

**THE RELATION BETWEEN PERCEIVED PARENTAL REFUGEE EXPERIENCE AND
PSYCHOLOGICAL DISTRESS AND ADJUSTMENT OF U.S.-RAISED VIETNAMESE
AMERICANS**

by

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DEDICATION

This is for my gia đình (family) – the Ly, Nguyen, and Tran families.

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Abstract

Given their experiences of war, migration, and acculturation, Vietnamese refugees are at greater risk for psychological disorders. Although multiple studies have documented high prevalence rates of mental health problems in this population, the intergenerational impacts of trauma and dislocation have not been well-studied among the children of Vietnamese refugees. Specifically, the long-term effects of these parental traumas on the psychological status of their children remain unknown.

The current study aimed to add to the intergenerational trauma literature by investigating the relation between current psychological functioning among 221 adult children of Vietnamese American refugees and their perceptions of parents' refugee experiences and family processes. A second goal was to generate information on the psychosocial status of this generation of Vietnamese Americans. A survey method was used to assess perceptions of parents' past refugee experiences and communication patterns about these parental experiences, and their relation to adult children's reports of family conflict, general family communication, and parental bonding. The psychological outcomes in the adult children included psychological distress (anxiety and depression symptomatology), self-esteem, and perceived life satisfaction. Acculturation/enculturation levels, and gender of participants were also assessed as mediating and moderating variables respectively.

Structural Equation Modeling revealed that parental refugee hardship and communication about parental refugee experiences were not directly related to psychological outcomes of distress, self-esteem, or life satisfaction. However, communication about refugee experiences was linked to enculturation, acculturation, and family processes. In turn, these variables were

linked to negative and positive well-being. Thus, though there was no evidence for a direct link, there may be indirect associations between communication about parental refugee experiences and psychological well-being.

CHAPTER 1

Literature Review

The Vietnamese refugee experience and its impact on the second generation are complex. To gain an understanding of this complexity, the following literature review is taken from several angles. It begins with a socio-historical background to provide a context for the Vietnamese migration. Next, given that their war and migratory experiences have had critical psychological effects, the literature addresses the refugees' mental health and psychological adjustment. This is then followed by a review of the literature pertaining to intergenerational trauma impacts among children of refugees and their psychological functioning.

Immigration History

Prior to 1975, few people emigrated from Vietnam. Data from the United States Immigration and Naturalization Service indicate that from 1960-1970 the number of Vietnam-born persons admitted into the U.S. was less than 5,000--most of whom were spouses of American servicemen, academics, or students and trainees on nonimmigrant visas. In the early 1970s, there was only an estimated 15,000 Vietnamese in the U.S. (Zhou & Bankston, 1998). However, this changed dramatically with the Vietnam War.

The Vietnam War was a Cold War military conflict which occurred in Indochina (Vietnam, Laos, and Cambodia). It started on November, 1, 1955 and ended on April 30, 1975. Within Vietnam, the conflict was between Communist North Vietnam and the non-Communist government of South Vietnam. Whereas North Vietnam was supported by its communist allies (e.g., People's Republic of China and the Soviet Union), South Vietnam was supported by the

U.S. and other anti-communist nations. U.S. forces withdrew on April 29, 1975, and the North Vietnamese forces captured Saigon (the capital of South Vietnam) on April, 30, 1975; this marked the end of the conflict. In the following year, North and South Vietnam were reunified.

The end of the conflict brought unprecedented numbers of Vietnamese refugees to the U.S. This influx of refugees and immigrants occurred in distinct stages and waves, and the rate of increase did not significantly slow down until the mid-1990s. Today, Vietnamese people continue to immigrate to the U.S. mainly to rejoin their family members already residing there. According to the 1990 U.S. Census data, the Vietnamese population was at 614,868 people, and this was sixth highest among Asian American groups (after Chinese, Filipino, Japanese, Asian Indian, and Korean, respectively). It is also noteworthy that 79.9% of the Vietnamese population in 1990 was foreign-born (highest percentage among all Asian groups) (U.S. Census Bureau, 1990). Within ten years, the Vietnamese population increased by 82.6% (U.S. Census Bureau, 2000). According to the 2000 U.S. Census, 1,122,528 people identified as being Vietnamese alone (1,223,736 identified as being Vietnamese in combination with some other ethnicity) and 76.1% of the population were foreign-born (U.S. Census Bureau, 2000). The Vietnamese population grew 37.9% between 2000 and 2010 (overall Asian American population grew 43.2% and overall U.S. population grew 9.7%). In 2010, according to the U.S. Census, the Vietnamese-only population grew to 1,548,449 with 67.8% reported being foreign-born (0.5% of the total U.S. population, fourth highest among Asian American groups after Chinese, Asian Indian, and Filipino). And so, the rate of growth of the Vietnamese population in the U.S. has since slowed with the percentage of foreign-born decreasing.

First wave – the end of the Vietnam War (1975-1977)

The initial wave of refugees began to leave Vietnam when U.S. forces withdrew. This initial wave was estimated to be about 125,000 people. Twenty percent were from a high socioeconomic background, which included educated professionals with either government or military ties to the U.S. Another group included those with a Catholic background (Zhou & Bankston, 1998). For many Vietnamese Catholics, this exodus was a secondary migration; they had been part of a larger group of Northern Vietnamese refugees who fled in 1954 after France lost to North Vietnamese Communist forces in the French Indochina War (Leung & Boehnlein, 2005). Although many were evacuated by air from Vietnam to the U.S., thousands also fled by sea in unsafe boats.

The first wave refugees initially stayed in camps and refugee centers located on U.S. military bases. There, they awaited resettlement sponsorship by government or voluntary agencies (e.g., private charitable organizations and churches). The U.S. government's approach to resettling the refugees included dispersing the refugees across the country to minimize the impact they would have on receiving communities, quickly integrating the refugees into the American economy, and preventing the formation of ethnic enclaves (Zhou & Bankston, 1998).

Second and third waves – the Boat People (1978-early 1980s)

In the late 1970s, the Vietnam War had been over for several years, but difficulties and harsh treatment of southern Vietnamese continued, which led many Vietnamese people to flee. From 1978 to the early 1980s, there were two peaks of influx, one in 1978 and another in 1982. These refugees were referred to as “boat people” because most of them escaped Vietnam via small, unseaworthy boats and without direct help from any government or military. In 1978 and

1979, war with Cambodia and China caused many Sino-Vietnamese (ethnic Chinese) to flee Vietnam in order to escape persecution by the government.

These groups of refugees were poorer, less educated, and subject to greater pre-migration trauma than those of the first wave. These “boat people” ended up in asylum or refugee camps in neighboring countries (e.g., Thailand and Malaysia), where they awaited months to years for permission to enter accepting countries. It is estimated that 400,000 refugees left Vietnam before 1979 and about 110,000 of these persons were admitted into the U.S. (Zhou & Bankston, 1998).

The early 1980s saw a continued exodus of Vietnamese people. From 1980-1982, the U.S. admitted about 160,000 people from Vietnam. In addition to warfare with neighboring countries, reasons for fleeing Vietnam included political repression, natural disasters, and economic hardships (Zhou & Bankston, 1998).

US Refugee Admission Policies

Foreseeing no immediate end to the refugee crisis, the U.S. implemented and modified immigration policies to manage the influx of refugees. Specifically and for the first time, they passed a Refugee Act that was intended to apply to all refugees.

The Orderly Departure Program

Created in May 1979 through an agreement between the Hanoi government and the United Nations High Commissioner for Refugees, the Orderly Departure Program (ODP) allowed for the departure of former South Vietnamese officers and soldiers, who were in prison or reeducation camps, and their families. ODP was also created to prevent the unsafe and risky escapes by boat which were frequently occurring at the time among the “boat people.” Also through this program, 6,000 Amerasians (sons or daughters of American servicemen and Vietnamese women) and their 11,000 family members were interviewed and approved by U.S.

officials, and admitted into the U.S. Through ODP, the U.S. admitted over 200,000 Vietnamese by the mid-1990s (Ngo, Le, Abesamis-Mendoza, Ho-Asjoe, & Rey, 2007).

The 1980 Refugee Act

In the late 1970s, the number of Southeast Asians who were fleeing their home countries reached large numbers. The large number of refugees became a global crisis. In partial response to this crisis, the U.S. created a new legislative policy. Previous to the passage of the Refugee Act, the policy of the number of refugees admitted into the U.S. was limited by the total number of immigrants allowed into the U.S. With the passage of the 1980 Refugee Act, the number of refugees allowed became independent of the number of immigrants allowed. This meant that the number of refugees allowed in a given year was not limited or dependent on the number of immigrants allowed, and in effect, more refugees were allowed admittance. The act also stipulated that the president, in consultation with Congress, would establish on a yearly basis the number of refugees allowed. With the passing of the act, Vietnamese refugee admissions became less restrictive (Zhou & Bankston, 1998).

The 1988 Amerasian Homecoming Act

Later, the U.S. government decided to be less restrictive with the admission of Amerasians. The U.S. Amerasian Homecoming Act lifted previous quotas and regulations on Amerasian immigration and directed the U.S. government to find as many Amerasian children as possible and resettle them in the U.S. Due to this act, the U.S. resettled about 17,000 Amerasians and 65,000 of their family members (Ngo et al., 2007; Zhou & Bankston, 1998). Thus, on average, each Amerasian under this act resettled with three to four family members.

*The Humanitarian Operation Program/Special Released Reeducation Center
Detainees Resettlement Program of 1989*

Another U.S. policy which affected the admission of Vietnamese people was an agreement between the Socialist Republic of Vietnam and the U.S. This agreement occurred in 1989, and it allowed reeducation camp detainees (former and current) and their families to leave Vietnam for the U.S. Through the Humanitarian Operation Program, more than 70,000 political prisoners and their relatives resettled in the U.S. (Ngo et al., 2007; Zhou & Bankston, 1998).

Summary

Vietnamese refugees have had a unique and often traumatic history. In their country of origin, they witnessed and experienced a war and its repercussions, military conflict with other countries, natural disasters, political repression, economic hardships, and lived under a harsh Communist government. Some fled Vietnam by boat, while others were aided by governmental policies. During their migration, refugees experienced a further range of hardships including separation from family members, overcrowded boats, pirates, victimization, living in refugee camps, and relocation. Arrival in the U.S. brought relief from warfare turmoil and other hardships experienced in Vietnam. However, Vietnamese refugees also struggled with adapting to their new environment as well as coping with the traumatic experiences of their past. Nicassio (1983) captured the plight of refugees well: “Refugees form a distinct subclass of immigrants who, because of disenfranchisement from their native country and a lack of control over their migratory behavior, may have unique difficulties in their subsequent adjustment to a different cultural environment” (p. 348). Vietnamese refugees have clearly experienced multiple traumas and stressors.

Vietnamese Refugees

Psychological Distress and Trauma

Given the unique circumstances surrounding their migration histories, Vietnamese refugees have been the subject of psychological research studies since their arrival in the United States. A number of studies have found high prevalence rates of mental health problems in this population, including post-traumatic stress disorder (PTSD), depression, psychosomatic illness and complaints, anxiety, intergenerational conflict, and adjustment problems (Nicassio, 1983).

A particular focus of research has involved the investigation of the mental health of Vietnamese refugees (Tran, 1993). For example, several studies have reported a prevalence of PTSD among Vietnamese refugee patients ranging from 8% to 14% (Hauff & Vaglum, 1994). PTSD is a mental disorder characterized as an anxiety disorder that develops after an experience of an extremely traumatic event which was perceived as life-threatening. Symptoms of PTSD includes feeling as if one is reliving the traumatic event, avoidance of anything that serve as reminders, and experience of distressing anxiety. Similar to findings in other refugee patients, several studies have found the prevalence of PTSD to range from 4.7% to 7% in Vietnamese community samples (Gong-Guy, 1987; Hinton, Chen, Du, Tran, Miranda, & Faust, 1993). Furthermore, Steel, Silove, Phan, and Bauman (2002) found that for a community sample of Vietnamese refugees who had resettled in Australia, exposure to trauma was the most important predictor of mental health status. Ten years after resettlement, those who had been exposed to more than three traumatic experiences (the assessment of traumatic experiences drew from the Harvard Trauma Questionnaire and had 24 different experiences and included lack of food or water, imprisonment, and forced separation from family members) had a higher risk of mental illness after 10 years of resettlement than those with no exposure to trauma.

In another study, Tran (1993) examined the relations between pre-migration stressors (experiences of war, reeducation camps, poverty, etc.), acculturation stressors, personal efficacy, and depression symptoms. Study findings showed that those who experienced more pre-migration stress also experienced more stress associated with acculturation. Individuals reporting higher levels acculturative stress, defined as problems experienced by new immigrants and refugees during the process of adjusting to their host society, were found to have lower personal efficacy, which in turn was related to increased depression.

Recognizing that traumatic experiences may also result in other anxiety disorders, such as panic disorder which is characterized by repeated and unexpected panic attacks of intense fear, Hinton, Chau, Nguyen, Nguyen, Pham, Quinn, and Tran (2001) examined the rates of panic disorder in a sample of Vietnamese refugee patients who suffered from PTSD. The goal of their study was to determine the rate of panic disorder in their patients and to investigate their panic attack subtypes. In their sample of 100 patients, they found that 50% of the patients suffered from panic disorder. From their investigation, it is evident Vietnamese refugees may suffer from not only depression and PTSD but also from panic disorder and that this may be a response to their experiences of trauma.

In an early study of Indochinese refugee outpatients in the United States (most of whom were Vietnamese), Kinzie and Manson (1983) found that the most common complaints at the time of presentation were somatic symptoms (e.g., headaches, backaches, abdominal pain, dizziness, and chest pain). However, upon further report, depression was highly prevalent in the sample (49%), more than any other psychiatric disorder. Another early study (Nguyen, 1982a; Nguyen, 1982b) of Indochinese refugee patients (the majority of whom were Vietnamese) not only found a high prevalence of depression and somatic symptoms but also a high occurrence of

anxiety. These two early studies demonstrated that depression, somatization, and anxiety are significant mental health problems for Indochinese refugees.

Kinzie and colleagues (1990) investigated the types of trauma which the refugees experienced. The traumas were either war-related (e.g., bombings, combat, imprisonment, and witnessing deaths of family members), unrelated to war (e.g., being robbed by gangs in Vietnam, severe intimate partner and employer violence, and rape), or were a result of their escape. In this particular sample, Vietnamese refugees who had escaped by boat had also suffered multiple traumas associated with their escape from Vietnam. Experiences of traumatic escape included being shot at, enduring harsh treatment from pirates or other nations' militia, robbery, rape, murder, starvation, and even cannibalism. The investigators also found that depression was the most common diagnosis other than PTSD. In addition, they found that being older, being a woman, and having a diagnosis of depression were also associated with higher prevalence rates of PTSD. The findings from this study provided evidence that depression and PTSD are significant mental health problems in the Indochinese refugee population. In addition, these diagnoses may be linked and PTSD may be seriously under-diagnosed in Indochinese refugees.

Summary

The above studies indicate that Vietnamese refugees, along with other Indochinese refugees, are likely to suffer from a number of different mental disorders which are associated with their traumatic experiences. These mental health concerns include PTSD, depression, somatic complaints, and other anxiety disorders (e.g., panic disorder). In addition to these problems, as refugees resettling in a new country, they have also faced important challenges of adaption and adjustment. These concerns have also impacted their level of psychological distress.

Differences between Groups of Vietnamese Refugees

The previous studies suggest that acculturation processes can account for variability in differential outcomes among Vietnamese refugees. Additional research has identified other factors that also can contribute to the differing levels of psychological functioning among Vietnamese refugees. One such factor is a refugee's pre-migration experiences. Beiser (2006) found that those who endured the harshest refugee camp experiences prior to coming to the U.S. had higher levels of depressive disorders for the first six months of their resettlement than those who had suffered fewer traumatic experiences. Another study (Hinton, et al., 1993) found that Vietnamese ex-political detainees or prisoners in re-education camps had twice the prevalence of psychiatric disorders (35%) than Vietnamese non-veterans (18%).

Recognizing that there was great heterogeneity in the pre-migration experiences of Vietnamese refugees, Mollica, McInnes, Pham, Fawzi, Murphy, and Lin (1998) researched the prevalence of trauma and psychiatric symptoms and the relations between amount of torture experienced in Vietnam and psychiatric symptoms (of PTSD and major depression) in a specific subgroup of Vietnamese refugees: men who had been detained as political prisoners. These men had been incarcerated and tortured in Vietnamese reeducation camps for long periods of time. The research compared the experiences of these political prisoners with Vietnamese refugee men who were similar in age but had spent less than one year in a Vietnamese prison or reeducation camp. Results indicated that the political prisoners who experienced greater number of traumas (12 events) were suffering higher rates of PTSD (90%) and major depression (49%) than the comparison group, who had experienced an average of only 2.6 traumatic events and significantly lower prevalence of PTSD (79%) and depression (15%). Also, the researchers found that the differences in psychiatric symptoms between the two groups were related to

variables which defined the former political prisoners (i.e., amount of time spent in reeducation camps, amount of time residing in the U.S., and cumulative amount of torture).

Similarly, Birman and Tran (2008) explored how adjustment (as measured by life satisfaction) and psychological distress of anxiety, depression, and alienation were predicted by pre-migration trauma and post-migration factors in Vietnamese refugees. For refugees, quality of life has been shown to be important to their psychological adjustment (Ekblad, Abazari, & Eriksson, 1999). As such, measures of life satisfaction have been used in several studies of refugees as a global measure of psychological adjustment and these measures, “such as life satisfaction, represent an important aspect of psychological adaptation that is quite distinct from measures of distress and symptoms of mental disorder” (Birman & Tran 2008, p. 111). Post-migration factors included acculturation and social support. In regards to pre-migration variables, they found that those who had been detained as political prisoners in their sample experienced twice as many traumatic events as other Vietnamese refugees. They also found that pre-migration trauma was a significant predictor of anxiety symptoms. In regards to post-migration factors, they found that satisfaction with support from their like-ethnic network was related to positive psychological outcomes. More specifically, support from spouse predicted greater life satisfaction and support from spouse and Vietnamese friends predicted reduced anxiety. A separate study of college-aged Vietnamese refugees (Chung, Bemak, & Wong, 2000) found differences in psychological distress between those who arrived during the first wave of migration (before 1976) versus those who arrived in subsequent waves (after 1977). More specifically, those of the second wave reported more psychological distress, were less acculturated, and were less satisfied with their social support than those of the first wave. The differences in the first and second waves may be explained by their age upon arrival in the U.S.

First-wave refugees arrived at an earlier age than those of the second wave. Also, first wave refugees have been in the U.S. for a longer period of time than second-wave refugees. As such, the younger age of the first wave and longer stay in the U.S. may have led them to be more acculturated and have more established social networks than those of the second wave (Chung, Bemak, & Wong, 2000). Additionally, second-wave refugees may have experienced more trauma and hardship and may experience more stressors due to being poorer and less-educated than those of the first wave, and this may explain their greater levels of psychological distress, less acculturation, and less satisfaction with their social support.

These studies highlight important heterogeneity within the Vietnamese refugee population. In particular, differences in pre-migration trauma have been found to have a significant impact on subsequent psychological functioning, with ex-political detainees and second-wave refugees demonstrating more psychological distress than other groups.

Acculturation and Adjustment

As noted previously, a number of Vietnamese refugees have suffered adjustment problems (Nicassio, 1983), and their level of acculturation can have an important relationship with their psychological distress (Tran, 1993). Previous studies have identified important links between acculturation and mental health outcomes. Refugees have also been found to experience problems related to the loss of status, downward occupational mobility, role changes, intergenerational conflicts, and dependency of young and old family members (Tran, 1988).

Several studies have shown that immigrants who were more acculturated to their host society tended to report a more positive mental health status than those who were less acculturated (Ngo, Tran, Gibbons, & Oliver, 2001). For Vietnamese refugees, greater acculturation to their host culture is associated with fewer psychological symptoms and more

positive adaptive impact. In a study with a community-based sample of Vietnamese refugees, Ngo and colleagues (2001) found that the use of the English language moderated, or influenced the strength of, the positive relationship between pre-migration trauma experiences (e.g., torture, lack of food or water, rape or sexual assault, and murder of family or friends) and higher depression. They also found that acculturation moderated, or influenced the strength of, the negative impact of the refugees' pre-migration traumatic experiences on their levels of emotional distress. Similarly, in a sample of Vietnamese refugees residing in Finland, Liebkind (1996) found that those who were more acculturated to Finnish culture endorsed fewer symptoms on a symptoms checklist. These studies indicated that refugees who had higher levels of acculturation to the host society tended to experience lower levels of depression than those individuals who were less acculturated.

In addition to investigating the effects of acculturation to the host society for Vietnamese refugees, researchers have identified other factors that appeared to be associated with adjustment and well-being. Van Tran, Wright, and Mindel (1987) found that less social support, higher social interaction anxiety, longer duration of living in the U.S., smaller numbers of positive self-identities, and single relationship status had significant negative effects on the Vietnamese refugees' psychological well-being and greater feelings of alienation. Similarly, a longitudinal ten-year study of Vietnamese refugees residing in Canada found that the presence of a like-ethnic community appeared to act as a mental health resource for refugees during their earlier years of resettlement (longer-term effects were not clear) (Beiser, 2006). In addition, the study found that integration strategies which included language training, cultural orientation programs, and instruction in needed skills, mitigated against subsequent experiences of discrimination and against the occurrence of depression. Interestingly, having a strong ethnic identity was found to

have both positive and negative associations among Vietnamese refugees. In Canada, Beiser and Hou (2006) found that having a strong Vietnamese ethnic identity buffered their Vietnamese sample against the damaging consequences of failure to acquire the host society's dominant language (e.g., English), but having a strong Vietnamese ethnic identity was also associated with being more vulnerable to discrimination and unemployment.

Not all immigrant groups or individuals within groups adjust or adapt to their host societies in the same way. Differences in the acculturation strategies that immigrants and refugees use may lead to differential outcomes both at the group and individual levels. In Berry's (1986) model, there are four strategies of acculturation which are based upon whether there is acceptance or rejection of the cultural values of the host society and whether there is maintenance or rejection of the ethnic cultural values: 1) assimilation (adaptation to the host culture by accepting the host cultural values and rejecting their own cultural values and identity); 2) integration (acceptance of both host and their own cultural values); 3) separation (acceptance of their own cultural values and identity and rejection of the host cultural values); and, 4) marginalization (rejection of both cultures' values and identities). From the literature, we know that individuals can engage in appropriate social behaviors or activities in two independent cultures without experiencing conflict or losing a sense of cultural identity. Such "biculturally-integrated" individuals who engage in two cultures report less anxiety than individuals who do not function well in the host culture (Pham & Harris, 2001). In a study of high school and college students, researchers found that for the Asian subsample (the researchers did not specify individual Asian groups) integration was positively correlated with self-esteem, and assimilation was negatively correlated with self-esteem (Phinney, Chavira, & Williamson, 1992). Thus, different acculturation strategies are associated with different outcomes and, at least for self-

esteem, accepting both cultures was found to be more beneficial than accepting the host culture alone or withdrawing only into their own culture.

To address the issue of acculturation strategies specifically for Vietnamese refugees, Pham and Harris (2001) examined which variables were associated with acculturation strategies and which acculturation strategies predicted levels of self-esteem. The researchers found that acculturation strategies mediated between predictors and levels of self-esteem. That is, the predictor variables cause the acculturation strategies which, in turn, cause low self-esteem. Specifically, the strategies of marginalization and separation mediated between the predictors (years of education in the U.S., involvement with American culture, and involvement with Vietnamese culture) and the outcome variable of low self-esteem. The acculturation strategy of integration was found to mediate between years of education in the U.S. and high self-esteem. Moreover, Vietnamese refugees who used integration as their acculturation strategy tended to also have higher self-esteem than those refugees who used the other three acculturation strategies as evidenced by the findings that integration was positively correlated with self-esteem while the other three strategies were negatively correlated. Also, the researchers found that the separation strategy predicted a decrease in self-esteem. This study provided support that employing different acculturation strategies may lead to differences in levels of self-esteem. Again, the strategy of integration seems to be the most beneficial.

Summary

As refugees resettling in a new country, Vietnamese Americans have faced important challenges of adaption and adjustment that have affected their psychological well-being. The previously mentioned studies also indicate that Vietnamese refugees have employed different types of acculturation strategies and vary in their degree of ethnic identity. As a result, the extent

and type of acculturation and ethnic identity differentially impacts their levels of psychological distress, self-esteem, and other mental health outcomes in complex and nuanced ways.

Children of Vietnamese Refugees

Researchers have investigated the experiences of Vietnamese refugees for over 30 years. Much of that literature focused on refugee themselves although more recent literature has begun to investigate the experiences of their children. This research includes studies of child refugees as well as American-born Vietnamese individuals. Investigations on children and adolescents of Vietnamese refugees have explored many different topics including school and socioeconomic outcomes, psychological distress, self-esteem, discrimination, acculturation, and delinquent behaviors.

In one of the earliest studies exploring the well-being of Vietnamese refugee children, researchers conducted a five-year follow-up study on refugee children who immigrated to the U.S. from 1974 to 1975. They found that the majority of Vietnamese refugee children (this included not only refugee children living with their biological families, but also adopted and foster children) were doing well (Sokoloff, Carlin, & Pham, 1984). Specifically, the researchers found that although the first year was very difficult (showing the highest incidence of physical, behavioral, and emotional problems), the children adjusted in the next four years by developmentally “catching up” and meeting norms, achieving in school, and behaving emotionally and socially well (Sokoloff, Carlin, & Pham, 1984). These findings were based on self- and parent-report of the children’s medical, developmental, and psychology history and the children’s school and social adjustment and problems.

More recent studies with Vietnamese American young adults demonstrate similar positive outcomes. In school achievement, they seem to be doing better than their Caucasian

American counterparts (but worse than other Asian Americans). For example, according to the 1990 U.S. census data, Vietnamese Americans were less likely than their White American peers to drop out of high school: for 16 to 19 year olds, the drop-out rate for Vietnamese students is 5%, compared to 8% for White Americans; and for 18 to 24 year olds, the rate is 9%, compared to 11% respectively. Vietnamese American young adults were also more likely than their White American counterparts to attend college (50% attendance rate compared to 38% in White American students) (Zhou, 1999). In 2007, Vietnamese Americans remained less likely than their White American peers but more likely than their other Asian American peers to drop out of high school: for 16 to 24 year olds, the drop-out rate for Vietnamese students was 4% compared to 6% for White Americans; 1% for Asian Indian, Korean, and Filipino Americans; and 3% for Chinese and Japanese Americans. In 2007, the Vietnamese American young adults were more likely than their White American counterparts but less likely than some Asian American counterparts to have attained a bachelor's degree (44% attainment rate compared to 33% in White Americans, 80% in Asian Indian Americans, 70% in Chinese Americans, 60% in Filipino Americans, and 54% in Korean Americans). Additionally, in 2007, Vietnamese Americans born within the U.S. were slightly less likely than their foreign-born Vietnamese American peers to drop out of high school (3.9% compared to 4.1% in foreign-born Vietnamese Americans) and more likely to have attained a bachelor's degree (57% as compared to 39% in foreign-born Vietnamese Americans) (National Center for Education Statistics, 2010). Additionally, in a study investigating the socioeconomic attainments of second generation of Southeast Asian groups, it was found that the Vietnamese Americans had high attainments in education, wages, and managerial/professional employment in comparison to the other groups in the study, which included other Southeast Asian groups (Hmong, Cambodian, and Laotian), Whites, and African

Americans (Sakamoto & Woo, 2007). Furthermore, in Nguyen, Messe, and Stollack's (1999) study which investigated the relations between acculturation and adjustment of Vietnamese adolescents, they found that adolescents with higher acculturation and involvement in the mainstream U.S. culture had more positive adjustment in several domains of functioning, such as lower depression and symptom-distress, higher academic achievement, and greater quality of family relations.

Other studies also provide support for the benefit of being enculturated to their parents' Vietnamese culture as well as being acculturated to American culture. For example, according to Zhou (1999), fluent bilingualism significantly boosted self-esteem, reduced depression, and raised educational aspirations in a sample of Vietnamese adolescents. Similarly, Lam (2006) found that for a group of Vietnamese adolescents, students who were bicultural in their self-construal (i.e., students with both strong independent and interdependent self-construal) reported greater perceived adjustment across several measures (e.g., depression, distress, self-esteem, family cohesion, peer support) when compared to other groups.

Despite the above research demonstrating positive outcomes in Vietnamese refugee children and young adults, empirical evidence also suggests that they may also experience psychological distress and behavioral problems. Ong and Phinney (2002) found that Vietnamese American college students reported higher levels of depression and lower levels of goal self-concordance (when goals are pursued for autonomous reasons) than White American college students. Other investigators have explored the roles of acculturation and ethnic involvement on psychological status of Vietnamese American young adults. Nguyen and Peterson (1993) reported that Vietnamese American students who were most likely to show symptoms of depression were students who were women, younger, and who identified less with Vietnamese

culture. Contrastingly, Nguyen, Messe, and Stollak (1999) found that higher involvement in Vietnamese culture was associated with more symptoms of psychological distress. However, they also found that adolescents with higher involvement in Vietnamese culture had increased quality in their family relationships (Nguyen, Messe, & Stollack, 1999).

In addition to psychological distress, evidence suggests that Vietnamese youth are also experiencing behavioral problems. For example, research demonstrates that there is a high incidence of delinquency and gang membership among Vietnamese youth. One reason that might explain this is that many Vietnamese children are growing up in underprivileged neighborhoods (Zhou, 1999). According to Zhou (1999), Vietnamese adolescents were disproportionately more likely than other Asians to be institutionalized or imprisoned; they were ranked second among racial and ethnic groups (after African Americans) and higher than all other Asian groups in the prevalence of being imprisoned. In a study of problem behaviors in Vietnamese and Cambodian youth, researchers examined ‘intergenerational cultural dissonance’ (also known as ‘acculturation gap’ or ‘intergeneration clash’ over cultural values) between parents and children, parent-child conflict, and parent-child bonding as possible contributors to child problem behaviors (Choi, He, & Harachi, 2008). Using path analyses, they found that for both the Vietnamese and Cambodian groups, intergenerational cultural dissonance increased parent-child conflict, which in turn weakened positive parent-child bonding and predicted youth problem behaviors. This study not only highlights the behavioral problems that Vietnamese youth are experiencing but also identifies several parent-child issues of bonding, conflict, and acculturation gap as direct and indirect contributors to the youth problem behaviors.

In another investigation of familial issues and delinquent behavior in teenagers, Spencer and Le (2006) compared Vietnamese, Cambodian, and Chinese youth in order to assess the

relationship between parents' traumatic experiences and youth violence. Using data collected from parents and children, the researchers examined socioeconomic status, parents' refugee status, immigration stressors, peer delinquency, parental engagement (i.e., concepts of parental attachment such as affective relation, close communication, and parental supervision), parental discipline, serious violence committed by the child (i.e., aggravated assault, robberies, rape, and gang altercations), and family and partner violence. Their path analyses showed that the refugee status of Vietnamese parents positively predicted peer delinquency and negatively predicted parental engagement, peer delinquency positively predicted serious family/partner violence, and parental engagement was a negative predictor of serious violence. This study's findings support the importance of contextualizing Vietnamese youth violence by also understanding the parent's refugee status.

As the aforementioned studies demonstrate, children of Vietnamese refugees have been the subject of several studies which have examined a variety of topics, such as positive school and socioeconomic outcomes, delinquent behavior, violence, and intergenerational issues. However, the impacts of pre-migration experiences of trauma that have been studied with adult Vietnamese refugees have not been well-studied in the children of refugees. As the Vietnamese population has grown, developed, and settled in the US, research has broadened to capture their changing experiences. Early literature looked at refugees themselves. As the refugees began to build their lives and families, researchers began to look at the young children of Vietnamese refugees. As these children grew into adolescence, additional research followed but efforts to continue research past adolescence has been sparse.

Familial Processes and Intergenerational Impacts

The previous literature regarding the functioning of children of Vietnamese refugees suggests that the examination of the relations between Vietnamese American refugee parents' experiences and the functioning of their children requires an examination of family processes. Family processes of relevance include communication, conflict, and bonding between parents and children. But before going into a discussion of such family processes, an understanding of the Vietnamese traditional family is needed.

Vietnamese Families

Traditional Vietnamese cultural values are greatly influenced by Confucianism (Leung & Boehnlein, 2005). Confucianism is a code of conduct which sets how individuals are to relate to others and what obligations they must hold to maintain harmony in their relationships; it also emphasizes valuing the collective good of the family and society and minimizing of the individual self (Leung & Boehnlein, 2005). In regards to family values, Confucianism guides how individual family members are to relate to one another by fulfilling their roles and duties ascribed to those roles. For example, family elders are to be respected and not disagreed with openly (Leung & Boehnlein, 2005). In addition, codes of conduct also govern roles of husband and wife and sons and daughters. Husbands are expected to financially provide for the family, while the wife is expected to remain loyal and faithful to her husband (Leung & Boehnlein, 2005). Parents are expected to care and provide for their children, while children are expected (to a sense of obligation) to fulfill their parents' wishes, follow parental advice without question, and to avoid bringing shame to the family (Leung & Boehnlein, 2005). Expectations for sons differ from that of daughters and this also varies based on birth order. For example, the eldest son, who is greatly favored by the family, is expected to carry the family name, take on more leadership

and responsibilities in caring for the family, and be a good role model to their siblings (Leung & Boehnlein, 2005). Therefore, Vietnamese society is quite hierarchical with norms and expectations varying by status of age and gender. This informs our understanding of the familial processes as they can greatly vary by gender.

Communication

One process that may link the past experiences of the parents with the current functioning of their children is the nature and patterns of communication between the two generations. Studies investigating intergenerational communication in Vietnamese populations are generally scarce. However, two main findings seem to be that there is a general lack of communication in the family and that communication between parent and child is hierarchical in nature. For example, research has shown a greater lack of communication between parents and children in Vietnamese families than those of Caucasian American families (Cheung & Nguyen, 2001). Furthermore, parents do not readily share their thoughts with their children, and children do not readily express frustration to their parents. The relative lack of communication was also attributed to the difference in parenting styles; it was studied that traditional Vietnamese parenting style was characterized by adherence to traditional values, strong expectations of children, and obedience by children. Another study of familial communication found that the demonstration of affection was negatively correlated with parental acculturation. The difference between acculturation rates of parents and children was found to be a large barrier to open communication between parents and children (Luo & Wiseman, 2000 as cited in Ho, 2010), and these difficulties in communication were found to cause problems in bonding (Santisteban & Mitrani, 2003 as cited in Ho, 2010).

Studies have shown that Vietnamese families in the U.S. continue to generally subscribe to hierarchical patterns of communication (Cooper, Baker, Polichar, & Welsh, 1993; Kaplan & Huynh, 2008), in which Vietnamese adolescents have more formal communication with their fathers and more open communication of individuality and greater negotiation with their mothers, siblings, and friends (Cooper, et al. 1993). Additionally, one study has further examined the relations between refugees' history of migration and trauma and family communication in a sample of Vietnamese individuals (Lai, 2009). In this study, 16 father and adolescent child pairs were asked to fill out measures on the extent to which the father had communicated his migration and trauma experiences with his adolescent child. Specifically, researchers assessed the level of trauma experienced by the father with the Harvard Trauma Questionnaire and perceived level of communication between fathers and children with the Parent-Adolescent Communication Inventory and semi-structured interviews. The researcher found that fathers felt they had been generally open in their communication style (e.g., ability to discuss beliefs without feeling restrained or embarrassed) with their adolescent sons and daughters. However, although the quantitative data revealed that communication was 'open' between fathers and adolescents, the communication was also seen to be more in line with the hierarchical structure of the family and traditional roles; fathers perceived communication with his children needed to have definite purposes (e.g., children ask for material things from fathers, and fathers communicate to enforce rules and expectations or to correct children's behavior); children perceived their fathers as unapproachable authority figures. For example, the majority of fathers also reported that they shared their traumatic experiences (to a limited extent) with their children for the definitive purposes of instilling the value of education, encouraging their children to "strive for a better future, and to appreciate the freedom and opportunities of this country" (Lai, 2009, p. 64). In

addition, both fathers and children reported feeling a great distance between one another (that is, an inability to truly communicate with one another and lack of understanding of the other's perspective) and attributed gaps in culture and language as reasons for the distance. All these findings show consistency with aforementioned studies which demonstrated the hierarchical nature of communication in Vietnamese families. Unfortunately, additional studies of intergenerational communication between Vietnamese American refugee parents and their children are absent.

Until more research can be done specifically with Vietnamese American groups, research of other traumatized groups help to inform future studies. For example, studies have been conducted with another group of Southeast Asian refugees, Cambodian refugees. In a study of 13 Cambodian refugees who had been in concentration camps for two to four years, the researchers found that the refugees tended to avoid any thoughts, behaviors, and activities which reminded them of their past trauma (Kinzie, Fredrickson, Ben, Fleck, & Karls, 1984). They were reluctant to discuss or acknowledge their pre-migration traumatic experiences, and they only elaborated on details of their story after a relationship had been established with the therapist and only when explicitly asked. The 13 participants in the study also reported that they had never communicated to anyone their traumatic past experiences. Other studies of Cambodian refugees have also shown similar findings which seem to confirm that a general pattern of silence about experienced traumas applies to Cambodian refugees. Additional research has shown that Cambodians had difficulty talking about their traumatic experiences (Kinzie, Sack, Angell, & Clark, 1989), and they tended to cope by avoiding and suppressing traumatic memories (Chung & Okazaki, 1991; Kinzie, Sack, Angell, & Manson, 1986; Mollica, et al., 1990).

Do these patterns of silence also hold for communication within families? One study by Rousseau and Drapeau (1998) explored the discussions of historical trauma between Cambodian parents and their children. They found that parents had not spoken with their children about their personal experiences of war in Cambodia. However, a later study showed different results. In a sample of 40 Cambodian American parent-youth pairs, the majority (87.5%) of parents reported that they had talked to their children about past experiences in Cambodia but with varying levels of details (Daley, 2005). For example, some parents talked only a little or vaguely about their experiences (e.g., that there was a war but little mention of their personal experiences of trauma) while a number of parents (over half of the sample) reported talking to their children at length and in extensive detail about their personal and traumatic experiences. Similar to Lai's (2009) findings, Daley also found that Cambodian parents talked about their past experiences to their children for definitive purposes of expressing a lesson or motivating their children to take advantage of opportunities in the U.S. The disparate results of these studies highlight the fact that the ability to generalize the communication pattern of silence is limited, and the level of communication about traumatic experiences may be different within families in that it may be more forthcoming within the family. Possible explanations for such disparate results may be due to the difference in time that the studies were conducted, methods, and samples. For example, it is noticeable that studies which have found that Southeast Asian refugees are generally not talking with others about their traumatic experiences were conducted in the 1980s and 1990s whereas studies showing parents communicating their experiences to their children were conducted in the past ten years. Possibly, as more time has passed since their traumatic experiences, they are more comfortable talking about their experiences or as they are becoming

parents and/or their children are becoming older, they find that talking about their experiences may have a purpose in their child-rearing or be of benefit to their children.

The lack of detailed intergenerational communication about past traumas parallels what other researchers have found. For example, past research has looked at the intergenerational communication patterns of several traumatized groups, such as Jewish survivors of concentration camps (Danieli, 1998) and Japanese American survivors of internment/incarceration camps (Nagata, 1990, 1993, 1998). The transmission between generations and communication patterns may be varied. Some groups may be very open and rely on storytelling while others may be closed and rely on silence. Some may over-disclose while others under-disclose. Prevalent across the groups is often a pattern of silence, or limiting their discussions of their experiences with non-survivors. Among Holocaust survivors, a common perception and sentiment was that others did not care to listen or to understand their experiences, thus they kept silent. Within their families, two patterns of communication regarding the Holocaust experience have generally been found in which children experienced distress: excessive talking about the experience or avoidance or denial of the topic (Davidson, 1980 as cited in Nagata, 1993). Within another group, Japanese Americans who were incarcerated during World War II (WWII) often kept silent due to an undeserved sense of shame about what they had endured and their desire to put the past behind them as they attempted to re-enter post-WWII U.S. society. As a result of this silence, the children of former incarcerated Japanese Americans (also known as Sansei) have reported a general absence of communication about the WWII incarceration camp experiences from their U.S.-born parents, the second generation Japanese Americans (also known as Nisei) (Nagata, 1990a, 1993; Nagata, Trierweiler, & Talbot, 1999).

In addition to these findings, communication of parental trauma may vary based upon gender. Previous research demonstrates that there are gender differences in parents' communication of their trauma to their children. Studies of Holocaust survivors and their communication with subsequent generations have found differences between mothers and fathers in their communication with their children about their Holocaust experience. Specifically, mothers were found to relate more about their victimization and fathers were found to discuss more about their "fighting" stance they took in the past (Kav-Venaki & Nadler, 1981, as cited in Nagata 1993). Researchers have also found gender differences between sons and daughters of Holocaust survivors in how the communication of trauma affected them. Compared to daughters, sons were less adversely affected (Lichtman, 1984, as cited in Nagata, 1993). Additionally, in her studies of Japanese Americans, Nagata (1993) found differences in communication patterns between fathers and mothers who had been interned. In particular, mothers were found to be more communicative about the internment with their children than fathers would. That is, mothers reportedly were more likely to discuss the internment and talked about it more frequently than fathers, even so much as initiating conversations about it. However, fathers were reportedly less communicative in general, and not just around the topic of internment. The above findings highlight how patterns of intergenerational communication and its effects can vary based on gender.

In investigations of the intergenerational transmission and communication of trauma, it would be worthwhile to also investigate various aspects, factors, and effects of the communication. For example, communication of parental trauma in Vietnamese families may vary based upon cultural and gender factors similar to the aforementioned research in Jewish and Japanese American families. Furthermore, given how the nature of communication (e.g., mode,

length, type, frequency, etc.), level of comfort, and the extent of engagement from both children and parents has affected the communication and transmission of traumatic history for other groups, such factors and outcomes are also worthy of investigation in Vietnamese American refugee families. Such differences may, in turn, influence the children's lives and current functioning. However, no studies have investigated such relations among such factors and effects of communication in Vietnamese American refugee families. Thus, communication within Vietnamese American families and how it may influence the current functioning of adult children of refugees is necessary and begs the investigation of other familial processes such as parental bonding and familial conflict.

Parental Bonding

Another process that may connect the past experiences of the parents with the current functioning of their children is the child's perception of the degree of bonding or loving relationship with their parents. Parental bonding is the loving parent-child relationship that leads to unbroken attachment (Parker, Tupling, & Brown, 1979), and if it is lacking or insufficient, it may result in adolescents having difficulties with interpersonal relationships later in life. In contrast, strong or sufficient bonding could reduce psychological distress in youth. For example, parents' experiences of trauma may affect the degree of their bonding with their children, and this in turn, may affect children's current functioning. Thus, the degree of parental bonding, like familial communication, is another process worthy of investigation to see how it relates to adult children's current functioning. In addition, as previously stated, difficulties in familial communication were found to increase problems in parental bonding (Santisteban & Mitrani, 2003 as cited in Ho, 2010) and so it would be worthwhile to also how it may relate to familial variables of communication and parent-child conflict.

In a study of Vietnamese adolescents comparing Vietnam-born students and American-born students, a discrepancy was found in the students' perceptions of the degree of parent-child bonding (Dinh, Sarason, & Sarason, 1994). Specifically, membership in the American-born group predicted more positive parent-child relationships than did the Vietnamese-born group. Particularly, Vietnam-born male students were at greater risk for poor relationships with their fathers than with their mothers and other students (e.g., Vietnam-born female students and American-born male and female students). The author speculated a possible explanation for this being that Vietnamese parents have the added burden of acculturating and adjusting to a new culture, they might have less time and resources to provide emotional stability and support than parents of American-born students (Dinh, Sarason, & Sarason, 1994).

Familial Conflict

Another such process that may link the past experiences of the parents with the current functioning of their children is the child's perception of the degree of conflict with their parents. Parental trauma refugees may be related to levels of family conflict. As stated previously, family conflict was found to be related to youth problem behaviors. In addition, recent studies have found familial conflict to be related to depressive symptoms and can adversely affect parental bonding and parent-child relationships (Nguyen, Leung, & Cheung, 2011). Thus, the degree of parent-child conflict is another process worthy of investigation to see how it relates to adult children's current functioning but also how it may relate to familial variables of communication and parental bonding.

Familial conflict in Vietnamese American families appears to generally come from differences in the values and cultures between children and their parents (Ho, 2010; Tran, Lee, & Khoi, 1996; Wong, Tran, Schwing, Cao, Ho, & Nguyen, 2011). Conflict between parents and

their children has been shown to be quite common. Results from a recent survey study found that nearly 47% of its Vietnamese American participants experienced parent-child conflict and symptoms of distress (Nguyen, Leung, & Cheung, 2011). In addition, research has demonstrated that Vietnamese families often experience conflict due to the difficulty that parents have with their children's biculturalism (Cheung & Nguyen, 2001) and greater level of acculturation to mainstream American culture. Furthermore, Vietnamese young adults may be at risk for becoming marginal to both cultures of traditional Vietnamese culture and mainstream American culture as a result of the two opposite pressures from their family and peers (Dinh, Sarason, & Sarason, 1994). Areas of disagreement between Asian parents and their children include forming independence, roles in decision-making, and intercultural contact. Asian parents were also found to engage in parental overprotection (Kim, Ahn, & Lam, 2009).

Relatedly, it has also been speculated that “the parent-child bonding can be weakened by intergenerational cultural dissonance, which is family conflict caused by differential cultural expectations as well as parenting styles incongruent to the American-born children's social context” (Nguyen, Leung, & Cheung, 2011, p. 1843). In turn, perceived parenting styles may have differential effects on the mental health of Vietnamese adolescents. For example, Nguyen and Cheung (2009) found that most Vietnamese adolescents perceived their parents to employ a punishment-oriented authoritarian parenting style. And this perception was related to higher levels of depression symptomatology and lower levels of self-esteem than those who perceived their parents' style to be authoritative. Furthermore, Nguyen and Cheung (2009) found that parenting style and psychological distress outcomes in the adolescents varied by the gender of the parent who the children reported on. Overall, they found that over 80% of their sample chose to report on the father's parenting style than on the mother's. When comparing the two groups,

they found that for those who reported based on their mother, their scores on self-esteem were significantly higher and their depression scores were significantly lower than the adolescents who reported based on their father's parenting style (Nguyen & Cheung, 2009).

Family-conflict in Asian families also varies by gender, gender has been found to be an important factor which leads to differential levels in family-conflict. There is empirical evidence to suggest that female youth reported more conflict than their male counterparts in the areas of expectations about gender roles and dating and marriage issues (Kim, Ahn, & Lam, 2009). Furthermore, Asian male students reported less incidences of conflict with their parents about dating and marriage issues in comparison to Asian female students (Chung, 2001 as cited in Kim, Ahn, & Lam, 2009).

Researchers have also investigated the role of acculturation and enculturation on family-conflict. Specifically, an area of exploration has been how the differential rates between parents and their children in their acculturation/enculturation have potential consequences, such as increasing family-conflict (Kim, Ahn, & Lam, 2009). To expand further, “acculturative family distancing (AFD)” describes the “problematic distancing that occurs between immigrant parents and children that is a consequence of differences in acculturative [and enculturative] processes and cultural changes that become more salient over time” and AFD eventually leads to family conflict (Hwang, 2007 as cited in Kim, Ahn, & Lam, 2009, p. 28).

In investigating the degree of conflict in Vietnamese families between parents and their children, it would be worthwhile to examine possible differences based upon gender and acculturation levels given the previous findings of differential levels of family-conflict as it varies by gender and by youth's acculturation and enculturation. In turn, such differences may relate to the children's current functioning.

Current Study

Whereas the children and adolescents of Vietnamese refugees have been researched to an extent, there has been very little focus on the children as adults, even though their population is growing quickly. Few studies have examined the long-term impact of parental trauma and refugee experiences on the psychological statuses of adult children of Vietnamese refugees. And no studies have looked at how familial processes, gender, acculturation and enculturation may be connected to perceptions of parental refugee experiences and the psychological functioning of adult children of Vietnamese refugees.

It would especially be worthwhile to investigate the relation between the adult children's perceptions of their parents' experiences and communications about refugee experiences, and their current functioning.

The current study aimed to add to the literature by investigating the relation between perceptions of parental refugee experiences and communication about those experiences (independent variables) and current psychosocial functioning (dependent variable) among the second generation. The dependent variables were operationalized as negative well-being (anxiety and depression symptomatology), and positive well-being (personal self-esteem and perceived life satisfaction).

Another aim of the current study is to examine the psychosocial status of U.S.-raised Vietnamese Americans. Given their significance and relevance in Vietnamese American psychological literature, additional variables of interest included ethnic identity, acculturation, enculturation, and gender as possible mediating and moderating variables. Another variable of interest to explore in this second goal is resilience. (See Figure 1.1 for the conceptual model.)

Hypotheses

Studies suggest that the well-being of children of Vietnamese refugees may be related to perceptions of their parents' refugee experiences and family process variables. Therefore, the study hypotheses include the following among adult children of Vietnamese refugees. (1) A perception of higher levels of stressful parental refugee experiences is hypothesized to be associated with greater negative well-being and lower positive well-being. (2) A perception of having had fewer conversations and less communication (this includes less frequency of communication as well as less-detailed conversations) with their parents about their refugee experiences is hypothesized to be associated with greater negative well-being and lower positive well-being.

A second goal of the study is to generate information as to the psychosocial status of Vietnamese Americans. Thus, additional hypotheses are included. (3) More positive experiences of family processes (more open communication, higher parental bonding, and less conflict) are hypothesized to be associated with lower negative well-being and greater positive well-being. (4) Higher levels of enculturation with Vietnamese culture and acculturation with American mainstream culture will both be associated with lower negative well-being and greater positive well-being. A related but separate construct to enculturation is ethnic identity, which is one's self-categorized group identity that is based upon their ethnicity. (4) A stronger level of Vietnamese ethnic identity is hypothesized to be associated with lower negative well-being and greater positive well-being. It is hypothesized that resilience will be negatively associated with negative well-being and family conflict and positively associated with positive well-being and positive family processes.

(6) Lastly, it is hypothesized that moderation and mediation effects exist among the

variables and their relations to one another. Gender is predicted to moderate these relations among variables as well. Positive and negative family processes, acculturation and enculturation are predicted to mediate the relations between psychological well-being and perceived parental refugee hardship and communication about those hardships. There is a prediction that gender differences will emerge and that gender will moderate the relations between variables. Gender will also moderate the relation between communication about the refugee experiences and with the other variables of interest (e.g., psychological well-being, family processes, and enculturation/acculturation), between family processes and enculturation/acculturation and psychological outcomes, and between enculturation/acculturation and psychological outcomes.

Figure 1-1: Hypothesized Structural Model

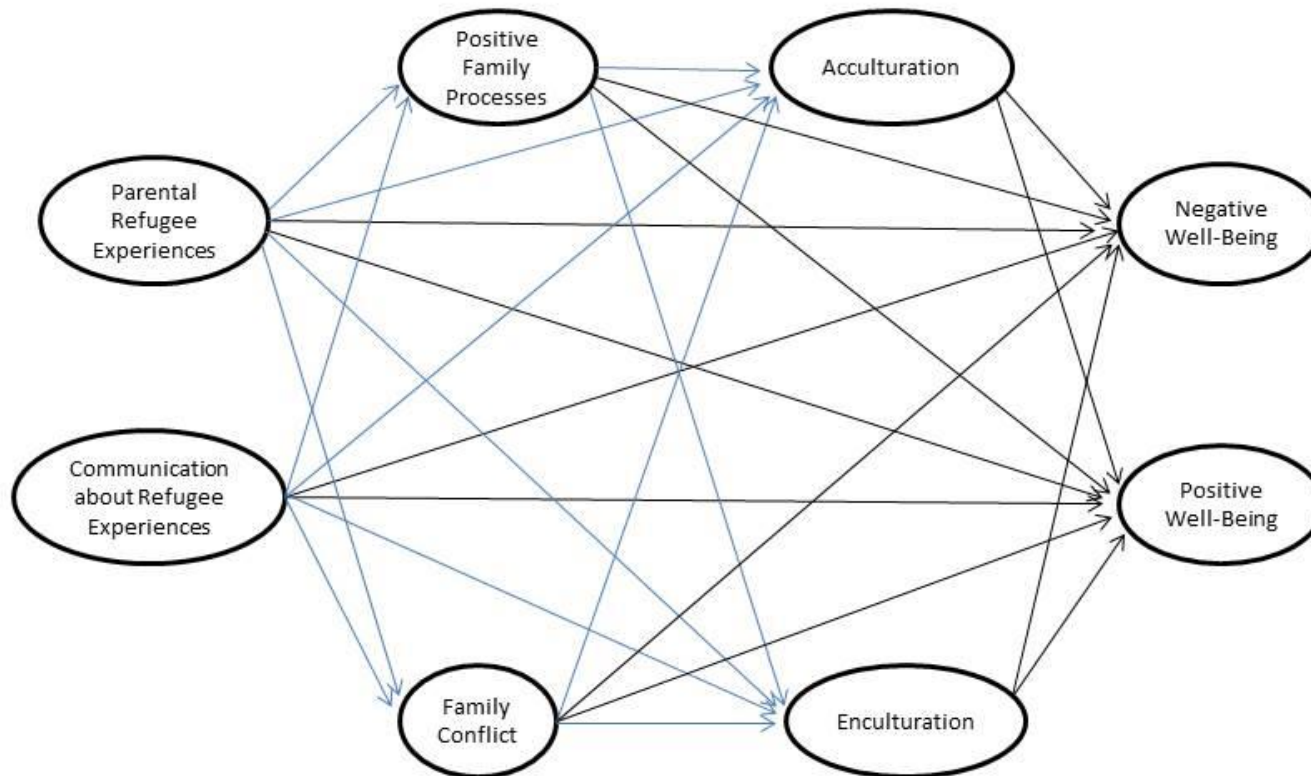


Figure 1.1 – Hypothesized Structural Model

Note. Parental Refugee Experiences = refugee camp and boat; Communication about Refugee Experiences = specific mean, average length of conversation, and frequency of active conversation; Positive Family Processes = open communication style and parental care; Acculturation = American mainstream cultural beliefs/values and customs/behaviors; Enculturation = ethnic identity, Vietnamese cultural beliefs/values and customs/behaviors; Negative Well-Being = depression and anxiety symptomatology; Positive Well-Being = life satisfaction and self-esteem.

CHAPTER 2

Method

Recruitment

Potential participants were recruited from major Vietnamese communities throughout the U.S. via electronic mail and contacts with community organizations and groups, electronic-mail list of Vietnamese organizations, internet and paper flier postings, samples of convenience which were solicited through professional and personal social networks, and the snowball method.

Eligibility for filling out the survey as stated on recruitment documents included being a Vietnamese American who was at least 18 years old and grew up mostly in the U.S. and had at least one Vietnam-born parent who left Vietnam and relocated to the U.S. as a refugee. English proficiency was assumed based on an individual's ability to respond to the recruitment documents and complete the survey.

In order to have as many participants as possible, two methods of data collection were used. Those interested in participating were given the choice of completing an online version or receiving via postal mail a printed paper version of the survey to complete by hand and return in a pre-stamped envelope. All but two survey respondents accessed the survey online. Participants received compensation of a \$10-gift card for completing the survey.

Procedures

An internet and paper survey was used to reach Vietnamese Americans with refugee parents residing all over the U.S. The Institutional Review Board reviewed and approved the survey before it was distributed. The internet survey was created, distributed, and its data stored

using Qualtrics Survey Software, which was accessed via www.qualtrics.com. Those interested in the internet survey option were asked to visit the project home page and given a link to the URL of the project home page. The project home page outlined general information about the study, such as the study's purpose, procedures, risks and benefits, invasion of privacy, and confidentiality. They indicated their consent to participate in the study by clicking the "I agree" icon button on the home page. The internet survey questionnaire then loaded for the participants to answer. It was estimated that the survey would take 30-45 minutes to complete.

Those interested in completing the printed paper version of the survey were mailed or given a packet of the survey and asked to return their packet via postal mail in a provided self-addressed and stamped envelope. The first page of the printed version of the survey outlined general information about the study, including the study's purpose, procedures, risks and benefits, invasion of privacy, and confidentiality (see Appendix A). Readers indicated their consent to participate in the study by checking the "I agree" box and dating, printing, and signing their name on the bottom of the first page. The consent form and other possibly identifying information were stored separately from the survey; therefore there was no way to connect the names with the survey data. The pages following the first page were survey questions for the participants to answer. Participants were informed that the survey took an estimated 30-45 minutes to complete.

For both versions of the survey, items were presented in the following order: self-demographics, parent demographics, communication about refugee experiences, perception of refugee experiences, parental bonding, communication with parents, family conflict, depression symptomatology checklist, anxiety symptomatology checklist, life satisfaction, self-esteem, resilience, acculturation/enculturation, and ethnic identity.

Measures

The survey measures which include pre-existing measures and measures developed for the purpose of the current study are presented in Appendices B-N.

Demographic variables

Demographic questions asked participants for their gender, age, ethnic/national identity, years of education, occupation, religion, marital status, income, birthplace, where they were raised, number of children, information on siblings, current place of residence, parental ages, parental ethnic/national identity, level of parental education, parental occupations, parental birthplace, and parents' current place of residence. The end of this section included a social ladder scale that assessed what participants perceived to be their parental social class. (See Appendix B.)

Independent Variables

Perceived parental refugee and trauma experiences.

In the perceived parental and refugee and trauma experiences section (see Appendix C), participants were asked to respond to questions about the refugee experiences of their parents-- what year and why the parents left Vietnam, the way or mode they escaped, and parents' refugee camp experiences including location, type of trauma, length of stay, etc. Relocation questions asked where parents relocated to, whether relocation was by choice or government/organization-sponsored, and whether there have been subsequent moves since their initial settlement in the U.S. This section also included a set of questions which asked about how much hardship (using a "1" to "9" response set with "1" = "very little," "7" = "very much," "8" = "do not know," and "9" = "not applicable") the participants thought each parent experienced during different time-points during their migration and adjustment to living in the U.S. (e.g., the last six months they

were in Vietnam, their journey/departure out of Vietnam, living in refugee camps, transitioning from refugee camps to general community, adjusting to living in the general community). The responses to this set of questions were scored and averaged for a mean-item score, one score for each parent and a combined “both parents” score. Participants also responded to questions which asked to what extent they felt that their parents’ refugee experiences affected them in different life domains.

Perceived Communication about Parental Refugee Experience.

There were no existing scales that measure the communication of the Vietnamese refugee experience between parents and their children. Therefore, questions to assess this were developed for the present study (see Appendix D) informed by Nagata’s previous Sansei research project (1993) on family communication of the Japanese American incarceration camp experiences. Participants were asked about the frequency, length, nature, and mode of communications they have had with each parent about the Vietnamese refugee experience, both in general and specifically to their parents. These questions about the refugee experience were split between a set which included items about communicating about the refugee experiences specific to the parents and another set which had items about communicating about a more general and broad refugee experience of a larger group of Vietnamese people. They were also asked to indicate their degree of comfort about discussing the refugee experience with their parents.

Dependent Variables

Psychological distress. A) Depressive symptomatology.

Depressive symptomatology was assessed using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) was used (see Appendix E). The 20-item CES-D scale

asks participants to rate on a four-point Likert-type scale (“0” = “rarely,” “3” = “most”) the degree/frequency they have experienced a depression-related symptom within the past week. Sample items include “I felt everything I did was an effort” and “I thought my life had been a failure.” Positively worded items were reverse-scored so when aggregating the responses, higher scores were indicative of more depression symptoms. A total score of 16 or higher was identified in early studies as indicating clinical depression. Previous research has indicated that 19% of a community sample met or surpassed this clinical cut-off (Radloff, 1977) and a similar percentage was reported with an Asian American sample (Kuo, 1984). The scale has been used in multiple studies and with demonstrated strong reliability and validity in a variety of populations, including Asian Americans.

B) Anxiety symptomatology.

To measure symptomatology of anxiety, the Zung Self-Rating Anxiety Scale (ZSRAS; Zung, 1971) was included (see Appendix F). The ZSRAS is a 20-item scale designed to measure symptoms of anxiety. It asks participants to rate the degree to which each of the statements describes how they have been feeling during the past week on a four-point Likert-type format from “1” being “none or little of the time” to “4” being “most or all of the time.” Sample items include, “I feel I am falling apart and going to pieces” and “I feel more nervous and anxious than usual.” Scoring of positively worded items was reversed such that higher scores indicated greater anxiety symptoms being endorsed.

Personal self-esteem.

Participant level of self-esteem was assessed Rosenberg’s Self-Esteem scale (RSE; Rosenberg, 1965) (see Appendix G). The RSE is a 10-item scale designed to measure global self-esteem that measures personal worth, self-confidence, self-satisfaction, self-respect, and

self-deprecation using a four-point Likert-type format of response, ranging from “strongly disagree” to “strongly agree” (1 to 4). It has been shown to be a valid and reliable measure (Rosenberg, 1965; Silber & Tippett, 1965; Crandall, 1972; McCarthy & Hoge, 1982; Shahani, Dipboye, & Phillips, 1990). Sample items include, “I am able to do things as well as most others,” and “I feel that I’m a person of worth, at least on an equal plane with others.” Negatively worded items were reverse-scored in order for higher scores to indicate greater self-esteem.

Life satisfaction.

Overall satisfaction with life was assessed using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) (see Appendix H). The SWLS is a five-item scale that “is designed around the idea that one must ask subjects for an overall judgment of their life in order to measure the concept of life satisfaction” (Diener et al., 1985, pp. 71-72). Participants indicated their degree of agreement or disagreement on a seven-point Likert-type scale from “1” (“strongly disagree”) to “7” (“strongly agree”). “If I could live my life over, I would change almost nothing” is a sample item. Scores ranged from 5 to 35 with higher scores indicating greater life satisfaction.

Mediating Variables

Parental bonding.

The nine-item short form of the Parental Bonding Inventory (9-item PBI; Heider, Matschinger, Bernert, Vilagut, Martinez-Alonso, Dietrich, & Angermeyer, 2005) was used to assess the extent the participants felt particularly bonded to each of their parents (see Appendix I). The PBI is a self-report questionnaire which asked participants to complete questions about each parent’s parenting style as they can recall from their first 16 years (e.g., “How much did she/he understand your problems and worries”). The items were rated on a four-point Likert

scale (“1” = “a lot,” “4” = “not at all”) and reverse-scored so that higher scores meant greater bonding.

General Parent-Child Communication.

To assess how participants perceived the positive and negative aspects of family communication with parents, a modified version of the Parent-Adolescent Communication scale (PAC; Barnes & Olson, 1982) was used (see Appendix J). The PAC contains two subscales, Open Family Communication and Problems in Family Communication. A sample item from the Open Family Communication subscale is, “My mother/father and I are satisfied with how we communicate with each other.” And, “My mother/father has a tendency to say things to me that are better left unsaid” is a sample item of the Problems in Family Communication subscale. There were 20 items rated on a five-point Likert scale. For the purposes of this study and the sake of keeping the survey length manageable, only the version which asked for the child report was used and only the Open Family Communication subscale was used. Participants indicated the degree to which they agreed or disagreed with each item (1 = “strongly agree,” 5 = “strongly disagree”). They indicated two ratings per item, one rating for their mother and a separate rating for their father. Items were reverse-scored so that higher scores indicated better communication.

Family conflict.

Family conflict was assessed using the Asian American Family Conflict Scale (FCS, Lee, Choe, Kim & Ngo, 2000) (see Appendix K). The FCS measures family conflicts related to intergenerational and acculturation differences in cultural values and expectations within immigrant families. The ten-item measure asked participants to rate on a five-point Likert scale how likely a conflict situation occurred in their family (1 = “almost never,” 5 = “almost always”) and how serious a problem the situation is in their family (1 = “not at all,” 5 = “extremely”).

Sample items include, “Your parents don’t want you to bring shame upon the family, but you feel that your parents are too concerned with saving face,” “You want to state your opinion, but your parents consider it to be disrespectful to talk back.” In the current study, the FCS-Seriousness was only used in the interest of keeping the survey short.

Ethnic Identity.

Ethnic identity, which is one’s self-categorized group identity that is based upon their ethnicity, was measured using the six-item version of the Multigroup Ethnic Identity Measure-Revised (MEIM-R; Phinney & Ong, 2007) (see Appendix L). Using a five-point Likert scale (1= “strongly disagree,” 5= “strongly agree”), participants rated the degree to which they agree with statements that relate to the subscales of ethnic identity exploration (e.g., “I have spent time trying to find out more about my own ethnic group, such as history, traditions, and customs”), and commitment (e.g., “I understand pretty well what my ethnic group membership means to me”).

Acculturation and Enculturation.

Levels of acculturation of and involvement in American (U.S.-mainstream) culture and enculturation of and involvement in Vietnamese culture of participants were measured using the Acculturation Scale for Vietnamese Adolescents (ASVA; Nguyen, & Von Eye, 2002) (see Appendix M). The ASVA is a 50-item scale that is divided into two subscales--Involvement in the Vietnamese culture (ASVA-IVN) and Involvement in the American culture (ASVA-IUS)--each of which include four domains of Everyday Lifestyles, Group Interactions, Family Orientation, and Global Involvement. For the current study, given their relatedness and focus on concrete and specific behaviors and actions, the Everyday Lifestyles and Group Interactions domains were combined into one domain. Similarly, the Family Orientation/Adolescent

Independence and Global Involvement were combined into another domain because both focused on abstract beliefs and values.

Resilience.

To measure resilience, the abbreviated version of the Connor-Davidson Resilience Scale was used (CD-RISC2; Vaishnavi, Connor, & Davidson, 2007). This version consists of two items (see Appendix N) and asks participants to rate how applicable they felt the statements of resilience were in describing their past month using a five-point Likert-type scale from “not at all” (“1”) to “true nearly all the time” (“5”). The two items were “able to adapt to change” and “tend to bounce back after illness or hardship.” Past research has assessed the scale’s psychometric properties and indicated good test-retest reliability, convergent and divergent validity, and good correlation with the full scale (Vaishnavi, et al., 2007).

Data Analyses Strategy

Surveys with less than 75% completion were excluded from analyses as well as surveys with outliers (outliers were variables that had standard scores +/- 3.00 or beyond). Missing data was handled via pair-wise deletion based on analysis (correlational, comparison of means via t-tests and analysis of variance) and by maximum likelihood estimation in structural equation modeling. Full imputation maximum likelihood (FIML) was used as the estimation method. A number of studies have shown that FIML outperforms most common methods of handling missing data, including list-wise and pair-wise data deletion, mean substitution, and the Similar Response Pattern Imputation (SRPI) procedure implemented in LISREL 8.30 and higher (Enders & Bandalos, 2001; Joreskog & Sorbom, 1993).

Bivariate Pearson correlational analyses were first conducted to determine preliminary relationships. Management of study data, descriptive analyses, correlational analyses, chi-square

analyses, comparison of means via t-tests and analysis of variance (ANOVA) were conducted using SPSS 20 and 21.

In order to test mediation and moderation effects, structural equation modeling (SEM) using AMOS 20 was conducted due to it being more efficient than the method of conducting multiple sequential regression analyses. The SEM analyses also controlled for the demographic variables of parental education level and social class. The moderation effects of gender were tested using multiple-group comparisons of critical ratios of differences.

CHAPTER 3

Results: Descriptive Analyses

Descriptive results of the study data are presented in this chapter. Participant characteristics are presented first, followed by descriptive analyses, and scale analyses.

Research Participants

There were one 1,523 initial survey respondents. However, 706 respondents were coded as “spam” and/or “internet bot” responses (i.e., response completion times were faster than humanly possible equal to or less than ten minutes). Even though the survey was set up to only allow one submission per unique internet protocol (IP) address and contact information was requested for participation compensation, many of the responses were multiple submissions of completed internet surveys by the same individuals using fake identifying information. These entries with duplicated IP addresses were excluded. An additional 313 responses were coded as invalid responses (reasons for invalid responses: their responses were non-sensical, their internet provider address did not match their reported location or showed up repeatedly in the dataset, or both parents reportedly not from Vietnam). We used an algorithm implemented by experienced researchers (myself and trained research assistants) to determine valid versus non-valid responses. As a first step, we examined whether the location of the IP address (the location of the IP address was found using whatismyipaddress.com) matched the self-reported location in the survey. Second, we checked that at least one parent was reportedly born in Vietnam. Third, we examined the respondent’s open-ended responses to make sure they followed appropriate syntax, sentence structure, and content and topic. In cases that were ambiguous, the researchers

experienced in implementing this algorithm came to a consensus on validity through discussion. An additional 112 did not explicitly provide informed consent to participate. This resulted in 392 valid responses. Of the 392 valid responses, 339 (86.48%) finished the survey in its entirety. One participant responded as being transgender, and another did not indicate gender; these two participants were dropped from analyses. An additional 76 respondents were excluded because they did not meet the current study's inclusion criteria (e.g., they were excluded for being raised mostly or entirely outside of the U.S., over the age of 45 years old, and for having departed Vietnam after the age of 12 years). Fifty-seven additional participants who were in refugee camp themselves were also excluded. Finally, 36 additional participants were excluded for having less than a 75% survey response rate. There were 15 cases (7%) which had standard scores on dependent and mediating variables that were ± 3.00 or beyond. Given the high percentage, these cases did not appear to be outliers, but a distinct subsample and should not be ignored or excluded. (Rather than "noise" they may be "signal." A future study could examine this distinct subsample.) The final sample included in the data analyses was 221 Vietnamese Americans, 18-45 years of age who mostly grew up in the U.S. and who had at least one Vietnam-born parent who escaped from Vietnam and later relocated to the U.S. as refugees.

Within the final sample of 221 participants, 137 identified as female (62%), the average age of participants was 25.64 years old ($SD = 6.22$). (See Table 3.1 for these results.) Approximately 16% of participants were born outside of the U.S., but over 87% were raised entirely in the U.S. U.S.-born participants were born in 32 out of 50 states in the U.S. with the top three states of U.S. births occurring in California (41.03%), Texas (8.06%), and Michigan (5.86%). Of the 36 foreign-born participants, the average age at which they departed their country of origin was 3.55 years ($SD = 0.69$) and 81.65% of the foreign-born participants were

born in Vietnam. Forty-two percent of participants reported being employed full-time.

Approximately 21% of the sample identified as being students. (See Table 3.1.)

Participants indicated current residence in a variety of states (34 of the 51 U.S. states and District of Columbia) with the most being California (37.76%), Texas (9.44%), and Michigan (7.40%). Most participants are single (77.04%) and did not have their own children (average number of children participants reported having was 0.20, $SD = 0.66$). The average birth order of the participants was 2.24 ($SD = 1.07$), and were mostly second-born children in their families.

Most participants self-identified as Vietnamese American (57%) or Asian American (19.9%). Shown in Table 3.1, approximately 71% of participants reported that English was their native language, although Vietnamese was spoken, on average, 61% to 80% of the time in their home. Their contact with other Vietnamese Americans has been at least weekly in childhood and currently with it being slightly more while they were growing up. Most participants reported that the degree to which they find support from other Vietnamese Americans was “some.” They grew up in neighborhoods that were mostly Caucasian or White, Hispanic/Latino American, or non-Vietnamese Asian American in demographic make-up, and reported mostly socializing with Caucasian or White Americans, non-Vietnamese Asian Americans or Vietnamese Americans in their childhood. This is currently true now for many of them except that the ratio has altered among the groups. Participants perceived that while growing up, both their parents had a slight preference for them to socialize and associate with other Vietnamese Americans, but they perceived a stronger preference for them to date and marry someone who was Vietnamese.

The majority of participants self-reported as being affiliated with Christianity (35.9%), Buddhism (28.2%), or none (12.7%). Of those who identified a religious affiliation, on average,

they reported mildly being active ($M = 2.44$, $SD = 1.07$) in religious activity on a 1 to 5 scale (“1” = not at all active, “5” = very active).

Parents’ Demographics

Participants reported on several aspects of their parents’ demographical information including their age, where they were born, income, education, occupation, place of residence, and ethnic/national identity. Table 3.2 shows descriptive statistics of the parents’ demographical information.

First, most participants’ parents were not born in the U.S. (99% of mothers, 99% of fathers), were raised entirely in another country (mothers: 80%, fathers: 83%), are alive (mothers: 97%, fathers: 94%), and living in California (mothers: 40%; fathers: 39%), Texas (mothers: 8.0%; fathers: 9.2%), and Michigan (mothers: 7.5%; fathers: 6.3%). Most parents are middle-aged as indicated by the fact that the most endorsed age range for both fathers and mothers in the sample was 55 to 59 years old (mothers: 29%; fathers: 30%) and married (mothers: 80 %; fathers: 82%). Also, many participants’ parents have been in the U.S. at least 27 years (mothers: 60%; fathers: 59%). The religious affiliation of most participants’ parents was Buddhism (mothers 51%; fathers: 48%) or Christianity (mothers: 41%; fathers: 37%). Participants reported both parents being moderately active within their respective religious affiliations (Mothers: $M = 3.45$, $SD = 1.30$; Fathers: $M = 3.14$, $SD = 1.40$) in religious activity on a 1 to 5 scale (“1” = “not at all active,” “5” = “very active”), $t(212) = 4.03$, $p < 0.001$.

Participants also reported that their parents mostly identified as “Vietnamese only” with respect to ethnic/national identity (Mothers: 61%; Fathers: 66 %) (for mothers, an additional 18% mostly identified as Vietnamese American and 5% as Chinese; for fathers, an additional 15% mostly identified as Vietnamese American and 7% as Chinese). Both parents were reported

to be somewhat fluent in English on a scale from 1 (not fluent) to 5 (very fluent) (Mothers: $M = 3.26$, $SD = 1.32$; Fathers: $M = 3.47$, $SD = 1.19$). Fathers were significantly more likely to be seen as more fluent than mothers, $t(217) = -2.40$, $p < .05$.

For socioeconomic status indicators, participants provided information about their parents' highest level of education, perceived social class, and degree of employment. The average reported level of education for their mothers was high school or GED equivalent and for their fathers, it was some college. This was significantly different (Mothers: $M = 3.96$, $SD = 2.44$; Fathers: $M = 4.73$, $SD = 2.74$), $t(218) = -4.83$, $p < .001$. On a scale measuring participants' perceptions of their parents social class, where responses were coded so that 1 was low and 10 was high, participants' rated both their parents as being slightly above the midpoint (Mothers: $M = 6.54$, $SD = 2.83$; Fathers: $M = 6.64$, $SD = 2.86$). The reported social class was not significantly different from mothers and fathers. Over half of participants' parents are employed full-time, 64% of mothers and 62% of fathers.

Perception of Parents' Refugee Experiences

Descriptive analyses provided an overview of how much respondents knew about their parents' refugee experiences as well as their perceptions of those parent experiences. Table 3.4 shows these results.

Most parents of participants were reported as having resettled in the U.S. (mothers: 96%, fathers: 94%). The year in which the greatest number of parents departed Vietnam (about 22% of mothers and 24% of fathers) and arrived in the U.S. (about 18% of mothers and 19% of fathers) was 1975. Over half of participants reported that their parents left Vietnam by boat (mothers: 61%, fathers: 62%) with most leaving with at least one other family member. A greater percentage of fathers (23%) left Vietnam alone than did mothers (8%). Many of the participants'

parents were reportedly in refugee camps (mothers: 59%, fathers: 60%) and for many, the length of time they stayed ranged from less than 2 weeks to more than five years. When asked through which governmental policy their parents entered the U.S., over half of participants did not know. The policy which was most endorsed was the 1980 Refugee Act (mothers: 11%, fathers: 11%). Once in U.S., the state in which the most parents settled was California (mothers: 34%, fathers: 29%). Religious groups were reported to be most responsible for sponsoring parents' relocation (mothers: 30%, fathers: 25%). However, about a third of participants reported that they did not know who or what had sponsored their parents' first settlements in the U.S.

When asked about how much hardship they thought each of their parents endured at various times of their migration using a 1 (very little) to 7 (very much) response scale, many participants (range of 6.9% to 36%) reported not knowing or that it did not apply to their parents (range of 1.8% to 38%). Participants who provided responses reported that both parents experienced much hardship throughout their migration and subsequent adjustment (i.e., the last six months they lived in Vietnam, escaping from Vietnam, traveling by boat or airplane from Vietnam, while in refugee camps, traveling between refugee camps, moving to the general community, and living in the general community). (See Table 3.3 for these results.)

Communication about Refugee Experience

Descriptive analyses were also conducted to provide a sense of how respondents may have learned and talked about their parents' refugee experiences with their parents. Most participants (59%) reported first learning about their parents' refugee experiences from their parents telling them and that they gained a moderate amount of information from them. Furthermore, respondents reported that they "sometimes" talked with their parents about the

refugee experiences specific to their parents and more generally to about what others have experienced as “incidents in passing,” “reference points in time,” and “central topics.” They “seldom” were not discussed at all” (the item “not discussed at all” was reverse-scored). To create an aggregate score of the frequency that the refugee experience was discussed in the above ways, the items were averaged to create two mean-item scores.

Participants were also asked how frequently the topic of their parents’ specific refugee experiences was discussed in different ways – lecture style, interview style, active communication or discussion, passive communication, and a storytelling style. They reported that the topic was seldom talked about in a lecture style, and “sometimes” in the other ways of communicating: active communication or discussion, passive communication, storytelling, and lecture. When asked about how many times in their lifetime their parents and they have talked about their parents’ specific refugee experiences, the average reported amount was 21 to 25 times. And when asked about the average length time the conversations lasted, participants on average reported conversations lasted 11 to 20 minutes. More participants reported that they talked more frequently with their mothers about the topic than their fathers. Parents reportedly initiated these conversations about half the time on average. Participants were also asked how comfortable they felt about talking to different groups of people about the topic and they reported that they were most comfortable talking with their mothers and siblings, and least comfortable with Caucasian Americans.

Subjective Responses to Communication about Parental Refugee Experiences

Participants also reported on how confident they felt in recalling their parents’ experiences as refugees, how comfortable they feel about having conversations about this topic, how likely they would have future conversations about this topic, and how much they felt their

parents' refugee experiences affected various areas of their life (e.g., academic, social, occupational, etc.) on a 1-7 response scale ("1" = not at all, "7" = "very"). Participants reported feeling "somewhat confident" in their ability to recall their parents' refugee history and "somewhat comfortable" in speaking to their parents about their refugee history. They are also "somewhat likely" to have future conversations about their parents' refugee experiences in the future. Lastly, average responses ranged from feeling that they were neither not at all nor very affected to much affected by their parents' experiences as refugees on scales from "not at all" to "very."

Scale Analyses

Table 3.4 presents the ranges, means, standard deviations, and inter-item reliability Cronbach's alphas from the study's measures.

Independent Variables

Perceived parental refugee and trauma experiences.

On a scale from 1 ("not at all") to 7 ("very") the mean item-score for the combined perceived paternal and maternal refugee hardship scales were 5.67 ($SD = 1.29$). For paternal only refugee hardship, the mean item-score was 5.67 ($SD = 1.44$). For maternal only refugee hardship, the mean item-score was 5.70 ($SD = 1.35$). Inter-item reliability for all three were adequate in this study (both: Cronbach's $\alpha = 0.86$; paternal: Cronbach's $\alpha = 0.83$; maternal: Cronbach's $\alpha = 0.77$). All three had no significant gender differences based upon an independent samples t-test.

Perceived Communication about Parental Refugee Experience.

The mean item-score for the set of questions regarding communication about refugee experiences specific to the parents was 2.87 ($SD = 0.73$, range: 1 to 4). The mean-item score for questions asking about the refugee experience in more general terms was 3.14 ($SD = 0.71$, range:

1 to 4). Both sets of questions also showed adequate inter-item reliability with the current sample (specific communication: Cronbach's $\alpha = 0.86$; general communication: Cronbach's $\alpha = 0.72$).

Dependent Variables

Psychological distress. A) Depressive symptomatology.

The CES-D scale has been used in multiple studies and with demonstrated strong reliability and validity in a variety of populations, including Asian Americans. For example, one study of Chinese American adults reported good inter-item reliability was good (Cronbach's $\alpha = 0.72$), and a mean total score was 11.55 ($SD = 8.23$) (Ying, 1988). In the current study, the scale demonstrated very good inter-item reliability, Cronbach's $\alpha = 0.91$, and had a mean item-score of .73 ($SD = 0.52$, range: 0 to 3) and average total scale score of 14.50 ($SD = 10.32$, range: 0 to 60). Approximately 36% of participants scored equal to or greater than the clinical cut-off score of 16. This is a higher percentage than that found in previous studies which reported 19% of general community samples as meeting this clinical cut-off.

B) Anxiety symptomatology.

A study using a shortened 11-item version of the ZSRAS found a mean-item score of 1.82 ($SD = 0.60$) and strong inter-item reliability with a Cronbach's α of .89 (Lin, Kain, & Fritz, 2013). Furthermore, the scale has been used in multiple studies and has demonstrated sufficient reliability and validity. The scale was shown to be adequately reliable with a Cronbach's α of .81, mean item-score of 1.47 ($SD = 0.38$, range of 1 to 4), and mean total scale score of 40.0 ($SD = 7.47$).

Personal self-esteem.

The mean-item score on the RSE Scale for a sample of Vietnamese American adolescents was 1.85 ($SD = 0.35$) (Lam, 2005) (the scale was "1" = "strongly agree" and "4" = "strongly

disagree”). In a college sample which included 14.7% Asian Americans, the Cronbach’s α was .88 (Crocker, Luhtanen, Blaine, & Broadnax, 1994). With the current sample, Cronbach’s α was also .88, thus indicating high inter-item reliability. On the RSE Scale scores ranged from 13 to 40, and the average score was 30.40 ($SD = 5.88$). For each item, the scores ranged from 1 (strongly disagree) to 4 (strongly agree) and the average item mean was 3.05 ($SD = 0.58$). (This current study’s scale is reverse from the above study. Thus, taking into account this scaling difference, the current mean-item indicates a slightly lower level of self-esteem in this current study’s sample than in the above study’s sample if reverse-scored.)

Life satisfaction.

SWLS scores ranged from 5 to 35 with higher scores indicating greater life satisfaction. In a sample of U.S.-born Vietnamese American adolescents the average item score was 3.14 (study investigators used a “1” to “5” scale) (Phinney & Ong, 2002). Diener and colleagues (1985) reported a 2-month test-retest correlation coefficient of .82 and an alpha coefficient of .87 for a sample of 176 undergraduates from the University of Illinois. In an additional study with an Asian American subsample, the Cronbach alpha coefficient was found to be .93 (Yoshioka, unpublished data). The SWLS has been found to be positively associated with other subjective well-being measures and negatively associated with psychopathology measures (Diener et al., 1985). The scale demonstrated strong inter-item reliability in the current study; Cronbach’s α was .91, and the mean item-item score was 4.65 ($SD = 1.47$, range: 1 to 7).

Mediating Variables

Parental bonding.

The PBI-full version’s reliability and validity has been well-established. One study using the full-version that had two dimensions, care (12 items) and overprotection (13 items)

(investigators used a 4-point Likert scale from “very like” to “very unlike”), for the Vietnamese Australian youth sample, the average total scores were the following: maternal care subscale was 25.27 ($SD = 5.54$; Cronbach’s $\alpha = 0.74$; mean-item score was 2.11), father care subscale was 22.35 ($SD = 5.97$; Cronbach’s $\alpha = 0.74$; mean-item score was 1.86), maternal overprotection subscale was 14.84 ($SD = 6.11$; Cronbach’s $\alpha = 0.70$; mean-item score was 1.14), and father overprotection subscale was 15.34 ($SD = 6.13$; Cronbach’s $\alpha = 0.50$; mean-item score was 1.18) (Herz & Gullone, 1999). The 9-item version has a three factor structure which includes care, overprotection, and authoritarianism, and has good psychometric properties (Heider et al., 2005). Subscale inter-item reliability factors for the current sample ranged from strong to weak inter-item reliability. The reliability data for both paternal care and maternal care and paternal authoritarianism factors were strong (maternal care: Cronbach’s $\alpha = 0.83$; paternal care: Cronbach’s $\alpha = 0.85$; paternal authoritarianism: Cronbach’s $\alpha = 0.82$), while data for maternal authoritarianism (Cronbach’s $\alpha = 0.64$), maternal over-protectiveness (Cronbach’s $\alpha = 0.56$), and paternal over-protection (Cronbach’s $\alpha = 0.62$) were lower. The average total scores (and standard deviations) for the subscales were the following: maternal perceived care was 11.00 ($SD = 3.06$; mean item-score was 2.75, $SD = 0.77$); maternal perceived authoritarianism was 10.30 ($SD = 1.71$; mean item-score was 3.44, $SD = 0.56$); maternal perceived over-protection was 6.31 ($SD = 1.59$; mean item-score was 3.16, $SD = 0.79$); paternal perceived care was 9.29 ($SD = 3.22$; mean item-score was 2.33, $SD = 0.81$); paternal perceived authoritarianism was 9.98 ($SD = 2.37$; mean item-score was 3.33, $SD = 0.79$); and paternal perceived over-protection was 5.49 ($SD = 1.72$; mean item-score was 2.74, $SD = 0.86$). (This current study’s scale is reverse from the above study. Thus, taking into account this scaling difference, the current mean-item

scores of this study's sample are comparable to the above study's sample with slight differences if reverse-scored.)

General Parent-Child Communication.

In a previous study of Asian American college students, the mean total score for the Open Family Communication subscale for mother-child communication was 35.71 ($SD = 9.27$), and for father-child was 32.07 ($SD = 10.01$); the mean total score for the Problems in Family Communication subscale was 30.11 ($SD = 7.36$) for mother-child and 29.41 ($SD = 7.39$) regarding father-child (Lee et al., 2000). For this sample, the mean total score for mother-child Open Family Communication was 32.47 ($SD = 9.59$) and for the father-child communication, it was 30.20 ($SD = 10.01$). (These total averages are slightly lower than what was found in the aforementioned study.) In the current study, the inter-item reliability was strong for both the mother (Cronbach's $\alpha = 0.92$) and father (Cronbach's $\alpha = 0.93$).

Family conflict.

The possible range of scores for each FCS subscale is 10-50. In a sample of Asian American college students, the mean total score for the Likelihood subscale was 31.24 ($SD = 10.10$) and for the Seriousness subscale, it was 30.01 ($SD = 10.07$) (Lee et al., 2000). It has been used in many different ethnic populations, including Vietnamese Americans (Han & Lee, 2011). Research suggests that it is a valid, stable (FCS-Likelihood, $r = 0.80$, FCS-Seriousness, $r = 0.85$), and reliable measure (FCS-Likelihood, $\alpha = 0.81$, FCS-Seriousness, $\alpha = 0.84$) of typical family conflicts in Asian American college students (Lee, et al., 2000). In a sample of Indochinese mothers and their children, the FCS-Likelihood demonstrated good inter-item reliability, $\alpha = 0.86$ (Choi, He, & Harachi, 2008). In the current study, the FCS-Seriousness (in the interest of

keeping the survey at a reasonable length) was only used and it demonstrated strong inter-item reliability (Cronbach's $\alpha = 0.90$), and the mean total score was 27.30 ($SD = 9.85$).

Ethnic Identity.

In a sample of undergraduate and graduate students in which the European American group was being compared to a minority group, of which 19% were Asian American, the mean-item score for the exploration subscale of the MEIM-R was 3.76 ($SD = 0.89$) and for the commitment subscale was 3.97 ($SD = 0.87$) (Yoon, 2011). For the current study, strong inter-item reliability was also demonstrated, Cronbach's α was .93, and the mean total score was 23.41 ($SD = 5.25$), and the mean item-score was 3.90, $SD = 0.88$, range was 1 to 5. Thus, results of this study were comparable to the aforementioned study.

Acculturation and Enculturation.

The subscales have demonstrated strong internal consistency and the domains indicated good reliability overall (ASVA-IVN, Cronbach's $\alpha = 0.89$; ASVA-IUS, Cronbach's $\alpha = 0.88$) (Nguyen, & Von Eye, 2002). In a sample of Chinese American adolescents, the mean-item ASVA-IUS score was 3.48 ($SD = 0.48$), and the mean-item ASVA-Chinese was 3.48 ($SD = 0.43$) (Juang & Nguyen, 2009). Sufficient inter-item reliability was also demonstrated for the scale for the current sample (ASVA-IUS first domain, Cronbach's $\alpha = 0.80$; ASVA-IUS second domain, Cronbach's $\alpha = 0.84$; ASVA-IVN first domain, Cronbach's $\alpha = 0.85$; ASVA-IVN second domain, Cronbach's $\alpha = 0.88$). The mean total score was 33.09 for the ASVA – IVN ($SD = 7.54$; mean item-score was 2.70, $SD = 0.51$). For the ASVA – IUS, the mean total score was greater and was 44.34, $SD = 6.11$, $SD = 6.11$.

Resilience.

For the two-item Resilience Scale scores ranged from 2 to 10. Investigators of the CD-RISC2 reported that its mean score for their general population sample was 6.91 (Vaishnavi, et al., 2007). In the current sample, the average score was 7.88 ($SD = 1.63$), and the scale demonstrated adequate inter-item reliability (Cronbach's $\alpha = 0.79$). The current sample's score was higher than Vaishnavi et al. (2007).

Table 3-1: Descriptive Statistics for Study Sample

Descriptive Statistics for Study Sample				
	Overall Sample	Males	Females	
	(N = 221)	(n = 84)	(n = 137)	
Variable	M(SD) or N(%)	M(SD) or N(%)	M(SD) or N(%)	<i>t, X²(df)</i>
Demographics				
Age (years)	24.45 (4.69)	24.73 (4.84)	24.32 (4.61)	-.62 (219)
Born in the US	185 (83.7)	74 (88.1)	111 (81)	1.91 (1)
Raised entirely in the US	193 (87.3)	77 (91.7)	116 (84.7)	3.54 (2)
Birth Order	2.12 (1.07)	2.10 (1.48)	2.14 (1.44)	.92 (218)
Number of Siblings	2.10 (1.45)	2.98 (1.51)	2.17 (1.50)	.22 (218)
Level of Education ("6" = 4-yr college degree)	5.95 (1.79)	5.68 (1.57)	6.13 (1.90)	1.92 (200)
Native English-speaking	156 (70.9)	58 (69.0)	98 (72.1)	.23 (1)
Ethnic/National Identity - Vietnamese American	126 (57)	47 (56.0)	79 (57.7)	2.02 (6)
Marital Status - Single	183 (83.6)	72 (85.7)	111 (81)	5.98 (5)
Religious Affiliation - Christian	79 (35.9)	35 (41.7)	44 (32.1)	18.77 (7)**
Employment Status - Full-time	92 (41.6)	41 (48.8)	51 (37.2)	3.31 (3)

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 3-2: Descriptive Statistics for Study Sample's Parents

Descriptive Statistics for Study Sample's Parents

Variable	Mothers	Fathers
	(n = 221)	(n = 220)
	N(%)	N(%)
Demographics		
Age range (55 to 59 years)	60 (28.57)	61 (30.05)
Not U.S.-born	218 (98.64)	217 (98.64)
Raised entirely in another country	177 (80.09)	182 (83.49)
Living in US 27+ years	133 (60.18)	130 (58.82)
Marital Status - Married	171 (79.91)	175 (82.16)
Religious Affiliation - Christian	91 (41.37)	80 (36.70)
Ethnic/National Identity - Vietnamese only	134 (60.91)	144 (65.75)
Education Level at least H.S. diploma	162 (73.30)	162 (73.30)
Employment Status - Full-time	137 (64.32)	126 (62.38)

Table 3-3: Perceived Refugee Experiences of Parents

Perceived Refugee Experiences of Parents - Participant-Report

Variable	Mothers	Fathers
	(n = 221) M(SD) or N(%)	(n = 220) M(SD) or N(%)
Perceived Refugee Experiences		
Resettled in U.S.	212 (95.93)	207 (93.67)
Year of Departure from Vietnam - 1975	44 (19.91)	46 (20.81)
Year of Arrival into U.S. - 1975	40 (18.10)	42 (19.00)
Left Vietnam by boat	129 (60.85)	128 (61.84)
Left Vietnam alone	17 (8.13)	47 (23.04)
In a refugee camp	131 (59.28)	132 (59.73)
First settled in CA	71 (33.81)	60 (29.27)
Perceived degree of hardship		
Last six months in Vietnam	5.94 (1.62)	6.01 (1.50)
Escape from Vietnam	5.60 (1.91)	5.79 (1.78)
Traveling during escape	5.74 (1.83)	5.67 (1.81)
While in refugee camps	5.81 (1.44)	5.75 (1.58)
Traveling between refugee camps	5.85 (1.57)	5.78 (1.67)
Moving to the general community	5.70 (1.54)	5.72 (1.55)
Living in the general community	5.58 (1.62)	5.44 (1.65)

Table 3-4: Scale Descriptive StatisticsRanges, Means, Standard Deviations, and Cronbach's α of Study Measures

Measure	Possible Range	Range of Sample	Mean	Standard Deviation	α
Parental Refugee Hardship	0 - 98	8 - 98	54.76	24.47	0.86
Maternal	0 - 49	6 - 49	30.44	12.2	0.83
Paternal	0 - 49	6 - 49	30.76	12.53	0.77
Refugee Communication					
General	7 - 24	7 - 24	15.6	3.61	0.72
Specific	14 - 48	14 - 48	28.54	7.4	0.86
Parent-Child Communication (PAC)	20 - 100	20 - 100	62.68	17.71	0.95
Maternal	10 - 50	10 - 50	32.59	9.54	0.92
Paternal	10 - 50	10 - 50	30.27	10.1	0.93
Parental Bonding (PBI)					
Care Subscale	8 - 36	8 - 32	20.27	5.59	0.88
Maternal	4 - 16	4 - 16	10.99	3.06	0.83
Paternal	4 - 16	4 - 16	9.29	3.22	0.85
Authoritarian Subscale	8 - 32	8 - 24	20.3	3.36	0.75
Maternal	3-12	3-12	10.32	1.69	0.64
Paternal	3-12	3-12	9.99	2.37	0.82
Over-Protectiveness	4 - 16	4 - 16	11.8	2.75	0.66
Maternal	2 - 8	2 - 8	6.31	1.59	0.56
Paternal	2 - 8	2 - 8	5.49	1.72	0.62
Family Conflict (FCS)	10 - 50	10 - 50	27.27	9.89	0.90
Enculturation (IVN)					
Beliefs and Values	12 - 60	12 - 53	33.07	7.55	0.85
Customs and Behaviors	9 - 45	9 - 41	24.28	6.77	0.88
Acculturation (IUS)					
Beliefs and Values	12 - 60	12 - 60	44.34	6.11	0.80
Customs and Behaviors	9 - 45	9 - 45	34.55	5.55	0.84
Ethnic Identity (MEIM-R)	6 - 30	6 - 30	23.41	5.25	0.93
Depression Symptomatology (CESD)	0 - 60	0 - 45	14.55	10.4	0.91
Anxiety Symptomatology (ZSRAS)	20 - 80	20 - 59	34.02	7.45	0.81
Life Satisfaction (SWLS)	5 - 35	5 - 35	23.24	7.37	0.91
Personal Self-Esteem (RSE)	10 - 40	13 - 40	30.57	5.69	0.88
Resilience	2 - 10	2 - 10	7.85	1.56	0.79

CHAPTER 4

Results: Parental Refugee Experiences, Mediating Factors, and Psychological Well-Being

This chapter presents correlational results, comparisons of means, and structural equation modeling to test the study's hypotheses that perceived parental refugee experiences are related to adult children's psychological well-being. To test the hypotheses, I first conducted bivariate Pearson correlational analyses and comparisons of means via t-tests and ANOVA to infer preliminary relationships. Because t-tests and ANOVAs assume a normality of the data, tests of normality (e.g., Shapiro-Wilk) were conducted on the dependent variables. The data was shown to be significantly abnormal in distribution. However, a decision was made not to transform the data as ANOVA is a robust analysis method which can handle violations of normality. Correlations among all study constructs appear in Table 4.1. Examination of the correlational matrix reveals no problems with multicollinearity. Next, I conducted structural equation modeling to test the hypotheses of the study and to explore the mediation effects of acculturation, enculturation, positive family processes, and family conflict on the relation between perceived parental refugee experiences and adult children's psychological well-being. Lastly, I conducted multiple group comparison structural equation modeling to examine the possible moderating effects of gender.

Hypothesis 1: Parental refugee hardship will be associated with psychological well-being

Hypothesis 1 predicted that greater levels of perceived parental refugee hardship among participants would be associated with greater psychological distress (higher depression and anxiety scores) and lower levels of satisfaction with life and self-esteem. Bivariate Pearson

correlation coefficients, conducted separately for father and mother perceived refugee hardship, provided data related to this prediction (See Table 4.1). Although neither anxiety nor self-esteem was significantly correlated with perceived levels of paternal refugee hardship, perceived paternal hardship was significantly correlated with depression symptomatology, ($r = 0.17, n = 159, p < .05$). A perception of a greater degree of paternal refugee hardship was associated with increases in the degree of depression symptomatology. With respect to participants' perceptions of maternal degree of refugee hardship, only depression symptomatology was found to be positively correlated with depression symptomatology ($r = 0.18, n = 178, p < .05$); a greater degree of perceived maternal refugee hardship was associated with increases in self-reported depression symptomatology.

In addition to bivariate Pearson correlations, A one-way between subjects ANOVA was conducted to compare the effect of paternal period of departure from Vietnam on resilience in seven periods of departure (“1” = 1970 - 1974; “2” = 1975 - 1978; “3” = 1978 - 1979; “4” = 1980 - 1982; “5” = 1983 - 1998; “6” = 1983-1988; and “7” = 1992 after 2000). The effect size, as measured by eta squared given it was an ANOVA, was weak at 0.06. Other one-way between subjects ANOVAs conducted to compare the effect of paternal period of departure from Vietnam on depression, anxiety symptomatology, life satisfaction, and self-esteem showed no significant findings.

A one-way between subjects ANOVA was also conducted to compare the effect of maternal period of departure from Vietnam on depression symptomatology in seven periods of departure (the time periods were similar to those above periods for paternal analysis). A one-way between subjects ANOVA was also conducted to compare the effect of maternal period of departure from Vietnam on self-esteem in seven periods of departure. There was a significant

effect of maternal period of departure from Vietnam on amount of self-esteem [$F(6, 196) = 2.55, p < .05$]. The effect size, as measured by eta squared, was weak at 0.07. Other one-way between subjects ANOVAs conducted to compare the effect of maternal period of departure from Vietnam on anxiety symptomatology, life satisfaction, and resilience showed no significant findings.

Hypothesis 2: Communication about refugee hardship will be associated with psychological well-being

Hypothesis 2 predicted that higher reported open communication levels with parents about the refugee experiences (e.g., greater frequency of communication and more detailed conversations) would be associated with lesser psychological distress (depression and anxiety scores) and higher levels of levels of satisfaction with life, resilience, and self-esteem. Reported degree of communication about the parental refugee experiences was positively correlated with the perceived degree of parental refugee hardship ($r = 0.16, n = 193, p < .05$). (See Table 4.1 for correlations.) That is, participants who reported greater degree of parental refugee hardship also reported having had more communication with their parents about those hardships.

In addition, a one-way between subjects ANOVA was conducted to compare whether fathers who were in refugee camps differed from fathers who were not in camps on the extent to which they communicated to their children about the refugee experience. Results show that the two groups were significantly different in the degree of communication about the refugee experience [$F(1, 219) = 6.45, p < .05$]. Fathers who were in camps ($M = 3.04, SD = 0.69$) communicated to a greater degree about their refugee experiences than those who were not in camps ($M = 2.80, SD = 0.74$). The effect size was small to medium, as measured by Cohen's d (appropriate for t-tests) = 0.35. A one-way between subjects ANOVA was also conducted to

compare the effect of maternal period of departure from Vietnam on degree of communication about the refugee experience. There was a significant effect of mothers' period of departure on mean scores of communication about the refugee experience [$F(6, 196) = 2.70, p < .05$]. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the periods were not significant from each other. The effect size as measured by eta squared was weak at .08.

Although reported parental refugee hardship was significantly associated with degree of communication about the refugee experiences, the one-way between subjects ANOVAs and correlations between degree of communication about parental refugee experiences and psychological distress, satisfaction with life, resilience, and self-esteem were all non-significant, and Hypothesis 2 was not supported.

Hypothesis 3: Family processes will be associated with psychological well-being

Hypothesis 3 predicted that reports of more negative experiences of family processes (less positive communication style, low parental bonding, and greater conflict) would be associated with greater psychological distress (depression and anxiety scores), and lower levels of satisfaction with life and self-esteem. Self-reported depressive symptomatology was negatively correlated with degree of paternal perceived care ($r = -0.16, n = 219, p < .05$), paternal perceived authoritarianism ($r = -0.25, n = 216, p < .01$), maternal communication ($r = -0.14, n = 219, p < .05$), paternal communication ($r = -0.19, n = 219, p < .05$), and positively correlated with degree of family conflict ($r = 0.34, n = 221, p < .01$).

In regards to anxiety symptomatology, there were negative correlations between anxiety symptomatology and degree of perceived paternal care ($r = -0.16, n = 219, p < .05$), perceived paternal authoritarianism ($r = -0.17, n = 216, p < .05$), paternal communication ($r = -0.15, n = 215, p < .05$), and family conflict ($r = 0.32, n = 221, p < .01$).

There were positive correlations between life satisfaction and degree of perceived paternal care ($r = 0.21, n = 217, p < .01$), perceived paternal authoritarianism ($r = 0.20, n = 216, p < .01$), positive communication with mothers ($r = 0.36, n = 219, p < .01$) and communication with fathers ($r = 0.38, n = 215, p < .01$), and negative correlations between life satisfaction and family conflict ($r = -0.40, n = 221, p < .01$).

Self-esteem was positively correlated with degree of perceived maternal care ($r = 0.15, n = 220, p < .05$) and perceived paternal care ($r = 0.15, n = 217, p < .05$), perceived paternal authoritarianism ($r = 0.15, n = 216, p < .05$), positive communication with mothers ($r = 0.28, n = 219, p < .01$) and communication with fathers ($r = 0.24, n = 215, p < .01$), and negative correlations between life satisfaction and family conflict ($r = -0.36, n = 221, p < .01$).

Resilience was positively correlated with positive communication with mothers ($r = 0.16, n = 219, p < .05$) and communication with fathers ($r = 0.16, n = 217, p < .05$), and negatively correlated with family conflict ($r = -0.22, n = 221, p < .01$).

Overall, a greater degree of depressive symptomatology was correlated with decreases in perceived care from fathers, lower perceived paternal authoritarianism, and lower positive communication with both mothers and fathers. Depressive symptomatology was also correlated with greater family conflict and perceived maternal over-protectiveness. Anxiety scores had similar findings as depression excluding communication with mothers. A greater degree of life satisfaction was associated with higher perceived paternal care and authoritarianism, positive communication with their fathers and mothers and lower family conflict and perceived maternal over-protectiveness. Similarly, a greater degree of self-esteem was correlated with higher in the degree of perceived paternal and maternal care and paternal authoritarianism, positive communication with their fathers and mothers and lower family conflict. Also a greater degree of

resilience was correlated with higher positive communication with their fathers and mothers and lower family conflict and perceived maternal over-protectiveness. In other words, perceived care and authoritarianism from fathers and positive communication with fathers was negatively correlated with depression and anxiety symptomatology, and positively correlated with life satisfaction and self-esteem. Perceived maternal care was positively correlated with life satisfaction and self-esteem. Positive communication with mothers was negatively correlated with depression symptomatology, and positively correlated with life satisfaction, self-esteem, and resilience. Family conflict was negatively associated with life satisfaction, self-esteem, and resilience; and positively correlated with depression and anxiety symptomatology. Maternal over-protectiveness was negatively associated with life satisfaction and resilience, and positively associated with depression and anxiety symptomatology.

Hypothesis 4: Acculturation, enculturation, and ethnic identity will be associated with psychological well-being

Hypothesis 4 predicted that higher levels of enculturation with Vietnamese cultural beliefs/values and customs/behaviors, as measured by the ASVA, would be associated with lower psychological distress (depression and anxiety scores) and greater satisfaction with life, and self-esteem. It was also predicted that lower enculturation in Vietnamese cultural beliefs/values and customs/behaviors and lower acculturation in U.S.-White American mainstream cultural beliefs/values and customs/behaviors, as measured by the ASVA, would be associated with greater psychological distress and lesser satisfaction with life and lower self-esteem. Bivariate Pearson correlations were conducted to test this hypothesis. Table 4.1 shows these correlation results.

There was a positive correlation between the degree of self-reported enculturation to Vietnamese beliefs and values and satisfaction with life ($r = 0.17, n = 221, p < .05$).

In regards to acculturation to U.S. and American mainstream culture, as measured by the ASVA, there were positive correlations between self-reported acculturation to American beliefs and values and satisfaction with life ($r = 0.22, n = 220, p < .01$). There were also positive correlations between self-reported acculturation to American behaviors and customs and degree of self-reported life satisfaction ($r = 0.20, n = 220, p < .01$). Neither acculturation nor enculturation was significantly correlated with self-esteem, anxiety, or depression scores.

Overall, greater enculturation to Vietnamese beliefs and values was correlated with increases in life satisfaction while greater enculturation to Vietnamese behaviors and customs was correlated with increases in anxiety symptomatology. And, greater acculturation to U.S. and American mainstream culture was correlated with increases in life satisfaction while greater acculturation to U.S. and American mainstream culture was correlated with increases in life satisfaction and self-esteem.

Hypothesis 4 also predicted that a stronger level of Vietnamese ethnic identity, as measured by the MEIM-R, would be associated with lower psychological distress (depression and anxiety scores) and greater satisfaction with life and self-esteem. Bivariate Pearson correlations were computed to provide data on this prediction. Results showed that Vietnamese ethnic identity was not associated with psychological distress. However, Vietnamese ethnic identity was significantly and positively correlated with life satisfaction ($r = 0.21, n = 220, p < .01$) and self-esteem ($r = 0.21, n = 220, p < .01$).

Resilience

Resilience, another variable of interest, was negatively associated with parental refugee hardship ($r = -.19, n = 159, p < .05$), and positively with acculturation to mainstream America's cultural values ($r = 0.20, n = 220, p < .01$), and ethnic identity ($r = 0.14, n = 220, p < .05$). See above for additional results of resilience related to family processes.

Overall Structural Equation Modeling

I used structural equation modeling (SEM) to test the following: (a) hypothesis that perceived parental refugee experiences and perceived communication about parental refugee experiences would be strong predictors of positive and negative well-being, (b) the hypothesis that family processes and acculturation and enculturation would mediate the aforementioned relations, and (c) the hypothesis that gender would moderate the aforementioned relations as well. IBM SPSS AMOS 20 was used to construct the latent variables and to run the analyses testing model fit and estimation of direct and indirect effects while controlling for other known confounding variables of parental level of education and income.

The measurement component of the model estimates latent constructs of perceived parental refugee experiences, communication about refugee experiences, positive family processes, family conflict, enculturation, acculturation, positive well-being, and negative well-being. I assigned and averaged items for each construct into two to four indicators before modeling. For some constructs, the indicators were parceled based upon being highly correlated and similar in theoretical and conceptual content. For example, the items of the two collapsed domains of Involvement in U.S. culture were averaged and assigned based upon similarity in item-structure and content and parceled into two indicators of the latent factor "Acc" (acculturation). The latent factor "Enc" (enculturation) followed a similar method as the former.

For the latent factor “FaPr” (family processes), its four indicators included the averaged communication style items and parental care items for both father and mother. This method was also applied to negative well-being (indicators were the mean-item scores from the CESD and ZSRAS) and positive well-being (indicators were the mean-item scores from the SWLS and RSE). An exception to the above method, the indicators for the family conflict construct were created by randomly assigning and averaging items in that the ten items of family conflict were randomly parceled into two indicators of the latent factor “FamCon.”

Another exception to this was the construct of parental refugee hardship and communication about refugee experiences. There was one latent factor of “PaReEx” (parents’ refugee experiences) that had four indicators. The four indicators were whether the mother and father traveled by boat and whether the mother and father were in refugee camps (The mean item-scores of perceived paternal and maternal refugee hardship were not used in the final model given their lack of significance in predicting for “PaReEx.”) The latent factor “ReCo” (communication about refugee experiences) was comprised of two indicators – averaged items from the communication about specific refugee experiences and frequency of active discussions about the specific refugee experience.

Prior to running the SEM analysis, power was determined using MacCallum, Browne, and Sugawara’s (1996) guidelines. With an $N > 132$ and 162 degrees of freedom, the model met the criteria to achieve power of .80 for the associations found. I conducted SEM in two stages with latent variables using IBM SPSS AMOS 20 to test the study’s hypotheses and examine possible mediation and moderation effects after constructing indicators for the latent factors while controlling for higher level of parental education and social class. Overall fit was evaluated for all estimated models with the comparative fit index (*CFI*), the minimum discrepancy divided

by degrees of freedom ($CMIN/df$) the chi-squared test of model fit (χ^2) and the root mean square error of approximation ($RMSEA$). With the two-stage approach to modeling, I first estimated the measurement model for the latent variables to check that the psychometric properties of the measures were adequate and loaded on the hypothesized factors. The results for the latent constructs in the model indicate that all of the indicator variables load significantly with all having strong standardized coefficients ($\beta > 0.60$). The results indicated that the measurement model (see Figure 4.1) had good fit: $CFI = 0.94$; $CMIN/df = 1.91$; $RMSEA = 0.06$; $\chi^2 = 278.77$, $df = 161$, $p < .001$. This demonstrated that the observed variables were good indicators of the latent factors, and that each latent factor represented a separate construct.

After estimating the measurement model, I tested the structural model shown in Figure 4.2. The model fit indices indicated that this model provided an adequate fit to the data ($CFI = 0.83$; $CMIN/df = 2.88$; $RMSEA = 0.08$; $\chi^2 = 415.91$, $df = 164$, $p < .001$), and eleven path values were significant (see Figure 4.2). Communication about refugee experiences was associated with family processes ($\beta = 0.43$), acculturation ($\beta = -.29$), and enculturation ($\beta = 0.18$). Family processes was linked to acculturation ($\beta = 0.29$), enculturation ($\beta = 0.40$), positive well-being ($\beta = 0.24$). Family conflict was linked to acculturation ($\beta = 0.16$), enculturation ($\beta = 0.20$), negative well-being ($\beta = 0.42$), and positive well-being ($\beta = -.42$). Acculturation predicted positive well-being ($\beta = 0.30$). Standardized path coefficients suggested that parents' refugee experiences were not associated significantly to other factors. These results do suggest, however, many similarities to the correlational findings presented earlier. With correlations, only single relations between variables were examined one at a time. With structural equation modeling, the paths between variables are apparent.

Multi-Group Structural Equation Modeling: Gender as a Moderator

Next, I examined gender as a moderating variable using multi-group structural equation modeling. Specifically, I used critical ratios to conduct a multi-group comparison between men and women to determine whether the form of the proposed model and/or strength of relations among the variables in the model differed between female and male participants. The use of critical ratios is a favorable alternative to chi-square difference tests that minimizes human error and does not require constraining or re-constraining variables or creating nested models (Gaskin, 2012c).

First, I set up a multi-group model with women as group 1 and men as group 2 and examined the critical ratios of differences. Using Gaskin's (2012c) method and statistical tool (2012b), I enabled AMOS to produce a pairwise comparisons matrix of every possible parameter in the model compared against both groups, and values (z-scores) were computed for the difference in those comparisons. The paths in which they are significantly different across men and women are shown in Table 4.2. The association between family conflict and perception of parental refugee experiences (women: $\beta = 0.18$, men: $\beta = -.18$, $p < .05$) varied by gender in the multiple-group comparison model. For the path between enculturation and family processes in the structural model, the multiple-group comparison indicated that the effect of the path was considerably stronger for men than women (women: $\beta = 0.30$, men: $\beta = .94$, $p < .05$). (See Figure 4.3.)

In sum, the multi-group analysis suggested significant relations between variables in the model varied by gender and also that some relations were stronger for one gender than for the other. The multiple-group comparisons demonstrated that gender moderates the relationship between family conflict and perceived parental refugee experiences. Greater perceived parental

refugee experiences predicted more family in women. However, the relationship was opposite for men. Also, the association between enculturation and family processes was stronger for men than women.

Table 4-1: Correlational Matrix

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
1. Refugee Hardship (F)	1.00																									
2. Refugee Hardship (M)	.70**	1.00																								
3. Refugee Hardship (Both)	.93**	.91**	1.00																							
4. Specific Refugee Comm	0.14	.16*	.14*	1.00																						
5. General Refugee Comm	.19*	.18*	.15*	.86*	1.00																					
6. PBI Care (M)	0.00	0.03	0.01	.31*	.31**	1.00																				
7. PBI Authoritarian (M)	0.00	0.02	0.07	.17*	.17*	.25**	1.00																			
8. PBI Over-Protection (M)	0.08	0.04	0.07	.14*	0.10	.24**	.28**	1.00																		
9. PBI Care (F)	-0.01	0.04	0.05	.24*	.25**	.58**	.21**	0.08	1.00																	
10. PBI Authoritarian (F)	0.04	0.14	.15*	.15*	.15**	0.13	.34**	0.10	.34**	1.00																
11. PBI Over-Protection (F)	0.10	.16*	.15*	.26*	.21**	0.12	.23**	.38**	.36**	.53**	1.00															
12. Comm (M)	-0.05	0.01	-	.26**	.29**	.68**	.17*	0.04	.44**	0.13	0.09	1.00														
13. Comm (F)	-0.10	0.05	0.03	.17*	.21**	.41**	.17*	-0.03	.67**	.20**	.21**	.60**	1.00													
14. FCS	0.13	.15*	.15*	0.10	0.07	-.14*	0.06	0.05	-.14*	-0.05	0.08	-.28**	-.23**	1.00												
15. MEIM	0.10	0.12	0.13	.26**	.261**	.15*	.23**	0.00	.13*	.17*	0.13	.20**	.23**	-0.03	1.00											
16. Vietnamese Values	.16*	.17*	.18*	.31**	.35**	.31*	0.09	0.03	.28**	.22**	.26**	.37**	.37**	0.06	.45**	1.00										
17. Vietnamese Behaviors	0.15	0.13	0.13	.32**	.37**	.23**	0.09	0.07	.20**	.19**	.22**	.25**	.21**	0.12	.46**	.64**	1.00									
18. American Values	-0.06	-0.06	-	0.06	0.114	-0.114	0.1	0.06	-0.02	0.09	-0.09	-0.08	.14*	.14*	0.04	0.00	-0.04	-	0.01	1.00						
19. American Behaviors	-	-	-	-	-	-0.063	.14*	.14*	-0.07	0.12	0.06	-0.06	.16*	.18**	0.03	0.08	0.05	-	0.06	.56**	1.00					
20. Resilience	-.19*	-0.03	-	0.12	0.058	-0.093	0.06	-0.04	-0.12	0.07	-0.01	-0.07	.16*	.16*	-0.22	.14*	0.06	0.03	.20**	0.10	1.00					
21. CESD	.17*	.179*	0.14	0.07	0.07	-0.10	-0.04	0.11	-.16*	-	.25**	-0.02	-.14*	-.19*	0.38	.38**	-0.02	0.10	-0.05	-0.06	-.45**	1.00				
22. Anxiety	0.06	0.04	0.01	0.07	0.06	-0.06	-0.05	0.12	-0.07	-.17*	0.10	0.10	-0.15	0.32	.32**	0.03	0.11	-0.05	-0.02	-.35**	.77**	1.00				
23. SWLS	-0.15	-0.03	-	0.05	0.02	0.01	.24**	0.09	-0.12	.21**	.20**	0.08	.36**	.38**	-.31**	.31**	.17*	0.03	.22**	.20**	.44**	-.61**	-.43**	1.00		
24. RSE	-0.12	-0.01	-	0.04	0.00	-0.036	.15*	0.04	-0.09	.15*	.15**	-0.01	.28**	.24**	-.36**	-.36**	0.08	-	0.01	0.10	0.12	.58**	-.66**	-.55**	.67**	1.00

Note: * $p < 0.05$; ** $p < .01$. "(F)" = Father, "(M)" = Mother. "MEIM" = Multi-Group Ethnic Identity Measure. "Viet" = Vietnamese. "Amer" = American. "PBI" = Parental Bonding Inventory. "Comm" = Communication Scale. "FCS" = Family Conflict Scale. "CESD" = Center of Epidemiology Scale for Depression. "SWLS" = Satisfaction with Life Scale. "RSE" = Rosenberg Self-Esteem Scale.

Figure 4-1: Measurement Model

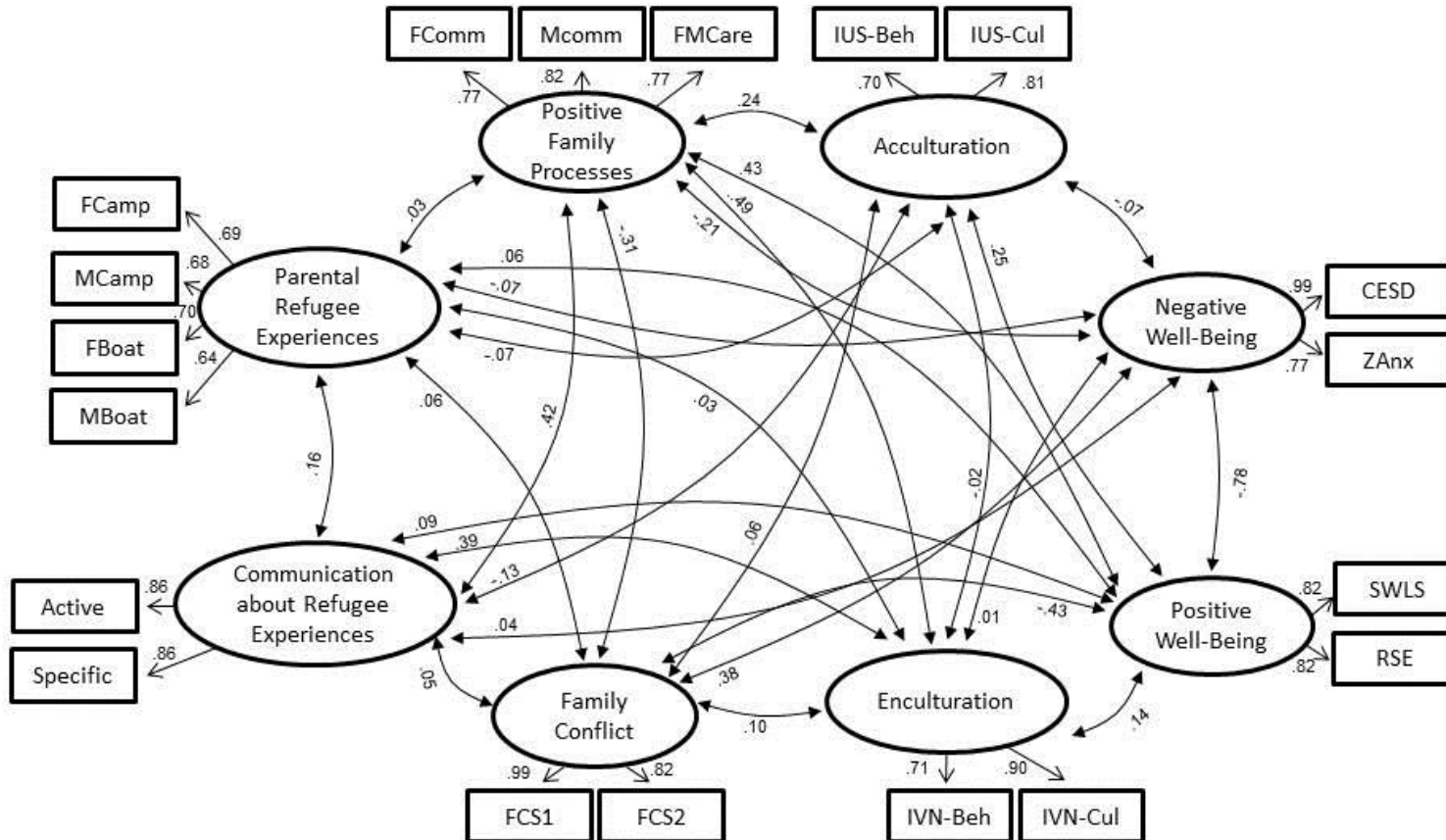


Figure 4.1 – Measurement Model (multiple indicators with no paths among factors)

Double arrow lines represent correlations between variables.

$\chi^2 (124, n = 221) = 236.51, p < .001. CFI = 0.94; CMIN/df = 1.91; RMSEA = 0.06$

Figure 4-2: Full Structural Model

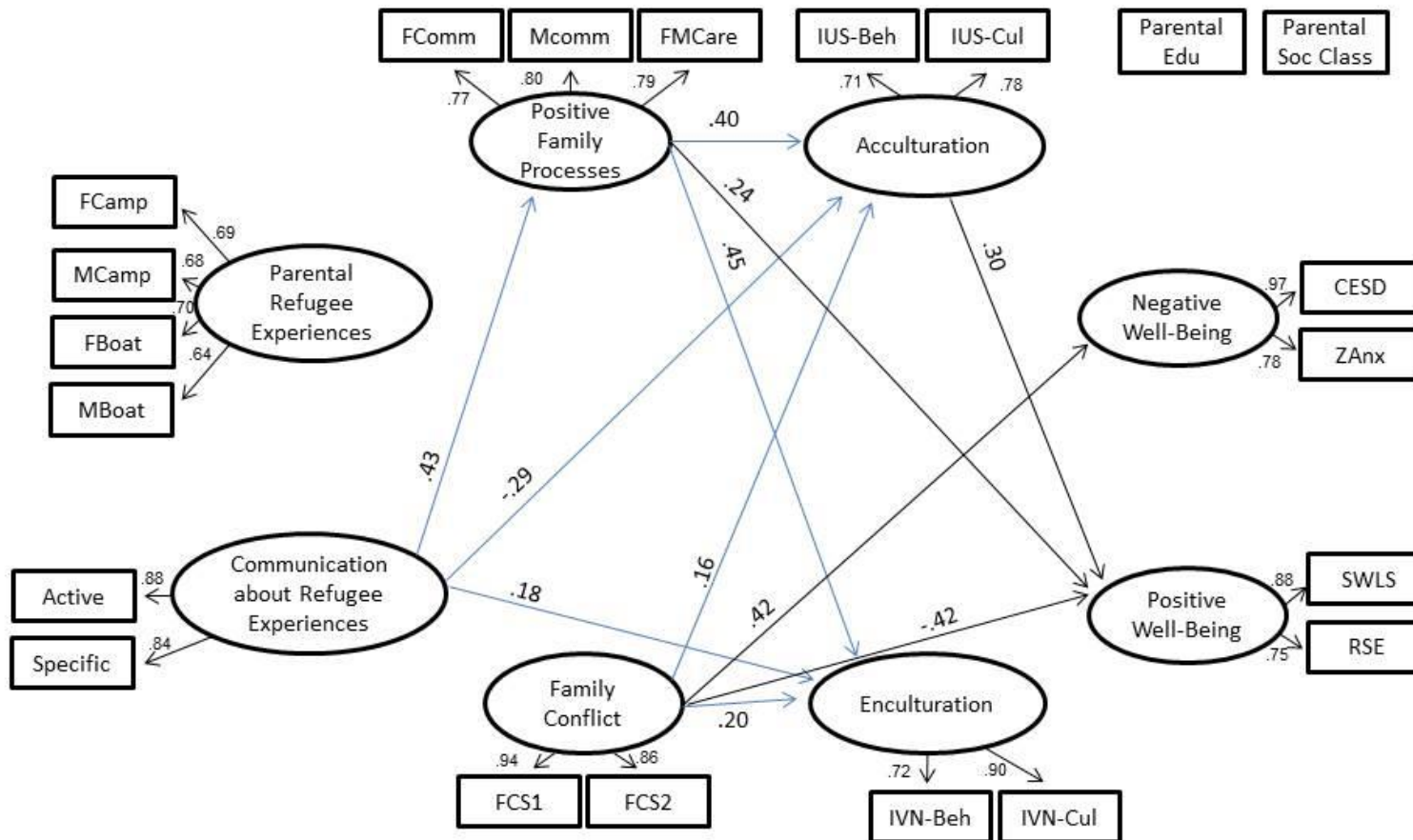


Figure 4.2 – Structural Equation Model with Standardized Regression Weights

Only significant paths at $p < .05$ shown. Demographic variables were controlled for (the higher of the two levels--mother or father--of parental education and parental social class). Blue arrow lines indicate paths between independent and mediating variables, and black arrow lines indicate paths to dependent variables.

$\chi^2 (162, n = 221) = 467.02, p < .001. CFI = 0.83; CMIN/df = 2.88; RMSEA = 0.09$

Figure 4-3: Multiple-Group Comparison (Gender)

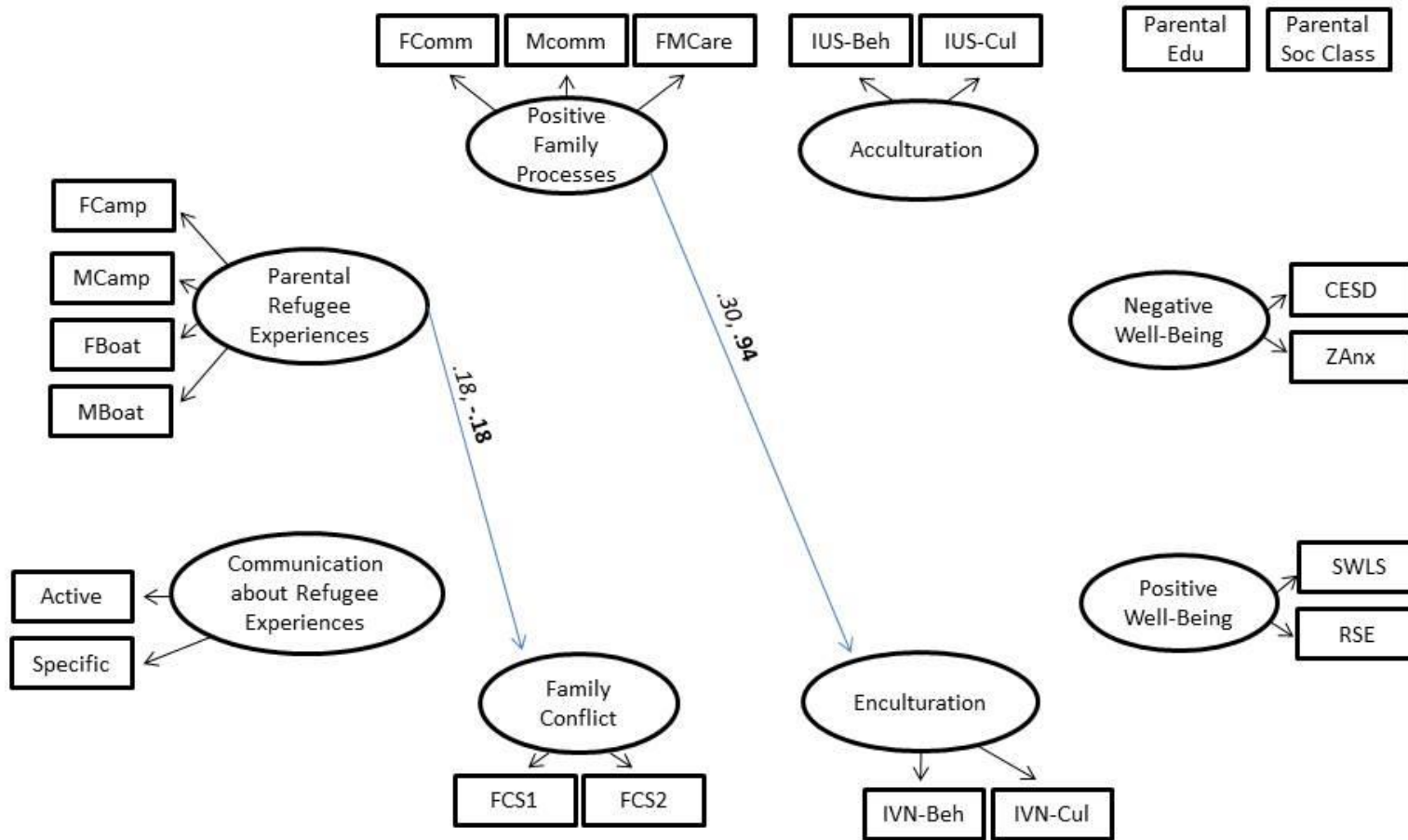


Figure 4.3 – Multiple-Group Comparison Structural Equation Model

Regression weights of men in bold; regression weights of women in italics. Demographic variables were controlled for (the higher of the two levels--mother or father--of parental education and parental social class).

Table 4-2: Critical Ratios and z-scores Difference by Gender

Critical Ratios Difference between Women and Men and z-scores

Paths in Structural Equation Model			Women		Men		z-score
			Estimate	P	Estimate	P	
FaPr	<---	PaReEx	-0.295	0.098	0.155	0.525	1.489
FamCon	<---	PaReEx	0.555	0.097	-0.613	0.174	-2.08**
FamCon	<---	ReCo	0.018	0.923	0.047	0.712	0.134
FaPr	<---	ReCo	0.456	0.000	0.343	0.000	-0.774
Enc	<---	PaReEx	-0.039	0.819	-0.151	0.481	-0.408
Acc	<---	PaReEx	-0.067	0.631	-0.030	0.900	0.135
Acc	<---	ReCo	-0.190	0.028	-0.054	0.505	1.142
Enc	<---	ReCo	0.210	0.044	0.014	0.850	-1.541
Enc	<---	FaPr	0.272	0.009	0.974	0.000	3.538***
Acc	<---	FaPr	0.229	0.009	0.279	0.040	0.313
Enc	<---	FamCon	0.088	0.064	0.182	0.002	1.237
Acc	<---	FamCon	0.035	0.358	0.126	0.057	1.181
NeWeBe	<---	PaReEx	-0.219	0.014	0.443	0.470	1.068
PosWeBe	<---	PaReEx	1.033	0.006	-2.308	0.472	-1.035
PosWeBe	<---	ReCo	0.020	0.930	-0.109	0.913	-0.126
NeWeBe	<---	ReCo	0.054	0.317	0.016	0.936	-0.184
NeWeBe	<---	FaPr	-0.010	0.856	-2.716	0.080	-1.741
PosWeBe	<---	FaPr	0.172	0.486	14.241	0.131	1.490
NeWeBe	<---	FamCon	0.117	0.000	-0.327	0.316	-1.357
PosWeBe	<---	FamCon	-0.599	0.000	1.971	0.305	1.336
NeWeBe	<---	Enc	-0.075	0.196	2.663	0.092	1.731
PosWeBe	<---	Enc	0.437	0.083	-13.374	0.159	-1.452
NeWeBe	<---	Acc	-0.187	0.031	-0.035	0.670	1.267
PosWeBe	<---	Acc	1.458	0.000	0.480	0.188	-1.76
NeWeBe	<---	PSocCl	0.011	0.432	0.007	0.719	-0.133
PosWeBe	<---	PSocCl	-0.074	0.206	-0.012	0.886	0.598
NeWeBe	<---	PEdu	-0.014	0.205	0.005	0.720	1.045
PosWeBe	<---	PEdu	0.046	0.330	0.055	0.372	0.114

Notes: *** p-value < 0.01; ** p-value < 0.05. PaReEx = Parental Refugee Experience; ReCo = Refugee Communication; FaPr = Family Processes; FamCon = Family Conflict; Enc = Enculturation; Acc = Acculturation; NeWeBe = Negative Well-Being; PosWeBe = Positive Well-Being; PSocCl = Higher Parental Social Class; PEdu = Higher Parental Level of Education.

CHAPTER 5

Discussion

The current study had two main objectives. The primary objective was to explore the intergenerational impact of Vietnamese refugee experience by exploring whether perceived levels of parental refugee trauma and trauma family communications were associated with the psychological well-being of adult children of Vietnamese refugees. The secondary objective was to explore the general psychosocial status of this group. Examining how positive and negative family processes, ethnic identity, acculturation and enculturation, resilience, and gender were linked to the aforementioned variables was also a study aim.

Previous research has found that parental refugee status was associated with Southeast Asian American (including Vietnamese American) youth violence and peer delinquency (Spencer & Le, 2006) and that parent-child conflict and parent-child bonding were possible contributors to problem behaviors in these children (Choi, He, & Harachi, 2008). However, the present findings differed from these studies; the perceptions adult Vietnamese American children had about their parents' refugee experiences were not directly related to their current psychological well-being. The degree to which refugee trauma experiences were communicated to them was also not directly associated with their current psychological functioning. Instead, other variables under study (positive family processes, family conflict, acculturation and enculturation, and gender) offered a more complete and nuanced understanding of how parental refugee experiences, communication about those experiences, and current psychological

functioning of U.S.-raised adult Vietnamese Americans were related to one another through mediating and moderating links.

Perceptions of Parental Refugee Experiences and Psychological Well-Being

The study's first hypothesis predicted that perceptions of parental refugee experiences would be associated with measures of psychological well-being. Specifically, the prediction was that a perception of greater or more severe parental refugee hardship would be associated with greater psychological distress and lower positive outcomes of life satisfaction, self-esteem, and resilience.

Both greater paternal and maternal refugee hardship were associated with greater depressive symptomatology for adult children. Furthermore, paternal refugee hardship was also significantly linked to life satisfaction: the greater one was, the lesser the other, and vice versa. Self-esteem also seemed to vary significantly by maternal period of departure from Vietnam, with the 1970-1974 group having the lowest mean item-score for self-esteem. It is best to keep in mind, however, that the sample size for the group was only seven participants. Similarly, another test revealed that depression symptomatology varied by the time period in which mothers departed from Vietnam with those who left from 1970 to 1974 group having the highest mean item-score for depression symptoms. If these two findings about departure period were to hold true in a larger sample, it may suggest that the children of those parents who emigrated during the war were more likely to have poorer psychological functioning than children whose parents emigrated after the end of the war. It is possible that the parents who left before the war may have experienced more trauma in their escape or departure from Vietnam, or were more prone to psychological problems, thus affecting their own children's psychological well-being. However, this study did not collect direct information to confirm this conjecture.

Although preliminary correlational and comparison of means analyses showed significant results for perceived paternal and maternal refugee hardship (e.g., positive correlations with depression symptomatology), further analyses by structural equation modeling revealed no significant support for the claim that a greater perception of parents' refugee hardship would be connected to greater psychological distress and lower positive outcomes of life satisfaction and self-esteem. Overall, results indicated that perceptions of parental refugee experiences were not significantly associated with measures of depression symptomatology, anxiety symptomatology, life satisfaction, or self-esteem. This is contrary to what was hypothesized and what previous research has demonstrated. This may suggest several possible explanations. For example, there may be a connection between Vietnamese parental refugee experiences and their adult children's psychological functioning, but due to methodological issues of not having direct measures of what parents experienced and instead relying on children's perceptions, the relation was limited. Another possibility is that Vietnamese parental refugee experiences may not be related to their adult children's psychological functioning although this seems counterintuitive. Or, parental refugee experiences may have had an impact earlier when the children were younger but the impact has dissipated over time as children may have undergone positive adjustments. This latter pattern has been shown in children of Holocaust survivors. In a longitudinal study comparing veterans who were second generation Holocaust survivors and those who were not, the second generation Holocaust survivor-veterans endorsed higher rates of PTSD and co-morbid psychological symptoms than the non-second generation Holocaust survivor-veterans initially, but in later years, the pattern was reversed and the second-generation Holocaust survivor-veterans began to have lower rates of PTSD and co-morbid symptoms than their comparison group (Dekel, Solomon, & Rozenstreich, 2013).

As was mentioned, it is possible that there was a connection between parental refugee experiences and children's psychological functioning but because of methodological limitations, the results were not significant. The method was limited in its reliance on the adult children as informants of their parents' refugee experiences. On one hand, their assessment seemed to be a good indicant of familial trauma based on their own perspective. However, their accounts provided only a limited proxy for actual parental refugee trauma and experiences. Respondents indicated "do not know" or "not applicable" for many of the items asking about parental refugee experiences. Thus, demonstrating that the item(s) may not have applied to their parents' experiences, the information was not communicated to respondents, or the respondents felt unable to make such an evaluation about their parents' refugee experiences. Another limitation was the reliance upon untested measures of perceptions of parental refugee experiences that were designed for the purposes of the study. Though several sections of the measure, particularly the scaled response sets, demonstrated strong inter-item reliability, other aspects of validity (e.g., concurrent or divergent), and reliability (e.g., test-retest) were not examined. An alternative could have been to have used an established questionnaire of reporting on parents' trauma experience (e.g., the Parental PTSD Questionnaire; Yehuda, Labinsky, Tischler, Brand, Lavin, Blair, et al., 2006). Another possible methodological reason for the lack of significant findings could be that the some measures (for dependent and mediating variables) were not sensitive enough to reveal any differences. The measures might not have been sensitive due to cultural differences in the experience and conceptualization of those psychological constructs. For example, the measures may not have been culturally sensitive in measurement and conceptualization of the constructs to apply to groups with cultural origins outside of the Western world. An alternative to the CES-D could have been the Vietnamese Depression Scale

(Kinzie, Manson, Vinh, Tolan, Anh, & Pho, 1982). Using the Vietnamese Depression Scale might have yielded better outcome indices. However, the CES-D was chosen over the Vietnamese Depression Scale given the CES-D's use in previous studies with Vietnamese Americans and Asian Americans and for it being well-established.

Communication about Refugee Experiences and Psychological Well-Being

The study's second hypothesis predicted that more communication about parental refugee experience would be directly linked to adult children's psychological well-being. This hypothesis also was not supported. Preliminary results of correlational and comparison of means analyses showed that communication about refugee experiences was not related to psychological well-being. Results from structural equation modeling also found no direct main association between communication about refugee experiences and psychological well-being. Similar to findings from the first hypothesis, reasons for this may be are that there is actually no relation between communication about refugee experiences and psychological well-being, there was a relation but it no longer exists, or there is a relation but it was not captured by the study for similar methodological reasons as above. For example, the communication about refugee experiences was a measure designed for the purposes of the study. Once again, for some sections, the inter-item reliability was tested for and found to be adequate, but other indicators for validity and reliability were not examined. In retrospect, it also appeared that some items were poorly constructed. For example, one item which asked about how many times in his or her lifetime the participant has had conversations with either parent about the refugee experience had a ceiling effect in which many respondents chose the last and highest option ("51 or more times"). If the item had more options, perhaps providing for a greater range, the responses would have been a more accurate depiction of their conversation experiences.

Although perceptions of parental refugee experiences and parental communication about refugee experiences were not directly linked to psychological outcomes of well-being, they were linked to other variables that were studied. For example, communication about parental refugee experiences was linked to enculturation, acculturation, and family processes. In turn, these variables were linked to negative and positive well-being. Thus, though there is no direct link, there may be indirect associations between at least communication about parental refugee experiences and psychological well-being. These findings will be further explained in more detail in a later portion of this chapter.

Psychosocial Status of Vietnamese Americans

Family Processes and Psychological Well-Being

The second purpose of the study was to examine the psychosocial status of U.S.-raised Vietnamese Americans. In pursuit of this goal, one of the study's hypotheses predicted that positive family processes of more open communication, more parental caring, and less family conflict would be associated with less psychological distress (depression and anxiety symptomatology), more positive outcomes (i.e., life satisfaction and self-esteem), and greater resilience. The data revealed some positive support for this hypothesis. A number of the positive family processes were predictive of life satisfaction, resilience, self-esteem, and depression and anxiety symptomatology in the anticipated directions. More specifically, greater positive and open communication with both parents was associated with higher life satisfaction, self-esteem, and resilience, and lower depression scores. When this was examined further by looking at father and mother communication scores separately, differences emerged. For example, greater positive and open communication with fathers was related to lower scores of anxiety. In addition, perceived paternal care was positively correlated with life satisfaction and self-esteem, and

negatively correlated with depression and anxiety symptomatology. Maternal care was also positively associated with self-esteem. Interestingly, perceived paternal authoritarianism (usually seen as a negative parenting style) was negatively correlated with depression and anxiety symptomatology but positively correlated with life satisfaction and self-esteem. This runs counter to previous research which found perceptions of fathers who were more authoritarian were linked to greater depression and lower self-esteem in adolescent children (Nguyen & Cheung, 2009; Nguyen, 2008). However, the current sample was adults, not adolescents, who may be better able to appreciate, understand, and handle this parenting style from their fathers. The difference in findings could also stem from using a different measure of parenting style. Lastly, in line with our prediction, more family conflict was linked to greater depression and anxiety scores and less life satisfaction, self-esteem, and resilience.

Results from structural equation modeling provided some support for these preliminary correlational findings. For example, positive family processes, which were indicated by maternal and paternal positive and open communication and maternal and paternal care, were predictive of positive well-being (indicated by self-esteem and life satisfaction), and family conflict was predictive of negative (indicated by depression and anxiety scores) and positive well-being in the predicted directions.

Acculturation/Enculturation, Ethnic Identity, and Psychological Well-Being

Another hypothesis about the psychosocial status of this population of Vietnamese Americans predicted that acculturation and enculturation would be related to psychological well-being. Specifically, it was predicted that greater acculturation to mainstream, U.S./American culture and greater enculturation with Vietnamese culture would each be positively associated with life satisfaction, resilience, and self-esteem; and negatively associated with psychological

distress. The study's preliminary results were mixed and partially supportive of the hypothesis. Greater enculturation to Vietnamese beliefs and values was associated with increases in life satisfaction. Greater acculturation to American mainstream culture's values/beliefs and customs/behaviors was positively correlated life satisfaction while acculturation to only its values/beliefs was positively associated with resilience. Other correlations with depression, anxiety, and self-esteem scores were non-significant and not according to hypotheses.

Given the significant findings of life satisfaction and previous research, it is surprising that self-esteem was not found to be positively related to either enculturation or acculturation. For example, according to some past research, higher enculturation and acculturation are associated with higher self-esteem (Lam, 2006; Zhou, 1999). Also, the non-significant findings for depression scores were unexpected. For example, several studies have found that acculturation to mainstream culture is associated with lower depression scores (Lam, 2006; Nguyen, Messe, Stollack, 1999; Zhou, 1999). However, past research has shown mixed results regarding enculturation and depression. For example, some have found that enculturation is associated with lower depression in Vietnamese Americans (Lam, 2006; Nguyen & Peterson, 1993; Zhou, 1999), while others see it as linked to greater psychological distress (Nguyen, Messe, & Stollack, 1999). A possible reason for the mixed results could be the differences in how enculturation was measured in the studies or the populations studied.

Related to enculturation is the concept of ethnic identity. In this study, ethnic identity is conceptualized as one's self-categorized group identity that is based upon their ethnicity (Phinney & Ong, 2007). It was hypothesized that greater ethnic identity would be associated with better psychological well-being. The results supported the hypothesis as it relates to indicators of positive well-being but not negative well-being. More specifically, ethnic identity was found to

be significantly and positively linked to life satisfaction, resilience, and self-esteem but not linked to depression or anxiety symptomatology. This is interesting as it shows that ethnic identity needs to be thought about in more complicated and multidimensional ways.

Family Processes, Acculturation, and Enculturation

It was also hypothesized that family processes, enculturation and acculturation would be mediating variables for the relations between the independent variables of perceived parental refugee experiences and communication about the refugee experiences and the dependent variables of psychological well-being. The study's results from structural equation modeling provided partial support for the mediation hypothesis. It is important to note that although the measurement model achieved good fit (indicating that the constructs were well-measured, there could be a full structural model that better fits the data given that the model tested in the current study had only adequate model fit indices.

Communication about refugee experiences was found to be positively linked to positive family processes and enculturation, and negatively associated with acculturation. When parents are communicating to their children about their refugee experiences, they may also be communicating to their children about Vietnamese culture, its values and beliefs, and culturally-appropriate behavior and customs. This is a possible explanation for the finding that more communication with children about refugee experiences predicts greater enculturation to Vietnamese culture. Inversely, if parents are not communicating much about their refugee experiences to their children, then a possible parallel is that they are also not communicating to their children about aspects of Vietnamese culture, perhaps resulting in the children's greater acculturation to mainstream American culture. Another possibility is that parents may value acculturation to mainstream US culture over enculturation to Vietnamese culture and thus may

choose not communicate to their children about their refugee experiences. Or, parents chose not to communicate their refugee experiences for the reason of wanting to put their past behind them, not burdening their children with such stories of hardship and pain, and/or looking forward and being optimistic about the future. As a result, the adult children are more acculturated to American culture. This seems to possibly corroborate Lai (2009)'s finding that Vietnamese fathers shared their refugee experiences to a limited extent and wanted to encourage their children to strive for a better future and outcome in the U.S. And it would naturally follow that in order for their children to succeed in the U.S., being highly acculturated would be beneficial.

Positive family processes were also found to be a significant mediating variable. Results indicated that family processes were positively linked to acculturation, enculturation, and positive well-being, as was hypothesized. Family processes may make for a safe psychological environment for an individual to thrive, and therefore may be more acculturated and enculturated, satisfied with life, and have higher self-esteem than others who experience less positive family processes (e.g., Herz & Gullone, 1999; Nguyen, 2008). While there were significant results of positive family process (perceived parental care and open communication style) on acculturation, enculturation, and positive well-being, there was no link between positive family processes and negative well-being. This is contrary to previous research that has found such links between parental care and depression and anxiety (e.g., Meites, Ingram, & Siegle, 2012).

Family conflict was found to not only be correlated with acculturation, enculturation, positive well-being, but also negative well-being. Interestingly, family conflict was positively associated with acculturation and enculturation. In other words, more family conflict was associated with greater acculturation and greater enculturation. This makes sense if one looks at

family conflict as an opportunity with two possible choices for children: 1) agree with parents and act accordingly to their wishes or 2) disagree with parents and act according to one's own desires. The first choice reflects values and beliefs that are family-oriented and also in harmony with Vietnamese cultural values and beliefs (Nguyen, Messe, & Stollack, 1999). The second choice is in accordance with values of seeking independence and in unity with American mainstream values (Nguyen, Messe, & Stollack, 1999). Given this understanding, it is plausible to construe family conflict is a choice point that may lead one to enculturate more to Vietnamese values and beliefs or acculturate more to American mainstream values or beliefs.

Role of Gender

Another aspect of the final hypothesis predicted that gender would moderate the paths within the model. The study results from structural equation modeling found partial support for this hypothesis. One link that significantly varied by gender was the link from perceived parental refugee experiences to family conflict. When gender was added as a possible moderator to this link, the relation between the variables changed depending on the gender. For women, the connection was positive in that an increase in perceived parental refugee experience predicted higher levels of family conflict. Contrastingly, for men, an increase in perceived parental refugee experience predicted lower levels of family conflict. This may result from a possible difference in how the two genders conceptualize hardship or how they cope differently in response to knowledge about their parents' refugee hardship. Women, in response to knowing about their parents' experiences, may have used more emotion-focused coping methods. Men, on the other hand, may have responded with more solution-focused ways of coping. As a result, the differing coping responses may have affected their reports of family conflict. The use of emotion-focused coping among daughters trying to make sense of their parents' experiences may

lead them to feel negative affect which, in turn, result in more conflict with their parents, while the solution-focused coping used by sons may allow them to respond to higher perceived parental refugee trauma within a proactive role that results in less reported family conflict. Another possibility is that women may feel expectations and pressure to take care of their parents' emotional needs (above their own) given the trauma their parents experienced and this increases family conflict, while sons do not experience the strain of emotional caretaking. For sons, knowing the severity of their parents' hardship may motivate them to fulfill their duties of being the leader and future head of household of the family, take care of their parents, and take more responsibility. An additional significant path that was moderated by gender occurred from family processes to enculturation. For this link, the moderating impact was stronger for men than for women. For example, the relation from positive family processes to enculturation is much stronger for men than women. As levels of positive and open family communication and parental care increased, the sons reported greater enculturation than daughters. This has a stronger effect on sons than daughters, possibly due to an increased incentive felt by sons to engage in their culture of origin. Whereas for daughters, it may already be expected and normative that they enculturate to their culture of origin's beliefs/values and customs/behaviors, this is not expected from sons.

Summary of Findings

In summary, although the study did not find evidence for direct links between the perceived parental refugee experiences/refugee family communication patterns and dependent (psychological well-being) variables, a number of significant findings emerged. Through structural equation modeling analyses, family processes and conflict were significantly related to the dependent variables of depression symptomatology, anxiety symptomatology, life

satisfaction, and self-esteem. Acculturation and enculturation were associated with life satisfaction, anxiety symptomatology, and resilience. Ethnic identity was found to be linked with life satisfaction, self-esteem, and resilience. In addition, results indicated that positive family processes, family conflict, acculturation, and enculturation mediate the relations between parental communication about refugee experiences and negative and positive well-being. Gender was shown to moderate the aforementioned relations as well.

Study Strengths

The study reflected several notable strengths. A major strength was its national survey design. The internet format also provided an efficient and convenient way to develop the survey, disseminate, collect, and store the data and reduced human error of data entry. Studies have also demonstrated that electronic data collection yields quality of responses that are comparable to written surveys (Comley, 1996; Curl & Robinson, 1997; Lakeman, 1997; Stanton, 1998). The internet approach to collecting data allowed for a greater geographic diversity of people who could access the study. Research has also shown that Asian Americans are heavy daily internet users. Over 72% of Asian Americans have accessed the internet and about 70% use the internet daily (Spooner, 2001).

Additionally, the psychometric data of many of the constructs under investigation was quite strong. Although reliability does not truly indicate validity, it does inform it. High inter-item reliability indicated that items of a scale were consistent in measuring a similar construct and many of the measures used had strong inter-item reliability. Another indication of high construct validity is the evidence that the measurement model had good model-fit indices. Also, some measures were similar in findings (e.g., factor loadings) to previous studies which used the same measures.

An additional strength of the study was its assessment of multiple variables that generated valuable psychosocial information on U.S.-raised adult Vietnamese Americans. These data offer a snapshot of positive and negative psychological well-being within this population as well as their perceptions of their parents' refugee experiences, family processes, ethnic identity, and acculturation and enculturation.

Study Limitations

Several limitations of the study should be noted. One, the cross-sectional methodology prevents the drawing of any temporal or causal claims and conclusions. In the study, the framework and model posits directionality between perceptions of parental refugee experiences and psychological outcomes in a subsequent generation. However, it cannot be proven that parental refugee trauma leads to the psychological well-being of another generation. But, because there is a lack of research in this area, using a cross-sectional method is a good starting point from where to expand further research.

The study's reliance on self-report data also offers a limited insight into each participant's experiences and family history. For example, the participant's recollection may be misinformed, influenced by social desirability, or lacking due to a hesitancy to make claims about their parent's past experience. Their memory could also be negatively affected by memory errors or biases.

The sample was also unbalanced; 62% of the sample was women. As a result, the disproportionate representation of women should be kept in mind when attempting to generalize from these results. Indeed, analysis of multiple group comparisons of gender in the structural equation model suggests the need to consider women's data separately from men's data.

Moreover, the sample was not random and lacked diversity in educational backgrounds (e.g., 20% of participants identified as students).

Use of the internet as the primary method for data collection is also likely to have created sampling bias, leading to a more technologically-savvy group of respondents who had access to a computer and excluded those without such access. Thus, the study lacks heterogeneity in social class and level of education given that virtually all respondents accessed the survey through use of the internet (Spooner, 2001; Suarez-Balcazar, Balcazar, & Taylor-Ritzler 2009). This limits the study's generalizability to individuals from other social classes and education levels. There were also problems with multiple submissions of completed internet surveys by the same individuals using fake identifying information even though the survey was set up to only allow one submission per unique internet protocol (IP) address and contact information was requested for participation compensation. The number of invalid and fake responses could have been prevented by including a manipulation check and being more careful about recruitment targets. The provision of compensation for completion of the survey likely increased the likelihood of fake submissions and resulted in a sample of respondents (and responses) that may have been incentive-driven.

The survey was also long (23 pages, average length to completion was 45 minutes) which affected attrition rates and response sets. The length of the survey probably also elicited from respondents survey fatigue, which is overexposure to the survey process, a component of respondent burden, and is a cause of survey nonresponse (Porter, Whitcomb, & Weitzer, 2004). As the time increases to complete a survey, survey nonresponse has been found to increase (Porter, Whitcomb, & Weitzer, 2004).

Some of the study questionnaires, especially for perceived parental refugee experiences and communication about refugee experiences, were also developed specifically for this study and did not have established psychometrics. Additional questions were also omitted which might have been included to gain a better sense of parent refugee hardship. Such questions might have asked how many times or attempts a parent tried to escape Vietnam and whether a parent had been politically detained in prisons or re-education camps while in Vietnam. Past research has shown that Vietnamese men who were political detainees or prisoners in reeducation camps had twice the prevalence of psychiatric disorders than Vietnamese who were not (Hinton et. al, 1993).

Another major limitation of the study was its reliance on the adult children's participants' to report on information about their parents' refugee experiences. The study considered the participants' perceptions of parental trauma to be central in understanding their intergenerational trauma transmission experience. However, a high proportion of respondents indicated "do not know" and "not applicable" to questions in the perceived parental refugee experiences section. This resulted in a restricted level of information that limited the exploration of the main hypotheses. However, given that the goals of the study were to understand the psychosocial status and psychological processes of the adult U.S.-raised Vietnamese American adult children of refugees, it was more appropriate, efficient, and beneficial to investigate their understanding and perceptions of what happened to their parents.

Future Directions

In future studies, it will be worthwhile to address the aforementioned limitations. For example, different structural equation models could be explored and examined for better fit indices. Future research endeavors could also employ different methods and could include a

longitudinal study, an analysis of open-ended questions, interviewing participants, conducting focus groups, and using qualitative methods of analysis for a greater understanding of the experiences of Vietnamese Americans. For example, researching parent-child dyads, linking children and parent data to be analyzed together, and using a mixed-method of qualitative and quantitative measures would add greatly to the literature. Parent-child dyads could provide more direct information about family processes and interactions, conflict, and communication styles. Additionally, asking parents directly about their refugee experiences would offer a direct assessment of trauma, something that was lacking in the current investigation. Linking child and parent data together could possibly allow for stronger claims about the ways in which parental refugee experiences are related to the well-being and experiences of their adult children. Similarly, a longitudinal study could also allow for stronger causal claims in terms of temporal precedence. Following a sample of children of Vietnamese refugees longitudinally would provide more information about how these psychological processes and outcomes of interest change, remain the same, and influence one another over time (for example, how communication of refugee experiences may link to psychological well-being via family processes and enculturation/acculturation).

Furthermore, it would be worthwhile to interview or survey refugee parents to better understand their experiences as refugees, immigrants, and parents, and to assess how they frame those experiences in their current life context. An effort was made to gather such parental interview data. However, there were multiple difficulties in recruiting these parents (including great hesitancy among potential interviewees to share personal and traumatic experiences, potential participants' worries about confidentiality and of researcher and participants knowing mutual acquaintances, and the researcher's limited Vietnamese-language skills). I was able to

conduct 11 phone interviews with parents about their refugee and immigration experiences. These have been transcribed and will be reviewed using thematic analysis in the future.

This investigation of Vietnamese American experiences looked at psychological outcomes. It would be worthwhile to explore and examine how parental refugee experiences, communication about those experiences, family processes, acculturation and enculturation, etc. relate to other types of outcomes. A future study could also investigate achievement and criminal behavioral outcomes in U.S.-raised Vietnamese Americans. Although studies have looked at youth violence in Vietnamese American samples, it would be worthwhile to explore criminal behavior in adults. This current study was limited in that it mainly targeted more “successful” and “well-adjusted” Vietnamese Americans who had the time, resources, computers, and inclination to participate. And thus, it is very critical to gain a better understanding of this important group that represents the other side of the adjustment of U.S.-raised Vietnamese Americans.

The study’s findings highlight important areas of family functioning that may be relevant and informative to designing the interventions to enhance the psychological well-being of adult children of Vietnamese refugees. Points of intervention could include at the level of family processes, communication about parental refugee experiences, or at the level of acculturation and enculturation. Such interventions could be designed to increase open communication and bonding between parents and children and to facilitate parent-child communication about the parental refugee experiences, decrease family conflict, and increase engagement in adaptive and positive acculturation and enculturation practices. For example, interventions could include involving an elder who is widely respected by the family and community to enhance communication and resolve conflict.

Future research can also investigate the experiences of other refugee populations which may have similar experiences of migration and adjustment to Vietnamese Americans, such as Cambodian and Hmong refugees. Such studies would help to identify how the experiences of other immigrant and refugee groups differ from or generalize to those of Vietnamese Americans.

Implications

Findings from the current study have several important research, community, and clinical implications. First, the study adds to our current knowledge of this under-studied population. From this, we gain a better understanding of the psychosocial status of U.S.-raised Vietnamese American adults, which has not been documented before. Previous research on children of Vietnamese refugees has focused on children or adolescents. Few have investigated the children as adults despite the increase in this population. The investigation helped to address this gap by providing insights into the perceptions and psychological well-being of adult children of Vietnamese refugees through the assessment of a much broader range of measures than has been used before. Results generated by this approach have highlighted the critical interplay between well-being, acculturation to U.S. mainstream culture, positive family processes, and family conflict and communication with parents about their refugee experiences. As previously stated in the beginning of this manuscript, there is a great complexity in the relation between perceived parental refugee trauma and the psychological well-being and status of a subsequent generation. This relationship is further complicated by a factors such as gender, patterns of silence, and familial and cultural processes. The present study also uncovered indirect rather than direct relationships between perceived levels of parental trauma and the psychological outcomes among adult children of Vietnamese refugees, further, supporting this complexity.

By investigating both the positive and negative well-being of U.S.-raised Vietnamese Americans, the present data provides a more complete picture of mental health as one that involves both symptoms of distress and indicators of adjustment and contentment with life and oneself. The study's findings suggest that it is important to continue to conceptualize well-being and post-trauma impacts in multi-faceted ways and not limit studies to only examining negative effects. Taking into account gender as a moderator was also important. The results based on gender open a window into seeing how each gender may experience communication about their parental refugee experiences and familial and cultural processes differently.

The findings also highlight some basic processes regarding the familial transmission of trauma. The most relevant processes which had an effect were family and culture-related processes. Communicating about refugee experiences appears to influence positive family processes and acculturation (and enculturation), which then in turn, influences psychological well-being. Also, it seems to be more important that communication about the parental refugee trauma occurs between parent(s) and child(ren) than how much information is actually known by the children about their parents' refugee experiences.

Present results fit well with established theories regarding development within the larger context of familial, social, cultural, and historical systems. For example, Bronfenbrenner's (1974) ecological systems theory of development is very applicable here. The findings point to the importance of keeping in mind what multiple systems may be at work when conceptualizing the psychological status of adult U.S.-raised Vietnamese Americans. For example, the psychological well-being of the U.S.-raised Vietnamese Americans is shaped by larger systems of family processes and culture (e.g., the process of acculturating to a mainstream culture). In turn, family conflict and positive family processes of parental care and open communication

shape the psychological experience of Vietnamese Americans. Cultural processes of acculturation and enculturation also influence an individual's psychological well-being and internal cognitive and emotional processes. Concurrently, all of the systems evolve and are also shaped by broader historical context throughout the individual's own development over time. It is important to attend to and be mindful of these systems and contexts when conducting research on specific populations.

For mental health clinicians, the results re-emphasize the need to incorporate family, culture, and history into the clinician's assessment and understanding of their clients, something that multicultural psychologists have consistently emphasized (Sue & Sue, 2012). Practitioners working specifically with Vietnamese Americans should be culturally sensitive to the ways in which family issues and processes may be contributing to their psychological well-being. Levels of family conflict and positive aspects of parent-child relationships may be particularly important to assess with this population. In addition, clinicians would better serve their Vietnamese American clients by assessing the degree to which their clients are acculturated to the mainstream culture given that this and other studies have shown its link to better adjustment and positive well-being. Also, clinicians ought to attend to gender differences within this population. For example, women may respond to knowing about their parents' refugee experiences differently than men, and the knowledge of their parental refugee experiences may have a more negative effect on women. Furthermore, clinicians should also be aware of how the clients' mental health may be linked to their experiences about communicating with their parents about the Vietnam War and their parents being refugees.

The results from this study could also inform interventions and efforts which may prevent the onset of severe psychological distress for children of Vietnamese refugees. Family processes

could be targeted as a point of intervention for Vietnamese American clients given the study's finding which demonstrated the link between family processes and psychological well-being. For example, one might develop an intervention that encourages more open, and less hierarchical, communication patterns between Vietnamese American parents and their children. Another intervention might examine ways to reduce family conflict which would be culturally appropriate and would incorporate Vietnamese norms and practices. Exploration of how parents have communicated their refugee experiences to their children would also be beneficial in understanding how these transmissions impact the familial environment, parent-adult child relationships, and levels of acculturation to the mainstream culture.

This is one of the first studies to examine a wide range of individual and familial factors in relation to the psychological well-being of U.S.-raised adult Vietnamese Americans. It also suggests that this well-being may be less related to what the adult children know about their parents' refugee history and traumatic past, and more related to how that past has been communicated and the broader family processes at work. Given their unique history and population growth, the adult children of Vietnamese are a very distinct population worthy of additional research. Further investigations of their adjustment and experiences can inform our understanding of other refugee groups across generations by taking into account how multiple variables, processes, and contexts affect their mental health.

APPENDICES

Appendix A

Consent to Participate in a Research Study **Welcome to the Children of Vietnamese Refugees Survey (HUM0043244)**

Principal Investigator: Teresa U. Nguyen, M.S., Department of Psychology, University of Michigan
Faculty Advisor: Donna K. Nagata, Ph.D., Department of Psychology, University of Michigan

Invitation to participate in a research study: Teresa Nguyen, M.S. and Dr. Donna Nagata of the University of Michigan, Department of Psychology invite you to be a part of research study about perceptions and experiences of adult children of Vietnamese refugees. The purpose of the study is to learn more about the experiences of adult children of Vietnamese refugees and how they relate to their perceptions about their family. You are eligible to participate in this study if you are at least 18 years of age and your biological mother and/or father was born in Vietnam and came to the US as a refugee. This study is being funded by the University of Michigan.

Description of your involvement: If you agree to be part of the research study, you will be asked to complete a paper survey about your experiences as a Vietnamese American. We expect this survey to take 30 to 45 minutes to complete. The survey questions ask about your perceptions about your parents' life and your family (e.g., style of communication), mood, satisfaction with life, identity and self-esteem, and demographical information. Your parent, who may participate in another portion of this study, will not have access to your survey responses and vice versa.

Benefits: Although you may not receive direct benefit for participating, we hope that this study will contribute to the understanding of the experience of Vietnamese Americans and their families.

Risks and discomforts: Answering questions or talking with others about your experiences can be difficult. You may choose not to answer any question and you can stop your participation in the research at any time. A resource list of locating community counseling agencies will be provided at the end of the survey if you are interested in more information about community resources.

Costs: There are no costs associated with participating in this study.

Payments for participation: The average completion time is 30 minutes. Participants who successfully complete the study will receive payment of \$10. Survey subjects who withdraw from the research prior to completing the entire study will not be compensated. Successful completion is determined at the sole discretion of the study authors using common methods to identify non-genuine responses. Examples of non-genuine answers include nonsense answers, responses completed in an extremely short or long amount of time, failure to respond to instructions provided in the survey, and/or otherwise clearly failing to offer genuine responses. Participants should complete the study in one sitting without interruptions to help ensure their response is not considered as non-genuine due to time length. Only submissions considered genuine will receive payment.

Confidentiality: We plan to publish the results of the study, but will not include any information that would identify you. The researchers will enter study data on a computer that is password-protected and uses special coding of the data to protect the information. To protect confidentiality, your real name and your parent's name will not be used in the written copy of the discussion. The researchers plan to keep this study data indefinitely for future research about Vietnamese American families. There are some reasons why people other than the researchers may need to see information you provided as part of the study. This includes organizations responsible for making sure the research is done safely and properly, including the University of Michigan, or government offices.

Voluntary nature of participation: Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose to not answer an individual question or you may skip any section of the survey.

Contact Information: If you have questions or comments about this research study, you can contact Teresa Nguyen, M.S., University of Michigan, Department of Psychology, 2225 East Hall, Ann Arbor, MI, 48104, nguyentu@umich.edu.

IRB Contact Information: If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 540 E. Liberty Street, Suite 202, Ann Arbor, MI 48104-2210, (734) 936-0933 [or toll free, (866) 936-0933], irbhsbs@umich.edu.

Consent: By signing this document, you are agreeing to be in the study. You will be given a copy of this document for your records and one copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

I agree to participate in the study.

Printed Name

Signature

Date

Appendix B

Self-Information

This first section asks you to share a little of your demographic background and information such as your age, gender, ethnicity, and education.

What gender do you identify with? Female Male Transgender decline

What is your age? _____ years old

1. Were you born in the U.S.? Yes No

If you answered "No" to question #3, please answer questions 3a and 3b.

3a. In what country were you born? _____

3b. How old (age in years) were you when you left your country of origin and/or arrived in the US?

_____ years old

If you answered, "Yes" to question #3, please answer question 3c.

3c. In which state were you born? _____

2. Where were you raised?

(1) Entirely in another country

(2) Mostly in another country, some in the US

(3) Equally in another country and US

(4) Mostly in the US, some in another country

(5) Entirely in the US

3. In which state do you currently reside? _____

4. Please indicate your marital status: (1) Single (2) Married (3) Separated

(4) Divorced (5) Widowed (6) Never Married

(7) Decline to State (8) Unmarried Partner

5. How many siblings do you have? _____

6. Where are you in the sibling birth order? _____

7. How many children (including step-children) do you have? _____

8. With which of the following do you most strongly identify:

Christianity (please specify which one) _____

Islam

Judaism

Hinduism

Buddhism

Folk religion (please specify which one) _____

Agnostic

Atheist

None

Other (please specify which one) _____

10a. How active are you currently in this religion? Not active at all
 Mildly active
 Moderately active
 Very active
 Extremely active

9. With which of the following do you most strongly identify?

Vietnamese only

Vietnamese American

Vietnamese in combination with one or more ethnicities/races

(please specify other ethnicities/races)

- _____ Chinese
 _____ Chinese American
 _____ Asian
 _____ Asian American
 _____ American only
 _____ Other

10. Relationship with other Vietnamese Americans

	None at all	Yearly contact	Monthly contact	Weekly contact	Daily contact
a. When you were growing up, how much contact did you have with other Vietnamese Americans or a Vietnamese community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Currently, how much contact did you have with other Vietnamese Americans or a Vietnamese community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Currently, to what degree do you find support from other Vietnamese Americans? _____ (1) None
 _____ (2) Very little
 _____ (3) Some
 _____ (4) Quite a bit
 _____ (5) A great deal

12. Relationship with other Americans

	Caucasian or White Americans	Vietnamese Americans	Non-Vietnamese Asian Americans	Hispanic Americans	African Americans	Other
a. For the most part, you grew up in a neighborhood(s) that was/were mostly...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When you were growing up, who did you socialize with mostly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Currently, who do you socialize with mostly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Looking back at your own dating history, you have dated mostly...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Mother's preferences:	Only non-Vietnamese Americans 1	2	3	No preference 4	5	6	Only Vietnamese Americans 7
a. When you were growing up, who would you say your mother tended to encourage you to associate with more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In respect to dating, who would you say your mother tended to prefer or encourage you to date more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. In respect to marriage, who would you say your mother tended to encourage you to date more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Father's preferences:	Only non-Vietnamese Americans 1	2	3	No preference 4	5	6	Only Vietnamese Americans 7
d. When you were growing up, who would you say your father tended to encourage you to associate with more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. In respect to dating, who would you say your father tended to prefer or encourage you to date more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In respect to marriage, who would you say your father tended to encourage you to date more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. These next few questions ask about your parent(s)' preferences for you.

14. Is English your native language? ___ Yes ___ No

16a. If you answered "No" to question #16, at what age did you learn English? ___ years old

15. Approximately, how often was Vietnamese spoken in your home while you were growing up?

- ___ Never
- ___ 1% to 20% of the time
- ___ 21% to 40% of the time
- ___ 41% to 60% of the time
- ___ 61% to 80% of the time
- ___ 81% to 100% of the time

16. What is the highest level of education you have completed? ___ 8th grade or less
 ___ Some High School
 ___ High School Diploma / GED
 ___ Some college
 ___ 2-year College Degree
 ___ 4-year College Degree
 ___ Some graduate school
 ___ Master's Degree
 ___ Doctoral Degree
 ___ Professional Degree (J.D., M.D.)

17. These questions ask about your views on education. Please rate the extent to which you agree with the following statements:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. Education and doing well in school was very important to me while growing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Education and doing well in school is very important to me now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. What is your approximate annual salary?

- \$0
- \$1 - \$4999
- \$5000 - \$9999
- \$10000 - \$14999
- \$15000 - \$24999
- \$25000 - \$34999
- \$35000 - \$49999
- \$50000 - \$74999
- \$75000 - \$99999
- \$100000+

19. What is your current employment status?

- Full-time
- Part-time
- Unemployed
- Retired
- Other (please specify) _____

21a. If you answered "Full-time" or "Part-time" to question #21, which occupational category best describes your employment?

- Management: professional or related occupations
- Management: business or financial operations occupations
- Management occupations, except farmers and farm managers
- Farmers and farm managers
- Business and financial operations
- Business operations specialists
- Financial specialists
- Computer or mathematical
- Architects, surveyors, cartographers, or engineers
- Drafters, engineering, or mapping technicians
- Life, physical, or social science
- Community and social services
- Legal
- Education, training, or library
- Arts, design, entertainment, sports, or media
- Health diagnosing or treating practitioners & technical occupations
- Health technologists or technicians
- Health care support
- Firefighting, prevention or law enforcement workers, (including supervisors)
- Other protective service workers (including supervisors)
- Food preparation or serving-related
- Building, grounds cleaning or maintenance
- Personal care or service
- Sales or related occupations
- Office or administrative support
- Farming, fishing, or forestry
- Supervisors, construction or extraction
- Construction trades workers
- Extraction workers
- Installation, maintenance, or repair occupations
- Production
- Supervisors, transportation or material moving
- Aircraft or traffic control
- Motor vehicle operators
- Rail, water or other transportation
- Material moving

Parent Information

This next section asks you questions about your parents and their background, such as their age, place of birth, ethnicity, and education. If questions cannot be answered or do not apply, please choose/write "Do not know" or "Not applicable."

	Is Your Parent Living?			If your parent is deceased, at what age did your parent die?	Was she or he born in the US?		
	Yes	No	Do Not Know		Yes	No	Do Not Know
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	How old is she or he?	In what state does she or he reside?
Mother	_____ years old	
Father	_____ years old	

If your parent does not reside in the US, please answer this block of questions.

	In what country does she or he reside?	How many years have/had your parent lived there?
Mother		_____ Years
Father		_____ Years

If your parent was not born in the US but currently resides in the US, please answer this block of questions.

	In what country was she or he born?	How many years have/had your parent lived in the US?
Mother		_____ Years
Father		_____ Years

	Where was your parent raised?					
	Entirely in another country	Mostly in another country some in US	Equally in another country & US	Mostly in the US some in another country	Entirely in the US	Do Not Know
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	What is your parent's marital status?								
	Single	Married	Separated	Divorced	Widowed	Never Married	Unmarried partner	Do Not Know	Not applicable
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Which religion does/did your parent identify with most?									
	Christianity	Islam	Judaism	Hinduism	Buddhism	Folk Religion	Agnostic	Atheist	None	Other
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	If applicable, how active is/was your parent in her or his religion?					
	Not active at all	Mildly active	Moderately active	Very active	Extremely active	Do Not Know
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

With which of the following do you feel your parent most strongly identifies?								
	Vietnamese only	Vietnamese American	Vietnamese in combination with another ethnicity/race	Chinese	Chinese American	Asian	Asian American	American only
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Is/Was English your parent's native language?			How fluent in English do you feel your parent is/was?					
	Yes	No	Do Not Know	Not fluent at all	Mildly fluent	Somewhat fluent	Moderately fluent	Very fluent	Do Not Know
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is the highest level of education your parent has completed?										
	8 th grade or less	Some high school	High school / GED	Some college	2-yr college degree	4-yr college degree	Some graduate school	Master's degree	Doctoral degree	Professional degree
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where do you see your parents' social class falling on this ladder? Please circle the corresponding number.

Top
1
2
3
4
5
6
7
8
9
10
Bottom

What is your parent's current employment status?							
	Full-time	Part-time	Unemployed	Retired	Other	Do Not Know	Not applicable
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, which occupational category best describes your parent(s)'s current/most recent and past (prior to her or him leaving their country of origin) employment?

Mother		Father		Occupational Category
Current	Past	Current	Past	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management: professional or related occupations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management: business or financial operations occupations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management occupations, except farmers and farm managers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Farmers and farm managers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Business and financial operations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Business operations specialists
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Financial specialists
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Computer or mathematical
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Architects, surveyors, cartographers, or engineers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drafters, engineering, or mapping technicians
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Life, physical, or social science
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community and social services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Legal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Education, training, or library
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arts, design, entertainment, sports, or media
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Health diagnosing or treating practitioners & technical occupations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Health technologists or technicians
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Health care support
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Firefighting, prevention or law enforcement workers, (including supervisors)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other protective service workers (including supervisors)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food preparation or serving-related
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Building, grounds cleaning or maintenance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal care or service
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sales or related occupations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Office or administrative support
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Farming, fishing, or forestry
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supervisors, construction or extraction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Construction trades workers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extraction workers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Installation, maintenance, or repair occupations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Production
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Supervisors, transportation or material moving
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aircraft or traffic control
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Motor vehicle operators
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rail, water or other transportation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Material moving

Appendix C

Perceived Parent Refugee Experience

In the following section, we would like to ask you about your perception of your parents' past history. Please answer the following questions. If questions do not apply, please choose or write "Do not know" or "not applicable." If you find a question unsettling, please feel free not to answer, as your participation is voluntary.

1. You have indicated that at least one of your parents was born in Vietnam.

Did he or she later resettle in the US?				
	Yes	No	Do not know	Not applicable
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Time points

	In what year did your parent leave Vietnam?	In what year did your parent arrive in the US?
Mother		
Father		

3. Did your parent enter the US under any of the following US governmental policies? (select all that apply)

Governmental Policy	Mother	Father
Orderly Departure Program	<input type="radio"/>	<input type="radio"/>
1980 Refugee Act	<input type="radio"/>	<input type="radio"/>
1988 Amerasian Homecoming Act	<input type="radio"/>	<input type="radio"/>
Humanitarian Operation Program	<input type="radio"/>	<input type="radio"/>
1989 Special Released Reeducation Center Resettlement Program	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>
Do not know	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>

4. By what mode(s) did your parent leave Vietnam? (select all that apply)

Transportation Mode	Mother	Father
Boat	<input type="radio"/>	<input type="radio"/>
Airplane	<input type="radio"/>	<input type="radio"/>
On foot	<input type="radio"/>	<input type="radio"/>
Automobile	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>
Do not know	<input type="radio"/>	<input type="radio"/>
Not applicable	<input type="radio"/>	<input type="radio"/>

With which family members did your parent leave Vietnam? (select all who apply)

	Child(ren)	Spouse	Sister(s)	Brother(s)	Mother	Father	Other	In-law family	No one	Do not know	Not applicable
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Were you or any of your relatives in a refugee camp? (Please check all who apply in relation to you.)

___ Self	___ No / None / No one
___ Father	___ Maternal aunt(s)
___ Mother	___ Paternal grandmother

Appendix D

Perceived Communication about Refugee Experience

You have indicated that at least one of your parents was born in Vietnam. Also, one or both of your parents was a refugee. The following questions ask you to think about the ways in which you learned about your parent(s)'s refugee experiences. Although your memories about the following items may seem vague, please try to answer each question as best you can.

First, I would like you to stop a minute and think about your earliest recollection of your parent(s)'s refugee experience. This earliest memory should be the first moments you can remember hearing or seeing anything about your parents being refugees even if your understanding of this time was incorrect or incomplete at that time. Now please answer the following:

1. Approximately how old were you in years when you first recall hearing/seeing any reference to your parent(s)'s refugee experience? _____ years old

2. How did you first learn about your parent(s)' refugee experience?
 - ___ Parent(s) told you
 - ___ By asking parent(s) questions
 - ___ Overhearing parent(s) discuss it with others
 - ___ from sibling(s)
 - ___ from other relative(s)
 - ___ reading books
 - ___ at school
 - ___ at church, temple, or other religious congregation
 - ___ other. Please explain:

3. Since first finding out about your parent(s)'s refugee experience, how have you gained the most information about it? Please indicate how much information about your parent(s)/the Vietnamese refugee experience you have learned from each of the following sources:

Informational source	No information	Little information	Moderate amount of information	Great deal of information
Information from parent(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from sibling(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from relative(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from friend(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from books/media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information from church, temple, or other religious congregation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please indicate how):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In what ways has/have your parent(s) talked about the Vietnamese refugee experience more generally? Please indicate how much your parent(s) talked about the Vietnamese refugee experience in the following ways:

Ways of talking	Never	Seldom	Some	Often	Frequently
Not discussed at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As an incidental topic in passing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a reference point in time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a central topic in itself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In what ways has/have your parent(s) talked about their own refugee experience? Please indicate how much your parent(s) talked about their own refugee experience in the following ways:

Ways of talking	Never	Seldom	Some	Often	Frequently
Not discussed at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As an incidental topic in passing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a reference point in time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a central topic in itself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How has/have your parent(s) talked about their own refugee experience? Please indicate how much your parent(s) used the following styles to talk to you about their own refugee experiences:

Styles of talking	Never	Seldom	Some	Often	Frequently
Lecture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active Discussion, Dialogue, or Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passive Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Storytelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Approximately how many times in your life have you talked about your parent(s)' refugee experience with your parent(s)?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 0 times | <input type="checkbox"/> 26-30 times |
| <input type="checkbox"/> 1-5 times | <input type="checkbox"/> 31-35 times |
| <input type="checkbox"/> 6-10 times | <input type="checkbox"/> 36-40 times |
| <input type="checkbox"/> 11-15 times | <input type="checkbox"/> 41-45 times |
| <input type="checkbox"/> 16-20 times | <input type="checkbox"/> 46-50 times |
| <input type="checkbox"/> 21-25 times | <input type="checkbox"/> more than 51 times |

8. On average, how long would conversations about your parent(s)' refugee experience last with your parent(s)?

- Less than 1 minute
 1-5 minutes
 6-10 minutes
 11-20 minutes
 21-30 minutes
 31-45 minutes
 45-60 minutes
 more than 60 minutes

9. In the times you have discussed the Vietnamese refugee experience with your parent(s), how often would you say your parents brought the topic up first?

- Every time
 More than half the time
 About half the time
 Less than half the time
 Never

10. Which of your parents has discussed the Vietnamese refugee experience with you more frequently?

- Father
 Mother
 Both equally often

11. Generally, how comfortable have you been in discussing the Vietnamese refugee experience with:

	Not at all comfortable 1	2	3	4	5	6	Very comfortable 7	Not applicable
Your father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your cousins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Vietnamese Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Asian Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Ethnic Minority Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Caucasian or White Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix E

Mood States A

The following questions ask about how you have been feeling during the past week. Using the scale below, circle the response which best describes how often you felt or behaved this way during the past week. Please be open and honest in your responding.

- 1 = Rarely or none of the time (less than 1 day)
- 2 = Some or little of the time (1-2 days)
- 3 = Occasionally or a moderate amount of time (3-4 days)
- 4 = Most or all of the time (5-7 days)

During the past week:	Rarely	Some	Occasionally	Most
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt I could not shake off the blues even with help from my family or friends.	1	2	3	4
4. I felt like I was just as good as other people.	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt that everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	1	2	3	4
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	1	2	3	4
13. I talked less than usual.	1	2	3	4
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.	1	2	3	4
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt people dislikeded me.	1	2	3	4
20. I could not get going.	1	2	3	4

Appendix F

Mood States B

Listed below are 20 statements. Please read each one carefully and decide how much of the statement describes how you have been feeling during the past week. Circle the appropriate response in the corresponding space in the column next to each symptom. Please be open and honest in your responding.

During the past week:	None or a little of the time	Some of the time	A good part of the time	Most or all of the time
1. I feel more nervous and anxious than usual.	1	2	3	4
2. I feel afraid for no reason at all.	1	2	3	4
3. I get upset easily or feel panicky.	1	2	3	4
4. I feel like I am falling apart and going to pieces.	1	2	3	4
5. I feel that everything is all right nothing bad will happen.	1	2	3	4
6. My arms and legs shake and tremble.	1	2	3	4
7. I am bothered by headaches, neck and back pains.	1	2	3	4
8. I feel weak and get tired easily.	1	2	3	4
9. I feel calm and can sit still easily.	1	2	3	4
10. I can feel my heart beating fast.	1	2	3	4
11. I am bothered by dizzy spells.	1	2	3	4
12. I have fainting spells or feel like it.	1	2	3	4
13. I can breathe in and out easily.	1	2	3	4
14. I get feelings of numbness and tingling in my fingers, toes.	1	2	3	4
15. I am bothered by stomachaches or indigestion.	1	2	3	4
16. I have to empty my bladder often.	1	2	3	4
17. My hands are usually warm and dry.	1	2	3	4
18. My face gets hot and blushes.	1	2	3	4
19. I fall asleep easily and get a good night's rest.	1	2	3	4
20. I have nightmares.	1	2	3	4

Appendix G

Self-Concept

Below is a list of statements dealing with your general feelings about yourself. Using the scale below, indicate your agreement with each item by selecting the appropriate response. Please be open and honest in your responding.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. On the whole, I am satisfied with myself.	1	2	3	4
2. At times, I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude about myself.	1	2	3	4

Appendix H

Satisfaction with Life

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by selecting the appropriate response. Please be open and honest in your responding.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Appendix I

Family Closeness

This questionnaire lists various attitudes and behaviors of parents. As you remember your MOTHER and FATHER in your first 16 years would you put the appropriate number on the blank next to each question.

RESPONSE CHOICES:

Not at all	A little	Some	A lot
1	2	3	4

- | Mother | Father | |
|---------|----------|---|
| 1. ____ | 10. ____ | How much did she/he understand your problems and worries? |
| 2. ____ | 11. ____ | How much could you confide in her/him about things that were bothering you? |
| 3. ____ | 12. ____ | How much time and attention did she/he give you when you needed it? |
| 4. ____ | 13. ____ | How much love and affection did she/he give you? |
| 5. ____ | 14. ____ | How strict was she/he with her/his rules for you? |
| 6. ____ | 15. ____ | How consistent was she/he about the rules? |
| 7. ____ | 16. ____ | How much did she/he expect you to do your best in everything you did? |
| 8. ____ | 17. ____ | How overprotective was she/he? |
| 9. ____ | 18. ____ | How much did she/he baby you? |

Appendix J

Communication in Your Family

Instructions: How much do you agree with the following statements about each of your parents? Please indicate how much you agree with each statement using the response choices below. Please put the corresponding number of the response choices on the blank spaces.

RESPONSE CHOICES

Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
1	2	3	4	5

Mother	Father	
1. ____	11. ____	My mother/father and I are satisfied with how we communicate with each other.
2. ____	12. ____	My mother/father is a very good listener.
3. ____	13. ____	I express affection to my mother/father.
4. ____	14. ____	I am able to ask my mother/father for what I want.
5. ____	15. ____	I can calmly discuss problems with my mother/father.
6. ____	16. ____	I can discuss my ideas and beliefs with my mother/father.
7. ____	17. ____	When I ask questions, I get honest answers from my mother/father.
8. ____	18. ____	My mother/father tries to understand my feelings and point of view.
9. ____	19. ____	When angry, my mother/father seldom says negative things to me.
10. ____	20. ____	It is very easy for me to express all my true feelings to my mother/father.

Appendix K

Family Situations

The following statements are parent–child situations that may occur in families. Consider how serious these conflicts are in your *present* relationship with your parents. Read each situation and answer the following questions using the following rating scale:

How <u>serious</u> a problem is this situation in your family?	Not at all	Slightly	Moderately	Very Much	Extremely
11. Your parents tell you what to do with your life, but you want to make your own decisions.	1	2	3	4	5
12. Your parents tell you that a social life is not important at this age, but you think that it is.	1	2	3	4	5
13. You have done well in school, but your parents' academic expectations always exceed your performance.	1	2	3	4	5
14. Your parents want you to sacrifice personal interests for the sake of the family, but you feel this is unfair.	1	2	3	4	5
15. Your parents always compare you to others, but you want them to accept you for being yourself.	1	2	3	4	5
16. Your parents argue that they show you love by housing, feeding, and educating you, but you wish they would show more physical and verbal signs of affection.	1	2	3	4	5
17. Your parents don't want you to bring shame upon the family, but you feel that your parents are too concerned with saving face.	1	2	3	4	5
18. Your parents expect you to behave like a proper Asian male or female, but you feel your parents are being too traditional.	1	2	3	4	5
19. You want to state your opinion, but your parents consider it to be disrespectful to talk back.	1	2	3	4	5
20. Your parents demand that you always show respect for elders, but you believe in showing respect only if they deserve it.	1	2	3	4	5

Appendix L

Group Identification

In this country, people come from a lot of different cultures and there are many different words to describe the different backgrounds or ethnic groups that people come from. Every person is born into an ethnic group, or sometimes two groups, but people differ on how important their ethnicity is to them, how they feel about it, and how much their behavior is affected by it. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in:

In terms of ethnic group, I consider myself to be _____.

Use the numbers given below to indicate how much you agree or disagree with each statement.

1 = Strongly disagree

2 = Somewhat disagree

3 = Neither agree or disagree

4 = Somewhat agree

5 = Strongly agree

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree
1. I have spent time trying to find out more about my own ethnic group, such as history, traditions, and customs.	1	2	3	4	5
2. I have a strong sense of belonging to my own ethnic group.	1	2	3	4	5
3. I understand pretty well what my ethnic group membership means to me.	1	2	3	4	5
4. I have often done things that will help me understand my ethnic background better.	1	2	3	4	5
5. I have often talked to people in order to learn more about my ethnic group	1	2	3	4	5
6. I feel a strong attachment towards my own ethnic group.	1	2	3	4	5

Appendix M

Involvement in Vietnamese and European American Cultures (ASVA)

The following questions ask about your involvement in Vietnamese culture. Please rate the extent to which you agree with the following attitudes.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I feel at ease with Vietnamese people.	1	2	3	4	5
2. My room is decorated in Vietnamese style.	1	2	3	4	5
3. Parents always know what is best.	1	2	3	4	5
4. Grandparents should have more influence than parents in family matters.	1	2	3	4	5
5. I believe that my actions should be based mainly on the well-being of the family.	1	2	3	4	5
6. The oldest girl in the family should help her family take care of the house.	1	2	3	4	5
7. Children should follow their parents' wishes about dating (when and whom to date).	1	2	3	4	5
8. Children should follow their parents' wishes about marriage (when and whom to marry).	1	2	3	4	5
9. Children should follow their parents' wishes about choosing a career.	1	2	3	4	5
10. It is important to me to preserve my Vietnamese heritage.	1	2	3	4	5
11. I would like to retain (or keep) the Vietnamese way of life.	1	2	3	4	5
12. As far as behaviors and values, I am "Vietnamese".	1	2	3	4	5

The following questions ask about your involvement in Vietnamese culture. Please rate the extent to which you engage in the following behaviors.

	Never	Rarely	Sometimes	Often	Always
13. How often do you hang out with Vietnamese friends?	1	2	3	4	5
14. How often do you interact with Vietnamese people?	1	2	3	4	5
15. How often do you go to Vietnamese gatherings or parties?	1	2	3	4	5
16. How often do you participate in Vietnamese groups?	1	2	3	4	5
17. How often do you speak Vietnamese?	1	2	3	4	5
18. How often do you watch Vietnamese movies or TV programs?	1	2	3	4	5
19. How frequently do you eat Vietnamese food?	1	2	3	4	5
20. How often do you listen to Vietnamese music?	1	2	3	4	5
21. How often do you read Vietnamese newspapers or magazines?	1	2	3	4	5

The following questions ask about your involvement in mainstream European American/"White" culture. Please rate the extent to which you agree with the following attitudes.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. I feel at ease with European American people.	1	2	3	4	5
23. My room is decorated in European American style.	1	2	3	4	5
24. It is okay to question parents' authority, judgment or decisions.	1	2	3	4	5
25. Family matters should be handled democratically-- where kids can also have a say	1	2	3	4	5
26. When a boy or girl reaches the age of 16, it is all right for him/her to date.	1	2	3	4	5
27. It is all right for boys or girls to choose their own career.	1	2	3	4	5
28. I believe that I should do what is best for me.	1	2	3	4	5
29. Girls over 18 should be allowed to move away from home and go to college or take a job.	1	2	3	4	5
30. I think that youthfulness in our society should be greatly valued.	1	2	3	4	5
31. It is important to me to incorporate European American ways.	1	2	3	4	5
32. I would like to adopt or take up the European American way of life.	1	2	3	4	5
33. As far as behaviors and values, I am "American".	1	2	3	4	5

The following questions ask about your involvement in European American/"White" culture. Please rate the extent to which you engage in the following behaviors.

	Never	Rarely	Sometimes	Often	Always
34. How often do you hang out with European American friends?	1	2	3	4	5
35. How often do you interact with European American people?	1	2	3	4	5
36. How often do you go to European American gatherings or parties?	1	2	3	4	5
37. How often do you participate in European American groups?	1	2	3	4	5
38. How often do you speak English?	1	2	3	4	5
39. How often do you watch European American movies or TV programs?	1	2	3	4	5
40. How frequently do you eat European American food?	1	2	3	4	5
41. How often do you listen to European American music?	1	2	3	4	5
42. How often do you read European American newspapers or magazines?	1	2	3	4	5

Appendix N

Resilience

In the next two questions, please rate how true these items describe how you have felt in the past month.

	Not at All	Rarely True	Sometimes True	Often True	True Nearly all the Time
Able to adapt to change	1	2	3	4	5
Tend to bounce back after illness or hardship.	1	2	3	4	5

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