, 632–641.

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