



THE PSYCHOLOGICAL AND SOCIAL ADAPTATION OF
VIETNAMESE REFUGEE ADOLESCENTS IN SOUTH AUSTRALIA

Maryanne Loughry

A thesis submitted for the degree of
Master of Arts of the University of Adelaide

Awarded 1992

TABLE OF CONTENTS

	<u>Page</u>
Candidate's Statement	iii.
Acknowledgements	iv.
Abstract	v.
List of Figures	vii.
List of Tables	viii.
List of Appendices	xi.
List of Charts	xiii.
CHAPTER 1	1
1.0 Introduction	1
1.1 The Eco-Map	2
CHAPTER 2	5
2.0 Literature Review	5
2.01 The Migration Process	6
2.02 The Refugee Experience	18
2.03 Migrant Mental Health	21
2.04 Refugees and Psychopathology	22
2.05 Indochinese Refugees	26
2.06 Conventional/Traditional Southeast Asian Medical System	27
2.07 Adjustment During Internment in Refugee Camps	29
2.08 Resettlement in Host Countries	34
2.09 Refugee Children and Adolescents	41
2.10 The Validity of Vietnamese Refugee Mental Health Studies	49
2.11 The Present Study	54
CHAPTER 3	57
3.0 Method	57
3.1 Procedure	60
3.2 Measures	61
3.3 Methods of Analysis	68
3.4 Phase 2	71
3.5 Procedure	72
3.6 Measures	72
3.7 Analysis	72
CHAPTER 4	75
4.0 Results	75
4.1 Quantitative Analysis	75
4.2. Health Status Questionnaire	87
4.3. Eco-maps	90
4.4. Detailed Qualitative Assessment of 10 of the Participants' Descriptions of their Environment (using initial eco-map).	112

Table of Contents Cont.

	<u>Page</u>
CHAPTER 5	139
5.0 Discussion	139
5.01 English Language Acquisition and Time	140
5.02 English Language Acquisition, Time and Schooling	141
5.03 English Language Acquisition, Time and the Family	142
5.04 English Language Acquisition, Time and the Vietnamese Community	143
5.05 The Educational Level of Vietnamese Refugee Adolescents in Australia	147
5.06 The Educational Year Level of the Vietnamese Refugee Adolescents in Vietnam	148
5.07 The Amount of Time that the Vietnamese Refugee Adolescents have been Resident in Australia	150
5.08 The Religious Affiliation of the Vietnamese Refugee Adolescents	150
5.09 The Urban or Rural Background of the Vietnamese Refugee Adolescents	151
5.10 The Sex of the Vietnamese Refugee Adolescents	151
5.11 The Substantive Theory and Past Research	152
5.12 Conclusions	155
BIBLIOGRAPHY	158
APPENDICES	175

CANDIDATE'S STATEMENT

- a) I certify that the research paper entitled "The Psychological and Social Adaptation of Vietnamese Refugee Adolescents in South Australia" and submitted for the degree of Master of Arts is the result of my own work, except where otherwise acknowledged, and that this research paper (or any part of the same) has not been submitted for a higher degree to any other University or Institution.
- b) I consent to this research paper being made available for photocopying and loan.

Signed:

Date: 17.9.1991.

ACKNOWLEDGEMENTS

I gratefully acknowledge the support, assistance and guidance of my supervisor John Kaye. I am also most grateful for the advice of Professor J.M. Innes and Dr. E. Rump.

I am particularly indebted to Nguyen Minh Hoang, Nguyen Van Thang, Nguyen Khanh Van and Nguyen Thanh Danh for their interpreting skills and knowledge of the Vietnamese culture.

My typist, Judy Fallon, has been invaluable to me, contributing much patience as the research took shape.

I would like to thank Rossi von der Bosch, Maureen O'Grady, Rosemary Day, Eileen Willis and Jill Golden for their support and encouragement and Sujinder Jain for his assistance with the computer.

Finally I am grateful to the Vietnamese refugee adolescents and their parents who willingly participated in this study, sharing freely of their time and energy.

ABSTRACT

This study examined the psychological and social adaptation of 47 Vietnamese refugee adolescents (15 - 18 years) in South Australia. Adaptation was studied from the perspective of refugees themselves, to ensure that the conclusions reached reflected the refugee adolescents' viewpoints and not just that of the investigator.

The study further investigated the refugees' participation in their social environment, the demographic and social characteristics of the refugee adolescents and the psychological characteristics of the individual.

A culturally sensitive assessment schedule was designed to elicit from the refugee adolescents their perception of their social environment. The main assessment tool was a diagrammatic tool - the eco-map. This tool combined the concept of ecology with the principles of general systems theory, focusing on the way that people and environmental forces interact. The refugee adolescents portrayed their own social environment on the eco-map, describing the systems that comprised it and how they related to each.

Three supplementary indices of adaptation were used, Nicassio's Alienation Scale, Kinzie et al's Depression Scale and Nicassio and Pate's Problem Index. Each index had been specifically designed to include salient cultural beliefs of the Vietnamese culture.

Analysis of pertinent sociodemographic factors on these indices revealed educational year level in Australia and length of residence to be significant influences on the refugee adolescents' perceptions of their adjustment problems.

This finding led to a follow-up interview of 10 of the original sample 2.5 years after the original interviews. These interviews sought further information about the Vietnamese refugee adolescents' adaptation, employing a semi-structured interview and the eco-map.

Overall, each refugee adolescent's eco-map portrayed the individual's unique social environment. It was possible from these eco-maps to determine which systems in the environment, from the refugee adolescent's perspective, facilitated adaptation and which were perceived as a hindrance.

Through the use of Glaser and Strauss' (1967) grounded theory methodology a substantive theory emerged and investigation found that acquisition of adequate English language skills is the primary factor influencing the adaptation of the refugee adolescent in Australia. Schooling and time facilitate this acquisition.

LIST OF FIGURES

		<u>Page</u>
FIGURE 1	Analysis of adaptation of immigrants into key components (adapted from Taft, 1977a, p. 148).	8
FIGURE 2	Changes that may occur as a result of acculturation (Berry, 1988, p. 4).	11
FIGURE 3	Schematic diagram of psychological responses in six areas over the course of acculturation (Berry, 1986, p. 32).	13
FIGURE 4	Four types of acculturating groups owing to variations in freedom of contact and mobility (Berry, Kim, Minde and Mok, 1987, p. 495).	14
FIGURE 5	Adaptive options available to non-dominant groups during acculturation (Berry and Kim, 1987, p. 211).	15
FIGURE 6	Factors moderating relationship between acculturation and stress (Berry, Kim, Minde and Mok, 1987, p. 493).	17
FIGURE 7	Adaptation of Indochinese youth, a general model (Rumbaut and Ima, 1987, p. 5).	50
FIGURE 8	The decentering technique (Triandis and Brislin, 1984, p. 1009).	53
FIGURE 9	Blank Eco-map (Hartman, 1978).	64
FIGURE 10	Blank Vietnamese Eco-map	64a
FIGURE 11	Process used to discover the substantive theory emerging from the Vietnamese refugee adolescents' descriptions of their resettlement experiences.	74

LIST OF TABLES

	Page
Table 1. Characteristics of the Phase 1 sample.	58
Table 2. Year of Schooling reached in Vietnam.	59
Table 3. Period of Residence in Refugee Camp.	60
Table 4. Characteristics of the Phase 2 sample.	71
Table 5. Reliability of measures (alpha coefficient) for the Indices of Adjustment.	76
Table 6. Range, Means and Standard Deviations for the 3 Indices of Adjustment.	77
Table 7. Problems of Adjustment in Order of Seriousness.	79
Table 8. Problems of Adjustment in Order of Seriousness (Nicassio and Pate, 1984).	80
Table 9. Response Distribution for the Ten Individual Items of the Alienation Scale.	82
Table 10. Correlation Coefficients between the Indices of Adjustment Scores and Age, Education Level in Australia, Education Level in Vietnam, and amount of Time Resident in Australia.	86
Table 11. F-ratios Resulting from Analyses of Variance of the Indices of Adjustment Scores and Religion, Residence (country/rural) in Vietnam and Sex.	86
Table 12. Percentage of Subjects who "are healthy" Comparing the Current Sample and the Refugee Task Force Sample (1987).	88
Table 13. Percentage of Frequent Headache Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).	88
Table 14. Percentage of Insomnia Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).	89
Table 15. Percentage of Nightmare Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).	89

List of Tables Cont.

	Page
Table 16. Percentage of Stomach-ache Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).	89
Table 17. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 1 (Social Welfare).	103
Table 18. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 2 (Language School).	104
Table 19. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 3 (Work).	104
Table 20. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 4 (Doctor).	105
Table 21. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 5 (Dept. of Immigration).	105
Table 22. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 6 (Housing).	106
Table 23. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 7 (Banking).	106
Table 24. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 8 (Hospital).	107
Table 25. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 9 (Neighbours).	107
Table 26. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 10 (Vietnamese Community).	108
Table 27. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 11 (Traditional Festivals).	108

List of Tables Cont.

	Page
Table 28. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 12 (Australians).	109
Table 29. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 13 (Religion).	109
Table 30. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 14 (Friends).	110
Table 31. Mean Values for Demographic and Adjustment Variables for Subgroups having Different Relations with Eco-system 15 (School).	110
Table 32. Australia: Recipients of Main Government Benefits, 1986 (Rate per 1,000 population of same birthplace). (Source: ABS, 1988b, 154, 156, in Hugo, 1990).	145
Table 33. South Australia: Proportion of Persons Born in Mainly Non-English Speaking Countries not able to speak English well or not able to speak it at all by Birthplace, 1986 (Hugo, 1990).	146

LIST OF APPENDICES

- Appendix A. Consent Form for Parents of the Participants.
- Appendix B. Questionnaire
- Appendix C. Alienation Scale. Corrected Item - Total Correlation Table.
- Appendix D. Problem Index. Corrected Item - Total Correlation Table.
- Appendix E. Depression Scale. Corrected Item - Total Correlation Table.
- Appendix F. Alienation Scale. Response Distribution of 10 Individual Items.
- Appendix G. Frequency of responses to Eco-systems.
 Table A Eco-system 1 (Social Welfare)
 Table B Eco-system 2 (Language Centre)
 Table C Eco-system 3 (Work)
 Table D Eco-system 4 (Doctor)
 Table E Eco-system 5 (Dept. of Immigration)
 Table F Eco-system 6 (Housing)
 Table G Eco-system 7 (Banking)
 Table H Eco-system 8 (Hospital)
 Table I Eco-system 9 (Neighbours)
 Table J Eco-system 10 (Vietnamese Community)
 Table K Eco-system 11 (Traditional Festivals)
 Table L Eco-system 12 (Australians)
 Table M Eco-system 13 (Religion)
 Table N Eco-system 14 (Friends)
 Table O Eco-system 15 (School)
- Appendix H. Charts of the frequency of response for each Eco-system.
 Chart A Eco-system 1 (Social Welfare)
 Chart B Eco-system 2 (Language Centre)
 Chart C Eco-system 3 (Work)
 Chart D Eco-system 4 (Doctor)
 Chart E Eco-system 5 (Dept. of Immigration)
 Chart F Eco-system 6 (Housing)
 Chart G Eco-system 7 (Banking)
 Chart H Eco-system 8 (Hospital)
 Chart I Eco-system 9 (Neighbours)
 Chart J Eco-system 10 (Vietnamese Community)
 Chart K Eco-system 11 (Traditional Festivals)
 Chart L Eco-system 12 (Australians)
 Chart M Eco-system 13 (Religion)
 Chart N Eco-system 14 (Friends)
 Chart O Eco-system 15 (School)
- Appendix I. One-way analysis of variance of six subgroups defined by relations with Eco-systems 1-15, for demographic and adjustment variables.
 Table A Eco-system 1 (Social Welfare)
 Table B Eco-system 2 (Language Centre)
 Table C Eco-system 3 (Work)
 Table D Eco-system 4 (Doctor)
 Table E Eco-system 5 (Dept. of Immigration)
 Table F Eco-system 6 (Housing)
 Table G Eco-system 7 (Banking)
 Table H Eco-system 8 (Hospital)
 Table I Eco-system 9 (Neighbours)
 Table J Eco-system 10 (Vietnamese Community)

List of Appendices Cont.

- Appendix I. Table K Eco-system 11 (Traditional Festivals)
Table L Eco-system 12 (Australians)
Table M Eco-system 13 (Religion)
Table N Eco-system 14 (Friends)
Table O Eco-system 15 (School)
- Appendix J. Cross tabulation analysis of Eco-systems 1-15 by Religion,
sex and Residence in Vietnam.
Table A Eco-system 1 (Social Welfare)
Table B Eco-system 2 (Language Centre)
Table C Eco-system 3 (Work)
Table D Eco-system 4 (Doctor)
Table E Eco-system 5 (Dept. of Immigration)
Table F Eco-system 6 (Housing)
Table G Eco-system 7 (Banking)
Table H Eco-system 8 (Hospital)
Table I Eco-system 9 (Neighbours)
Table J Eco-system 10 (Vietnamese Community)
Table K Eco-system 11 (Traditional Festivals)
Table L Eco-system 12 (Australians)
Table M Eco-system 13 (Religion)
Table N Eco-system 14 (Friends)
Table O Eco-system 15 (School)
- Appendix K. Extracts from Participants' Narratives

LIST OF CHARTS

		Page
CHART 1	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Social Welfare Department.	205
CHART 2	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Language Centre.	206
CHART 3	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Department of Immigration.	207
CHART 4	Quantitative Analysis of the Subjects' Descriptions of their Experience of Housing.	208
CHART 5	Quantitative Analysis of the Subjects' Descriptions of their Experience of Work.	209
CHART 6	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Doctor.	210
CHART 7	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Bank.	211
CHART 8	Quantitative Analysis of the Subjects' Descriptions of their Experience of Hospitals.	212
CHART 9	Quantitative Analysis of the Subjects' Descriptions of their Experience of Neighbours.	213
CHART 10	Quantitative Analysis of the Subjects' Descriptions of their Experience of the Vietnamese Community.	214
CHART 11	Quantitative Analysis of the Subjects' Descriptions of their Experience of Traditional Festivals.	215
CHART 12	Quantitative Analysis of the Subjects' Descriptions of their Experience of Australians.	216
CHART 13	Quantitative Analysis of the Subjects' Descriptions of their Experience of Religion.	217
CHART 14	Quantitative Analysis of the Subjects' Descriptions of their Experience of Friends.	218
CHART 15	Quantitative Analysis of the Subjects' Descriptions of their Experience of School.	219



CHAPTER ONE

1.0 INTRODUCTION

The primary focus of this study is to discover how refugee adolescents perceive their adjustment to their country of permanent settlement. In an attempt to eliminate the ethnocentric biases which underlie the research instruments used in many studies with Vietnamese people, a substantial amount of the data which has been collected is qualitative data, with the exception of the quantitative data from three supplementary indices.

The adaptation and adjustment of Vietnamese refugees to their country of permanent resettlement has been the focus of investigation for researchers from America, Australia, Canada and other countries of resettlement since the end of the Vietnam war in 1975.

The general thrust of these investigations has been the psychopathology of Vietnamese refugees, a focus which has both emerged from and fostered the belief that refugees are traumatized, dependent individuals (Van Deusen, 1982). Many of the investigations have used indicators of psychopathology derived from and based on American subjects (Eyton and Neuwirth, 1984), and only a few have sought to establish variables which influence the refugees' adaptation to their country of permanent resettlement from the perspective of the refugees themselves.

The absence of the refugees' perspective in research investigations has resulted in a failure to adequately present the influence of the refugees' culture in their own perception of how they have adapted. The design of the present study is premised in the belief that input from the refugees themselves about their experience of adaptation, ensures a more complete understanding of the process of adaptation to a country of permanent resettlement.

The focus of the present study is an investigation of the psychological and social adaptation of 47 Vietnamese refugee adolescents in South Australia.

The study centres on:

- a) the refugees' experience of their new environment and its institutions; and
- b) the psychological and social adjustments required in this environment.

It adopts a systemic or contextual perspective from which to view the sociocultural variables which affect the adjustment of the refugees to Australian society.

1.1 The Eco-Map

A specific representation of each refugee's social environment was elicited through the use of an assessment tool called the eco-map, which was designed to examine an individual, the individual's immediate and broader physical and social environment, and the interactions and relationships between these variables over a specific period of time (Hartman, 1979). The eco-map provides the present study with a visual representation of each interviewee's social environment in a uniform manner.

As data from the eco-map was not easily quantifiable, only limited comparisons could be made across the subject group. None the less, the eco-map was used because it did identify those areas of an interviewee's environment where change could result in the interviewee having a more "helpful" social environment, thus facilitating adjustment to the new country. These points of intervention were different for each interviewee due to compounding factors such as the demographic and social characteristics of the interviewee and his/her psychological characteristics.

In addition to the eco-map, three supplementary quantitative indices of adjustment were used: Nicassio and Pate's (1984) Problem Index, designed to elicit the major problems the refugees experience in resettlement; Nicassio's (1983) Alienation Scale consisting of questions on feelings of social isolation, cultural estrangement and powerlessness; and Kinzie et al's (1982) Depression Rating Scale.

In the course of the study a 2.5 year follow-up was conducted on 10 of the refugee adolescents from the original sample. These subjects were interviewed with the eco-map as well as a semi-structured interview which focused on the refugee adolescents' experience of coming to Australia. Three open-ended questions were used: "How has coming to Australia been for you?"; "What has been helpful?"; and "What has presented problems for you?".

Use was made of grounded theory methodology to facilitate the emergence of a theoretical framework as data was collected. This research methodology was developed by two sociologists, Glaser and Strauss (1967), out of the tradition of symbolic interactionism. The methodology facilitated the collection and analysis of data, for the purpose of generating exploratory theories that would further the understanding of social and psychological phenomena (Chenitz and Swanson, 1986).

Grounded theory uses comparative analysis as a strategic method of generating theory. The present study has adopted this method because it is a most sensitive approach, suitable for cross-cultural studies. The grounded theory methodology suspends hypotheses until a theory has evolved from which specific hypotheses can be formulated. This suspension of hypotheses minimizes ethnocentric bias (Eyton and Neuwirth, 1984).

Comparative analysis can be used to generate substantive and formal theories, and in this study substantive theory relevant to the investigation of Vietnamese refugee adolescents' adjustment to South Australia has been generated.

CHAPTER TWO

2.0 LITERATURE REVIEW

Much has been written about the process of migration, the psychological and sociological impact of settlement on the immigrant and the accompanying implications for the country of settlement. Refugee studies have been subsumed into this area, yet refugees are a special category of immigrants because of the involuntary nature of their resettlement.

According to the definition laid down by the United Nations in 1951, a refugee is any person who:

"owing to well founded fear of being persecuted for reasons of race, membership of a particular social group, religion, nationality or political opinion, is outside the country of his nationality and is unable or, owing to such fear is unwilling to avail himself of the protection of that country."

By definition, refugees are at odds with the dominant political group in their country of origin. Their experience of fearing persecution and subsequent fleeing consists of a number of distinct phases. Each phase presents a unique set of factors that impact on the refugees' life and influences their adaptation.

This literature survey will investigate two major models of the migration process, Taft (1957, 1973, 1977, 1985) and Berry (1986, 1987, 1988). Both these models have examined the psychological adjustment and adaptation of immigrants, and through them Taft and Berry have elucidated those factors in migrants' lives which influence their adjustment.

A third model of migration, which was developed by Kunz (1973, 1981), specifically presents the refugee experience. It will be investigated here because of its thorough description of the factors which appear uniquely to influence refugee people in their decision to flee and their adaptation in countries of resettlement.

This literature survey will also review the empirical finding of psychiatric and psychological research into the adjustment of migrant and refugee people.

Studies in this area have generally been either clinical studies, focusing on the psychiatric disorders of migrant people, or survey studies determining reliable correlates or predictors of adjustment (Nicassio, 1985). This review will present the findings from studies of immigrants and refugees, non-Indochinese and Indochinese.

The Indochinese studies are in two phases: adjustment in refugee camps, U.S.A. and Asian, and countries of resettlement. In the latter studies the epidemiological studies will be presented first, followed by clinical and then survey studies. The adult and child studies will be presented separately.

2.01 The Migration Process

Two psychologists who are major writers in the field of immigration adjustment and adaptation are Taft (1957, 1973, 1977) and Berry (1986, 1987, 1988); both present analyses of the adjustment process of immigrants to a new culture.

Taft commenced investigation of the adaptation of immigrants in the 1950s. He uses the word 'adaptation' to refer to "changes in a person's attitudes and behaviour brought about by changes in the person's environment" (Taft, 1985, p. 365). Taft perceives immigrant adaptation as a special case of socialization (1986). He describes the process of migration from a socialisation-resocialisation perspective, portraying the immigrant adjusting to a new sociocultural environment as a person shedding old social learning that was previously helpful, and adopting new and more appropriate responses. These

are evident in changes in social skills, behaviour, attitudes and values. In addition to this, group membership is reappraised, with different groups assuming new relevance.

Taft has also developed a multifaceted approach to describing the migrant process, dividing the adaptation of immigrants into several components or aspects: adjustment, racial and ethnic identity, cultural competence and role acculturation (Taft, 1977). Each of these aspects is presented from two perspectives, internal and external, where the internal viewpoint represents the behavioural field of the individual (judgements, attitudes, norms and identification) and the external represents the publicly observable behaviour of the individual or group adapting (Taft, 1977) (Figure 1).

Taft's research on the adaptation process focusses on (a) measurement of elements of the adaptation process and (b) study of the relationship between the different aspects of this process. In order to ensure that aspects common to all immigrants are isolated, Taft encourages other researchers to use standard questions and scales translated for each cultural group. From this cross-cultural research, Taft concludes that most immigrants do move towards integration with the host culture in their country of resettlement. They modify behaviours and attitudes developed in their country of origin, adopt new behaviours and reshape their environment. In particular, he views the adaptation of immigrants as "a steady growth of their cultural competence, their acculturation, their social and occupational absorption and their identification with their new society and its culture" (Taft, 1985, p. 381).

Taft acknowledges that a major factor in the movement of immigrants towards integration with their host country is the nature of the host community itself. He differentiates three basic host community attitudes towards the

Figure 1. Analysis of adaptation of immigrants into key components
(adapted from Taft, 1977a, p. 148).

Aspect	Viewpoint	
	Internal	External
Adjustment	Feelings of satisfaction (e.g. work, school, housing, friends, leisure, prospects etc.) Sense of well being Self-fulfilment Emotional comfort and security (versus stress and anxiety)	Quality of life Mental health Social and economic participation in informal social relations, formal organisations, economic system, entertainment etc.
National and ethnic identity	Self-perceived identity National and ethnic identification Feeling of belonging, sharing 'fate', commitment to group Reference group orientation	Citizenship Overt social identity
Cultural competence	Self-perceived competence Feelings of mastery	Cultural adaptability Language competence Cultural knowledge Socio-cultural skills Quality of role-performance
Role acculturation	Monistic attitude of acculturation (versus pluralistic) Language preference Self-perceived conformity	Accommodation and conformity (e.g. dress, eating habits, home decoration, use of colloquialisms) social absorption Language usage Convergence to modal or prescribed norms

the integration of the immigrants: monistic, interactionist and pluralist. These attitudes become evident in the types of facilities provided by the host community to assist the integration of newly arrived immigrants.

The internal aspect of the adjustment of immigrants to their new country is reflected in how they rate their lives. This important factor reflects the extent to which the immigrants are satisfied that their needs are being met, and measures their sense of well being, self fulfilment and emotional security. The external aspect of adjustment is measured from the immigrants' social and economic participation, how they relate and with whom. Taft considers both aspects to be distinct.

Taft initially posited that immigrants would move towards integration in successive stages, each characterised by different behaviours and attitudes. However his research later led him to disregard the notion of stages of assimilation, in favour of his analysis of aspects of adaption (Taft, 1986).

Many studies of immigrant adaptation have focused on the relationship between migration and mental illness. Taft's analysis of adaptation includes mental health as an external measurement of adjustment. Some research, using self-descriptive tests of adjustment and stability, has found immigrants to be less maladjusted than comparable groups of Australians, with the exception of a small sample of refugees among the immigrant sample (Scott and Scott, 1982). Taft concludes that it is not possible to draw conclusions about the relationships between mental illness and the migration process (Taft, 1985).

Refugee people are not treated separately in Taft's analysis of the adaptation of immigrants. However, findings such as that of Scott and Scott (1982) indicate that special consideration may need to be given to refugee

groups, as they may experience more hindrances of adjustment than non-refugee groups.

In contrast to Taft, Berry's analysis of acculturation separates refugees and immigrants. Preferring the term 'acculturation' to 'adaptation' (Taft comments that the two terms are interchangeable; Taft, 1985), Berry's work presents an analysis of the acculturation process. His analysis differs from other descriptions of acculturation in that he addresses acculturation on two distinct levels - the group and the individual (Berry, 1986). Berry also distinguishes different types of immigrant, e.g. voluntary and involuntary immigrants.

Berry's analysis developed from a series of studies which investigated groups of individuals experiencing continuous first hand contact with different cultures. He concludes from these studies that an individual's adjustment or non adjustment to a new culture is influenced by the nature of the host society, the nature of the group experiencing the contact, their precontact history and the psychological characteristics of individuals within the group (Berry, 1986).

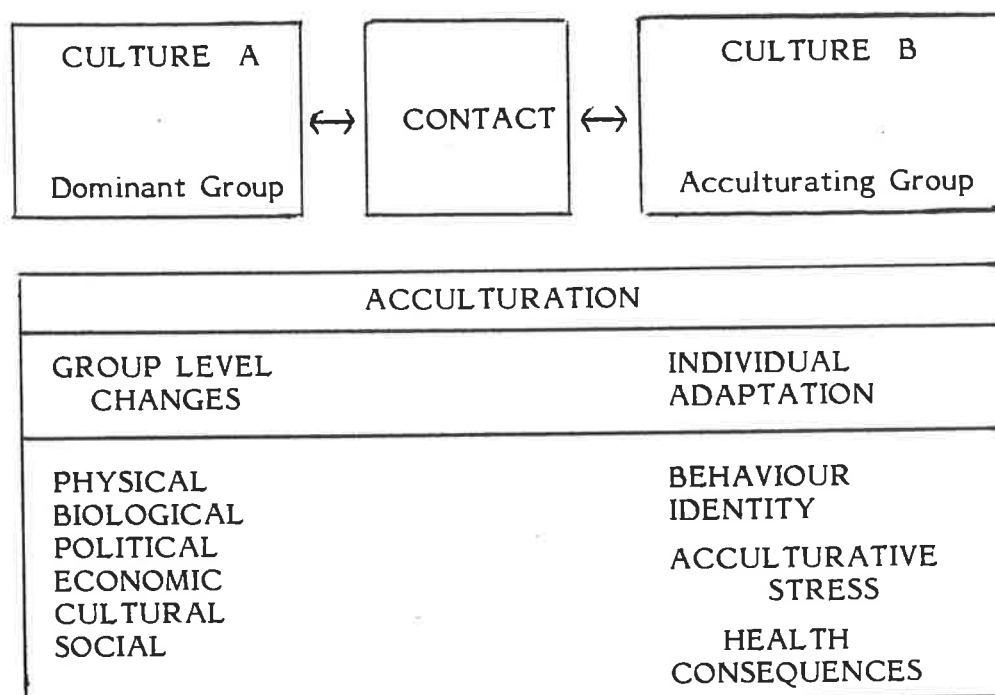
Berry maintains that each individual is a member of a group with a distinct culture. When this culture comes into contact with another distinct culture, on a continual basis, the interaction is described as acculturation:

"acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original patterns of either or both groups ..."
(Redfield, Linton and Herskouts, 1936, cited in Berry, 1986).

In the acculturation process, changes occur in all significant levels: physically, biologically, economically, culturally and socially. Physically, a group of immigrants may experience different housing conditions and lifestyles from those to which they have been accustomed. Biologically there is a change in food patterns, health status and diseases. At the political level any given group of immigrants tends to lose power as they move from relative strength in their own country to minority status. Economically, changes might result from a drop in status or a reappraisal of employment prospects. Cultural changes occur because systems of belief and educational institutions become altered or replaced and, finally, social changes occur because of alterations in interpersonal relations and intergroup interactions (Berry, 1988).

When two cultural groups meet, both cultures experience change. The non-dominant culture experience the most change but the dominant culture also makes adjustments. (See Figure 2 below)

Figure 2. Changes that may occur as a result of acculturation (Berry, 1988, p. 4).



Acculturation must also be studied at the level of the experience of the individual. At this level psychological adjustment is evidenced in changes in an individual's behaviour and health status (Berry, 1988). Six different areas of psychological functioning (language, cognitive style, personality, identity, attitudes and acculturative stress) are specifically identified as areas of psychological response which are triggered during the course of acculturation (Berry, 1986). Berry proposes that there is a common pattern of development across all six areas: "a traditional (precontact) situation at the left and a gradual change in psychological characteristics until some hypothetical conflict or crisis point is reached that is followed by a variety of adaptations" (Berry, 1986, p.32).

Problems which develop during the acculturation process emerge from the interaction between the nature of the acculturating group and its culture, the individual's characteristics and the characteristics of the dominant culture.

As a means of investigating the role played by the nature of the acculturating group, Berry and Kim (1988) identify five different groups, namely Immigrants, Refugees, Native Peoples, Ethnic Groups and Sojourners. They find variation among these five groups in terms of their degree of voluntariness of contact with the dominant culture and their mobility or permanence within that environment. They hypothesize that those voluntarily involved in the acculturation process may experience less difficulties than those with little choice (native peoples, refugees) and that the more transitory groups (sojourners) experience significantly more problems because of their lack of established networks (Berry, Kim, Minde and Mok, 1987).

Figure 3. Schematic diagram of psychological responses in six areas over the course of acculturation (Berry, 1986, p. 32).

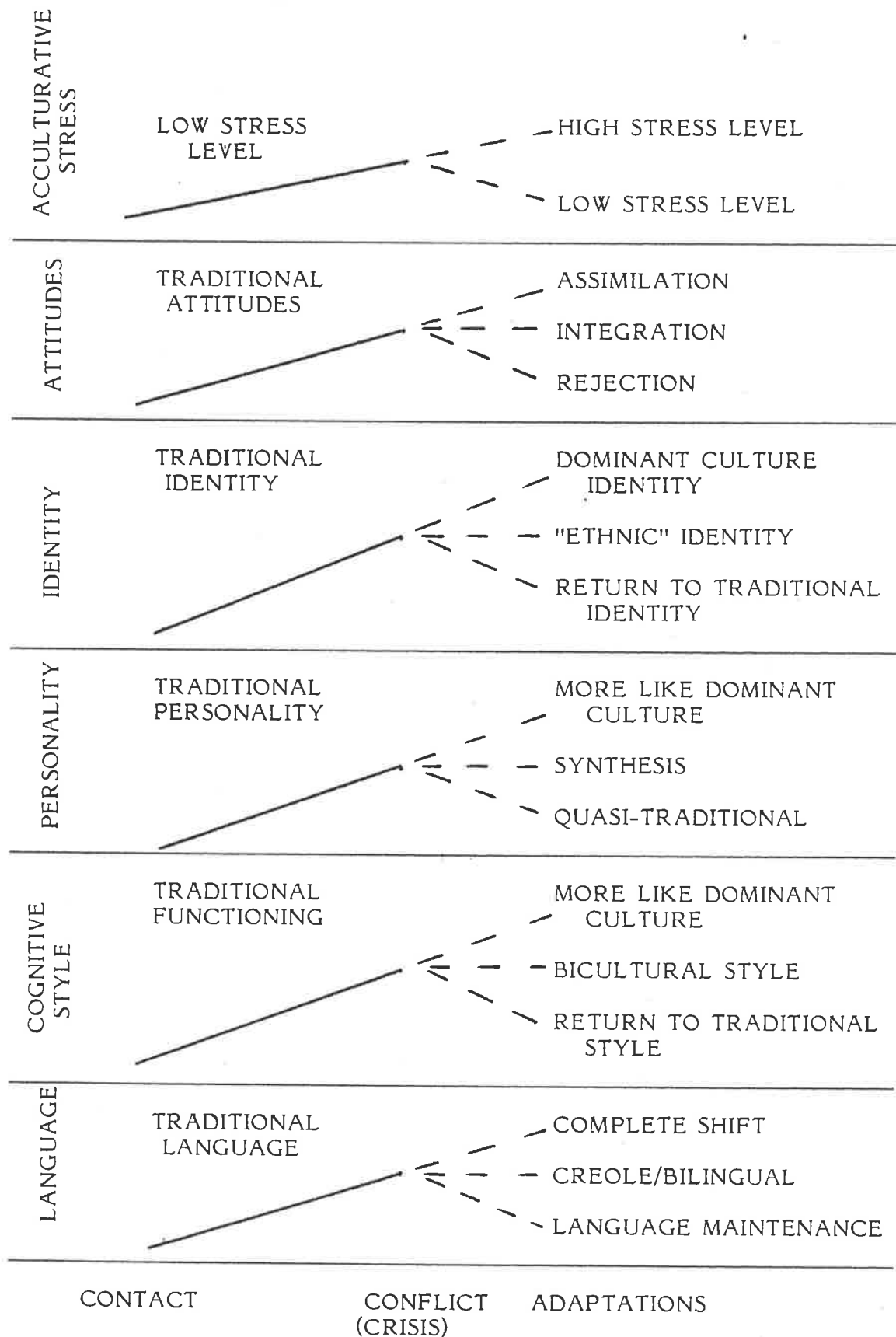
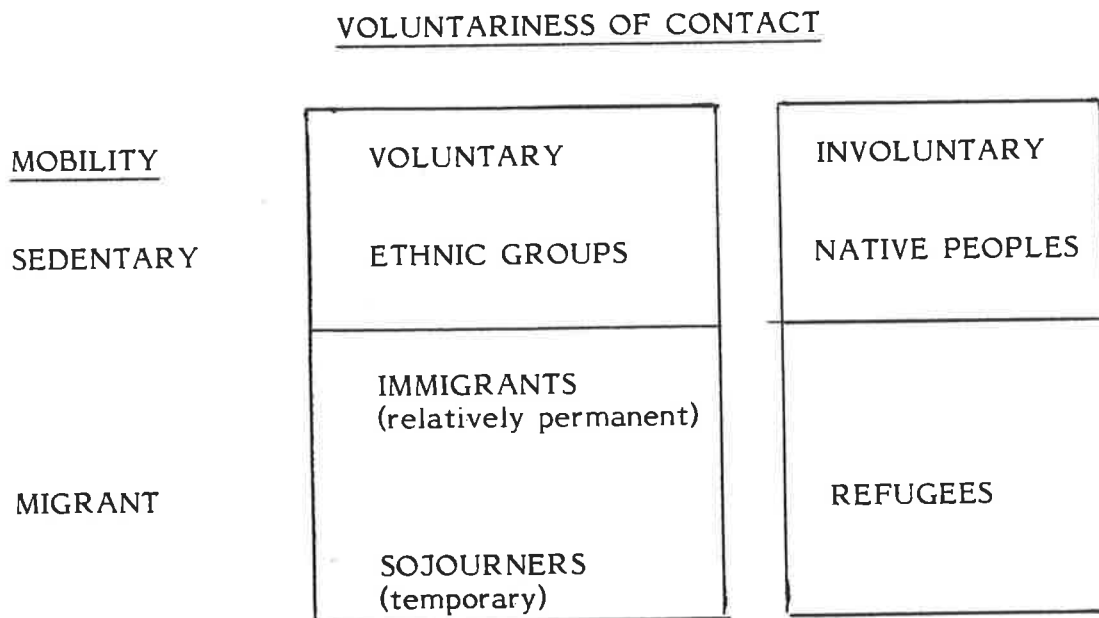


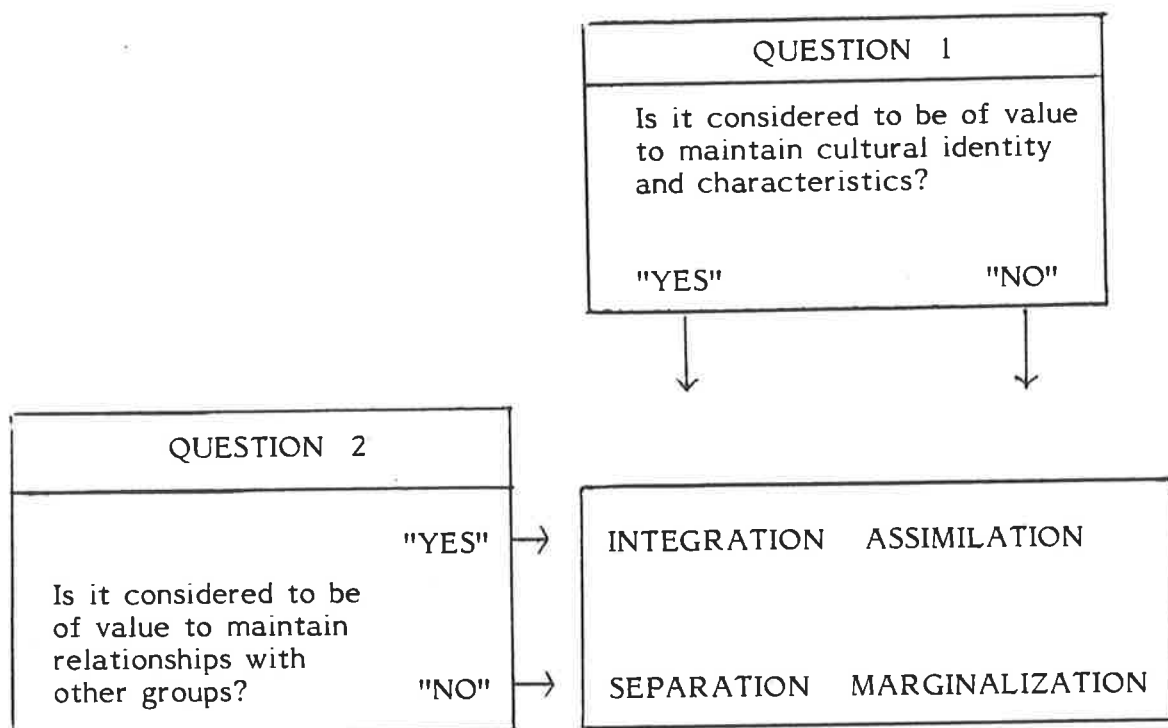
Figure 4. Four types of acculturating groups owing to variations in freedom of contact and mobility (Berry, Kim, Minde and Mok, 1987, p. 495).



According to Berry (1986) the context within which the acculturation process occurs has enormous influence on the acculturating group. The nature of the dominant culture determines what adaptation is perceived by group and individual as necessary. Three possible modes of adaptation are adjustment, reaction and withdrawal. Where adaptation is viewed as the reduction of conflict, those acculturating groups can adjust by making their own behaviours and beliefs more similar, react by campaigning or fighting the dominant culture from an ethnic perspective, or withdraw by reducing the amount of interactions necessary between themselves and the dominant culture.

Berry (1986) maintains that there are two key questions and responses which must be considered when ascertaining what forms of acculturation are possible in any given sociocultural context, i.e. "is it considered to be of value to maintain relationships with other groups?" and "is it considered to be of value to maintain cultural identity and characteristics?"

Figure 5. Adaptive options available to non-dominant groups during acculturation (Berry and Kim, 1987, p. 211).



Two forms of acculturation may result from a positive answer to the first question: assimilation and integration, where assimilation refers to the process of the non-dominant group becoming similar to the dominant group by shifting membership from one group to another, while integration permits the non-dominant group to maintain its own identity while yet adopting some characteristics of the dominant group. In these processes there is a contrasting value placed on the retention of cultural identity (Berry, 1986).

A negative answer to the first question, however, leads to separation and marginalization. In separation, the non-dominant culture maintains its traditional way of life outside of, and independent from, the dominant culture. This may occur through choice on the part of the non-dominant culture,

or be forced upon them. In the event of marginalization, the marginalized group loses their sense of contact with both their ethnic identity and the larger society. This group, when stabilized constituted the classical situation of marginality (Stonequist, 1937, cited in Berry, 1988).

With regard to the second question, a positive answer results in integration only if the group is also open to maintaining relationships with other groups. All groups can then exist in harmony. But maintenance of cultural identity in isolation from other groups results in separation or marginalization from the mainstream. Assimilation would occur where a negative answer is given, and the acculturating group rejects their own cultural identity and makes cognitive and behavioural changes that ensure they will become members of the dominant cultural group.

A review by Berry and Kim (1988) of literature investigating acculturation and mental health concluded that mental health problems do arise during acculturation. The nature of the problems depends on the characteristics of both the group and the individual, as there are a number of factors which are perceived to moderate the stress that is associated with acculturation.

These factors include:

- the nature of the host community
- the type of group acculturating (immigrants, refugees)
- the mode of acculturation (integration, assimilation, separation or marginalization)
- the demographic and social characteristics of the individual
- the psychological characteristics of individual

(see Figure 6).

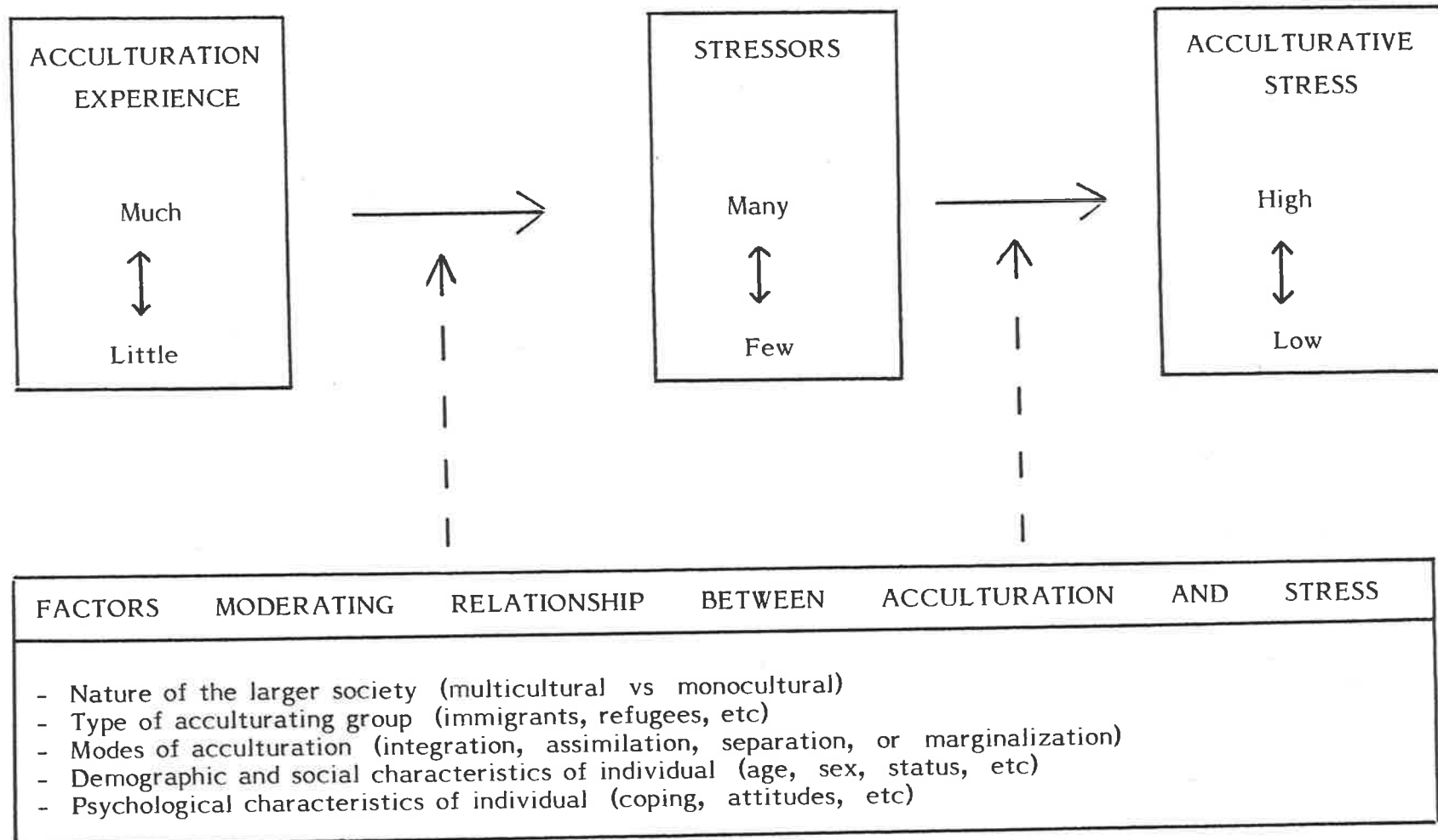


Figure 6. Factors moderating relationship between acculturation and stress (Berry, Kim, Minde and Mok, 1987, p.493)

2.12 The Refugee Experience

As mentioned above, much of the research into the refugee experience has been conducted in the field of migration studies, with refugees viewed as a subgroup of the larger group of immigrants. A model that conceptualizes the refugee phenomenon within traditional migration theory was developed by Kunz in his work "The Refugee in Flight: Kinetic Models and Forms of Displacement" (1973). Kunz's model recognizes the traditional migration theory based on "push" and "pull" factors ("push" factors being causal motivations for leaving one's country and "pull" factors representing what the new country offers in opportunities) but he argues that unlike true migrants, refugees are not pulled out but, rather, pushed out.

Kunz posits that the flight and settlement patterns of the majority of refugees fit into one of two kinetic types, namely, the anticipatory refugee movement or the acute refugee movement. The anticipatory refugee movement is characterized by refugees having time to recognize the deterioration of conditions in their country of origin, and depart in an orderly fashion. The fact that there is a time of preparation often leads to the refugee being mistaken for a voluntary migrant. However, anticipatory refugees are distinguished by having to seek out countries of resettlement from a limited pool. The anticipatory refugee can go only to a country that will permit their resettlement. Unlike a migrant, who can weigh up the opportunities offered by each country ("pull" factors), the choice of country for the anticipatory refugee is governed by which country will issue a landing permit. The pattern of movement is thus based on a "push-permit" model as distinct from "pull" factors. Anticipatory refugees are often characterized as educated, alert and well-to-do.

The acute refugee movement is, in contrast, characterized by urgency and the need to escape into a neighbouring country for asylum. The "push" factor is much more immediate for the acute refugee, as it has become intolerable to stay any longer in the country of origin.

"Push" factors for acute refugees force them into dangerous patterns of flight and "uncongenial refugee camps" (Kunz, 1973). The "push" factors appear to be much more influential than any "pull" factors the country of asylum has to offer. Acute refugees have three "pressure" options once they experience the "push" factors: plunge in and accept an offer of settlement overseas, stay in the country of first asylum or return to the country of origin. A "push-pressure-plunge" option best describes the acute refugee movement.

Although here is a temptation to see all refugees as a homogeneous group, most refugee groups are in fact subdivided into smaller groups, or vintages, as Kunz calls them (Stein, 1986). Refugees leave their country at different times and at each time they are fleeing different persecutions. Refugees also have different socio-political backgrounds. Some "vintages" can be characterized by the nature of their flight, e.g. a mass escape or an individual escape, displacement by force or displacement by absence of force.

Information about the refugee's departure can, according to Kunz, lead to accurate predictions about the refugee's socio-political background.

"A person's participation in anticipating refugee movements, his involvement in the various forms of acute displacements and chances of becoming a constituent element in particular vintages are governed by the person's perception of events around him, his position vis-a-vis the historical forces, his ideological stance, sentiments and disposition as well as his origins, age, sex and education (Kunz, 1973, p.142).

An extension of Kunz's analysis of refugee flight is presented in his work "Exile and Resettlement - Refugee Theory" (1981). Kunz outlines three categories of refugee, based on how they relate to the population they left behind in their country of origin: Category 1 includes refugees who are convinced that the majority of the population in their country of origin share the same convictions as themselves; Category 2 includes refugees who, due to events prior to their departure, find themselves ambivalent or embittered about their compatriots; and Category 3 includes refugees who for many reasons, have no wish to identify with their country of origin. Kunz believes that this information, when added to the patterns of information surrounding the refugee's plight, offers explanations about events currently occurring in the refugee's life and the pattern their life might take in the future.

As well as investigating the role of the past in the refugee's exile and resettlement, Kunz postulated that the nature of the country of resettlement is a major factor in the refugee's resettlement. Kunz investigates three factors: cultural compatibility, population policies of the host country and social receptiveness.

As regards cultural compatibility Kunz states:

"Perhaps no other host factor has more influence on the satisfactory resettlement of the refugee than cultural compatibility between background and the society which is confronted. In a linguistically strange environment the refugees might find themselves excluded and isolated from human contact, and their loneliness may result in depression or even in paranoic hallucinatory reaction" (Kunz, 1981, p.47).

For the purpose of the present study Taft, Berry and Kunz's theories provide a framework within which Vietnamese refugees' adaptation to Australia can be examined. Taft and Berry's theories enunciate those factors which influence the immigrant adjustment process; Taft focuses on how the immigrants feel and are seen to act in their new setting, and Berry describes the key factors that govern the acculturative stress which is a result of the adjustment process.

Kunz's analysis focuses more keenly on the refugee immigrant. His description of the refugee experience and the different "categories" of refugees that come to a new country, highlight why this present study's focus of refugee's adjustment is important in drawing together a complete picture of immigrant adjustment in Australia.

2.13 Migrant Mental Health

The psychological adjustment and adaptation of immigrants has primarily been investigated from the perspective of migration and mental health. A vast number of studies have concluded that the stress of migration precipitates mental disorders in immigrants.

Upon investigating the primary literature on migrant health, Murphy (1974) reported that migrants were a group more vulnerable to mental health problems than non-migrants. He found however, that some migrant groups were more vulnerable than others. He reported that:

1. young single migrant men were found to be more vulnerable to psychiatric illness than any other subgroup of immigrants;
2. members of small minority groups have longer mental hospitalization rates than those who are part of large migration groups;

3. migrant groups that are dispersed on arrival amongst the dominant group tend to have more mental illness than those who are able to cluster together;
4. the closer the post-migration socioeconomic status of the refugee to premigration status, the less psychiatrically vulnerable the migrant.

Murphy warned that these variables needed to be examined prior to a conclusion being reached about the vulnerability of a migrant group.

A more recent review by Nguyen (1983) of recent epidemiological studies led him to conclude that the two main theories used to account for high levels of mental disorder among immigrants viz. constitutional vulnerability and stress induced by the process of migrating, could no longer be considered valid. Instead, he presents 3 major factors which should to be considered in order to understand the mental health problems of migrants:

- "1. the immigrant : his characteristics (age, sex, education, social class, personality, etc.) and his linguistic and cultural background;
2. the migration : the motivation for migration and the circumstances of the migration;
3. the host society : public attitude, immigration policy, the availability of immigrant services, the presence of a pre-existing ethnic community and the culture of the host society" (1983, p. 85).

2.14 Refugees and Psychopathology

Research across different refugee groups, from different cultures and at different times, has highlighted certain consistencies in refugee experience and behaviour. This conclusion has led to a belief on the part of some scholars that refugees should be seen as a social psychological type whose behaviour is socially patterned (Stein, 1986).

Social psychological research investigating adjustment of the refugee after resettlement, has its antecedents in investigations of mental illness amongst immigrants in host countries. Early evidence suggested that there was an increase in the incidence of psychoses and neuroses amongst a migrant population when compared to the host populations (Eitinger and Grunfeld, 1966; Murphy, 1952).

Investigation of the adaptation and resettlement of immigrants has included studies of the psychopathology of refugees. These studies have been in the form of epidemiological studies, clinical investigations and surveys. The huge number of post World War II refugees saw the beginning of studies investigating links between the refugee experience and the incidence of psychopathology in this population.

When comparing rates of schizophrenia between Norwegian migrants and native born Minnesotans, Odegaard, (1932 in Eitinger and Grunfeld, 1966) found a two-fold increase in schizophrenia among the migrant group compared to the Minnesotans. Eitinger (1959) investigated refugees in Norway after World War II and found that the incidence of psychoses amongst the refugees was 5 times greater than expected.

In a comprehensive review of the Norwegian research Eitinger and Grunfeld (1966) isolated three demographic characteristics of the refugee patients they investigated:

- the patients had a lower socio-economic status than the Norwegian control group;
- their standard of education was lower;
- the patients' family conditions were characterized by a lack of harmony.

They also observed that the refugee patients were more readily admitted to a mental hospital for treatment of psychoses and they had a lengthier stay in hospital. They concluded that the process of immigration and integration into a new society was very exacting in the first years and that there was a higher incidence of psychoses during those years.

Tyhurst (1977) studied 4 successive refugee groups in their first year after resettlement. He based his findings on data derived from interviews with both psychiatric and non-psychiatric immigrant patients, observing that refugee subjects and those institutions with which they interact tend to be "disorganised" and in a "state of imbalance". In the first one or two months after entry, the refugee subjects presented as energetic and even euphoric.

After this stage a period of "general personal disequilibrium" occurred, characterized by either:

- 1) paranoid behaviour;
- 2) generalized hypochondrias; or
- 3) symptoms of mixed anxiety and depression.

In addition to this, the refugee subjects appeared to be generally disoriented in terms of time and place and displayed impaired interpersonal skills. This second stage reached its peak 6 months into resettlement and was particularly evident in late adolescents and survivors of long stays in refugee or concentration camps.

In 1955 Murphy conducted an epidemiological study investigating the rates of first admission to psychiatric hospitals of World War II refugees. He found that after controlling for age, sex, marital status and severity of symptoms leading to hospitalization, the refugees' rates of admission were higher than those of the British population. Schizophrenia was diagnosed

in most of the admissions. Murphy showed a strong link between psychopathology and the experience of persecution and trauma during the war, across national subgroups. He also found a reduction in hospital admissions among refugees who lived within a welcoming community (Murphy, 1955).

In Australia it was Krupinski and Stoller (1965) who investigated the first hospital admission rates of Eastern European refugees from World War II. Again controlling for age, the incidence of schizophrenia in this refugee population was five times greater than in the Australian population.

In a second study by Krupinski, Stoller and Wallace (1973) refugee patients and non-patients were interviewed to determine the 'premorbid characteristics' of the refugees. In particular, they explored the refugees' war experiences as well as investigating post-migratory experiences. This study reached the same conclusion as Murphy (1955) finding that the rates of psychiatric illness among this sample were proportionate to the war trauma of the refugee. Among the national subgroups included in this study were Baltic, Czechoslovakian, Hungarian and Yugoslavian refugees. It was found that although they had experienced relatively little war trauma, their professional classes displayed high rates of psychopathology. The loss of status experienced in the country of resettlement was thought to have attributed to this.

All of these studies have found increased psychopathology in refugee populations when compared to the general resettlement country populations. But methodological issues necessitate care when interpreting these epidemiological studies. As mentioned in the above studies, it has been necessary to control for age, sex and marital status and other demographic factors, such as education and occupation, clearly must also be taken into account.

Because many of the early studies reviewed were conducted as hospital studies, dependent on information from hospital records, the results must be treated with caution. Factors such as the ready access to records from state hospitals as opposed to private hospitals and clinics, and the possible host-country misperception of the level of social skills possessed by a particular refugee, may account at least in part for the increased hospitalization of refugees upon display of symptoms. Furthermore, economic determinants could well see refugees over-represented in the population using state hospitals as opposed to the private hospital/clinic.

However, even taking these factors into account it may be concluded from these studies that refugees do have higher rates of serious psychopathology than the local population. Westermeyer (1986) concludes that an identified refugee patient does appear to exhibit a cluster of symptoms that are independent of the refugee's cultural origins. These symptoms include: "suspiciousness, paranoia, depression, nightmares and dreams, feelings of insecurity, poor self-esteem, psychosomatic complaints, anti-authoritarian feelings and behaviours and sometimes self-centeredness" (Westermeyer, 1986b). These symptoms are attributed to factors pertaining to the refugee experience itself (Garcia-Peitoniemi, 1987).

It is with these conclusions in mind that researchers have focussed on the psychopathology of Indochinese refugees.

2.05 Indochinese Refugees

Van Duesen (1982) separates the social psychological research into 4 main areas: "conventional/traditional Southeast Asian medical system; adjustment during internment in refugee camps; adjustment after resettlement in the U.S. (or other host countries); and service utilization and effectiveness (1982, p. 251-252).

The Indochinese cultures conceptualize mental health in a unique form. Therefore, in order to take into account the beliefs and the misunderstandings that are possible when Western frameworks and methodologies are used, an understanding of this conceptualization must underlie any investigation into the mental health status of Indochinese people. For the purpose of this study, it is important to understand the concept of mental health within the Vietnamese culture.

2.06 Conventional/Traditional Southeast Asian Medical System

The traditional South East Asian medical system is largely a combination of Vietnamese folk medicine (thuoc nam) and Chinese medicines (thuoc bac) (Manderson and Mathews, 1985).

The beliefs of Vietnamese folk medicine (thuoc nam) are essentially spiritual in nature. It is believed that each individual has spiritual counterparts in the form of three souls (Lan) and seven spirits (phach) if male and nine if female (Bain, 1974). Good health is believed to be dependent on all of these counterparts being present and in harmonious relationship with each other.

Similarly, in the Chinese medical belief system, the Am (yin) Duong (yang) dichotomy also has the characteristics of harmony. Am Duong describes good health as a balanced position between two poles, "Hot" and "Cold". These poles are not necessarily related to the familiar concept of temperature, the "Hot" and "Cold" labels are applied to medicines, foods and some of the natural elements (Bell and Whiteford, 1987; Tripp-Reiner and Thiemann, 1981; Hoang and Erickson, 1985). Am and Duong represent the opposites in all forms of energy. As a result of Am and Duong interacting, the five

elements (fire, water, wood, metal and earth) were produced. In turn, there is thought to be a relationship between each element and the five major human organs: kidneys, liver, spleen, heart and lungs (Bain, 1974). When the elements are in harmony with each other, good health prevails. Disharmony results in bad health and the need to correct the imbalance with appropriate "Hot" or "Cold" treatment.

Vietnamese society is familiar with the Western medical system as well as Vietnamese folk medicine and the Chinese medical system, and incorporated into all three medical systems is an explanation of mental illness.

The Vietnamese folk medicine model accounts for mental illness as a manifestation of a supernatural event. Commonly, a person is thought to have become insane because of an offence they have committed against a deity, thus the manifestation of the illness brings disgrace to the individual and the family. It is in the interest of the family to keep the mentally sick out of public sight lest the family becomes stigmatized by the offence (Tran Minh Tung, 1980).

The Chinese medical system explains delirium and psychosis as caused by a predominance of the "Hot" element while a preeminence of the "Cold" element causes melancholia (Tran Minh Tung, 1980). Treatment according to this system is focussed on rectifying the imbalance between "Hot" and "Cold" that has caused the illness.

The central nervous system is commonly thought to account for mental illness in the Vietnamese understanding of the Western medical system. Thus mental illness is attributed to "weak" nerves.

Given these explanations of mental illness in Vietnamese society, it is rarely concluded that psychological factors play a major role in determining mental illness, or its extent (Tran Minh Tung, 1980). Emphasis on the role played by external forces rather than intrapsychic factors means that when the Vietnamese seek help with mental illness they want help removing the forces that have resulted in the condition rather than help teaching them how to deal with these forces at a cognitive-emotional level.

Despite the fact that there is an explanation for mental illness in Vietnamese society, there is no easily translated term for mental health. In Vietnam, a psychiatrist is referred to as a "nerve doctor", highlighting the role attributed to the nervous system in mental health or as "doctor for the insane". This latter term demonstrates that mental illness is recognised only in extreme cases (Tran Minh Tung, 1979).

2.07 Adjustment during internment in Refugee Camps

While little research has been conducted in refugee camps, what is available comes from a variety of locations. Findings from studies conducted in both American and Asian camps will be presented here.

Most studies investigating the mental health status of refugees in refugee camps were conducted during the early phases of the Indochinese refugee movement. There has been little research conducted in recent times and hence little is known about the current status of the refugees and in particular that of the people who have been in the camps for a long time - the long stayers.

A. U.S.A. studies

The first studies came from the temporary refugee camps that were established by the U.S. Government in 1975. Three studies reported on the refugee population in one of these camps, Camp Pendleton, California (Harding & Looney, 1977; Looney et al, 1979; Rahe et al, 1978).

In the first of these, Harding & Looney (1977) investigated the mental health of Vietnamese children in the camp. The children studied were unaccompanied by their parents and so were perceived to be at "high risk". It was discovered that many of the children were significantly deprived and that they expressed their distress through somatic complaints such as reports of sleep disturbance, tantrums and antisocial violence. The study recommended continued support for the children when they left the camp.

A second study of children at Camp Pendleton (Looney et al, 1979) described the efforts of a psychiatric team to address the needs of all the children accompanied and unaccompanied in the camp. This study commented that the children in the camp appeared generally to be very optimistic, with few requiring psychiatric attention. However, the unaccompanied children were singled out as presenting severe psychiatric symptoms such as depression and psychotic episodes.

The third study at Camp Pendleton (Rahe et al, 1978) attempted to obtain "valid estimations of the mental health of the refugees at large" (Rahe et al, 1978). Three standardised questionnaires were administered to a random sample of the camp's population: the Recent Life Changes Questionnaire (RLCQ) with 12 new questions dealing with the possible life changes brought about by the Vietnam war; the Cornell Medical Index - Health Questionnaire (C.M.I.); and the Self-Anchoring Scale (S.A.S.).

The three questionnaires were translated into Vietnamese and were administered by Vietnamese students who were studying in America at the time. Rahe et al (1978) reported that certain subgroups of the camp's population had experienced many recent life changes, had high scores on the C.M.I., and moderately low S.A.S. ratings. They concluded that the refugees were feeling "extremely low" with regard to their current life status perceptions. These results were used to improve the services offered to the refugees at Camp Pendleton.

Another U.S. Government refugee camp was established in 1975 on Wake Island, off Guam. This camp was a temporary asylum between April 26th and August 2nd, 1975. A study conducted in this short time (Mattson & Ky, 1978) reported that few refugees presented with "purely emotional" complaints. Instead, what they found was a high number of refugees reporting with somatic complaints such as headaches, stomach pain and insomnia. This study also commented that in Vietnam there was no psychiatric specialty, and as a result, most psychiatric patients in Vietnam would be treated in general hospitals.

B. Asian studies

Grant (1979) provided a description of Pulau Bidong, a refugee camp set on an island off Malaysia.

Pulau Bidong was the point of arrival of many thousands of 'boat people'. These so-called boat people were refugees who left Vietnam in boats heading for a country of first asylum. They often left Vietnam without knowing where they would be received. Such a boat ride put them at considerable risk of drowning, illness and pirate attack (U.N.H.C.R., 1987).

Dr. Nguyen Van Zuoc, a doctor among Pulau Bidong's refugee population, reported 28 cases of mental illness on Bidong and described most of them as victims of pirate attacks on their boat journey (Grant, 1979).

No real studies of the mental health status of refugees in Pulau Bidong or any other S.E. Asian camps were conducted in the camp's early years. However, a study which investigated the mental health status of refugee children in Asia (Tsoi, Yu & Lieh-Mak, 1986) was conducted in an open camp in Hong Kong. Most of the refugees in the camp studied had arrived in Hong Kong by boat. The children in the sample had a mean age of 10.5 years, had been in Hong Kong between 1 and 6 years, and were attending school. 75% of the sample were of Chinese origin.

The researchers investigated the links between the children's experience of war and becoming a refugee, and fears they currently held of being assaulted, killed or of dying. They concluded that the children were generally unaffected and that they had adopted a coping style that enabled them to adjust to camp life. The interviewers observed the children to be at ease in the camp setting and hypothesized that the children were experiencing a time of transition that was without the demands experienced in a new country of settlement.

More recent published reports of conditions in refugee camps are scarce. One available report comes from the Catholic Office for Emergency Relief and Refugees in Thailand. Their Parasocial Services Team surveyed the needs and problems of the refugee population in Ban Vinai Refugee camp between 1984-1986.

Ban Vinai Refugee camp is primarily a Lao Hmong Camp in northeast Thailand near the Mekong River border. It is a camp where the number of arrivals is greater than the number leaving for a third country. In relation to other camps it is well resourced (Coerr, 1987) and for many it has become a semi-permanent place of settlement. The camp had a total population of 45,000 in January 1986. 8,235 members of the population were surveyed. A majority (56%) reported experiencing serious problems. 46% of those with problems reported having no one to go to with their problems. 1% reported suicidal feelings in the previous month. This figure was seen as critical in the light of Ban Vinai's high suicidal rate of .9/1000 in 1985.

Another source of information on refugee camps in Asia is "Refugees", the official monthly publication of the United Nations High Commission for Refugees (UNHCR). This publication details issues concerning refugees throughout the world, and anecdotal reports of current conditions in refugee camps are often presented.

In the March 1988 edition of "Refugees" it was reported there were 730 Vietnamese unaccompanied minors in Phanat Nikhom Camp, Thailand. This camp is a U.N.H.C.R. assisted camp where 'boat people' are accommodated. The unaccompanied minors, especially those who have been in the camp for a long time, reside at a special centre for minors. Despite this assistance, a U.N.H.C.R. field officer reported that the children were experiencing difficulties. The officer described the children as feeling abandoned, with no family unit to teach them values and no support for their social and emotional development.

In September 1987, "Refugees" reported the observations of a clinical psychologist at Phanat Nikhom, who stated that among the Vietnamese there was an increase in the number of people who were moving from a state of general depression to one of deep suicidal depression. He partly accounted for this intensification of depression affect in terms of the reduced chances of the refugees to find resettlement in a third country.

2.08 Resettlement in Host Countries

Epidemiological Studies

In 1979 Vignes and Hall conducted one of the few epidemiological studies of Vietnamese refugees settling in the United States. They found a low rate of psychopathology amongst a sample of 488 refugees but they failed to investigate whether admission to a psychiatric institution was the best measure of psychiatric illness for Vietnamese refugees.

Clinical Studies

However, while only a few epidemiological studies have been conducted among refugees there have been many clinical studies of the psychiatric illness found amongst Indochinese refugees.

Kinzie, Tran, Breckenridge and Bloom (1980) reported an early clinical study of 50 Indochinese patients who presented to an Indochinese refugee clinic. They found two distinct groups of patients. The first group were severely disturbed and psychotic, with their families no longer able to manage their behaviour. The second group presented with depression and anxiety, and only came to the clinic when the refugee population had become more familiar with the clinic.

Nguyen, (1982) reporting on a longitudinal study of 100 refugees, concluded that the refugees adjusted to their new life in 3 stages:

1st month: an initial period of euphoria and excitement

2nd - 6th month: a preoccupation with meeting basic needs

6th - 36th month: a deeper reflection time during which the majority accepted their situation and adjusted satisfactorily. Those who did not adjust became disillusioned and developed emotional problems.

Of 38 patients referred to him for a psychiatric assessment 40% had severe depression.

A report from Kinzie and his colleagues five years after the establishment of the Indochinese refugee clinic (Kinzie and Manson, 1983) gave an assessment of 263 patients, including the 50 subjects comprising Kinzie's 1980 study. 49% of the patients were diagnosed as suffering from severe depression and 19% were diagnosed schizophrenic. These patients tended to be younger males (78%), single, widowed or divorced (60%). 24% of those diagnosed schizophrenic had a prior history of psychotic episodes or symptoms.

In a clinical study of Hmong people from Laos (Westermeyer, Vang and Neider 1983c) described 17 psychiatric patients isolated from a wider study of 97 Hmong refugees. 15 of the 17 cases were diagnosed as major depression. Westermeyer et al investigated the premigratory and postmigratory factors that could have influenced these psychiatric admissions. They found that patients were more likely to be farmers with no formal training in the English language. They tended to have been married more than once. Sponsorship by fundamentalist Christian groups proved to be a major influencing factor in lowering the mental health status of the patients, possibly because of

the Christian sponsors demanding of the Hmong a rapid change in their behaviour. The study found that patients spent more time than non-patients in visiting other Hmong households to discuss past and present problems.

A subsequent study by Westermeyer (1986b) described a total of 152 Indochinese patients treated at the University of Minnesota from 1977-1982. Westermeyer found that major depression was the most common diagnosis for these patients (n=99) and that most had initially presented with somatic complaints.

The reports on Indochinese psychiatric patients are consistent with descriptions of other refugee psychiatric patients. The predominance of anxiety, depression, paranoia and psychotic behaviour indicates that the stressors of war trauma and fleeing do seem to influence refugees' mental health status. But to generalise from these clinical reports, about the total refugee population, is of questionable value because research has indicated that Asian people under-utilize mental health services (Sue and McKinney, 1975) and their attitude towards mental illness is one of fear, rejection and ridicule (Yamamoto, 1978). Generally only those refugees suffering from debilitating conditions that are beyond the care of the family present at psychiatric clinics.

The Vietnamese concept of mental health does not distinguish physical conditions from mental conditions.

"There are, furthermore, cultural differences in what behaviours are considered normal, in the frequency of diagnosis of disturbances, and in the expression of the disturbance."
(Marsella, 1979 cited in Triandis and Brislin, 1984)

Therefore the behaviour of refugees seeking formal psychiatric assistance may be a reflection of the refugees' supports at home, their access to Vietnamese or Chinese medicines and their knowledge of and belief in the Western medical system.

Survey studies

Of great relevance to the current study are the survey studies which have been conducted among Indochinese refugee populations. These studies direct the investigation of refugees away from those with an identifiable psychopathology, to large populations of refugees that are inclusive of a majority who have not presented with a clinical condition. These studies isolate factors which are perceived to influence the populations' susceptibility to mental illness.

The purpose of these studies has been to document psychopathology and to identify associated risk factors (Garcia-Peltonciemie, 1987). Thus they have relied heavily on translated psychiatric screening tools, from which their subsequent diagnoses or findings have been made.

One survey was a longitudinal study, conducted over 3 phases by Lin, Tazuma and Masuda (1979). In Phase I, of the study, 152 refugees were given the Cornell Medical Index (C.M.I.) as well as the Social Readjustment Rating Questionnaire (SRRQ) and the Schedule of Recent Experiences (SRE) Schedule.

The refugees were found to have elevated CMI scores in comparison to the general United States population. The task of adaptation and dealing with stress appeared to have affected all refugees indiscriminately (Lin, Tazuma and Masuda, 1979).

One year later, in Phase II, 54 of the original sample and 87 new subjects were assessed with the same interview schedules and a home interview. The C.M.I. scores were still elevated, with 50% of the refugees diagnosed as having emotional difficulties when the conventional cutoff score was used.

During this phase of the study some subgroups were found to have higher scores than in Phase I. These included younger and older men, women aged between 21 and 45 years and widowed or separated female heads of family. Status inconsistency, welfare dependency and social isolation were thought to have attributed to the vulnerability amongst these subgroups (Lin, Tazuma and Masuda, 1979).

In Phase III of the study, Lin, Tazuma and Masuda commented that while the refugees seemed to have made progress in finding employment and requiring less welfare assistance, the C.M.I. scores remained elevated, with 50% of the sample consistently displaying scores suggestive of emotional difficulties. The clinical manifestation of these difficulties included:

- A. Anxiety and depression
- B. Psychosomatic disorders
- C. Marital problems; breakdown of the extended family system
- D. Alcoholism
- E. Schizophrenia and Reactive Psychosis.

Specifically vulnerable groups included those lacking an adequate social network, individuals who experienced a large discrepancy in their social status before and after migration, those who had experienced significant loss and refugees with limited previous exposure to Western culture.

In a 3 year follow-up of their study conducted in 1982 Lin, Tazuma and Masuda found that while rates of unemployment and public assistance had dropped significantly, C.M.I. scores showed no signs of any reduction of distress with time. There remained a high degree of life changes over this time.

In a longitudinal study which investigated a sample at two different times, Westermeyer, Vang and Neider (1983b, 1984) studied Hmong refugees 1.5 years and 3.5 years after migration. Westermeyer et al used 2 self-rating scales, the 90-item Symptom Checklist and the Zung Depression Scale.

At 1.5 years after migration, scores on the Symptom Checklist and Zung Depression Scale revealed high levels of somatization, depression, anxiety, hostility, paranoid ideation and psychoticism. An investigation of the role of pre-migration and post-migration factors showed that pre-migration factors such as previous occupation, education and place of birth, had little influence on the subjects' scores. But four post-migratory factors were found to indicate fewer mental problems, namely: remaining in one residence; maintaining on-going contact with a spouse; lack of access to a person knowledgeable about both Hmong and American cultures; and greater distance from other Hmong people.

At 3.5 years the same subjects showed considerable improvement in their self-rating scale scores. Change was greatest on the depression scores and there were also significant improvements on somatization and psychoticism, phobic behaviour and anxiety. The earlier premigration and post migration variables, correlated with high symptom levels at 1.5 years, were not correlated with these symptoms at 3.5 years (Westermeyer, Neider and Vang, 1984).

A large survey study by Nicassio and Pate (1984) sought to investigate the overall adjustment of Indochinese to a new cultural milieu. The study investigated 1,638 Indochinese refugees who had resettled in the United States. It focused on how the refugees themselves evaluated their resettlement experiences and problems.

The refugee survey was in three phases and used two measures of adjustment: a 32 item Problem Index and a 10 item Measure of Alienation. It sought to evaluate the interrelationships between problems of adjustment and the influence of "pertinent" sociodemographic factors on the ideas of adjustment (Nicassio and Pate, 1984).

The refugees rated problems arising from separation from family and country, and migration, to be the most serious for them. Ranking next in rated seriousness were problems that presented obstacles to resettlement including learning to speak English and financial problems.

Berry and Blondel (1982) studied 72 Vietnamese living in Kingston, Canada, as part of a series of studies involving immigrants, refugees, native peoples, sojourners and ethnic groups in Canada. They measured the acculturative stress of individuals, using 20 items from the Cornell Medical Index and investigated variation across a number of individual different variables such as age, sex, education, and social variables such as social support and status. Multiple regression analyses were conducted to uncover social and psychological characteristics which were predictors of acculturative stress.

For the Vietnamese subjects there was an inverse relationship between level of education and stress, while knowing Chinese or English prior to arrival was predictive of lower stress after arrival.

2.09 Refugee Children and Adolescents

Children and adolescents have also been the subjects in the investigation of the adaptation of Indochinese refugees. Eisenbruch (1983a) reported that refugee children display fewer signs of distress and maladjustment than do their parents.

Williams and Westermeyer (1983) reviewed the cases of 28 adolescents in a psychiatric setting, in order to provide a description of presenting complaints and problems. They concluded that all the patients with psychiatric diagnoses had some premorbid psychological impairment and the roots of most of these problems existed before migration from Asia. Onset of symptoms for this sample occurred most commonly within the first year of migration. Krener and Sabin (1985) examined the application of DSM-III diagnoses to 21 Indochinese refugee children and adolescents who had been referred to a Child Psychiatric Clinic. The main reason for referrals were as follows:

Learning problems in school	7	(38%)
Affect: depression and/or suicidal gestures	3	(17%)
Somatic complaints	4	(22%)
Psychotic symptoms	1	(5%)
Misbehaviour	8	(44%)
12 diagnoses were reached		
Adjustment disorder	4	(22%)
Brief Reactive Psychosis	1	(5%)
Dysthymic disorder	2	(11%)
Somatization disorder	3	(17%)
Post Traumatic Stress Syndrome	1	(5%)
Conduct disorder	4	(22%)
Mental retardation	4	(22%)
Conversion disorder	1	(5%)
Parent-Child problem	1	(5%)
Personality disorder	3	(17%)
Attention deficit disorder	1	(5%)
Mixed specific development disorder	1	(5%)

Some children were given two or more diagnoses. For 7 children the DSM111 diagnosis was considered incomplete or misleading, because of supplementary family or situational factors, or because of characteristics related to ethnicity (Krener & Sabin, 1985). Krener and Sabin concluded that cross-cultural factors and the experience of recovering from severe stress confounded the application of DSM111 diagnosis. They argued that studies of refugee childrens' psychopathology using specific diagnostic schema were open to misinterpretation if differences in cross-cultural child-rearing were not accounted for. Both the child-rearing practices of the Indochinese populations and their concepts of adolescence differ significantly from those of Western populations in general, and the American population in particular (Tobin and Friedman, 1984). Clinical studies that do not take these differences into account risk misdiagnosis and false conclusions, especially to the extent that DSM111 diagnostic categories may be argued to be culture-specific.

Survey Studies

In Australia, a longitudinal study was conducted by Krupinski, Carson, Frieze, Groves and Stalk (1980), investigating the social and psychological adjustment of Indochinese children, adolescents and young adults. The study was conducted in two stages. The sample comprised all subjects between the ages of 5 and 24 years who arrived in Victoria, Australia between July and December, 1981 (N=992). The sample was interviewed by an Indochinese interviewing team. Later, in the 2nd stage of the study, a subsample was also interviewed by Australian psychiatrists.

In this study, the Rutter Parent Questionnaire, Rutter Teacher Questionnaire and a psychiatric interview were used to measure the psychiatric morbidity of the children. The Wings Present State Examination, 3 analogue scales

and a psychiatric interview determined the morbidity of the adolescents and young adults. The study had three consecutive follow-up stages and unlike Lin et al's (1979) longitudinal study there was a successful follow-up of 62% of the original sample. The first stage revealed 14.5% probable and 17.8% definite psychiatric disorders in the adolescent and young adult sample. These results were much higher than those found in the Australian population. The major disorders found were anxiety and depressive neurosis.

In the first follow-up phase, those diagnosed with psychiatric disorders dropped to 10.9% probable and 10.1% definite. There was a further decline at the 12 month and 24 month follow-ups, to a rate that was half that found in the Australian population (Krupinski and Burrows, 1986).

Females were found to have higher levels of psychiatric morbidity than males. Overall, there was a decrease in the prevalence of anxiety, with depressive states becoming a more common diagnosis over time.

Krupinski and Burrows concluded that certain stresses were more likely to affect the psychological well-being of the refugees than others. For children, the stress experienced in Indochina strongly impacted on their psychological well-being, and for adolescents the experience of escape proved to be a significant negative variable in their health.

Charron and Ness (1981) studied the adjustment of 64 Vietnamese adolescents using three questionnaires: the Student's Background Questionnaire, the Cornell Medical Index and a Teacher's Assessment.

They concluded that those adolescents who were not forming friendships with their American peers were at the most risk of emotional distress. They investigated the relationship between emotional distress and academic progress

and found no significant relationship. The six best predictors of high emotional distress (as measured by C.M.I.) were:

1. being female
2. not getting along with American classmates
3. not getting along with parents
4. poor English ability
5. reported learning of American dances
6. little education in this country.

(Charron and Ness, 1981)

Another large survey of Vietnamese refugee children was conducted by Sokoloff, Carlin and Phan (1984). They investigated the physical, mental and psycho-social health of 643 children after they had been in the United States for 5 years. 463 (72%) of the children were adopted, 131 (20%) were foster children and 49 (8%) were accompanied by their own refugee parents. A questionnaire was used to elicit the emotional problems experienced by the children. This questionnaire was completed by the children's parents. The parents reported excessive fears (36.3%), jealousy (28.7%) and unusual dreams (18%) as the major problems presented by the children. The parents indicated that these problems took a long time to abate and were most frequent during the child's first year in the United States.

A study by Leak (1982) investigated the prevalence and manifestation of emotional stress in 33 Vietnamese children aged 9-12 years. Using scores given by parents/guardians and teachers on Anthony's Problem Check List, and their descriptions of the children's stress behaviours, Leak concluded that there was a high incidence (87.9%) of emotional stress in that group of Vietnamese refugee children.

These survey studies have generally concluded that pre-migratory and post-migratory factors influence the mental health of refugees. Pre-migratory factors include gender, previous education levels and the social class of the refugee in Indochina. In the country of settlement, English activity, social networks and education attainment were found to have positive influence on mental health.

The presence of parents and their parents' own adjustment were found to assist refugee children and adolescents' adjustment.

Vietnamese adolescents

The focus of the present study is Vietnamese refugee adolescents. The concept of adolescence in the Vietnamese culture is different from that of Western cultures. Within the Vietnamese culture, age plays a major role in the social fabric. The age of a person is assessed very early in any interaction and this assessment determines the speech, posture and total demeanor adopted by the interactants toward each other (Tobin and Friedman, 1984).

For the Vietnamese refugee adolescent in a Western country the challenge is to establish an identity within two value systems: the Vietnamese and their newly found Western culture. It involves a connectedness with others, a sense of belonging to a group and a society. This necessitates an "intouchness" with the cultural traditions of society. The refugee adolescents struggle to establish this identity because they often feel that they do not belong to two cultures, but rather to none (Tobin and Friedman, 1984).

Additionally, the Vietnamese refugee adolescents have had their lives shaped by war, trauma, family dislocation, loss and involuntary migration. These factors, according to Erikson (1964), can result in developmental crises:

"The danger of any period of large scale uprooting and transmigration is that exterior crises will, in too many individuals and generations, upset the hierarchy of developmental crises and their limit in connectives; and that man will lose those roots that must be planted firmly in meaningful life cycles. In man's true roots are nourished in the sequence of generations and he loses his taproots in disrupted developmental time, not in abandoned localities. This is the real damage done by large-scale enforced migration." (p.87)

These crises are beyond the crises normally associated with adolescence. Vietnamese refugee adolescents may also face the challenge of establishing an identity without the assistance of parents and extended families as they, too, are often undergoing profound adjustments in the country of resettlement.

In 1986 the Office of Refugee Resettlement of the U.S. Department of Health and Human Services called for investigations of the activities and roles of Southeast Asian youth with a view to assessing their economic self sufficiency. The investigations were qualitative in nature. The profile that emerged indicated distinct patterns of adjustment and adaptation for each cultural group, with each pattern reflecting cultural values as well as recent historical events (Wehrly, 1988).

The Vietnamese adolescents in these studies were portrayed as having aspirations for advanced professional education regardless of gender while the aspirations for comparable groups of Laotian, Cambodian and Hmong adolescents were lower (Baizerman and Hendricks, 1988). They focused on schoolwork and had strong study patterns over long hours. Few of the subjects in these investigations had part-time jobs as their parents viewed their adolescent's study as an "investment" for the future.

The Vietnamese adolescents had very high expectations and saw "working hard" as the secret of success.

Measurements of academic success such as percentage per population of Valedictorians and Salutatorians and GPA scores in the United States education system showed that Vietnamese honor students represented more than twice the proportion of all Indochinese seniors in high school. The Southeast Asian youth had, in general, above average GPAs and the Vietnamese had the highest GPAs (Rumbaut and Ima, 1988). Factors that were associated with these high scores included:

- the education levels of parents;
- the family's cultural resources - the Vietnamese, Chinese and Hmong cultures reflected higher levels of discipline and orientation towards education than Lao and Khmer;
- the mother's socioeconomic and emotional characteristics;
- gender - the females had better GPAs than males;
- length of stay in the U.S. - the longer the stay in the U.S. the more likely they were to do well academically;
- age - the younger adolescents were doing better than the older;
- previous education levels - refugee youth arriving in their teens with little previous education had a great deal of difficulty adjusting to the age-based high school system;
- intact families;
- cultural values of families - those families that maintained a strong ethnic identity had children who performed better than those who assimilated rapidly.

(Rumbaut and Ima, 1987).

A major group that were found to be experiencing difficulties were those adolescents who were without intact or functioning families. They were more likely to get into trouble at school or with the police.

Language remained a major problem for Vietnamese adolescents. Those recently arrived were expected to do less well due to minimal language skills and inadequate educational preparation (Baizerman and Hendricks, 1988). The students who continued in post-secondary education also exhibited English language deficiencies. These deficiencies determined the type of post-secondary education that was possible and it was anticipated that they would limit employment opportunities in the future (Rumbaut and Ima, 1987). Investigation of Vietnamese adolescents who were in trouble with the police revealed that fluency in the English language was a factor in exacerbating conditions that led towards delinquency (Rumbaut and Ima, 1987). School adjustment, again influenced by fluency in the English language, was found to be a primary correlate with refugee delinquency if not a causal variable.

Rumbaut and Ima's (1987) study led to the development of a general model of adaptation of Indochinese youth. They identified 4 key sets of parameters.

1. Adaptive resources: what are the pre-migration personal and family characteristics of refugee youth? How are they related to their prospects for self-sufficiency? What are the principle differences among the various ethnocultural groups in this refugee population?
2. Adaptive contexts: what are their institutional and situational contexts of family, community and economy? How are they related to each other? What adaptive challenges and opportunities do these pose for refugee youth?
3. Adaptive strategies: what current and future roles/strategies/plans do they have/anticipate/desire regarding family, community, school and the world of work? How do they define themselves in relation to these institutions?

4. Adaptive outcomes: given their resources, roles, definitions of the situation, and institutional contexts, what are their prospects of developing English language proficiency, attaining educational goals, and finding employment.

Each of the 4 parameters are thought to be interrelated. (see Figure 7)

2.10 The Validity of Vietnamese Refugee Mental Health Studies

Measures of psychiatric disorders or psychological adjustment across cultures are generally fraught with problems. The differences between Western and Vietnamese conceptualization of mental illness are just one example of this.

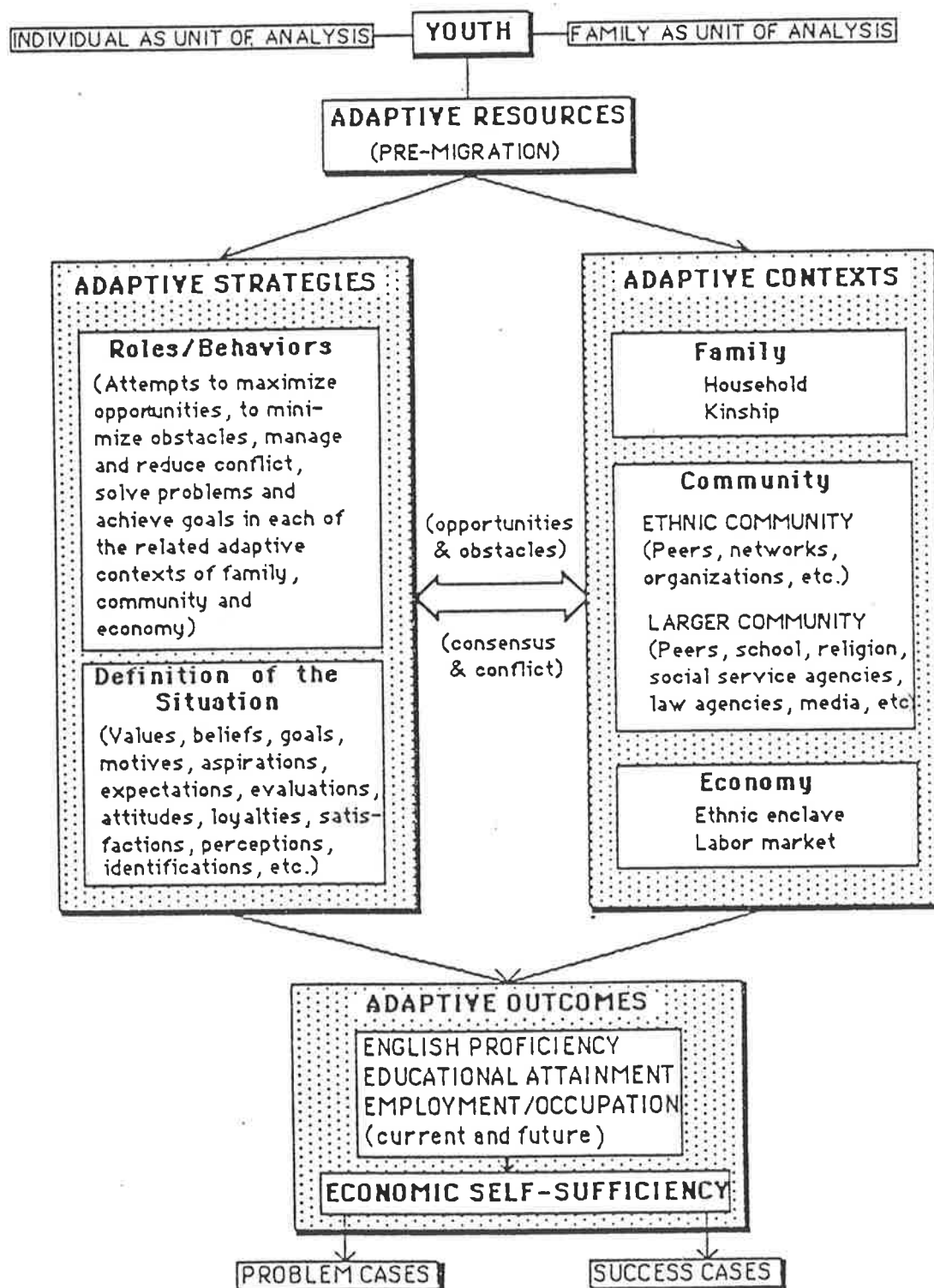
Eyton and Neuwith (1984) have argued that in order to ensure validity in cross-cultural research and to minimize ethnocentric bias, certain methodological issues must be addressed: conceptual equivalence, equivalence of measures, appropriate sampling frames and lexicon equivalence.

Conceptual Equivalence

The rule of conceptual equivalence is concerned with the ability of the researcher to adjust their conceptual framework in order that it might accommodate the cultural variability of the phenomena being measured. Kleinman (1977) illustrates the necessity for this adjustment in his study of the Western and Non-Western characterization of depression. He illustrates that categories of major depression found in Western models may not accurately identify depression in Non-Westerners. The tendency of non-Westerners to somatise and externalize symptoms makes it difficult to reach a Western diagnosis.

Figure 7. Adaptation of Indochinese youth, a general model
(Rumbaut & Ima, 1987, p. 5).

ADAPTATION OF INDOCHINESE YOUTH: GENERAL MODEL



Culture-bound definitions of psychological states merely lead to studies of how often a symptom is present in another society but do not explore the culture's specific manifestations of that state.

Equivalence of measures.

The rule of equivalence of measures is concerned with the requirement that measures used across cultures contain the same items, as well as measures that are culturally appropriate. To illustrate this rule Eyton and Neuwith (1984) examined Vietnamese studies that had used the Cornell Medical Index (C.M.I.) as a measure. They examined 12 questions within this scale that dealt with inadequacy. They argued that because Vietnamese society is highly stratified, a question such as "do you get nervous and shaky when approached by a superior", tapped into highly valued cultural traits that were not as prevalent in Western society. Similarly, given the high value placed on modesty and shyness in South East Asian cultures, a question such as "are you shy or sensitive" demands a positive answer in order to be consistent with cultural norms. Eyton and Neuwith (1984) concluded that it was not surprising that Masuda et al (1980) and Lin et al (1979) found continually high levels of "inadequacy" among the Vietnamese refugees they sampled. The cultural traits of the Vietnamese may well have inflated the scores obtained on the C.M.I.

In order to take this into account, a health status questionnaire more culturally attuned to the Vietnamese culture could have been used in conjunction with the C.M.I., to tap the culture specific beliefs about health of the Vietnamese subjects.

Sampling Frame

The adequacy of a study's sampling frame must be considered before generalisations to the wider population are possible. Vietnamese refugee studies illustrate this point well. As has been shown, the Vietnamese refugee movement has occurred over a considerable length of time and different groups within this movement have differing and distinct characteristics (Viviani, 1984). Some of the refugee cohorts have had more exposure to Western thought than others, e.g. the first cohort in 1975 generally consisted of those who had held high status positions in the South Vietnamese Government, or had served as military personnel alongside the Western allies.

The positions held by this group necessitated exposure to the Western world and often they had been educated or trained within a Western education system. But while measurements obtained from a sample of this cohort could well produce cross-cultural validity of the scale, because the samples would be middle to upper class, Western-trained subjects, the results would not be representative of the refugee population as a whole.

When examining Indochinese refugee studies it is important to uncover which group in particular is being assessed, Lao, Hmong, Cambodian or Vietnamese. When did they leave their country of origin? While no one cohort is homogeneous, which class of people do they represent? What were their sociodemographic characteristics before departure? The findings of studies investigating particular cohorts of refugees are not indicative of what will be found in the refugee population as a whole.

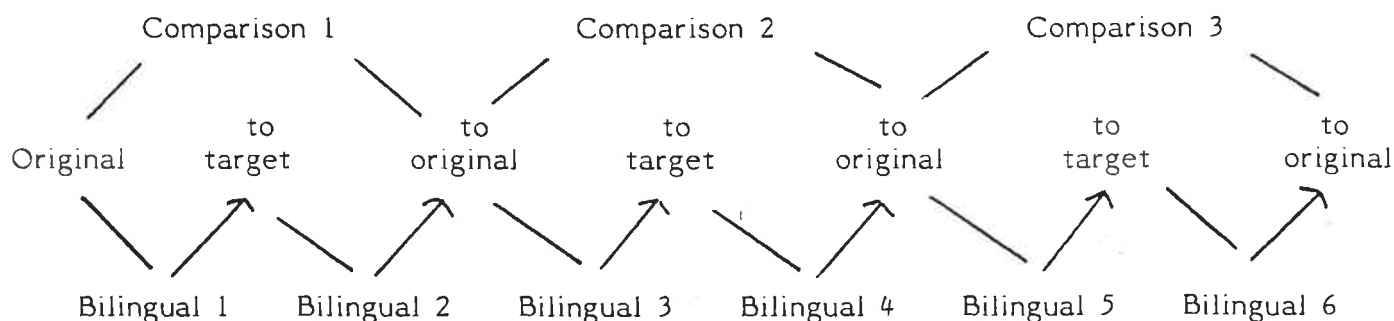
Lexicon equivalence

At the heart of many problems with cross-cultural research is the question of language. Concepts in one language will not have the same meaning across cultures. There will be some similarities in meaning but also a culture-specific meaning (Triandis and Brislin, 1984).

This problem becomes apparent when scales and measures are translated from one language to another. Lexicon equivalence is only attained after the original material has been put through the process of translation and back translation several times at least. Triandis and Brislin's (1984) diagram illustrates this process, where bilingual workers translate from the original to the target language, and others translate from the target back to the original. (See Figure 8).

The methodological issues in cross-cultural studies outlined by Eyton and Neuwith (1984) strongly indicate that the use of Western scales and measures on the Vietnamese refugee population necessitates caution when evaluating results. Triandis and Brislin (1984) emphasised the importance of conducting cross-cultural research but they considered that the real benefit lies in better theory development, rather than comparison of precise measurements of variables. They recommend the use of a number of different methods in cross-cultural research to ensure increased confidence in results.

Figure 8. The decentering technique (Triandis & Brislin, 1984, p. 1009).



Eyton and Neuwith (1984) maintain that because of the ethnocentric bias underlying research instruments, the starting place in any cross-cultural research should be open-ended interviews. The results of these interviews should be used not to test hypotheses, but to formulate theories through skilled interpretation. Only after this step has been completed do they recommend that quantitative methods be employed, always recommending adherence to conceptual equivalence and equivalence of measures.

The use of open-ended interviews is not without problems where the Vietnamese population is concerned. Ethnospecific factors related to the communication style of the Vietnamese highlight that:

1. the Vietnamese are not accustomed to giving their opinion to people in authority and may be frightened of people in authority who ask questions (Brick and Laurie, 1984);
2. The Vietnamese believe that harmony in their relations with others is paramount, and as such are reluctant to criticize or complain (Orque, Block and Monrroy, 1983);
3. Direct expression of negative emotions is socially unacceptable. Initially an affirmative statement may be made but after much discussion this may be turned around into a negative statement (Orque, Block and Monrroy, 1983).

2.11 The Present Study

With the above recommendations and cautions taken into consideration, the present study sought to discover from a group of Vietnamese refugee adolescents their perception of their own adjustment in resettlement.

Within Taft's (1977) model of immigrant adaptation this study is concerned with the adjustment aspect of adaptation. It investigated the refugee adolescents' experience of resettlement through their own description of their social environment and how they feel about the various aspects contained therein. (This adjustment aspect is thought to be similar to the Adaptive Context described in Rumbaut and Ima's (1987) model of adaptation of Indochinese youth.)

This study also chose to focus on a particular group of refugees' resettlement in a particular country because of Kunz's (1981) theory that a) refugees are not a homogeneous group and b) the nature of their country of resettlement is a major factor in resettlement.

In the interest of cross-cultural validity the study sought to minimize ethnocentric biases as follows:

1. The starting point of the study is an eco-map interview. (The questions and probes of this interview are minimal and in Vietnamese. The subjects were encouraged to talk freely and to share their own perception of each subject discussed);
2. The subjects were selected from a particular cohort of refugees, to minimize differences in the pre-departure history of the sample;
3. The quantitative measures used in the study were designed specifically for use with Vietnamese subjects, each scale being designed to ensure understanding of the items on the part of the Vietnamese subjects. (The measures have been normed on Vietnamese refugee subjects who were resettled in the United States);
4. The subjects were interviewed in their own homes in order to facilitate an easy atmosphere throughout the interview.

As stated earlier, this study was necessitated because of the failure of previous studies to take account of the refugees' own perception of their experience of adaptation to their country of resettlement, in a manner that is sensitive to salient cultural beliefs and practices.

CHAPTER THREE

3.0 METHOD

This study was conducted in two phases. Phase one was conducted in December 1986 and phase two in June 1989. The major thrust of both phases was the investigation of the psychosocial adaptation of Vietnamese refugee adolescents to their country of resettlement as they perceive it themselves.

Phase one elicited a pictorial representation of the adjustment of the Vietnamese adolescents within their new social environment, and used supplementary psychometric indices to measure adjustment as objectively as possible.

Phase two, focusing on a subsample of the participants in Phase 1, also elicited pictorial representations of the samples eco-system. These were complemented with self-report narratives of the subjects' adjustment. These narratives were elicited in an interview which had a relatively structured format.

3.01 Subjects - Phase 1

Data was sought from all Vietnamese refugee adolescents aged between 15 and 17 years who had arrived in South Australia between January 1st 1982 and March 31st 1986, accompanied by one or both parents. Of the total of seventy-six Vietnamese refugee adolescents who met this criterion forty-eight subjects were located and forty-seven agreed to participate.

Table 1. Characteristics of the Phase 1 Sample.

Variables	n	%
Age in Years		
15 years	11	23.4
16 years	24	51.0
17 years	11	23.4
18 years	1*	2.1*
Sex		
Male	29	61.7
Female	18	38.3
Ethnic Group		
Vietnamese	45	95.7
Vietnamese/Chinese	2	4.3
Religion		
Buddhist	21	44.7
Catholic Christian	12	25.5
Caodist	3	6.4
Protestant Christian	3	6.4
Ancestor Worship	8	17.0
Months Resident in South Australia		
0-12 mths	7	14.9
13-24 mths	4	8.5
25-36 mths	23	48.9
37-48 mths	10	21.3
49 + mths	3	6.4
Highest Education Year Level in Australia		
Special English Class	6	12.8**
Yr. 6	1	2.1
Yr. 8	4	8.5
Yr. 9	8	17.0
Yr. 10	19	40.4
Yr. 11	8	17.0
Yr. 12	1	2.1
Occupation Status		
Students	44	93.6
Unemployed	3	6.4

* This subject was 17 years old according to Government documentation but at the time of the interview he maintained that he was 18 years old. It is not uncommon for refugees to give a false age when applying for resettlement to a country. He was left in the sample.

** These subjects were not counted for scoring on the variable Education Year Level in Australia.

All of the Vietnamese adolescents interviewed came to South Australia as attached minors, i.e. in the presence of one or both parents. They had arrived in South Australia between January 1st 1982 and March 31st 1986. According to the 1986 census there were 6787 Vietnamese people resident in the Adelaide Statistic Subdivision and 184 were aged between 15 and 24 years. This study's sample constituted 25.5% of this age group.

3.02 Living circumstances in Vietnam

The majority of the participants (27 or 47.6%) came from rural Vietnam while the remainder (20 or 42.4%) had an urban background. The participants were asked to indicate what level of schooling they had reached in Vietnam. This information was influenced by the age of the subjects when they left Vietnam and the amount of disruption experienced by the subject on account of the war. Results are shown in Table 2.

Table 2. Year of Schooling Reached in Vietnam.

	1	2	3	4	5	6	7	8	9	10
No. of Subjects	1	2	5	3	5	11	7	7	3	3
%	2.1	4.2	10.6	6.4	10.6	23.4	14.9	14.9	6.4	6.4

There was considerable variation in the amount of time the subjects had spent in refugee camps in countries of temporary asylum before arriving in Australia. The range of time extended from 3 months to 3 years 1 month, with a mean of 1 year 5 months (see Table 3).

Of the 47 subjects interviewed, 45 had fled Vietnam by sea and 2 by land.

Table 3. Period of Residence in Refugee Camps.

	Less than 1 mth	13-24 mths	25-36 mths	37+ mths
No. of Subjects	24	15	5	2
%	51.0	31.9	10.6	6.4

3.1 Procedure

The interview and testing was introduced to the respondent's parents as a study investigating the adjustment of Vietnamese refugee adolescents to Australia. On account of the age of the subjects, permission was obtained from a parent before the subjects were approached.

Subjects were seen in their family home, often with another member of the family present at least during the initial introduction. Assurances were given that all information given would remain confidential. Anonymity, too, was guaranteed. These interviews were conducted during November and December 1986 (Appendix A).

Selection and Training of Interviewers

The interviews were conducted in the Vietnamese language.

Three interviewers were selected from the Vietnamese community. They were recommended as mature individuals with previous professional research experience, a good standing in the Vietnamese community, demonstrated rapport with adolescents, and having a high standard of English and Vietnamese language skills.

Each interviewer undertook three training sessions. During these sessions, the purpose of the research was explained and the psychometric instruments that were going to be used were introduced. Throughout these training sessions the interviewers offered much advice on culturally appropriate methods of interviewing Vietnamese people. This advice was based on their own familiarity with the Vietnamese culture and their previous research experience.

Each interviewer conducted pilot interviews with Vietnamese youths who were slightly older than those who were to be included in the sample. These pilot interviews determined the order of presentation of the psychometric instruments during the interview. In addition, they ascertained that each interview would last approximately 90 minutes.

3.2 Measures

Psychometric Instruments

Six instruments were used to assess adjustment in various respects. They are described in detail below.

3.21 The Vietnamese Refugee Questionnaire

The Vietnamese Refugee Questionnaire, compiled by the author, was designed specifically to provide biographical details on the participants' background and their departure from Vietnam. There were 13 open-ended questions, 6 of which were multiple choice while the remaining 7 required additional details. The questionnaire was administered by the interviewers. Questions contained in the questionnaire were grouped into topic areas that included:

- 1) personal details (age, address, ethnic origin, religious background);
- 2) details on departure from Vietnam and arrival in Australia;
- 3) schooling in Vietnam and Australia; and
- 4) accommodation/care arrangements since arrival in Australia.

The questionnaire is given in full as Appendix B.

3.22 The Eco-map

An eco-map was completed by all participants. The eco-map is a diagrammatic assessment tool developed out of General Systems Theory. Utilizing a Systems framework it was used to help conceptualize the interviewees' perception of their environment.

It is "... a simple paper and pencil simulation that has been developed as an assessment, planning and interview tool. It maps in a dynamic way the ecological systems, the boundaries of which encompass the person or family in the life space. Included in the map are the major systems that are a part of the individual's life and the nature of the individual's relationship with the various systems. The eco-map portrays an overview of the individuals in their situation; it pictures the important nurturant or conflict laden connections between the individual and the world.

It demonstrates the flow of resources or the lacks and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized."

(Hartman, 1979, p.467).

The original blank eco-map of Hartman consisted of a family or household represented in a large circle in the middle surrounded by many circles representing common systems in the lives of families. This empty eco-map was adapted for the purposes of the present study. The new eco-map had at its centre a circle representing an individual. This circle was surrounded by a number of circles representing the most common systems in the lives of most adolescents, e.g. school, friends and recreation activities. These circles were labelled in Vietnamese.

As in the original eco-map, some circles were left unlabelled to ensure that the interviewees could uniquely represent their environment (see Figure 9).

The following instructions were given for drawing the eco-map:

"Tell me about the organisations, offices and Vietnamese and Australian people that you meet within Australia."

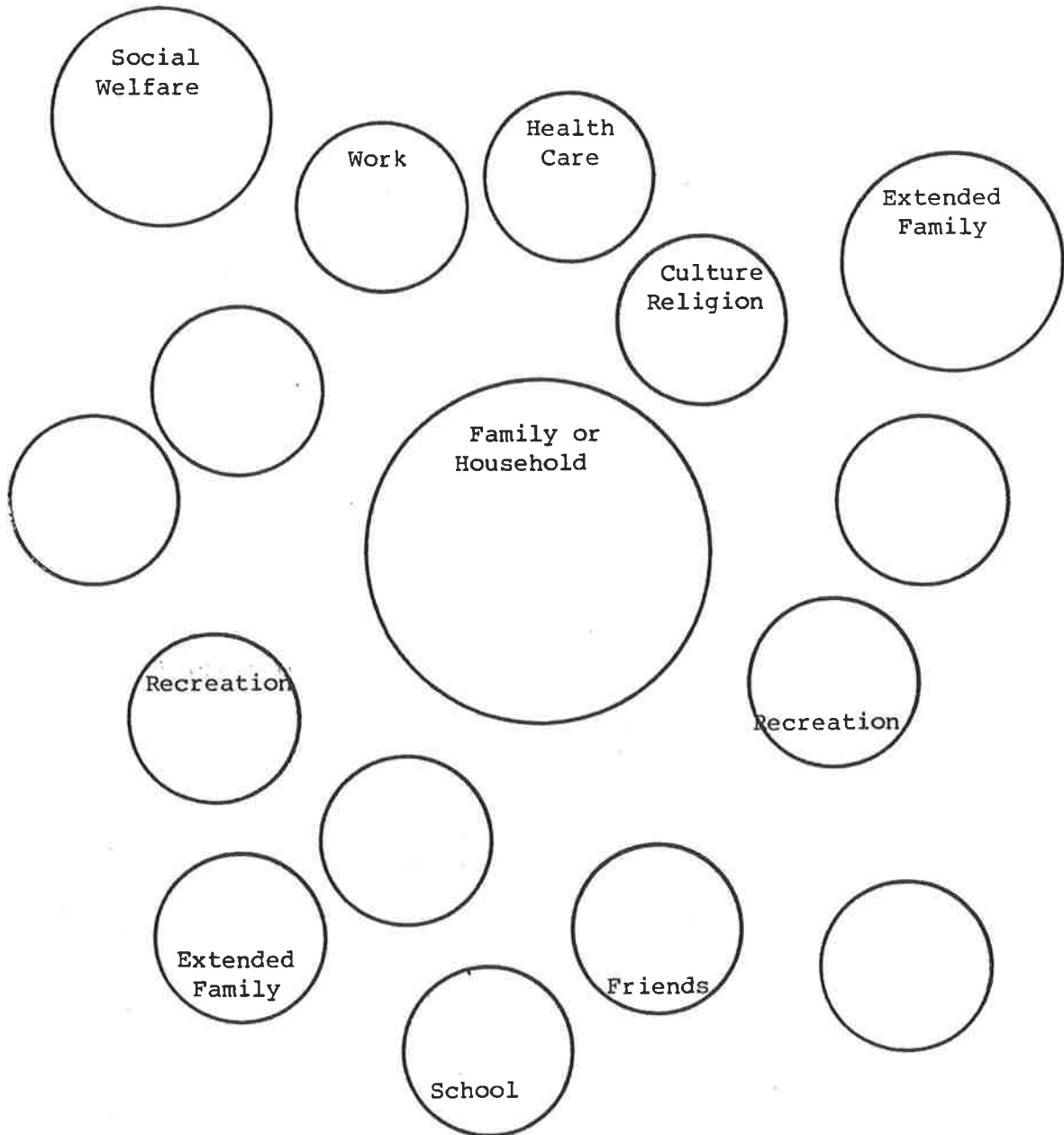
"Describe to me how you relate to each : are they helpful, not helpful? Is it a strong or a weak connection that you have? What do you put a lot of energy/ effort into? Which do you put no effort into? Which cause you problems?"

Interviewees were asked to nominate which systems were part of their environment. This was done in a semi-formal interview, permitting the interviewee to provide as much description as they wished about how they experienced each system. As the narrative unfolded the interviewer represented the interviewee's description by drawing different types of lines between the circle representing the individual and the circle representing the system under discussion.

A line with crosses through it (+++) represented a stressful involvement, indicating that the interviewee found any connections with the system concerned to be stressful. A broken line (- - -) represented a weak involvement, indicating that they had only a tenuous connection with this system. A series of arrows (→ → →) represented an involvement with the system and also the direction of involvement. If the arrows went towards the interviewee, the line indicated that the system put energy or resources into the individual. Arrows away from the interviewee towards the system indicated that the interviewee put energy or effort into the system with no perceived return. A series of arrows flowing in both directions (↔ ↔ ↔) represented a two-way involvement. This

Name _____

Date _____



Fill in connections where they exist.

Indicate nature of connections with a descriptive word or by drawing different kinds of lines _____ for strong ----- for tenuous ++++++ for stressful.

Draw arrows along lines to signify flow of energy, resources, etc. → → → →
Identify significant people and fill in empty circles as needed.

Figure 9. Blank Eco-map (Hartman, 1978).

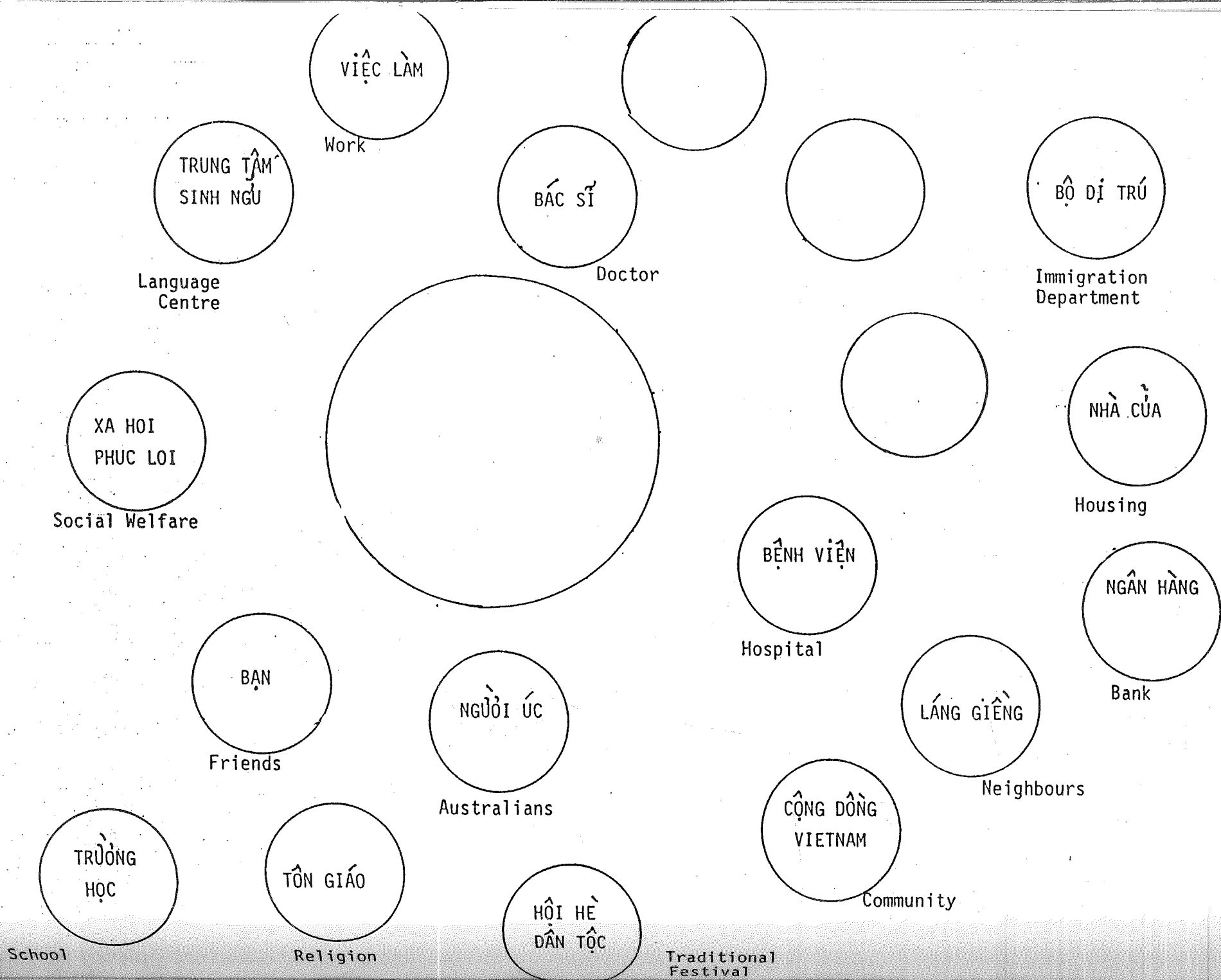


Figure 10. Blank Vietnamese Eco-map.

line was drawn when the interviewees described their relationship with a system as resourceful and energising. Additional descriptive comments made by interviewees throughout their interview were written in the circles or along the lines of the eco-map.

This diagrammatic assessment tool was used because

- 1) Prior research had ignored the individuals' own descriptions of their experience of adjustment to their environment.
- 2) It enabled open-ended questions to be used to elicit information, thereby eliminating some possible ethnocentric biases.
- 3) It had the potential of encouraging the interviewees to talk freely and to present their own socially shared, subjective perceptions of the topic discussed.
- 4) It could be administered by a trained Vietnamese interviewer, enabling the Vietnamese subjects to contribute as fully as possible in their own language.

3.23 Nicassio Alienation Scale

The Nicassio Alienation Scale was administered to all subjects. The scale is a ten-item measure of alienation which consists of questions on feelings of social isolation, cultural estrangement and parentlessness while living in the United States (Nicassio & Pate, 1984). For the purpose of this study, all questions referring to the United States were amended to refer to Australia as the relevant country. The questionnaire was administered in Vietnamese.

The questionnaire was used to help identify major obstacles to resettlement perceived by the refugees. Of the 10 items in the scale, 5 are positive and 5 are negative in the direction of scoring. Subjects responded to each item by making an appropriate rating on a four-point unipolar scale: 1 = strongly agree,

2 = agree, 3 = disagree, 4 = strongly disagree; the negative items were reverse scored. Those who responded "Don't know" were treated as having missed that item, and excluded from the analysis. Nicassio (1983) reported internal consistency (Cronbach's alpha) of .75. With data from the present study, the alpha coefficient was .33 for 31 respondents with complete data, indicating unacceptably low consistency (see Appendix C for Corrected Item Total Correlation table). For this reason, the total scale scores and statistics derived from them are not reported further. Nevertheless, it was of interest to see which kinds of alienation were most commonly experienced and therefore response distributions for the ten individual items were obtained and reported in the Results Section.

3.24 Nicassio Problem Index

The Nicassio Problem Index was administered to all subjects. The Problem Index consists of 32 items each relating to potential problems of adjustment for the Indo-chinese refugee. Subjects were required to rate the seriousness of each potential problem as "not serious", "somewhat serious" or "very serious". For the purposes of this study only 31 potential problems were used, as the problem related to visa status was not applicable in Australia. The remaining potential problems included separation from family, job skills, Australian conditions, and socioeconomic status.

Subjects were asked to indicate how serious each problem was for themselves and their family. It was important that they considered the problem in the light of their own family as some of the potential problems were more oriented to adult respondents than adolescents, e.g. Item 14 "conflict between husband and wife". The higher the score the more serious the problem. The Problem Index was reported to have high internal consistency of .93 (Nicassio and Pate, 1984).

The alpha coefficient obtained from the present data was .81, also high and satisfactory. Appendix D gives the Corrected Item-Total Correlation table.

3.25 Kinzie Depression Scale

Relevant studies had indicated a high prevalence of depressive symptoms among Vietnamese refugee patients (Zulfacar, 1984). A depression scale, developed in the Vietnamese language and containing culturally consistent items, was administered to all subjects. The scale had been constructed to identify depression within the Vietnamese population more accurately (Kinzie, Manson, Do, Nguyen, Bui and Than, 1982).

The scale consists of 15 items, yielding a maximum score of 34 points. It describes affective, cognitive and somatic experiences of Vietnamese people. Kinzie's pre-testing of the scale with depressed Vietnamese patients and a matched community sample led him to conclude that cultural biases had been effectively addressed in the content of the scale as well as in the administrative format of the instrument. In Kinzie et al.'s (1982) study a cutoff point of 13 (of a possible 34) distinguished the depressed Vietnamese patients from the community sample members.

The scale was administered in Vietnamese, and subjects were required to answer each item on a 3-point scale. On the advice of the interviewers and a Vietnamese language lecturer, item no. 16 was modified from nhuc nha (shameful and dishonoured) to tui ho (shamed) because of the extreme nature of the former term.

The alpha coefficient obtained with data from the present sample was high, .87. Appendix E gives the Corrected Item-Total Correlation table.

3.26 S.A. Refugee Youth Task Force Consultations Questionnaire 1986

- Health Issues and Counselling Section

It was anticipated that issues of health and appropriate counselling would arise when investigating the psychosocial adaptation of Vietnamese youth. At the same time as this study was being conducted, the S.A. Refugee Youth Task Force was investigating the needs of a large non-random sample of Indo-chinese youth in South Australia. The health issues and counselling section of their questionnaire was used in this study in order to be able to make appropriate comparisons with the larger sample.

Topic areas covered by the questionnaire were:

- 1) source of assistance for personal difficulties; and
- 2) treatment of health problems, and nature of assistance sought.

There were eight questions in this section, and the majority of the questions required a yes or no answer.

3.3 Methods of Analysis

3.31 Eco-map and narrative data

Data generated from the 47 subjects description of their social environment on their eco-maps were subjected to comparative analysis. Initially the subjects' descriptions of how they related to different systems within their environment were coded in the subjects' interviews. This coding took the form of different line representations as described in 3.22.

Additional comments provided in the interview were also recorded and clustered together to provide information about each system. These data were examined and patterns arising from the comparison of the data were recorded. This initial

step presented a picture of the groups, individuals and organisations with which the initial sample of 47 Vietnamese adolescents related within their resettlement environment, and the quality of these relationships. A composite picture of the samples' social environment evolved from this first step of analysis.

The next step in the analysis involved a selective sampling from the initial data. The patterns that had emerged in the first step of analysis were now examined in greater detail. Ten of the original 47 eco-maps were randomly selected and examined in greater detail using a series of questions (slightly modified) that had been originally designed by Hartman (1978). These questions were designed to uncover a holistic picture of:

- 1) the significant resources available in the refugee adolescents' environment;
- 2) what resources or supports are non-existent or in short supply; and
- 3) some idea of the nature of the relationship between the individual and the environment (e.g. strong, stressed, tenuous, etc.).

Hartman and Laird (1983) referred to this process as assessing individual's relationships within their environment, or "eco-assessment".

3.32 Quantitative data

The relationship between the indices of adjustment and the sociodemographic variables was investigated by correlating the adolescent refugees' age, educational year level in Australia, educational year level in Vietnam and amount of time resident in Australia with the total score obtained on two scales: The Problem Index and the Depression Scale.

Analysis of variance was used to measure the effect of the refugee adolescents' religious affiliation, previous place of residence in Vietnam and sex on the dimensions of adjustment.

In addition, subjects were divided into subgroups according to their experience with each of the 15 eco-systems (Social Welfare, Language Centre, Work, Doctor, Immigration Department, Housing, Bank, Hospital, Neighbour, Vietnamese Community, Traditional Festivals, Australians, Religion, Friends, School). Each of these subgroupings was used in turn as the independent variable for a series of one-way analyses of variance. The dependent variables for these analyses were the subject's age, educational year level in Australia, educational year level in Vietnam, amount of time resident in Australia, the Problem Index Total and the Depression Scale Total.

For the purpose of these analyses it was assumed that each of the indices of adjustment measured at least "interval-level" dimensions or approximated an interval scale (Tassuoka and Tiedeman, 1963). This assumption was supported by statistical analyses reported by the designers of the indices (Kinzie et al, 1982 and Nicassio and Pate, 1984). In the light of this assumption, it was possible to examine the relationship between the sociodemographic variables and the indices of adjustment using Student's t-test and the F-test (Anderson, 1981; Hays, 1973). The Eco-system subgroupings were also cross-tabulated with the subjects' religion, sex and residence in Vietnam, with significant differences between subgroups assessed by Chi-square.

Student's t-test operates under the assumptions that the sampling distribution is normally distributed and that the subgroups have homogeneity of variance. There is evidence in research to suggest that the t-test is a robust test and is therefore relatively insensitive to violations of these assumptions (Winer, 1971; Pagano, 1986). Correlations and t values were considered significant if the probability was less than or equal to the .05 confidence level. The F-test also operates under the assumptions of normal distribution and homogeneity

of variance, but has proven to be extremely robust (Winer, 1971). The .05 confidence level was used for the analyses of variance also.

There is a considerable problem in the analysis of this study consequent on the number of significance tests performed. Given the number of variables and the resulting number of tests, a number of Type I errors may occur under the Null Hypothesis. It was not considered advisable to allow for this experiment-wide effect by adjusting the "confidence level" (.05), since this would have unduly increased Type II errors (given the unavoidable small N). Rather, in interpreting the findings, consistency with previous research and consistency within the study were considered. Isolated and idiosyncratic results are reported, but given little weight in the overall interpretation.

3.4 PHASE 2

Subjects

Additional data were gathered in 1989 on 10 of the participants from the Phase 1 study. The subjects had originally been randomly allocated to one of the 3 interviewers in Phase 1. The same interviewer re-interviewed the subjects in May-June 1989. The nature of the selected sample is shown in Table 4.

Table 4. Characteristics of the Phase 2 Sample.

Variables		No. of Subjects
Sex	Male	5
	Female	5
Occupational Status	Tertiary Student	2
	Secondary Student	6
	Employed	1
	Unemployed	1

The age range was 18 years to 20 years 1 month with a mean age of 18 years 9 months.

3.5 Procedure

This second interview was conducted with the 10 previous interviewees in May and June 1989. This interview was introduced as a follow-up to the first interview and it was explained to the interviewees and their parents that this interview was "Part 2" of the study investigating the adjustment of Vietnamese refugee adolescents to Australia.

3.6 Measures

A semi-structured interview was employed, and interviewees were asked the following question (in Vietnamese): How has coming to Australia been for you? What has been helpful? What has presented problems for you?

The same procedure was used for the Eco-map as in Phase 1.

3.7 Analysis

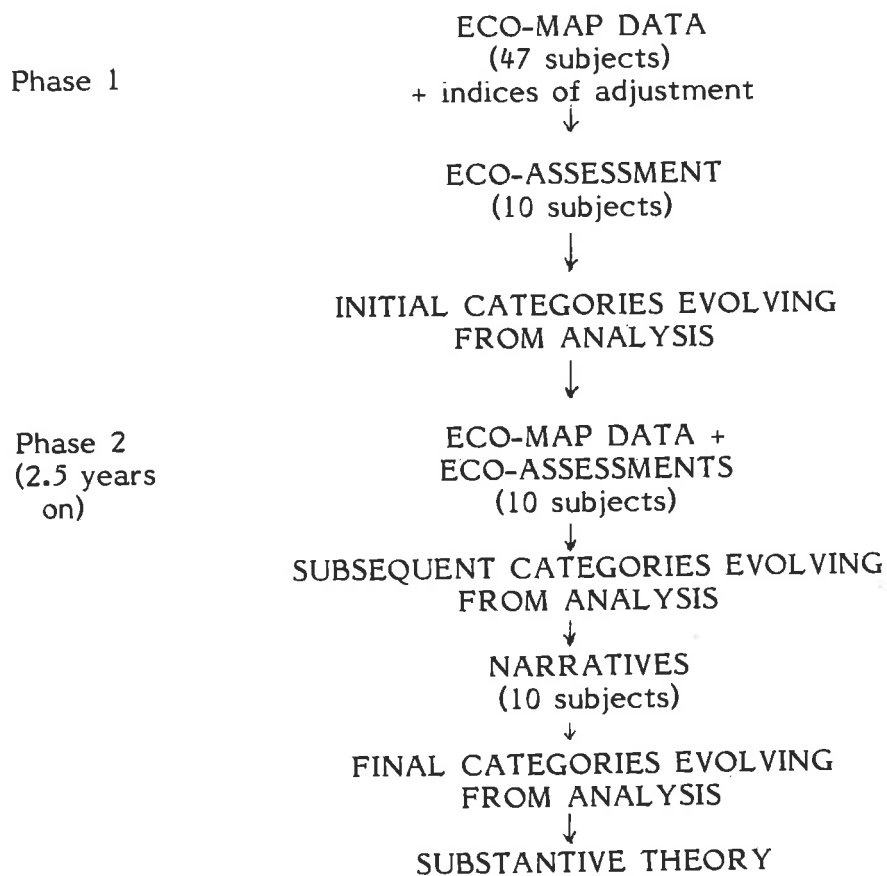
A particular style of qualitative analysis was used to analyse the data that evolved from the eco-maps in Phase 1 and Phase 2, and from Phase 2 narratives, derived from grounded theory. This theory had been developed by Glaser and Strauss in "The Discovery of Grounded Theory" (1968), and involved methodology research using symbolic interaction. The objective of using grounded theory was to develop a theory that explained common patterns in Vietnamese refugee adolescents' social life. Grounded theory uses a constant comparative method of analysis throughout.

1. The data from the Eco-map was initially coded with substantive codes that reflected the substance of what the participants said or drew.
2. The coded data was in turn compared and clustered into categories, and an initial label was given: e.g. shelter needs, English language ability, and acquaintances.

3. The categories were then compared with one another to identify further links.
4. Categories found to be related were combined.
5. The data were then analysed for patterns of relationships between two or more categories. The links connecting categories were considered to be the foundation of a conceptual framework explaining how the process and patterns in the data were related to each other.
6. Throughout the analysis, the links and their patterns were noted in memo form. These memos were also clustered and categorized to facilitate the unfolding of the underlying theory that the data were presenting.
7. Relationships between categories continued to be developed by the "collapsing together" of categories to produce "higher-order" categories. These were categories inclusive of several of the categories that had emerged in the original comparative analysis.
8. To facilitate the assessment of the newly-formed categories for generalizability, the 10 subjects whose eco-map had been examined in detail in Phase 1 were reinterviewed 2.5 years on.
9. These data were coded, and categories were generated using the aforementioned methodology. These categories were assessed against the original interview data for relevance.
10. Finally the total process was completed when a conceptual framework was constructed that described the subjects' experience of adjustment in their country of resettlement, in such a manner that it was representative of the data that was elicited in Phase 1 and Phase 2.

Figure 10 outlines each step of the above mentioned process of analysis.

Figure 11. Process used to discover the substantive theory emerging from the Vietnamese refugee adolescents' description of their resettlement experiences.



CHAPTER FOUR

4.0 RESULTS

This chapter is concerned with the data and the findings that emerged. These findings are presented by way of generalizations that emerged after analysis.

Quantitative analysis of the data sought to answer the following questions:

1. What are the concerns and problems experienced by Vietnamese adolescents as they adapt to a new country?
2. What is the social environment of Vietnamese adolescents in South Australia?
3. What role is played by the pertinent sociodemographic factors of age, sex, religion, education and place of birth in adapting to a new country?

A qualitative analysis of a subsample of the participants sought to discover a theory of refugee adaptation that emerged from the Vietnamese refugee adolescents' descriptions of their resettlement experiences.

The data and analyses will be presented in two sections:-

Quantitative analyses: Section 1

Qualitative analyses: Section 2.

4.1. Section 1. Quantitative Analyses

Section 1 consists of analysis of three indices of adjustment and the influences of pertinent sociodemographic factors on these indices. A comparison between the present sample and the 1987 Refugee Task Force sample's responses to the Health Status Questionnaire and response patterns across the 47 Eco-maps are examined.

4.11. The Indices of Adjustment

4.111. Reliability of Measurement

The psychosocial adjustment of the refugee youth was measured on three scales. The Nicassio Alienation Scale, the Vietnamese Language Depression Rating Scale and the Nicassio Problem Index. Each index of adjustment was examined for internal consistency. Both the Nicassio Problem Index and the Kinzie Depression Scale had high alpha coefficients, .81 and .87 respectively. On the other hand, the Nicassio Alienation Scale had an unacceptably low alpha coefficient, .33 (Table 5), and the total scale score and the statistics derived from it are not reported any further. The response distribution for the Alienation Scales individual items is reported later in this section.

Table 5. Reliability of measures (alpha coefficients) for the Indices of Adjustment.

Scale	alpha coefficient
Nicassio Alienation Scale	.33
Kinzie Depression Scale	.87
Nicassio Problem Index	.81

The Correlation Item-Total Correlations for each of the 3 indices is presented in Appendices C, D and E. Of particular interest are those items where there was zero variance, i.e. where all respondents gave the same response. On the Problem Index all respondents indicated that they had no serious problems in obtaining food essential for good health (Problem 08), practicing religion (Problem 12), obtaining transport (Problem 24) and coping with the physical handicaps of family members (Problem 30). When responding to the Depression Scale, all respondents indicated on Item 3, that they still hoped in the future. There were no items of zero variance on the Alienation Scale.

4.112. Frequencies for the Indices of Adjustment

The range of scores, the mean score and the standard deviation was obtained for each of the indices of adjustment (Table 6).

Table 6. Range, mean and standard deviations for the 3 Indices of Adjustment.

Scale	Range	Mean	Standard Deviation
Nicassio Alienation Scale	12-25	18.45	3.03
Kinzie Depression Scale	0-16	1.57	2.92
Nicassio Problem Index	32-60	45.38	8.07

The Vietnamese Language Depression Rating Scale

Kinzie et al (1982) validated their scale by comparing the test results of two groups, a psychiatric clinic index group and a matched community sample. They found that a score of 13 or more on scale distinguished group membership, with the clinic group having the higher score. In the present study only one participant had a score greater than 13 (a score of 16). (The same participant had a Problem Index score of 55, the fifth highest score on the Problem Index). A score of 16 is indicative of clinical depression. The remaining participants' results do not indicate that there is a significant level of depression amongst this group.

The Nicassio Problem Index

The Nicassio Problem Index required subjects to rank 31 potential problems in order of severity. From a possible total of 93, the range of scores in the present study was 32-60 with a mean of 45.38.

The results for the Problem Index, presented in order of seriousness, are given in Table 7. For comparison, Nicassio and Pates' (1984) results

are given in Table 8. Comparison of the two tables revealed that both samples ranked the same 5 problems at the top of their indices: homesickness; English language problem; separation from family members; painful memories of war and departure; finances.

Examination of the Item-total correlations of the Problem Index (shown in Appendix C) reveals that Item no. 28 ("Difficulty in communicating with family and friends in the home country") has the highest correlation with the overall total score (.71). This suggests that this item is central in differentiating those with few problems from those with many. Difficulty in talking to a loved one in Vietnam might well lead to other problems like feelings of homesickness, separation and painful memories of departure and war. This would suggest that the problems experienced in post-migration may be more significant in influencing adaptation than the pre-migratory factors studied earlier.

Nicassio Alienation Scale

The Alienation Scale proved to have an unacceptably low reliability measure and as a result the scales' total score and the statistics derived from it are not reported here. However, of interest to this study are the kinds of alienation reported by the participants. The response distributions for the ten individual items are given in Table 9. For the purpose of comparison, the response categories "Strongly Disagree" and "Disagree" were collapsed together to create one category indicating disagreement and "Strongly Agree" and "Agree" to form a category of agreement (see Appendix F).

Examination of the response distributions revealed that 100% of the participants felt that they could not contribute anything to Australian society.

Table 7. Problems of adjustment in order of seriousness.

Rank Order	Problem	Not Serious		Somewhat Serious		Very Serious		Missing	
		n	%	n	%	n	%	n	%
1.	Homesickness	7	14.9	10	21.3	29	61.7	1	2.1
2.	English Lang. Problem	8	17.0	17	36.2	22	46.8		
3.	Separation from family members	9	19.1	16	34.0	22	46.8		
4.	Painful memories of war and departure	16	34.0	9	19.1	22	46.8		
5.	Finances	14	29.8	17	36.2	3	34.0		
6.	Need for counselling	31	66.0	4	8.5	12	25.5		
7.	Lack of close friends	24	51.1	12	25.5	11	23.4		
8.	Transportation	28	59.6	9	19.1	10	21.3		
9.	Climate	19	40.4	19	40.4	9	19.1		
10.	Dealing with Aust. people and agencies	26	55.3	10	21.3	9	19.1	2	4.3
11.	Communication with home country	31	66.0	7	14.9	8	17.0	1	2.1
12.	Medical care	33	70.2	8	17.0	6	12.8		
13.	Lack of information	34	72.8	6	12.8	6	12.8	1	2.1
14.	Childrearing	35	74.5	4	8.5	6	12.8	2	4.3
15.	Understanding Aust. culture	15	31.9	26	55.3	5	10.6	1	2.1
16.	Socioeconomic status	29	61.7	12	25.5	5	10.6		
17.	Housing	37	78.7	5	10.6	5	10.6		
18.	Aust. prejudice	27	57.4	16	34.0	4	8.5		
19.	Job dissatisfaction	36	76.6	7	14.9	4	8.5		
20.	Job placement	36	76.6	6	12.8	4	8.5	1	2.1
21.	Physical handicap of family members	40	85.1	2	4.3	4	8.5	1	2.1
22.	Lack of Vietnamese support group	40	85.1	4	8.5	3	6.4		
23.	Job skills	44	93.6			3	6.4		
24.	Marital conflict	39	83.0	4	8.5	1	2.1	3	6.4
25.	Conflict among refugee groups	42	89.4	5	10.6				
26.	Difficulty obtaining vietnamese food	45	95.7	1	2.1	1	2.1		
27.	Family conflict	44	93.6	1	2.1			2	4.3
28.	Nutrition	46	97.9	1	2.1				
29.	Diff. in practising religion	45	95.7					2	4.3
30.	Alcohol/drug abuse	46	97.9					1	2.1
31.	Lack of childcare services for parents	46	97.9					1	2.1

Table 8. Problems of adjustment in order of seriousness
(Nicassio and Pate's (1984) results).

Rank Order	Problem	Not Serious		Somewhat Serious		Very Serious	
		n	%	n	%	n	%
1.	Separation from family members	84	5.9	252	17.6	1099	76.6
2.	Painful memories of war and departure	126	8.9	282	19.9	1077	71.2
3.	English	152	10.4	336	23.0	974	66.6
4.	Homesickness	162	11.5	358	25.5	886	63.0
5.	Finances	138	10.0	452	32.8	787	57.2
6.	Communication with home country	241	18.2	390	29.5	692	52.3
7.	Job skills	298	24.4	328	26.9	595	48.7
8.	Medical care	411	31.6	373	28.7	515	39.6
9.	Need for counselling	421	33.9	342	27.5	479	38.6
10.	Dealing with American people and agencies	322	26.2	433	35.3	472	38.5
11.	Lack of ethnic support group	374	29.7	405	32.2	479	38.1
12.	Understanding American culture	277	21.6	519	40.5	487	38.0
13.	Childrearing	472	42.1	228	20.3	421	37.6
14.	Socioeconomic status	328	26.2	458	36.5	468	37.3
15.	Job placement	449	36.9	325	26.7	443	36.4
16.	Lack of information	441	34.6	381	29.9	451	35.4
17.	Loneliness	281	21.7	569	44.0	444	34.3
18.	Transportation	478	39.7	337	28.0	388	32.3
19.	Childcare	494	44.1	271	24.2	354	31.6
20.	Housing	435	35.0	424	34.1	385	30.9
21.	American prejudice	351	29.0	512	42.2	349	28.8
22.	Climate	427	33.5	496	38.9	352	27.6
23.	Job dissatisfaction	425	38.5	408	37.0	271	24.5

continued over

Table 8 continued

	Not Serious		Somewhat Serious		Very Serious	
	n	%	n	%	n	%
24. Visa status	587	50.2	315	26.9	267	22.8
25. Conflict among refugee groups	580	48.7	358	30.1	252	21.2
26. Difficulty practicing religion	586	48.7	366	30.4	251	20.9
27. Nutrition	743	60.0	310	25.0	186	15.0
28. Physical handicap of family member(s)	810	71.6	151	13.5	167	14.9
29. Family conflict	782	70.1	183	16.4	150	13.5
30. Marital conflict	792	72.9	149	13.7	146	13.4
31. Difficulty obtaining Indo-chinese food	769	62.1	344	27.8	125	10.1
32. Alcohol/drug abuse	980	85.8	89	7.8	73	6.4

A very large proportion, 95.7% did not think that the future looked bright for them in Australia and yet 93.7% thought that there was much they could do to improve their life in Australia. The majority of the participants (83%) disagreed when asked if they thought that the Australians they knew liked them, and 72.4% reported that it was not easy to make Australian friends. In spite of this, 78.7% of respondents reported that they did not feel awkward and out of place in Australia. A large group (78.7%) felt that the things taught them by their parents in Vietnam were useful in Australia. A further 61.7% felt that they did not belong in Australian society.

Overall, the participants felt that while Australia offered them many opportunities, their future prospects were not good. They saw themselves as being unable to make a valuable contribution to Australian society and they had difficulty in getting to know Australians and being liked by them. In spite of these feelings, the participants had found a place for themselves in Australia.

Table 9. Response distributions for the ten individual items of the Alienation Scale.

1. I feel awkward and out of place in Australia.

Value Label	Value	Frequency	Percentage
Don't Know	0	1	2.1
Strongly Disagree	1	9	19.1
Disagree	2	28	59.6
Agree	3	6	12.8
Strongly Agree	4	3	6.4
Total		47	100.0
Mean Response (X) = 2.00		SD = .83	
Mode = 2.00			

2. It is easy for me to make Australian friends.

Value Label	Value	Frequency	Percentage
Don't Know	0	8	17.0
Strongly Disagree	1	10	21.3
Disagree	2	24	51.1
Agree	3	4	8.5
Strongly Agree	4	1	2.1
Total		47	100.0
Mean Response (X) = 1.63		SD = .83	
Mode = 2.00			

3. The future looks very bright for me in Australia.

Value Labels	Value	Frequency	Percentage
Don't Know	0	2	4.3
Strongly Disagree	1	16	34.0
Disagree	1	29	61.7
Agree	3	0	0.0
Strongly Agree	4	0	0.0
Total		47	100.0
Mean Response (X) = 1.68		SD = .47	
Mode = 2.00			

4. Many things my parents taught me in my home country are not useful in Australia.

Value Labels	Value	Frequency	Percentage
Don't Know	0	0	0.0
Strongly Disagree	1	19	40.4
Disagree	2	18	38.3
Agree	3	9	19.1
Strongly Agree	4	1	2.1
Total		47	100.0
Mean Response (X) = 1.93		SD = .82	
Mode = 2.00			

5. As an individual, I can contribute something to Australian Society.

Value Labels	Value	Frequency	Percentage
Don't Know	0	0	0.0
Strongly Disagree	1	17	36.2
Disagree	2	30	63.8
Agree	3	0	0.0
Strongly Agree	4	0	0.0
Total		47	100.0
Mean Response (X) = 1.73		SD = .45	
Mode = 2.00			

6. It is difficult for me to understand the Australian way of life.

Value Labels	Value	Frequency	Percentage
Don't Know	0	9	19.1
Strongly Disagree	1	3	6.4
Disagree	2	17	36.2
Agree	3	16	34.0
Strongly Agree	4	2	4.3
Total		47	100.0
Mean Response (X) = 1.93		SD = 1.15	
Mode = 2.00			

7. I feel like I belong in Australian society.

Value Label	Value	Frequency	Percentage
Don't Know	0	3	6.4
Strongly Disagree	1	2	4.3
Disagree	2	27	57.4
Agree	3	14	29.8
Strongly Agree	4	1	2.1
Total		47	100.0
Mean Response (X) = 2.12		SD = .84	
Mode = 2.00			

8. There is little I can do to improve my life in this country.

Value Label	Value	Frequency	Percentage
Don't Know	0	3	6.4
Strongly Disagree	1	13	27.7
Disagree	2	31	66.0
Agree	3	0	0.0
Strongly Agree	4	0	0.0
Total		47	100.0
Mean Response (X) = 1.71		SD = .84	
Mode = 2.00			

9. I feel that the Australians that I know like me.

Value Labels	Value	Frequency	Percentage
Don't Know	0	7	14.9
Strongly Disagree	1	10	21.3
Disagree	2	29	61.7
Agree	3	1	2.1
Strongly Agree	4	0	0.0
Total		47	100.0
Mean Response (X) = 1.54		SD = .78	
Mode = 2.00			

10. I feel all alone in Australia.

Value Labels	Value	Frequency	Percentage
Don't Know	0	0	0.0
Strongly Disagree	1	1	2.1
Disagree	2	25	53.2
Agree	3	15	31.9
Strongly Agree	4	6	12.8
Total		47	100.0
Mean Response (X) = 2.55		SD = .75	
Mode = 2.00			

4.12. The relationship between two of the indices of adjustment and pertinent social variables.

4.121. Age, education level in Australia, and education level in Vietnam.

The relationship between the Kinzie Depression Scale, the Nicassio Problem Index and age, education in Australia, and education in Vietnam was established by calculating the correlation coefficients (Pearson's r) between the scale scores and the social variables (Table 10).

Table 10. Correlation coefficients between the indices of adjustment scores and age, education level in Australia, education level in Vietnam and amount of time resident in Australia.

Variables	Problem Scale	Depression Scale
	Total	Total
	r	r
Age	.01	-.01
Education in Australia	-.04	-.18
Education in Vietnam	.12	.13
Amount of Time Resident in Australia	-.12	-.23

All of the correlations were non-significant. This suggested that the social variables explored did not greatly influence the Vietnamese adolescents' psychological adjustment to South Australia.

4.122. Religion, place of residence (country/rural) in Vietnam and sex.

The effects on the two indices of adjustment of religion, place of residence (country/rural) in Vietnam and sex was examined by analysis of variance (ANOVA). The resulting F-ratios are shown in Table 11. (Note: None of the F-ratios is significant. Degrees of freedom are shown in brackets.)

Table 11. F-ratios resulting from analyses of variance of the indices of adjustment scores and religion, residence (country/rural) in Vietnam and sex.

	Religion	Residence in Vietnam	Sex
Degrees of freedom	(4, 42)	(1, 45)	(1, 45)
Depression Scale Total	1.017	0.409	0.567
Problem Index Total	0.515	0.515	0.417

The ANOVA yielded no significant effects, suggesting that the sociodemographic factors measured did not significantly influence adjustment to a country

of resettlement. These conclusions are consistent with the findings of Westermeyer, Vang and Neider (1984) that pre-migratory factors had little influence on subjects' adjustment.

4.2. Health Status Questionnaire

Results from the present sample were compared with the findings of the 1987 Refugee Task Force of South Australia. In that study 165 Indo-chinese refugee youths, aged between 15 and 24 years, were surveyed to develop a profile of such youth and to obtain information on their needs and problems. The sample comprised members of several ethnic groups, including Vietnamese. The Health Status Questionnaire was developed specifically for that survey, and was used in the present study in the hope that a comparison could be made between the two groups. It was used because the findings of previous studies indicated that Indochinese people tend to present somatic symptoms when under stress. Lin, Masuda and Tazuma (1979, 1982) reported throughout their longitudinal study that Indochinese patients presented somatic complaints at health-care centres. "Somatisation is characterized by the expression of personal and social distress in an idiom of bodily complaints and medical help-seeking" (Lin, Carter and Klienman, 1985, p.1080). The Task Force questionnaire's section on health issues was designed to uncover whether their refugee subjects somatised their stress symptoms. The results for different symptoms are shown in Tables 12 to 16.

The majority of participants in the present study (89.4%) described themselves as healthy. Compared with the 1987 Refugee Task Force sample, it would appear that the Vietnamese refugee adolescents in the present study did not report more somatic symptoms overall than the earlier South Australian study. In terms of particular symptoms, the present study found that the

incidence of insomnia was significantly less (2.1%) for the current study compared with the Refugee Task Force sample (15.7%). The most frequent symptom of those assessed was "Headaches" (19.1), but it may be noted that this incidence was less than for the 1987 refugee sample (29.7%).

Table 12. Percentage of Subjects who "are healthy" Comparing the Current Sample and the Refugee Task Force Sample (1987).

Healthy	Current Study	Refugee Task Force Study
	Percentages	
Yes	89.4	80.0
No	8.5	14.5
Not Stated	2.1	5.5

Table 13. Percentage of Frequent Headache Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).

Headaches	Current Study	Refugee Task Force Study
	Percentages	
Yes	19.1	28.5
No	80.9	66.1
Sometimes	0.0	1.2
Not Stated	0.0	4.2

Table 14. Percentage of Insomnia Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).

Insomnia	Current Study	Refugee Task Force Study
Percentages		
Yes	2.1	14.5
No	97.9	70.9
Sometimes	0.0	1.2
Not Stated	0.0	13.3

Table 15. Percentage of Nightmare Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).

Nightmares	Current Study	Refugee Task Force Study
Percentages		
Yes	8.5	10.9
No	91.5	67.9
Sometimes	0.0	1.8
Not Stated	0.0	19.4

Table 16. Percentage of Stomach-ache Sufferers Comparing the Current Sample and the Refugee Task Force Sample (1987).

Stomach-ache	Current Study	Refugee Task Force Study
Percentages		
Yes	10.6	13.3
No	89.4	65.4
Sometimes	0.0	0.6
Not Stated	0.0	20.6

4.3. Eco-maps

The eco-maps elicited from the Vietnamese refugee adolescents the systems (i.e. organisations, groups and communities) to which they related within their environments, together with the nature of these relationships. The designers of the eco-map (Hartman and Laird, 1983) suggested that the "environmental systems" which affect the individuals' life should be identified on the map. As soon as the nature of the individual-system transaction has been identified, a line is drawn between the symbol for the individual and the system. This line is drawn to express the quality and nature of the connection.

For the purpose of this study, six response patterns were identified and these responses were coded as follows:

- a) no relationship with a system,
- b) a mutual relationship between the adolescent and the system,
- c) energy coming one-way from a system,
- d) energy going one-way to a system,
- e) a stressful relationship with a system,
- f) a weak relationship with a system.

The eco-map was originally designed to present a total visual image of each participants' description of their social environment. In order to draw comparisons between subgroups of the 47 participants in Phase 1, a series of analyses was performed on the data investigating how subsamples described their relationship with each system. The sample was divided into subgroups according to which response pattern the participants had identified as representing their relationship with a system. The frequency distribution of response patterns to each system is presented in Appendix G. Charts of the data are presented in Appendix H.

4.301 Social Welfare Department

Over 72% of refugees reported that their family was receiving social welfare benefits. These included unemployment, old age, and sickness benefits as well as study and family allowances. A further 17% of the participants indicated that they did not know whether their family received any benefits, perhaps a reflection of the subjects' age and the parents wish to keep financial matters confidential. Some participants (9%) were privy to this information through acting as interpreters for their parents at the Social Welfare Department.

One participant reported that the family was having a difficult time, with legal action being taken against them by the Social Welfare Department. This was causing his family great stress, and he was required to act as an "English and culture" interpreter for his father (see Chart 1).

4.302 Language School

A large group (28%) reported that attendance at the language school caused them much stress. This could reflect the participants' initial difficulties with attaining an adequate level of English, as attendance at these language schools was compulsory in the early months after arrival.

A similar sized group found that they were putting considerable energy and time into the language school and did not indicate any sense of return. Only 2% found that they had a mutual relationship with the language school. Another group (26%) indicated that the language school was a resource for them without effort on their part. Different language schools and former education levels would account for some of these differences in perception (see Chart 2).

4.303 Department of Immigration

All the subjects interviewed in the present study had been accompanied to Australia by at least one parent. The majority of the participants (61%) reported having no dealings with the Department of Immigration. This reflects the fact that their family was already with them in Australia.

However 37% of the participants still had one parent in Vietnam and were attempting to sponsor them to Australia. For some 15% this process of sponsorship was causing stress, while for others (22%) it was needing significant effort on their part, with no obvious return. One participant described his dealings with the Immigration Department as "very sad and hopeless for family reunion of mother". Another said his mother, brother and sisters were in Vietnam and he was "anxious and misses mother". The stress experienced when dealing with the Department of Immigration seemed to reflect the participants' anxiety as well as the lack of feedback from the Department (see Chart 3).

4.304 Housing

Many of the participants (45%) said that they were renting or buying a house and this took a lot of their family's resources. Another 38% indicated that the housing that they were renting was cramped; for example, "2 bedroom house for 7 adults", "not enough room", and "not comfortable". Many were waiting for a Housing Trust home. One participant reported that his family had been "sacked" from their accommodation 3 times because they were a big family. A further 6% received housing assistance from a relative and they described this as a resource for the family (see Chart 6).

4.305 Work

All but one of the participants indicated that they did not have any formal paid work beyond their schooling (including part-time work). One participant (2%) had been employed in 3 factories and had found this work very stressful. However, at the time of interview he was unemployed. Another participant had made tentative inquiries about work because of his family's financial difficulties and a third participant helped her parents at their market garden (see Chart 5).

4.306 Doctor

With regard to doctors, the largest group (41%) indicated that they had a tenuous relationship with a medical practitioner, only seeking attention when necessary. A further 29% of the participants reported that they had no connections with a doctor; and a smaller group (21%) stated that when they did go to a doctor it was a stressful experience for them. They did not indicate whether this was because of the nature of the illness, their relationship with the doctor, or some other reason.

A small group (7%) found relating to the doctor an effort without any return and one participant (2%) described the doctor as offering much assistance for his stomach ulcer and asthma (see Chart 6).

4.307 Bank

Nearly half of the participants (42%) had no relationship with a bank. This result possibly reflected their youth and lack of earning capacity. One group (20%) had a tenuous connection with a bank. A further 15% stated that their family had a loan to buy a house and they described the bank

as a resource for the family. A further group (13%) also had a loan or mortgage, and they described repayments as taking effort from the family. The group that had been rejected for a home loan (10%) indicated that their relationship with the bank had been stressful (see Chart 7).

4.308 Hospitals

With regard to hospitals, the largest group (72%) had not been to a hospital in Australia. The next group (15%), who had been to a hospital, described their relationship as stressful. The subjects that described their relationship with the hospital as one that required effort on their part (5%) were either acting as interpreters for their parents, or receiving treatment regularly. Of the remaining subjects, 4% had a tenuous relationship with the hospital, seldom attending, and one subject (2%) stated that the hospital was a great resource for his father when he was ill but that the family had to put effort into accessing this resource (see Chart 8).

4.309 Neighbours

Over one-third of the participants (37%) reported that they had a tenuous connection with their neighbours. This group indicated that the relationship was "nothing special", the neighbours were "seldom seen", or a "language problem" prevented further relating. The next largest group (32%) said that they had a mutually helpful relationship with their neighbours. They described them as "nice", "good", "very close" and "friendly". Some indicated that these neighbours were also Vietnamese.

A smaller group (25%) reported that they had no relationship with their neighbours, and the remaining group (6%) reported stressful relations because language and cultural barriers separated them (see Chart 9).

4.310 Vietnamese Community

About one half of the participants (54%) related in a tenuous fashion to the Vietnamese Community in Australia. Some of these people indicated that they had contact with the Community only at traditional festivals. One group (19%) played a very active role in the Community as volunteers and participants in different activities. A similar group (19%) did not relate to the Vietnamese Community and a smaller group (10%) related only to attend particular activities, e.g. Tae Kwon Do.

A further 5% of the participants put no effort into the Community but did receive assistance from it. Only one participant (2%) reported that he had found relating to the Vietnamese Community to be stressful (see Chart 10).

4.311 Traditional Festivals

A large group (45%) indicated that they had a tenuous connection with the Vietnamese community during traditional festivals. An additional 37% said that they put a lot of effort into the New Year, Full Moon and Mid Autumn Festivals, some "helping the Vietnamese Community on these occasions".

A smaller group (10%) had no relationship with the Festivals. Two subjects (4%) reported their involvement as helpful for them and a further two (4%) indicated that Festival time was stressful for them, mainly because of memories of Vietnam (see Chart 11).

4.312 Australians

Over one third (37%) indicated that they had a tenuous relationship with Australians. However, 22% described a relationship that was mutual and gave descriptions such as "nice people" and "friendly". About as many (21%) stated that some Australians in particular were a great source of help without demanding any help in return. These Australians were mainly teachers, and the subjects stated that they "need a lot of help from tutors" or were getting "lots of supervision". A much smaller group (8%) described their relationship with Australians as stressful and only one subject (2%) saw himself as putting a lot of effort into being with Australians without any return (see Chart 12).

4.313 Religion

A large group (41%) were tenuously linked with formal religious organisations. Some members of this group said that "they seek help from Church" and attend the Buddhist temple at least once a year. Another 21% said they had a mutual relationship with their religious organisation. Many of these respondents were members of the Vietnamese Catholic Church and went to Church every week. Some indicated they were members of the Church's youth group. An additional group (17%) indicated that they went to Church every week, but they did not indicate that this activity resourced the family.

A group of 10% had no formal relationship with religion, and (8%) said that they found their religious activities stressful. Only one of this group stated why this was so for him and the reason concerned his family. A very small group (3%) received assistance from their religious organisation without directing any effort towards it (see Chart 13).

4.314 Friends

The majority of the participants (87%) stated that they had mutual relationships with friends, i.e. they put effort into being friendly with certain people and felt resourced as a result of their efforts. Of this group, 26% indicated that their friends were school friends, but did not indicate their ethnicity. One third (36%) said they had only Vietnamese friends, and the remaining group (36%) identified Australian and Vietnamese friends. Many commented that it was "easy to make friends" and that they had "many".

Only 9% of the participants had tenuous connections with friends, and they reported these friends to be Vietnamese. One subject said that he put some effort into being friendly with Vietnamese school mates but with no return and another participant said that his friendships were stressful (see Chart 14).

4.315 School

The largest group (40%) reported that their schooling had "interesting study" but commented that they had "English problems". They reported that they had "good teachers" and "nice friends" at school. The next largest group (24%) said that school was a resource for them and indicated that they did not put energy back into the school system. These participants stated that their teachers were a great help to them. A group of 21% found their schooling to be a stressful experience, citing "language problems" as the source of their stress, possibly reflecting the stress initially experienced at language school.

A small group (7%) were not yet active in the school system and were looking to enrol. Two participants (4%) were no longer in the school system

and another 2 (4%) described school as taking their energy without offering any return (see Chart 15).

In summary, eco-maps revealed that some of the systems (institutions, organisations, groups of people) contributed to ease of adjustment and others to stresses of adjustment. However, there was a clear consensus only in certain cases. Not surprisingly, the eco-map revealed that family support was a major social support for the participants. But the family also made many demands on the energy and time of the participants. A number of other systems in the participants' social environment were societal structures designed to facilitate ease of adjustment. An important example was the social welfare system. The majority of the families of the participants were receiving social security benefits. These benefits were designed to assist the newly-arrived immigrants through a time of adjustment, characterised in the early months by intensive language classes and unemployment.

A major stress of adjustment was the language barrier experienced in the first months of resettlement. Many of the participants described instances when they had to act as interpreters for their family, while they were still experiencing difficulty themselves with English acquisition. The difficulty with language was reflected in their feelings about the language centre (28% reporting stress), and school (21% reporting stress).

Another stress described is in relation to housing. Early in the process of adjustment, suitable housing is difficult to find because of the waiting time necessary before being able to afford to rent a private or government house.

Medical assistance was not sought frequently by the participants, possibly a reflection of the earlier finding that the participants described themselves as healthy.

A major surprise was the finding that over half of the participants (65%) had no connection or only a tenuous connection with the Vietnamese community. Less than half of the participants contributed to the celebration of traditional Vietnamese festivals. Australians are described by the majority as helpful and friendly, and over a third of the participants list Australians among their friends.

Understandably, given the age of the participants, school is described as a major resource in the lives of the participants. Teachers are often described as both instructors and friends. However, school was stressful for some because of language difficulties, as mentioned above.

4.31. Analyses of variance for the differences in sociodemographic and adjustment variables for subgroups defined by experience of each Eco-system.

One-way analyses of variance were undertaken to examine mean age, level of education in Australia, level of education in Vietnam, amount of time resident in Australia, the Problem Index Total and the Depression Scale Total in relation to subgroups defined by the participants' descriptions of their transactions with each eco-system in their eco-map. In order to perform these analyses, it was assumed that the sociodemographic variables could be treated as interval-level variables. For each analysis, subgroups were defined by their relationship with the "institution" or "group" involved. Only significant effects are described in detail below. Mean values are shown in Tables 17 to 31. Details of all analyses of variance are given in Appendix I.

Eco-system 2 (Language school)

Experience of language school on the part of the participants varied significantly according to their level of education in Vietnam ($F=2.42$, $df=5,41$, $p>.05$).

The participant who described his experience of language school as a mutual relationship had a lower score on education year level in Vietnam than participants who described their experience of language school as stressful or requiring much energy without any apparent returns. It might have been expected that those most in need of the language school would gain most benefit.

The analysis of variance yielded a significant effect also for the Problem Index Total ($F=3.45$, $df=5,41$, $p<.05$). Participants who found the language school to be a more helpful resource i.e. it put energy into their lives, gained a lower mean for the Problem Index Total, compared with those who found the school less useful i.e. those with a stressful relationship and those who put energy into school with no apparent return.

Eco-system 6 (Housing)

The analysis of variance yielded a significant effect for Problem Index Total and Housing ($F=4.30$, $df=4,42$, $p<.01$). The participants who reported that their housing conditions were stressful had a higher mean for the Problem Index total. A lack of adequate housing would lead to other problems of daily living.

Eco-system 7 (Banking)

Experience with the banking system as described by the participants varied significantly according to their Problem Index Total ($F=6.25$, $df=4,42$, $p<.001$) and their level of education in Vietnam ($F=2.64$, $df=4,42$, $p<.05$).



The participants who reported no relationship with banks, a stressful or weak relationship, or assistance from the banks, had a significantly higher mean for the Problem Index Total than those subjects who only put resources into the bank without any assistance in return. It is understandable that those who used the banks as a resource had less problems than those who had no assistance or were in debt to banks. Participants who had formed a weak relationship with banks had a lower mean for the level of education in Vietnam than those who had no relationship. This could suggest that more education in Vietnam left participants less in need of assistance from the banking system.

Eco-system 9 (Neighbours)

Relating with neighbours varied significantly according to the participants Problem Index Total ($F=3.32$, $df=3,43$, $p<.05$). Participants with a weak or mutual relationship with their neighbours had a higher mean score on the Problem Index Total than those with no relationship, suggesting that relating with neighbours resulted in having more problems than keeping to oneself.

Eco-system 12 (Australians)

The Depression Scale score of participants varied significantly according to the participants' relationships with Australians ($F=4.18$, $df=5,41$, $p<.01$). The participants who had formed a stressful relationship with Australians had a higher mean Depression Scale score. It is to be expected that stress in relationships with Australians would indicate depression for people still adjusting to Australia.

Eco-system 13 (Religion)

The participants' relationship with a formal religion varied significantly according to their Problem Index Total ($F=2.79$, $df=5,41$, $p<.05$). The participants with a weak relationship with a religion had a significantly lower mean for the Problem Index Total than the participant who had no relationship with a religion.

Eco-System 14 (Friends)

The analysis of variance yielded a significant effect for Depression Scale Total and Friends ($F=3.37$, $df=3,43$, $p<.05$). The participant who described himself as putting energy into friendship without receiving any return had a higher mean for the Depression Scale Total than those participants with a weak, stressful, or mutual relationship.

Eco-system 15 (School)

Participants experience of school varied significantly according to their level of education in Australia ($F=2.73$, $df=4,36$, $p<.05$), their level of education in Vietnam ($F=2.45$, $df=5,41$, $p<.05$) and the amount of time resident in Australia ($F=4.80$, $df=5,41$, $p<.01$). Participants with a mutual relationship, or a relationship that received energy from the school, had a higher mean for their level of education in Australia than the participants who felt that they put energy into school without any return. Those participants who described a mutual relationship with their school had a higher mean for their level of education in Vietnam than those who described a stressful relationship. Finally, participants who had either no relationship, or only a weak relationship, with a school had a lower mean for the amount of time that they had been resident in

Australia compared with those who related to a school. It is to be expected that students who had been longer in the school system in both Vietnam and Australia would find school more helpful.

Table 17. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 1 (Social Welfare).

Key to Subgroups

- a: no relationship with Social Welfare (N=2)
- b: mutual relationship with Social Welfare (N=1)
- c: energy coming one-way from Social Welfare (N=34)
- d: energy going one-way to Social Welfare (N=1)
- e: a stressful relationship with Social Welfare (N=1)
- f: a weak relationship with Social Welfare (N=0)

Subgroups	Mean Values					
	a	b	c	d	e	f
<u>Variables</u>						
Age (Months)	188.50	193.00	199.17	182.00	217.00	0.00
Ed. Yr within Aust.	9.50	10.00	9.76	0.00	11.00	0.00
Ed. Yr level in Viet.	7.50	6.00	6.14	3.00	9.00	0.00
Residence in Aust (months)	32.50	34.00	30.76	4.00	34.00	0.00
Problem Index Total	43.50	56.00	45.00	43.00	45.41	0.00
Depression Scale Total	2.00	0.00	1.65	0.00	2.00	0.00

Note: No significant effects were found

Table 18. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 2 (Language School).

Key to Subgroups

- a: no relationship with Language School (N=4)
 b: mutual relationship with Language School (N=1)
 c: energy coming one-way from Language School (N=13)
 d: energy going one-way to Language School (N=14)
 e: a stressful relationship with Language School (N=13)
 f: a weak relationship with Language School (N=2)

Subgroups Variables	Mean Values					
	a	b	c	d	e	f
Age (Months)	191.75	182.00	196.84	198.93	201.00	199.50
Ed. Yr level in Aust.	9.25	0.00	9.70	10.15	9.58	9.50
*Ed. Yr level in Viet.	5.75	1.00	5.46	7.21	5.61	6.50
Residence in Aust (months)	27.50	4.00	29.61	28.00	37.38	34.50
*Problem Index Total	45.75	59.00	39.54	46.21	49.61	42.50
Depression Scale Total	4.25	0.00	1.00	1.14	1.61	3.50

* $p < .05$

Table 19. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 3 (Work).

Key to Subgroups

- a: no relationship with Work (N=44)
 b: mutual relationship with Work (N=0)
 c: energy coming one-way from Work (N=0)
 d: energy going one-way to work (N=1)
 e: a stressful relationship with Work (N=1)
 f: a weak relationship with Work (N=1)

Subgroups Variables	Mean Values					
	a	b	c	d	e	f
Age (Months)	197.70	0.00	0.00	189.00	216.00	201.00
Ed. Yr. level in Aust.	9.77	0.00	0.00	10.00	0.00	9.00
Ed. Yr. level in Viet.	6.11	0.00	0.00	7.00	3.00	3.00
Residence in Aust. (months)	30.81	0.00	0.00	34.00	24.00	32.00
Problem Index Total	44.85	0.00	0.00	52.00	59.00	47.00
Dperession Scale Total	1.54	0.00	0.00	2.00	2.00	2.00

Note: No significant effects were found

Table 20. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 4 (Doctor).

Key to Subgroups

- a: no relationship with Doctor (N=13)
 b: mutual relationship with Doctor (N=0)
 c: energy coming one-way from Doctor (N=1)
 d; energy going one-way to Doctor (N=3)
 e: a stressful relationship with Doctor (N=10)
 f: a weak relationship with Doctor (N=20)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	198.92	0.00	216.00	189.33	197.80	197.85
Ed. Yr. level in Aust.	9.50	0.00	9.00	10.00	9.88	9.76
Ed. Yr. level in Viet.	6.00	0.00	3.00	5.33	7.10	5.70
residence in Aust (months)	34.85	0.00	24.00	16.66	30.20	30.85
Problem Index Total	40.61	0.00	59.00	45.00	46.70	47.20
Depression Scale Total	0.85	0.00	2.00	5.66	1.60	1.40

Note: No significant effects were found

Table 21. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 5 (Dept. of Immigration).

Key to Subgroups

- a: no relationship with Dept. of Immigration (N=29)
 b: mutual relationship with Dept. of Immigration (N=1)
 c: energy coming one-way from Dept. of Immigration (n=0)
 d: energy going one-way to Dept. of Immigration (N=10)
 e: a stressful relationship with Dept. of Immigration (N=7)
 f: a weak relationship with Dept. of Immigration (N=0)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	196.76	210.00	0.00	198.80	200.14	0.00
Ed. Yr level in Aust.	9.79	11.00	0.00	9.67	9.57	0.00
Ed. Yr. level in Viet.	5.55	7.00	0.00	6.90	6.00	0.00
Residence in Aust. (months)	32.58	27.00	0.00	24.30	33.00	0.00
Problem Index Total	25.27	23.00	0.00	27.20	24.57	0.00
Depression Scale Total	1.21	0.00	0.00	2.20	2.42	0.00

Note: No significant effects were found

Table 22. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 6 (Housing).

Key to Subgroups

- a: no relationship with Housing (N=4)
 b: mutual relationship with Housing (N=0)
 c: energy coming one-way from Housing (N=3)
 d: energy going one-way to Housing (N=21)
 e: a stressful relationship with Housing (N=18)
 f: a weak relationship with Housing (N=1)

Subgroups	Mean Values					
	a	b	c	d	e	f
<u>Variables</u>						
Age (Months)	204.00	0.00	194.00	198.10	197.22	197.00
Ed. Yr. level in Aust.	9.75	0.00	10.00	9.85	9.50	10.00
Ed. Yr. level in Viet.	6.50	0.00	7.33	6.28	5.28	7.00
Residence in Aust. (months)	33.50	0.00	33.00	32.67	27.61	30.00
**Problem Index Total	44.25	0.00	46.00	41.05	50.17	53.00
Depression Scale Total	1.25	0.00	1.86	1.17	0.00	1.57

** p < .01

Table 23. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 7 (Banking).

Key to Subgroups

- a: no relationship with Banking (N=20)
 b: mutual relationship with Banking (N=0)
 c: energy coming one-way from Banking (N=7)
 d: energy going one-way to Banking (N=7)
 e: a stressful relationship with Banking (N=5)
 f: a weak relationship with Banking (N=8)

Subgroups	Mean Values					
	a	b	c	d	e	f
<u>Variables</u>						
Age (Months)	197.95	0.00	199.85	195.71	195.20	200.12
Ed. Yr. level in Aust.	9.64	0.00	9.66	10.00	10.00	9.67
*Ed. Yr. level in Viet.	6.85	0.00	5.86	5.00	6.80	4.37
Residence in Aust. (months)	27.70	0.00	25.86	41.29	30.60	33.62
***Problem Index Total	43.70	0.00	49.00	36.85	47.00	52.87
Depression Scale Total	0.90	0.00	3.57	1.43	1.60	1.62

*** p < .001

* p < .05

Table 24. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 8 (Hospital).

Key to Subgroups

- a: no relationship with Hospital (N=33)
 b: mutual relationship with Hospital (N=1)
 c: energy coming one-way from Hospital (N=1)
 d: energy going one-way to Hospital (N=2)
 e: a stressful relationship with Hospital (N=7)
 f: a weak relationship with Hospital (N=3)

		Mean Values					
Subgroups	a	b	c	d	e	f	
<u>Variables</u>							
Age (Months)	196.66	201.00	217.00	192.50	200.28	203.33	
Ed. Yr. level in Aust.	9.75	0.00	10.00	9.85	9.50	10.00	
Ed. Yr. level in Viet.	5.81	3.00	9.00	6.00	7.14	5.33	
Residence in Aust. (months)	31.73	32.00	34.00	22.00	28.14	30.67	
Problem Index Total	43.94	47.00	43.00	55.50	47.00	51.00	
Depression Scale Total	1.15	2.00	2.00	8.00	1.71	1.33	

Note: No significant effects were found.

Table 25. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 9 (Neighbours).

Key to Subgroups

- a: no relationship with Neighbours (N=11)
 b: mutual relationship with Neighbours (N=15)
 c: energy coming one-way to Neighbours (N=0)
 d: energy going one-way to Neighbours (N=0)
 e: a stressful relationship with Neighbours (N=3)
 f: a weak relationship with Neighbours (N=18)

		Mean Values					
Subgroups	a	b	c	d	e	f	
<u>Variables</u>							
Age (Months)	199.45	196.07	0.00	0.00	204.33	197.61	
Ed. Yr. level in Aust.	9.70	10.00	0.00	0.00	10.33	9.50	
Ed. Yr level in Viet.	5.27	5.93	0.00	0.00	8.33	6.11	
Residence in Aust. (months)	33.91	28.13	0.00	0.00	34.33	30.44	
*Problem Index Total	39.27	46.67	0.00	0.00	47.28	45.38	
Depression Scale Total	1.36	0.73	0.00	0.00	4.33	1.94	

* $p < .05$

Table 26. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 10 (Vietnamese Community).

Key to Subgroups

- a: no relationship with Vietnamese Community (N=5)
 b: mutual relationship with Vietnamese Community (N=9)
 c: energy coming one-way from Vietnamese Community (N=2)
 d: energy going one-way to Vietnamese Community (N=4)
 e: a stressful relationship with Vietnamese Community (N=1)
 f: a weak relationship with Vietnamese Community (N=26)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	197.40	197.44	201.00	191.75	217.00	198.27
Ed. Yr. level in Aust.	9.40	10.25	9.00	9.00	11.00	9.77
Ed. Yr. level in Viet.	4.80	7.11	3.50	5.50	9.00	6.00
Residence in Aust. (months)	27.60	31.77	32.50	31.75	34.00	30.62
Problem Index Total	37.20	45.55	49.00	45.50	43.00	46.69
Depression Scale Total	0.20	1.11	0.00	5.50	2.00	1.50

Note: No significant effects were found.

Table 27. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 11 (Traditional Festivals).

Key to Subgroups

- a: no relationship with Traditional Festivals (N=5)
 b: mutual relationship with Traditional Festivals (N=3)
 c: energy coming one-way from Traditional Festivals (N=0)
 d: energy going one-way to Traditional Festivals (N=15)
 e: a stressful relationship with Traditional Festivals (N=2)
 f: a weak relationship with Traditional Festivals (N=22)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	199.00	203.33	0.00	195.53	211.00	197.98
Ed. Yr. level in Aust.	9.67	10.50	0.00	9.73	11.00	9.58
Ed. Yr. level in Viet.	4.60	8.33	0.00	6.27	8.50	5.59
Residence in Aust. (months)	21.00	22.66	0.00	30.80	33.00	33.86
Problem Index Total	51.40	49.00	0.00	45.07	39.50	44.27
Depression Scale Total	0.80	0.66	0.00	1.87	1.00	1.73

Note: No significant effects were found.

Table 28. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 12 (Australians).

Key to Subgroups

- a: no relationship with Australians (N=6)
 b: mutual relationship with Australians (N=10)
 c: energy coming one-way from Australians (N=10)
 d: energy going one-way to Australians (N=1)
 e: a stressful relationship with Australians (N=4)
 f: a weak relationship with Australians (N=16)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	192.83	204.40	197.50	204.00	194.25	196.75
Ed. Yr. level in Aust.	8.80	10.33	9.83	10.00	9.25	9.81
Ed. Yr. level in Viet.	5.67	6.70	5.40	4.00	7.00	5.94
Residence in Aust. (months)	29.83	31.80	26.70	51.00	25.25	33.12
Problem Index Total	40.50	46.50	47.90	47.00	53.25	42.87
**Depression Scale Total	1.00	0.90	0.80	0.00	7.00	1.44

** p < .01

Table 29. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 13 (Religion).

Key to Subgroups

- a: no relationship with Religion (N=1)
 b: mutual relationship with religion (N=9)
 c: energy coming one-way from Religion (N=1)
 d: energy going one-way to Religion (N=8)
 e: a stressful relationship with Religion (N=4)
 f: a weak relationship with Religion (N=20)

Subgroups	Mean Values					
	a	b	c	d	e	f
Age (Months)	199.40	201.55	211.00	192.25	203.75	196.50
Ed. Yr. level in Aust.	10.00	9.77	11.00	9.50	10.50	9.61
Ed. Yr. level in Viet.	4.60	5.33	5.00	5.87	8.00	6.35
Residence in Aust. (months)	19.80	38.89	42.00	30.12	33.50	29.00
*Problem Index Total	54.00	45.22	35.00	46.50	50.25	42.40
Depression Scale Total	0.80	1.22	1.00	2.37	2.75	1.40

* p < .05

Table 30. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 14 (Friends).

Key to Subgroups

- a: no relationship with Friends (N=0)
 b: mutual relationship with Friends (N=41)
 c: energy coming one-way from Friends (N=0)
 d: energy going one-way to Friends (N=1)
 e: stressful relationship with Friends (N=1)
 f: a weak relationship with Friends (N=4)

Mean Values						
Subgroups	a	b	c	d	e	f
<u>Variables</u>						
Age (Months)	0.00	197.00	0.00	202.00	204.00	198.00
Ed. Yr. level in Aust.	0.00	9.80	0.00	10.00	9.00	9.50
Ed. Yr. level in Viet.	0.00	5.97	0.00	9.00	2.00	6.50
Residence in Aust. (months)	0.00	30.68	0.00	34.00	34.00	30.00
Problem Index Total	0.00	45.29	0.00	60.00	55.00	40.25
*Depression Scale Total	0.00	1.39	0.00	10.00	0.00	1.75

* $p < .05$

Table 31. Mean values for demographic and adjustment variables for subgroups having different relations with Eco-system 15 (School).

Key to Subgroups

- a: no relationship with School (N=2)
 b: mutual relationship with School (N=21)
 c: energy coming one-way from School (N=9)
 d: energy going one-way to School (N=2)
 e: a stressful relationship with School (N=10)
 f: a weak relationship with School (N=3)

Mean Values						
Subgroups	a	b	c	d	e	f
<u>Variables</u>						
Age (Months)	188.50	198.28	200.11	198.00	196.70	200.00
*Ed. Yr. level in Aust.	0.00	10.00	10.00	8.00	9.50	8.00
*Ed. Yr. level in Viet.	6.00	6.95	6.22	5.00	4.40	4.67
**Residence in Aust. (months)	6.00	31.23	37.55	46.50	29.60	17.00
Problem Index Total	54.50	46.38	42.44	45.00	43.90	46.33
Depresion Scale Total	0.50	1.90	2.55	0.00	0.80	0.66

** $p < .01$

* $p < .05$

4.32. Analyses of contingency tables for differences in sociodemographic variables of nominal type, for subgroups defined by experience of each Eco-system.

The chi-square statistical test was used to examine the relationships of the three nominal-level sociodemographic factors, religion, sex and residence in Vietnam. All chi-square results are given in Appendix J for each Eco-system in turn. Only significant effects are shown and described in the text below.

Eco-system 7 (Bank)

The refugee adolescents from an urban residence in Vietnam related less to the banking system than those from a rural background

chi-square = 10.22, df = 4, $p < .05$.

Eco-system 10 (Vietnamese Community)

A significant relationship was found between the refugee adolescents' religious affiliation and their descriptions of how they relate to the Vietnamese Community

chi-square = 35.21, df = 20, $p < .01$.

The Buddhist participants had no relationship or a weak relationship. The other religions indicated that they had varying relationships with the Vietnamese Community.

Eco-system 13 (Religion)

The religious denomination of the participants significantly influenced their religious activities

chi-square = 41.48, df = 20, $p < .01$.

The Catholic and Protestant participants reported a stronger connection with formal religious institutions.

4.4. Section 2. Detailed qualitative assessment of 10 of the participants' descriptions of their environment (using initial Eco-map).

A subsample of 10 of the original sample of 47 eco-maps were randomly selected and examined in greater detail using a series of questions, slightly modified from those originally designed by the deviser of the eco-map, Hartmann (1978). The questions included:

1. Is the income sufficient to meet basic needs?
2. Does the individual have adequate food and shelter?
3. Is the neighbourhood safe and a reasonably pleasant place to live?
4. Does the individual have access to preventive health care and good medical resources?
5. Can family members get to needed resources, or are they cut off because of location, or lack of telephone or of public and private transportation.
6. Does this family have meaningful social connections with neighbours, friends, community organisations?
7. Do individuals belong to or participate in any group activities?
8. Does the individual have the opportunity to share cultural, ethnic or other kinds of meanings or values with others?
9. Is the education experience a positive one?
10. Do family members work?

(Hartman and Laird, 1983, p.166)

4.401 Case Study 1

Tu is a 15 year 9 month old female. She is a Buddhist and lived in urban Vietnam. She reached Year 7 in her schooling in Vietnam and is in Year 10 in her Australian school. Tu has been in Australia for 2 years and 10 months.

Tu describes her environment as stressful, with few meaningful connections with people beyond her family. A source of great stress for her is her housing which she perceives as inadequate because of lack of rooms. She has no connections with formal institutions such as banks, Government Departments and hospitals.

Tu does not relate to her immediate neighbours, but has meaningful social connections with the Vietnamese ethnic school, her regular school and her Vietnamese and Australian friends. She indicates that her school experience is a positive one. This is different from her language centre experience which was very stressful. Tu has only weak connections with Australians beyond her school friends. Outside of school she is a member of the Vietnamese scout group but this group activity causes her stress. Tu puts time and effort into working in her parents' market garden and she describes this work as satisfying.

4.402 Case Study 2

This is a 16 year 9 month old female. She is a Buddhist and lived in urban Vietnam. She reached Year 3 in her schooling in Vietnam and is in Year 9 in her Australian school. Thi has been in Australia for 2 years and 8 months.

Thi has many significant social connections in her environment, although these are problematic in several ways. She describes her immediate environment, her home, as "narrow and not comfortable". She has difficulties getting to needed resources because of transport problems, and has only a tenuous connection with the Vietnamese community and associated activities.

Thi's father is ill and this illness has necessitated contact with hospitals, doctors and the Social Welfare Department. Thi has also had contact with other formal institutions including the Department of Immigration and the bank. Her contact with the Department of Immigration was a source of stress for her, but she has had no further contact since her mother arrived from Vietnam.

Thi has many meaningful connections with Australians who are neighbours, English as a Second Language teachers and schoolfriends. She describes her teachers as "very helpful". However, formal schooling has presented Thi with problems. She had little formal schooling in Vietnam and found attending language school very stressful. She expresses the belief that school offers her opportunities, but she has little to give back because of her gap in schooling. Thi is thinking about getting a job "because it may help family have more finance".

In summary, it is clear that Thi's problems are associated with various aspects of the environment. Teachers are seen as providing support, but would not be available if she left school to get a job.

4.403 Case Study 3

Kim is a 15 year and 1 month old female. She is a Protestant and lived in urban Vietnam. She reached Year 5 in her schooling in Vietnam and is in Year 9 in her Australian school. Kim has been in Australia for 2 years and 8 months.

Kim's home environment does not meet her needs. Her family is renting a house while they wait for a Housing Trust home. This situation is stressful for the family, and this stress was exacerbated by the bank refusing a loan.

Kim has connections with other formal institutions such as the Department of Social Welfare and hospitals which also involve stress.

Kim has found it easy to have meaningful social connections with Australians, whom she describes as "friendly", "nice" and "pleasant". She has had the opportunity to share cultural values with other Vietnamese through her strong connections with the Vietnamese community and her church.

School has been a very positive experience for Kim. She has had "pleasant teachers", "good friends" and has found school work "interesting" and "understandable". Thus her present problems focus very much on inadequate housing, in contrast to the previous case.

4.404 Case Study 4

Thu is a 16 year and 3 month old female. She is a Buddhist and lived in urban Vietnam. She reached Year 9 in her schooling in Vietnam and is enrolled in "Special English" classes in Australia. Thu has been in Australia for 8 months.

Thu's immediate environment is not comfortable and she finds this stressful. Her social connections consist of neighbours who are school friends, and the Vietnamese community. At this stage all her friends are Vietnamese people and other migrants. Thu has limited contact with Australians, meeting them mainly at the language school. She finds this limited contact with Australians to be a resource for her. Thu does not have any contact with formal institutions in her environment, except her school.

Thu is able to share her cultural values through participation in traditional Vietnamese festivals and visits to the Buddhist temple. Other than this,

her environment may be interpreted as rather restricted. It may be noted that she has been in Australia only 8 months, where the three previous immigrants had had over two years to make wider contacts in Australia.

4.405 Case Study 5

Trung is a 16 year and 2 month old male. He is a Buddhist and lived in urban Vietnam. He reached Year 8 in his schooling in Vietnam and is enrolled in "Special English " classes in Australia. Trung has been in Australia for 5 months.

Trung lives in a two bedroom house with 7 adults and understandably maintains that this is stressful for him. Half of Trung's family is settled in Australia whilst his father and a sister remain in Vietnam. This family separation is a source of great stress for him. The family members in Australia support Trung, and in return he assists the family, for instance, by interpreting for his mother. Outside of the family Trung has few social connections. He has limited contact with his neighbours and has not made contact with the Vietnamese community. Trung's friends are his Vietnamese school mates and he describes these relationships as draining without any return.

Trung's current education experience is a positive one for him and his teacher assists him. Trung's learning problems necessitate regular contacts with a doctor, and this also is a helpful connection for him.

Trung has no contact with the Vietnamese community beyond his school friends, and has no formal connections with other community organisations with the exception of the Social Welfare Department where he interprets for his mother. As with the previous case, Trung has been in Australia for only a few months.

4.406 Case Study 6

Mai is a 17 year old female. She is a Buddhist and lived in rural Vietnam. She reached Year 2 in her schooling in Vietnam and is in Year 9 in her Australian schooling. She has been in Australia 2 years and 10 months.

Mai lives in a home that is not large enough for her family's needs and this is a source of stress for her. She also has restricted access to resources outside of her immediate environment because of transport problems.

Mai does not have many meaningful social connections outside the family. She has left school and she "talks sometimes" to her neighbours. Mai has a tenuous connection with a former teacher who is Australian. Friendship (or its lack) is a source of great stress. In addition, Mai has little connection with the Vietnamese community, although she does describe her connection with the Buddhist temple as a meaningful social connection.

Mai's education experience has been a great stress for her because of language and transport problems. Mai has limited contact with a bank and a Social Welfare Department, but beyond these she has no connection with any formal institutions or organisations.

4.407 Case Study 7

Ngu is a 16 year old male. He is a Catholic and lived in urban Vietnam. He reached Year 10 in his schooling in Vietnam and is in Year 10 in his Australian school. Ngu has been in Australia 2 years and 11 months.

Ngu lives in a Housing Trust house which provides his family with adequate shelter. He has many meaningful social connections with the Vietnamese Catholic Community, his school and his Vietnamese and Australian friends.

Moreover, he has a previous connection with his host family and receives assistance and support from a school teacher.

Ngu's connection with his neighbours is described by him as very stressful on account of "language and culture making a barrier". Initially, Ngu's education experience was very stressful when he was at language school, but he now finds his schooling a rewarding experience. In view of this progress, it seems likely that the "barrier" indicated above will be reduced in future.

Ngu's father is very ill and this necessitates a lot of effort on Ngu's part. The illness has meant that Ngu has tenuous connections with doctors and the hospital, and a strong connection with the Department of Social Welfare.

4.408 Case Study 8

Ngoc is a 17 year 6 month old male. He is a Protestant and lived in urban Vietnam. He reached Year 7 in his schooling in Vietnam and is in Year 11 in his Australian school. Ngoc has been in Australia 2 years and 3 months.

Ngoc's family is renting a home while they wait for a Housing Trust home, and this is causing his family some stress. Ngoc has many meaningful social connections. He relates well to his neighbours who are "nice and good", and he is very actively involved in the Vietnamese community where his father is a voluntary worker. He has many Australian and Vietnamese friends and he finds Australians to be "nice". Ngoc is involved in sporting activities, attends Church each week and shares cultural values with other Vietnamese people at traditional festival time. In general, Ngoc's education experiences have been "happy and interesting" with "good teacher and nice friends".

On the other hand, finance is a concern for Ngoc's family, which receives social welfare benefits , and has tried without success to obtain a loan for a house. Ngoc has found his connections with the bank and the health care system to be stressful. As with case 3 (Kim), Ngoc's problems are focussed around particular aspects of his environment, whilst generally his social support is wide and helpful.

4.409 Case Study 9

Van is a 16 year 1 month old male. He is a Buddhist and lived in rural Vietnam. He reached Year 6 in his schooling in Vietnam and is in Year 10 in his Australian school. Van has been in Australia 2 years and 10 months.

Van's family have uncomfortable accommodation and this is a source of great stress for Van. Moreover, Van has only a tenuous connection with his neighbours because of language problems.

Van has some meaningful social connections beyond his family, these include the Vietnamese Community, his host family, Vietnamese and Australian friends and an English as a second language (E.S.L.) teacher who offers him much support. In addition, Van is an active member of a soccer club. In order to have the opportunity to share cultural values with other Vietnamese people, Van attends traditional festival celebrations.

Van has connections with formal institutions because he interprets for his parents. He has acted as an interpreter at the Social Welfare Department and the hospital.

Van's education experiences have been stressful for him, with the exception of the assistance he receives from his E.S.L. teacher.

4.410 Case Study 10

Tai is an 18 year old male. He is a Buddhist and lived in rural Vietnam. He reached Year 3 in his schooling in Vietnam and attended "Special English" classes in Australia. Tai has been in Australia 2 years.

Tai has been to language school, which he found that very stressful, and left because he "felt bored with the teaching process". He has since worked in 3 different factories and he found this work difficult and stressful. Tai relates well with his Australian workmates and his friends. He has a tenuous connection with his neighbours and with the Vietnamese community, and no connection with any other groups or formal organisations in the community.

Tai describes his house as very small. There is insufficient room for the family and this causes them much stress.

4.5 Detailed qualitative assessment of the same 10 participants' descriptions of their environment (using eco-maps) 2.5 years after initial assessment.

The same 10 participants discussed in the previous section were re-interviewed 2.5 years after the initial assessments. The changes between the initial assessment and the follow up are considered in the next section.

4.501 Case Study 1

Tu is now aged 18 years 2 months and has been in Australia 5 years and 7 months.

Tu describes herself as having settled into school in Australia quite well. She has a lot of Australian friends who are very friendly and helpful, and she enjoys Australian society. Tu spends a lot of time helping her parents in their family business.

She is a member of a Vietnamese youth group and although Tu lives far away from other members of the Vietnamese community, she attends the Ethnic school on the weekend to study Vietnamese and to meet many other Vietnamese in her youth group.

She is presently in her first year at a tertiary institution. Austudy allowance is not enough and she is supported by her parents.

Tu lives in a rented house with her parents, sister and brother. She finds her home to be adequate for her needs. While Tu lives a large distance from her Vietnamese neighbours, owning a car ensures that she maintains meaningful connections with her friends and her scout group.

Tu shares her cultural values with other Vietnamese through her family's strong connection with the Vietnamese Community and active participation in traditional festival activities. Tu also has a number of connections with formal organisations through banking for her parents, receiving Austudy from a Social Welfare Department and attending a tertiary institution. She finds her educational experience very rewarding and her teacher is very supportive. Tu's family has a business and she puts some effort into assisting her parents in this business.

In summary Tu has greatly expanded her social contacts. Much of the stress has disappeared from her life now that her family have adequate accommodation and she has a car. Tu has now met many Australians and she considers them to be her friends.

4.502 Case Study 2

Thi is now aged 19 years 4 months and has been in Australia 5 years and 4 months.

Thi is a year 12 student at a local high school. Although English is a great problem for her she reports that she still enjoys her schooling. She spends a lot of time helping her younger sister and brother with their homework. Thi's father spent a lot of time in Vietnam in prison doing hard labour and he can no longer work.

Finance is her second concern. She has some Australian friends at school who help her with a lot of things. Thi likes music and sport but she has no time to attend. Thi's health is good and she reports that she has many Vietnamese and some Australian friends at school. She says that although her family is in financial hardship she is encouraged by her parents. She hopes to get a qualification from university.

Thi lives with her parents in a Housing Trust home. Thi's home is adequate for her needs. Thi has few meaningful social connections beyond her school acquaintances. She has tenuous connections with neighbours and equally tenuous connections with the Vietnamese community and its activities. However, at school Thi relates well to her Vietnamese and Australian friends and finds support from her teachers. Thi's educational experience is a positive one for her though she states that she finds her level of acquisition of the English language a problem.

Thi's father is "very sick" and this necessitates her helping her family. In particular she interprets for her family when they deal with formal organisations and health professionals.

Thi continues to persist with her schooling in spite of her problems with the English language. Lack of finance continues to be a concern, but some of the stress in her life has disappeared now that her family have a suitable

Housing Trust house. The family still need her assistance with child care and interpreting duties.

4.503 Case Study 3

Kim is now aged 17 years 8 months and has lived in Australia for 5 years and 5 months.

Kim and her whole family live in Australia. Although she has lived over 5 years in Australia she feels that English is a difficult language and a great concern for her. She believes that culture is a boundary between migrants and Australians. Kim has many Vietnamese and Australian friends. She thinks that there are some things that separate her from her Australian school mates but she receives a lot of help from them. Kim loves the life in Australia. Kim's parents are unemployed and Austudy allowance is not enough for her. She receives support from her married older sister on occasions.

Kim lives with her family in a Housing Trust home that is adequate for her needs. Kim has limited meaningful social connections. Her family offers her support, and beyond them she receives a lot of help from some Australians and enjoys her involvement in a table tennis team from school. She has no connections with friends. Kim has a tenuous connection with the Vietnamese community and its activities and beyond this has no connection with other organisations and institutions apart from her school. Her schooling is the only positive connection that she has beyond her family. Kim's living situation has improved now that her family rent a Housing Trust house. However, she no longer has the strong support that she found in the Vietnamese community and her church. This has resulted in Kim's school being her main source of friendship and contact with Australians.

4.504 Case Study 4

Thu is now aged 18 years 8 months and has lived in Australia for 3 years and 5 months.

Thu is the eldest daughter in her family. Her parents cannot speak English and she spends a lot of time helping them. Although English is a great concern for her she believes that she will pass matriculation this year. She believes that Australia is less exciting than Vietnam.

Thu would like to attend all her school activities but she has no time. Finance is not a great concern for her because she is supported by her parents. Thu lives with her parents in rented accommodation. Her parents and their business provide her with the resources that she needs.

Beyond her family, Thu's meaningful social connections come from her school. At school she has many Australian and Vietnamese friends and supportive teachers. Thu has only a tenuous connection with other Australians outside of her school setting, and tenuous connections with the Vietnamese community. Her educational experience is a positive one and she has no connections with any other formal organisations or institutions beyond her school.

Thu has now made Australian friends at school. Her family is able to meet the financial needs and their circumstances have improved with adequate rented accommodation. She continues to have a restricted environment with few contacts beyond her school.

4.505 Case Study 5

Trung is now 18 years 7 months and has lived in Australia for 3 years and 1 month.

Trung arrived in Australia with his mother, three older brothers and one older sister (his father and younger brother are still in Vietnam). Trung's schooling was interrupted in Vietnam. After studying a special English course for new arrival students Trung commenced Year 9 at a local high school, his English, maths and science are a very great concern for him. With the special help of an E.S.L. teacher and other teachers he has slowly picked up English, maths and science concepts. Currently he is in Year 11. In Year 11 his mathematics and science improved, in 1st semester he achieved an "A" for physics and a "B" for his mathematics and chemistry subject. Trung receives a lot of support from his mother and his older brothers and sister. He does not have to work to support himself or his family like many other Vietnamese refugees.

Trung's mother has "bought a house" which is adequate for the family's needs. His mother, sisters and brother offer him much support and connect him with his neighbours and, in a more tenuous nature, the Vietnamese community. Trung's father and brother remain in Vietnam and his mother is working through the Department of Immigration to sponsor them to Australia.

Trung's meaningful social connections revolve around his schooling. He receives support from his E.S.L. teacher and his Australian and Vietnamese friends. He does not "offer support " in return. Similarly, Trung finds his education experience supportive, but he does not put energy into his schooling. He has no involvement with any other group or institution in his environment.

4.506 Case Study 6

Mai is now aged 20 years old and has lived in Australia 5 years and 7 months.

Mai's schooling had been interrupted before she arrived in Australia. She attempted a 1 year full-time English course.

Mai was introduced by her friend to work in a factory. She had an accident at work and after 3 months' work she lost her job and obtained unemployment benefits. Mai's English is limited, and she has no experience in any career. She has no car and no driver's licence. She feels it will be difficult for her to get another job.

The English language is a concern for Mai. She gets a lot of help from her parents and brother-in-law. Mai was married in January 1989 and lives with her husband in her parents' home. She is still unemployed.

Mai states that the Australian society is very exciting but the barrier of language and culture creates a separation. She reports no connection with Australians.

Mai appears to have very limited social connections beyond her immediate family. Through her parents she has a tenuous connection with her neighbours, but has many meaningful connections with the Vietnamese community and her few friends. Mai has no connections with any groups beyond the Vietnamese community. She has been unable to find meaningful employment and continues to have poor English skills.

4.507 Case Study 7

Ngu is now 18 years and 9 months old and has lived in Australia for 5 years and 8 months.

Ngu lives with his family in a Housing Trust house that is adequate for the family's needs. Ngu is presently a Year 12 student at an independent college. He attempts many different sports activities at his school. He has many Vietnamese and Australian friends.

Ngu has settled in very well in school. He gets grades A or B for his mathematics and science subjects. English is still a great concern. Secondly Ngu is concerned about financial difficulty. His parents receive a sickness pension and Ngu works in the school holidays to support himself.

Through his family, Ngu has tenuous connections with his neighbours and the Vietnamese community and its activities. However, he has a number of other meaningful social connections. In particular, he attends many "different activities" related to his religious affiliation with Catholicism. He is an active member of a Catholic scout group. Australians offer Ngu support and he receives much assistance from an Australian teacher. Ngu also has many Australian and Vietnamese friends.

Ngu has now come to know many Australians, and while he still has language problems he finds Australians to be very supportive. School continues to be an important source of friendship and support.

4.508 Case Study 8

Ngoc is now 20 years 1 month old and has lived in Australia for 5 years and 5 months.

Ngoc is a university student. He still has problems with English language at university, and he cannot take full notes from lecturers or tutors. Ngoc knows all the students in his class and they usually help him to solve most of his problems at university. He wants to buy some extra text books and education equipment, but he has very limited money. He gets about \$60 per week from Austudy. Ngoc's parents are unemployed and they cannot help him much. In the university holidays Ngoc used to go to work on a farm or in factories to earn money for his schooling.

Ngoc's older sister has a job and sometimes she sends some money to help her family, but not much because she is married and has children. University provides Ngoc with a positive educational experience though Ngoc has problems understanding his lecturers. Ngoc likes sport but he has no time to attend. He spends $\frac{1}{2}$ hour per week at a sports class at his university.

Ngoc's family live in a housing trust house and he has his own room. In general, he has some difficulty at university but he believes that he will get through in the next couple of years when his English improves. He believes that his financial situation is really difficult and he is dependent on the support of his parents and older sister.

Ngoc's parents are very involved in the Vietnamese community and through this Ngoc has strong connections with the Vietnamese community. Beyond his immediate family he also has meaningful connections with Australians,

his religion and his student friends. Ngoc has formal connections with the Social Welfare Department which provides his main income and the Department of Immigration through his father's position in the community.

Ngoc's family now live in a Housing Trust house and this has reduced some of the family's level of stress. He has commenced University studies while still having problems with English and continues to have financial problems.

4.509 Case Study 9

Van is now 18 years and 7 months old and has been in Australia for 5 years and 6 months.

Van arrived in Australia with his parents. During his first year at school in Australia he found it very difficult, because he did not know any English words. He could not do his homework, and indeed he copied most exercises from his friends at school. At that stage he thought he could not progress to the next grade. Van felt better in the second year at school, as he could do some easy homework.

In his third year in Australia Van studied in Year 10. He felt he could match the Australian students in maths and science. He failed matriculation in 1988 and currently he is repeating Year 12 at a local high school. He said that the reason he failed matriculation is because his parents cannot speak English. For all things relating to government organisations, his parents, sister and brother depend on him. Therefore he lost much time which would otherwise have been available for studying. The second reason is that his own English is still weak. The third reason he gives is not knowing methods of study.

Van lives with his parents in adequate accommodation. He receives support from his family and in turn he assists his parents with translating and extra tuition for his younger siblings.

Finance is still a problem. His parents are unemployed and he receives \$63.10 per week from Austudy. Van has to look for work in school holidays to support himself.

Van has meaningful social connections with his friends and puts energy into sharing his cultural values with other Vietnamese through the Vietnamese Community and its activities. School is a positive experience for Van and he receives support from his E.S.L. teacher.

Van relates to few formal organisations in his environment beyond his school but he has a tenuous connection with the bank, through helping his parents with interpreting.

Van's family now have adequate accommodation and he continues to act for his family as an interpreter for their business dealings. This task prevents him from putting as much effort into his study as is necessary.

4.510 Case Study 10

Tai is now 18 years old and has lived in Australia for 5 years and 7 months.

Tai was born in a poor family and lived in a small country in South Vietnam. He did not have much chance to go to school because he had to help his parents work.

He thinks that his English is still limited and he cannot fill out an employment application form. When he finished his English course he started to look for work. Although he is healthy, he cannot find a job in factories because he cannot speak and write English fluently. Tai does not know how to find a job in the newspaper or at the Commonwealth Employment Service office, and therefore all his jobs, previous and current, involve farming. Despite these limitations, he feels able to get a job by himself.

In all Tai's contacts with government organizations he is dependent on his brother-in-law, who used to help him. Tai still has to support another sister in Vietnam and old parents living with him. Tai's workmates are very friendly towards him. Through them he gains some more English and work experiences.

Tai usually works 6 to 7 days per week and when he comes home it is too dark for visiting and with his limited English he has no neighbours' friendship. After work Tai relaxes and watches television or videos (drama films in Vietnamese or Chinese) for entertainment. In the suburb where Tai lives there are not many Vietnamese families so he seldom has a chance to interact with Vietnamese people. Tai feels very lonely in Australia because he feels it lacks entertainment activities, particularly for ethnic communities.

Tai lives with his parents in accommodation that is adequate for their needs. He offers a lot of support to his parents and his sister in Vietnam and receives some support from his other sister and brother-in-law. Tai has meaningful social connections with his neighbours and his employer. He has only a tenuous connection with friends. Tai's family receive support from the Vietnamese community, Indochines Refugee Association and the Department of Social Security.

Work is a positive experience for Tai but beyond this he has no links with any other groups or organisations in his environment.

4.6. Thematic summary of the 10 Eco-maps evolving from analysis.

In this section, common themes from the foregoing cases are described. The data from the follow-up set of eco-maps were coded and compared with the initial eco-maps. The participants were obviously older and had a longer time to adjust to Australia. The themes evolving from their descriptions of their social environment had not changed substantially when compared with the initial themes (see themes listed below). Housing was no longer a major concern, possibly because they have either found adequate rental housing or have bought their own home. However, financial problems were more evident, possibly reflecting bank loans and the requirement of mortgage repayments.

The participants referred to their education as study commitments, rather than as school experiences, and some of them had successfully entered tertiary education or the work force. These summary statements are elaborated in more detail below, for each theme in turn.

The themes which emerged from the initial Eco-map interviews were as follows:

1. Housing needs;
2. School experiences;
3. Assistance to the family;
4. Language acquisition problems;
5. Friends
6. Relationship to Vietnamese community;
7. Relationship with Australians.

The themes which emerged from the follow-up Eco-maps were as follows:

1. Language acquisition;
2. Family needs and support;
3. Study commitments;
4. Status of parents;
5. Financial needs;
6. Employment/Unemployment;
7. Relationships with Australians;
8. Relationships with Vietnamese Community;
9. Time.

These themes form the major structural framework for the descriptions which follow. In order to assess the relevance and significance of the themes the 10 participants were in addition asked to describe how they had experienced their resettlement, what has helped them and what has acted as a hindrance. These data were elicited to elaborate the themes that had been defined to this point, in the hope that the conceptual framework would account for both the initial data and follow-up themes.

The 10 narratives were initially coded in the same way as the earlier analysis of the eco-maps. The data were then analysed for patterns of relationship between two or more themes forming categories (Glaser and Strauss, 1967). The links connecting categories were considered to be the foundation of a conceptual framework explaining how the processes and patterns in the data were related to each other.

The links and their patterns were noted for each theme, and are described below. (More examples from the participants narratives are shown in Appendix K.)

4.601 Problems associated with the acquisition of the English Language

The acquisition of the English language is perceived by the refugee adolescents to be their greatest concern. The problem is defined by them in terms of their own lack of proficiency and that of their immediate family. The adolescents complained that their poor English skills limited successful involvement at school or work, they were unable to keep up with lectures or take adequate notes and could not complete employment applications. Lack of English explained failure in exams in some cases.

Moreover, lack of facility in English created difficulties for them when dealing with Government departments. They found it difficult to fill out forms. They complained that parents and siblings with less facility in English depended on their help and they perceived this as taking them away from their own studies. Some said that they had not been in the country long, and had not had enough time to develop adequate English skills.

Poor English led to loneliness and isolation. It was difficult to communicate with neighbours or make many Australian friends. In effect some of the adolescents felt alienated from Australians and the Australian culture as a result of the language barrier.

"The reasons I failed matriculation are my parents cannot speak English".

"Australia is very exciting but the barrier of language and culture creates a separation ..."

4.602 Family needs and support

The family is perceived by the refugee adolescents to be a source of assistance, moral and financial, to them. Parents are described as supportive

and encouraging. They assist the adolescents with good advice and despite limited finances make sacrifices so that the adolescents can stay at school for as long as is necessary for a good future. Older brothers and sisters provide the family with additional financial support. In return for this support the adolescents put a lot of effort back into the family. They assist in the family business. They provide extra tuition for younger brothers and sisters and perform much of the family's business transactions because of their more advanced English skills.

"I receive a lot of good advice from my parents, older sister and older brother who have succeeded in schooling".

"For all things relating to government organisations my parents, sister and brother depend on me ..."

4.603 Study commitments

The refugee adolescents have had their schooling disrupted prior to arriving in Australia, to a greater or lesser extent. They describe their first year of school in Australia as the most difficult because of their lack of English. They describe coping throughout this year by copying their school mates' work. After this initial year the refugee adolescents describe themselves as settling into school and enjoying the experience. The indicators that they use when describing successful "settling in" include the grades that they obtain in their school assessment and how these compared to Australian students' grades.

The refugee adolescents are assisted at school by special help from E.S.L. and other teachers and their school mates. In general, any difficulty at school is attributed to poor English language skills, and time is thought

to lessen this problem. Overall successful schooling is seen as essential for success in the future and the adolescents perceive their families as making many sacrifices to enable their success.

"Although English is still a great problem I enjoy my schooling in Australia".

"Now I am in Year 11 and I have improved. In 1st semester I achieved an "A" for physics and "B" for my mathematics and chemistry subjects".

4.604 Status of Parents

The refugee adolescents describe their parents as having been successful in their schooling and/or business in Vietnam. By contrast, they describe their parents' position or status in Australia in terms of the welfare benefits they are receiving or their lack of employment. Old age and lack of adequate English language skills are seen as attributing to this change in status. However, there is much variety in descriptions of parents, as shown by the two examples:

"My parents are successful in the schooling and careers"

"My parents are unemployed"

4.605 Financial needs

Finance is perceived by the refugee adolescents as a major concern. They describe their financial situation as difficult and resulting in family hardship. In concrete terms they are in receipt of Austudy while they are at school and unemployment benefits when they leave school. The refugee adolescents see the Austudy allowance as insufficient for their needs; when this allowance is coupled with their parents' welfare benefits, it constitutes the total income of the family and is found to be inadequate. On the other

hand, some families receive additional income from older married brothers and sisters, and income from casual holiday employment.

"My parents are unemployed and Austudy is not enough for me"

"After English, finance is my biggest concern".

4.606 Employment/Unemployment

The refugee adolescents have sought paid employment when their schooling has broken down or when there has been a need to supplement their income while they have remained at school. This employment has been in factories, restaurants and on farms. The adolescents have mainly found this employment through friends and through personally approaching employers. The work obtained has normally been hard manual work, and accidents have resulted in enforced unemployment for some.

"My friends introduced me to work in a factory making small goods."

"I work in the school holidays to support myself."

4.607 Relationships with Australians

Relationships with Australians are described by the refugee adolescents as friendly and helpful. At school and work Australian friends offer support and assistance.

Despite this friendship the refugees perceive a barrier between themselves and Australians. They describe a sense of separation from Australians in general, because of cultural differences and language problems. This separation results in a sense of loneliness in Australia. However, not all these interviewed showed this isolation.

"I have a lot of Australian friends."

"Culture is a boundary between migrants and Australians."

4.608 Relationships with the Vietnamese Community

Involvement with other Vietnamese people is given priority by the refugee adolescents. They participate in weekend activities including ethnic school, Vietnamese scout group activities and the Vietnamese Church youth group.

They have to travel to these activities when there are not many Vietnamese families in their neighbourhood and they want to have a chance for talking in Vietnamese. However, they believe there is a lack of entertainment activities for ethnic communities, such as Vietnamese films.

"Although I live far away from Vietnamese community people I still come to Ethnic school ..."

4.609 Time

The refugee adolescents feel that time commitments constrain them from doing what they would like to do. They are required to put "extra" time into their family, assisting in the family business, helping brothers and sisters with homework and interpreting for their parents. These time commitments prevent the adolescents from participating in other activities such as sport and music, socialising with neighbours, and their own study.

However, the passage of time is also seen as assisting the refugee adolescents. Over time the refugees describe themselves as feeling more comfortable in their schooling and becoming more skilled with the English language.

"My parents, sister and brother depend on me, therefore I lost a lot of time for studying."

"I like music and sport at school but I have no time to try them."

CHAPTER FIVE

5.0. DISCUSSION

The Vietnamese refugee adolescents' perceptions of their adaptation to South Australia were elicited in semi-structured interviews. They were encouraged to speak freely of their experiences of adaptation and their responses were then analysed by a particular style of qualitative analysis, grounded theory. Grounded theory is an approach to qualitative analysis developed by Glaser and Strauss (1967). The methodological thrust of the grounded theory approach is towards the development of theory.

"It is a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling, and certain methodological guidelines such as the making of constant comparisons and the use of a coding paradigm, to ensure conceptual development and density."
(Strauss, 1987)

Grounded theory had its' origins in the field of symbolic interactionism.

The responses of the participants in this study were coded and each participants response was compared and contrasted with those of other participants in a lengthy process outlined in Chapter 3.

Emerging from this analysis of Vietnamese refugee adolescents' perceptions is the substantive theory that acquisition of adequate skill in the English language is perceived by the refugee adolescents to be the primary factor influencing their adaptation to Australia.

Proficiency in the English language is credited with good school grades, employment, friendship with Australians, satisfactory business transactions and an optimistic future. Poor English skills are seen as resulting in dependency

on others, unemployment, separation from Australians and insufficient finance. Consequently, the refugee adolescents evaluate all aspects of their resettlement experiences in the light of their own English language skills and those of their family.

Acquisition of adequate language skills is believed by the refugee adolescents to be a product of time. With time their skills improve and over time they believe they experience fewer problems with their own resettlement. However, time is not plentiful for the refugee adolescents. They feel that the many demands made on them by family and study prevent them from becoming proficient in English, attaining adequate grades at school, participating in recreational activities and enjoying the company of other Vietnamese.

The family is the refugee's greatest support as well as their biggest demand. Through the support of the family the refugee adolescent is able to stay at school as long as is necessary to ensure good career prospects, which in turn promise a bright future for the entire family as well as the individual adolescent. In return for the support of the family, and out of filial obedience, the refugee adolescents use their newly acquired English language skills to supplement their parent's poorer English language proficiency. This involves interpreting for parents and conducting certain aspects of the family's business. These demands take time, but time is freely given.

5.01. English Language Acquisition and Time

As mentioned above, the refugee adolescents regard proficiency in the English language as a product of time. Over time they believe they will acquire adequate English language skills. Any difficulties that they experience

in attaining this adequate level are attributable either to the limited amount of time the refugee adolescents have been in Australia , or the demands on their time that take the adolescents from their studies.

"I will get through in the next couple of years when my English improves".

Acquisition of the English language requires time commitment that the refugee adolescents would prefer to commit to extra-curricula activities such as music and sport and other recreational activities.

5.02. English Language Acquisition, Time and Schooling

The refugee adolescents commenced their study of the English language at intensive Language School. This study was described as stressful and traumatic. Much of the stress is believed to have resulted from the adolescents' having had insufficient time in Australia to pick up even basic English language skills.

The transition from the Language School to mainstream school programs resulted in a reduction in this stress, yet adequate English language skills remain the primary concern of the refugee adolescents. They maintained that they were unable to attain adequate grades in their school programs because of their poor English. They believed that these problems would lessen over time.

"In general I have some difficulty at school but I believe I will get through in the next couple of years when my English improves".

E.S.L. teachers and school and workmates assist the refugee adolescents with their English language acquisition.

The E.S.L. teachers are singled out as teachers who offer special assistance to the refugee adolescents. They are described in the refugee adolescents' eco-map as individuals who direct a lot of effort and energy into the lives of the adolescents.

School peers and workmates assist the refugee adolescents with acquiring greater English language skills by helping them with note-taking and homework and teaching them the meaning of new words.

"All my workmates are very friendly with me.
Through them I gain some more English ..."

5.03. English Language Acquisition, Time and the Family

The refugee adolescents play a vital role in linking their parents with Australian organizations and businesses. They note that their parents are much slower at acquiring adequate proficiency in English, and take on the role of conducting the family's business transactions or at the very least interpreting for their parents during these transactions.

In addition to helping their parents, the refugee adolescents assist their younger brothers and sisters with their homework.

Commitment to meeting the family needs is seen by the refugee adolescents as paramount, yet it is also viewed as a demand that distracts them from improving their own English language skills and participating in activities that they would find more beneficial.

"The reasons I failed matriculation are because my parents can't speak English. For all things relating to Government organisations my parents, sister and brother depend on me, therefore I lost a lot of time for studying".

The refugee adolescents who have poor English language skills are also in receipt of welfare benefits. The refugee adolescents find their parents are unable to provide their family with an income that is adequate for their needs. The parents are seen as being unable to conduct their family's business without their children's assistance and yet the refugee adolescents hold their parents in high regard. Inadequate proficiency in the English language is not perceived by the adolescents as reducing their parents' influence or importance in the family.

Insufficient income resulting from inadequate proficiency in the English language necessitates the refugee adolescents seeking part-time holiday employment, another demand on their time and energy.

5.04. English Language Acquisition, Time and the Vietnamese Community

By their own acknowledgement, lack of time prevents the refugee adolescents from mixing sufficiently with the Vietnamese community. They feel they have insufficient time for recreating with other Vietnamese and can only attend Vietnamese community activities when their study demands are met.

However, many of their friends and school mates are Vietnamese, and recreating with them facilitates the sharing of common cultural values and beliefs.

'Although I live far away from Vietnamese community people I still come to Ethnic School on the weekend to study Vietnamese and music or to meet with many of my other Vietnamese friends in my scout group.'

As well as working hard to acquire adequate English language skills the refugee adolescents value the opportunity to talk with other Vietnamese people in their own language.

The substantive theory of the present study is consistent with the findings of other migrant research.

Earlier research investigating the integration of immigrants into the social and economic life of their country of resettlement, identified language proficiency as a factor that had important consequences for the immigrant's self-identity and inter-ethnic relations (Esser, 1986). Language proficiency was found to significantly influence the composition of the immigrants' personal networks. These personal networks were, in turn, found to be of overwhelming importance in explaining the immigrant's social contacts and ethnic segmentation.

A study by Evans (1986) of four groups of immigrants to Australia, explored factors that impacted on these immigrants' English language proficiency. Evans reported that education and labour force experience significantly influenced language proficiency. Education increased proficiency: more-educated immigrants spoke better English than their less-educated peers. The effect of labour force experience was dependent on where the experience was obtained: Australian labour force experience increased English proficiency, but foreign labour force experience decreased it.

The present study's sample described their lack of adequate English language skills as presenting a barrier between them and Australian life.

Analysis of data from the recent Australian Bureau of Statistics 1986 census details some aspects of this barrier.

The census data suggests that lack of English ability is much more widespread among the Vietnamese than it is for other immigrants from non-English speaking countries.

Table 32. Australia: Recipients of Main Government Benefits, 1986
 (Rate per 1000 population of same birthplace).
 (Source: ABS, 1988b, 154, 156, in Hugo, 1990).

Type of Benefit	Indochinese-born	Australian-born	All Migrants	All Non-English-Speaking Migrants
Unemployment	140.0	33.4	40.3	43.3
Sickness	8.3	3.7	5.9	7.3
Special	22.6	0.7	2.6	4.1
Total	170.9	37.8	48.9	54.7
Estimated total beneficiaries	430.2	57.5	98.3	122.6
Percent receiving benefits more than 12 months	43.8	34.0	36.8	39.8

The census also reports that a high proportion of Vietnamese are unemployed and reliant on Government benefits. 43 percent have been receiving these benefits for more than a year, reflecting the difficulties that the Vietnamese experience in entering the Australian labour force.

Analysis of this data by Hugo (1990) highlights that lack of English proficiency

"is one of the major problems facing the Vietnamese community in Australia and that it represents a significant barrier to their entry to, and success in, the labour market as well as in gaining access to services."
 (Hugo, 1990, p.21)

Table 33. South Australia: Proportion of Persons Born in Mainly Non-English-Speaking Countries Not Able to Speak English Well or Not Able to Speak it at all by Birthplace, 1986 (Hugo, 1990).

Birthplace	Unable to Speak English Well or At All	
	Number	Percent
Germany	800	5.7
Greece	5,300	32.1
Italy	9,000	29.2
Malaysia	500	13.1
Netherlands	100	0.9
Poland	2,300	29.5
Vietnam	4,200	46.2
Yugoslavia	1,200	11.8
Southern Europe	15,700	25.6
Other NES Europe	4,800	10.2
Middle East	1,000	26.3
Asia	7,800	29.8

Three supplementary quantitative indices of adjustment were also used in the present study. Each of these indices were selected for use because of their intent to identify the major obstacles to resettlement, as perceived by the refugees (Nicassio and Pate, 1984).

The 31 adjustment problems experienced by the refugee adolescents are presented in table 14 in order of severity. Of major concern to the refugee adolescents are problems of separation from their family and country, and emigration. More than 75% of the sample described the problems of homesickness, separation from family members and painful memories of war and departure, as serious. Also regarded as serious by the majority of respondents were problems with English language acquisition and finance.

An alienation scale measuring feelings of social isolation, cultural estrangement and powerlessness (Nicassio and Pate, 1984) and a depression level scale, were also used in the present study and the relationship between pertinent socio-demographic factors and all three indices was evaluated. The refugee adolescents' age, educational year level in Australia, educational year level in Vietnam and length of residence in Australia was correlated with the problem index total, the alienation score and the depression score (Table 1). The influence of the refugee adolescents' sex, religion and place of residence in Vietnam was also analysed (Table 7).

5.05 The Educational Level of Vietnamese Refugee Adolescents in Australia

The significance of school for the refugee adolescent was clearly demonstrated in the eco-maps of the interviewees.

Rumbaut and Ima's (1987) study of Southeast Asian refugee youth in San Diego, California, which examined the educational attainments and aspirations of refugee youth, found that the Vietnamese students were among the top students in area high schools. They ranked high in maths achievement scores, were improving in language proficiency and had a high admission rate at the colleges and universities. Of the Southeast Asian group in the study, the Vietnamese were more likely to stay in the school system to Year 12, which was indicative of the strong belief among Vietnamese families that education is essential to success.

Accompanying the increased opportunities that result from a successful education, schools are also believed to assist the refugee adolescents in adaptation. Educators are able to provide the adapting refugee adolescents with advice

about how to cope in their new environment and what to expect of the new culture they are encountering (Ben Porath, 1987). In schools, refugee adolescents learn the new country's language rapidly, they pick up the customs, and the educators and their peers at school affirm them with each major step towards adjustment (Stein, 1986).

In the present study it was found that the level of education attained by the refugee adolescent significantly influenced how seriously the refugee adolescent perceived the problems they encountered in adjustment. The higher their educational year level in Australia, the less likely they were to perceive their adjustment problems as serious. In particular, those adolescents with a higher level of education had less difficulty in forming friendships, they were satisfied with their current position and had fewer problems in accessing basic needs such as housing, transport and medical requirements.

Wehrly (1988) reports that while Southeast Asian refugees recognize the importance of education, not all are doing well. She comments that many are succeeding through enrolling in courses such as mathematics and science, but their occupational aspirations may yet be hampered by inadequate English levels.

5.06 The educational year level of the Vietnamese refugee adolescents in Vietnam.

There are also students who do not do well at all in their schooling. Those most "at risk" are adolescents who come to their new country with little previous education because of disruption through war and refugee camp life. These adolescents experience great difficulty in adapting to a high school placement system which is age based.

However, the level of education attained in Vietnam did not significantly influence the refugee adolescents' perception of their problems of adjustment in Australia, although those subjects with a lower level of education in Vietnam had significantly more painful memories of their departure from Vietnam. This group also indicated that they had difficulty in accessing basic services such as medical care, transport, job training programs and Vietnamese support organisations.

The refugee adolescents with a lower level of education in Vietnam said that they had a serious problem with drugs and alcohol. They also indicated that they felt all alone in Australia.

In a study conducted in South Australia, investigating the needs and aspirations of Indochinese girls in an Australian secondary school, Wenner (1985) interviewed a sample group that was composed of students with little or no educational background. The 6 most frequently recorded difficulties reported by this group were:

1. I can't get any help with my study at home.
2. I have to help a lot at home.
3. It's hard to get help from the teacher.
4. The work is too hard to do well.
5. I have trouble at school because I'm Asian.
6. My family needs me to earn money.

Only half of Wenner's (1985) sample group stated that they intended to complete Year 12, even though the majority were supported by their families who indicated a clear commitment to the importance of education.

These subjects appear to be examples of the "at risk" group that Wehrly (1988) identified.

5.07 The amount of time that the Vietnamese refugee adolescents have been resident in Australia

Significantly, those refugee adolescents who had been longer in Australia indicated that the problems they faced in adjustment were not as serious as those experienced by refugee adolescents who had been here for a shorter time. The length of stay of adolescents in Rumbaut and Ima's (1987) San Diego study was seen as one of the major factors that contributed to the adolescents doing well academically.

5.08 The religious affiliation of the Vietnamese refugee adolescents

Buddhism is the dominant religion in Vietnam but Christianity, Cao Daim and ancestor worship are also practiced. The beliefs and values of these religious practices permeate modern day experiences of Vietnamese culture. The Vietnamese culture can be characterised as hierarchical, patriarchal, with a highly disciplined extended family system which contains deeply-felt norms of filial piety and ancestor worship (Rumbaut and Ima, 1987). Religious affiliation was investigated in this study because of the anticipated "clash of cultures" as the refugee adolescent adjusted in the Australian culture, a culture bearing very little in common with Vietnamese culture. It was anticipated, however, that the Christian refugee adolescents have less adjustment problems because of their affiliation to a religion that reflected Western society, thought and beliefs. The present study did not support this hypothesis. No significant relation was found between the refugee adolescents' religious affiliation and their overall psychosocial adjustment.

5.09 The urban or rural background of the Vietnamese refugee adolescents

The earlier study of Benjamin, Van and Benjamin (1983) had found no differences in the degree of alienation between children of urban background and those of rural background. Rumbant and Ima (1987) found that the social class resources of the adolescent's family was a factor associated with levels of academic achievement, but did not comment on whether access to social class resources was influenced by an urban or rural background. It had been noted in Lin's (1986) investigation of psychopathology and social disruption in refugees, that refugees from more rural and less technologically developed areas experienced more stress in acculturating.

The present study was consistent with Benjamin, Van and Benjamin's (1983) finding. No significant relation was found between the refugee adolescents' overall psychosocial adaptation and their previous residence in Vietnam.

5.10 The sex of the Vietnamese refugee adolescents

The Vietnamese culture is very patriarchal in nature, so that in childrearing, the male children are in many ways favoured over the female children (Bennoun, Bennoun and Kelly, 1984). It was anticipated in the present study that the gender of the refugee adolescent would influence their psychosocial adjustment in Australia. This was not found to be so. On all measures of adjustment there was no indication that gender had any influence on the adaptation process. This finding was consistent with Baizerman and Hendricks' (1988) findings that there seemed to be no gender differences in aspirations or expectations for school or work.

Clearly, the two factors impacting on the refugee adolescents' problems of adaptation were their educational year level in Australia and the amount of time they had been resident in Australia.

5.11 The substantive theory and past research

Importantly, the refugee adolescents' rating of their separation and emigration experience as their most severe problem is not reflected in the substantive theory emerging from the refugees' eco-map and narratives. The sociodemographic factors which the refugee adolescents believe most significantly influence their substantive theory are schooling in Australia and time.

The grief and anxiety related to problems of separation and trauma have been documented in many clinical studies of refugees (Krupinski et al, 1973; Murphy, 1955; Tyhurst, 1977). Unresolved grief and anxiety is thought to pre-dispose Indochinese people to depression and anxiety during resettlement (Lin et al, 1979, Nicassio and Pate, 1984; Westermeyer et al, 1984).

The sample in the present study did not reflect significant levels of depression. Their narratives did not touch on their experiences of homesickness and departure from Vietnam or the consequences of such experiences on their emotional well-being.

Why did this not occur, when previous research (Krupinski et al, 1980; Lin et al, 1979; Mascuda et al, 1982; and Rumbaut and Ima, 1987) has indicated that certain demographic characteristics of refugees significantly influenced their psychological and social adjustment? Berry's (1986) model of acculturation indicates that these factors moderated the relationship between acculturation and stress, which in turn, influenced the mental health status of refugees (Berry and Kim, 1988).

Berry and Kim's (1988) framework for studying acculturation and mental health relied on Redfield, Linton and Herskovits's (1936) definition of acculturation: culture change that results from continuous, first hand contact between two distinct cultural groups. Within their framework they posited that not all people experience stress in acculturation for the same reasons and the factors underlying their relocation may be an important determinant of their relative mental health status. Refugees, in Berry and Kim's (1988) model, were portrayed as involuntary migrants with reduced access to traditional resources and social support networks. They suggested that this reduction in social support contributed towards a lower mental health status.

An earlier study by Berry and Blondel (1982), investigating the mental health status of 72 Vietnamese adults in Canada, found that predictors of low levels of acculturation stress for these Vietnamese refugees were sociodemographic factors that facilitated access to a local social support network. These factors included ability to speak Chinese (a local Chinese community was present), high educational attainment, being married and being engaged in the study of English.

Consistent with this finding, Masuda, Lin and Tazuma (1980) identified those refugees most vulnerable to low mental health status as having poor social support, a greater degree of status inconsistency and extreme personal loss.

In particular, English language proficiency has been identified as a factor significantly influencing Indochinese refugees' mental health status. Westermeyer, Neider and Vang (1984) assessed the psychosocial adjustment of Hmong refugees in Minnesota and found that poor English proficiency and welfare status correlated with high scores of mental illness symptoms.

A large field study of 460 heads of Indochinese household (Nicassio, 1983) reported that English language proficiency, socioeconomic status and self-perception, correlated significantly with the feeling of alienation in America.

When interviewed, the refugee adolescents in this study did not talk about the problems they had experienced since their separation from family and homeland nor about the psychological adjustment they had experienced during resettlement. They conceptualized their resettlement experience as an experience that was shaped by factors external to them, factors that they could meet and, if necessary, overcome. This conceptualization was consistent with the Vietnamese cultural belief that external forces and not intrapsychic factors determine emotional well-being.

Kunz (1981) established that an environment that was "linguistically strange" could exclude refugees from human contact and result in psychiatric disorders. Empirical studies have correlated levels of English proficiency with high scores of mental illness (Westermeyer, Neider and Vang, 1984) and feelings of alienation (Nicassio, 1983). The refugee adolescents in this study appear to have been accurate in their appraisal of the problems they confront. Their failure to describe mental health problems as resulting from the problems they experience may reflect their sense that the problems are not insurmountable.

Alternatively, the Vietnamese refugee adolescents' description of their resettlement experience may reflect salient cultural beliefs and conceptualizations that do not resemble Western thoughts.

The high levels of somatisation found in the Refugee Task Force Study (1987), and reflected to a lesser degree in this study, are indicative of the Vietnamese subjects' tendency to place a high value on controlling and suppressing negative feelings (Eyton and Neuwirth, 1984). The subjects in this present study may well have chosen to concentrate on describing external factors so as to avoid the sharing of private feelings.

5.12 Conclusions

The present study presents a profile of a "typical" Vietnamese refugee adolescent, who arrived in Australia after 1980 with one or both parents, as follows: He/she:

- attends school and finds it a worthwhile experience
- has family members on welfare benefits
- found attendance at language school stressful and de-energising
- does not have any formal work
- has tenuous links with a doctor
- has no contact with the Department of Immigration, Local Government and Ethnic Affairs (once both parents are in Australia)
- lives in a house that is inadequate for their needs
- does not bank
- has never been to a hospital in Australia
- has at least a tenuous connection with the next-door neighbours
- relates to the Vietnamese Community only at traditional festival times
- has at least a tenuous connection with Australians
- has links with formal religious organisations
- has many friends, including Australian friends.

This refugee adolescent believes that the main problem he/she experiences in adjustment to Australia is the acquisition of adequate proficiency in the English language.

This study has concentrated on one aspect of the psychological and social area of refugee adaptation. Other aspects have not been investigated. The context or environment in which the refugee adolescent is adjusting is shaped by an interplay of "adaptive" resources and strategies (Rumbaut and Ima, 1987). The refugee adolescents' experience of resettlement is shaped by this interplay and other aspects will need to be considered in future research.

The centrality of English language proficiency necessitates the inclusion of an English language proficiency scale in future studies. However such a scale would need to be sensitive to the subjects' own perception of their proficiency, so that the ethnocentric bias of the instrument would not produce data out of the range of the refugees' experience.

Taft's (1966) survey of studies of immigrant assimilation found that general satisfaction and a sense of identity led to substantial progress in English. The refugee adolescents' descriptions have reversed the sequence of these findings. Further research on the process of acculturation may clarify this contention.

The present study has developed an assessment technique that investigates the psychological and social adjustment of Vietnamese refugee adolescents in a new country. It has moved beyond the previous studies that have simply acknowledged the role of sociocultural and psychological characteristics in adjustment, to eliciting this information in a manner that is culturally appropriate, sensitive to individual differences and is from the perspective of the refugees themselves.

These Vietnamese refugee adolescents have been investigated in the hope that positive interventions may be made in young people's lives ensuring a better chance of an optimistic future.

The study has limitations because it has not looked beyond adolescents to nominated "at risk" groups such as children, single adults and the elderly. Furthermore, the study has investigated adolescents who came to Australia with at least one parent, excluding unaccompanied minors who are without the basic support system of their family.

With the exception of young children, the assessment technique developed in this study could be used to investigate the psychological and social adjustments of any refugee groups. This could be the challenge of further studies.

The emphasis throughout these studies has been on the individual's perception of his/her adjustment within his/her own social environment. The emphasis is unique in refugee studies, and further studies using this emphasis will modify current theories addressing the relationship between psychological and social adjustment and mental health status.

BIBLIOGRAPHY

- ADLER, D.L., & TAFT, R. (1966) Some psychological aspects of Immigrant Assimilation. In A. Stoller (Ed.), New Faces: Immigration and Family Life in Australia. Cheshire, Melbourne.
- ADLER, S. (1977) Maslow's need hierarchy and the adjustment of immigrants. International Migration Review, 11, 444-451.
- ANDERSON, N.H. (1961) Scales and statistics: parametric and non parametric. Psychological Bulletin, 58:4, 305-316.
- ASHMUN, L.F. (1983) Resettlement of Indochinese refugees in the United States: A selective and annotated bibliography. Monograph Series on Southeast Asia. Northern Illinois University, No. 10.
- AREA HANDBOOK FOR SOUTH VIETNAM. (1967) Foreign Area Studies, American University, Washington, D.C.
- ASHWORTH, G. (1979) The boat people and the road people. Quartermaine House Ltd., Middlesex.
- BAIN, C.A. (1974) The persistence of tradition in modern Vietnamese medicine. Southeast Asia, 3, 607-619.
- BAIZERMAN, M., & HENDRICKS, G. (1988) A study of Southeast Asian refugee youth in the twin cities of Minneapolis and St. Paul, Minnesota. U.S. Dept. of Health and Human Services. Family Support Administration Office of Refugee Resettlement.
- BATESON, G. (1972) Steps to an ecology of mind. Chandler Publishing Co., San Francisco.
- BEISER, M. (1988) Influence of Time, Ethnicity and Attachment on Depression in Southeast Asian Refugees. American Journal of Psychiatry, 145:1, 46-51.
- BELL, S.E., & WHITEFORD, M.B. (1987) Tai Dam health and care practices: Asian refugee women in Iowa. Social Science and Medicine, 4, 317-325.
- BENNOUN, P., BENNOUN, R., & KELLY, P. (1984) The peoples from Indo-China. Hodja, Melbourne.
- BEN-PORATH, Y.S. (1987) Issues in the psycho-social adjustment of refugees. Prepared for the National Institute of Mental Health's Refugee Assistance Program - Mental Health. University of Minnesota.
- BENJAMIN, R., VAN, T.T., & BENJAMIN, M.F. (1983) Alienation among Vietnamese students in the United States. Free Inquiry in Creative Sociology, 11, 32-34.
- BERRY, J.W., & BLONDEL, T. (1982) Psychological adaptation of Vietnamese refugees in Canada. Canadian Journal of Community Mental Health, 1, 81-88.
- BERRY, J.W. (1986) The acculturation process and refugee behavior. In C.L. Williams & J. Westermeyer (Eds.), Refugee Mental Health in Resettlement Countries. Washington: Hemisphere.

- BERRY, J.W. & KIM, U. (1988) Acculturation and mental health. In P. Dasen, J.W. Berry and N. Sartorius (Eds.) Health and Cross-Cultural Psychology; Towards Applications. London: Sage.
- BERRY, J.W., KIM, U., MINDE, T., & MOK, D. (1987) Comparative studies of acculturative stress. International Migration Review, XXI:3, 491-511.
- BOCHNER, S. (1986) Coping with unfamiliar cultures: Adjustment or cultural learning? Australian Journal of Psychology, 38:3, 347-358.
- BOMAN, B., & EDWARDS, M. (1984) The Indochinese refugee: An overview. Australian and New Zealand Journal of Psychiatry, 18, 40-52.
- BRICK, J., & LAURIE, G. (1984) Language and Culture in Vietnam. Background notes for teachers in the Adult Migrant Education Program.
- BRODY, E.B. (Ed.) (1970) Behaviour in new environments. Sage Publications, Beverley Hills, California.
- BURROWS, G.D., KRUPINSKI, J., TAN, E.S., CHIU, E., TONGE, B., MORRISON, E., GRAVES, G., STOLK, J., MACKENZIE, A., CARSON, N., & FRIEZE, R. (1982) A study of the social and psychological adjustment of recently arrived refugee groups. In L. Dennerstein and G.D. Burrows (Eds.), Obstetrics, Gynaecology and Psychiatry. proceedings of the 9th Annual Congress of the Australian Society of Psychosomatic Obstetrics and Gynaecology, Alice Springs.
- BUTTINGER, J. (1978) Vietnam: A political history. Andre Duetsch, London.
- CAMUS-JACQUES, G. (1986) World perspective on displacement of women. World YWCA Regional Consultation on Refugees and Migrants.
- CAPRA, F. (1982) The turning point. Flamingo, Fontana, London.
- CAWTE, J. (1980) Intercultural Medicine. Australian Family Physician, 9, 12-16.
- CHAK, S., NIXON, J., & DUGDALE, A. (1984) Primary health care for Indo-Chinese children in Australia. Australian Paediatric Journal, 20, 578-585.
- CHARRON, D.W., & NESS, R.C. (1981) Emotional distress among Vietnamese adolescents: A statewide survey. Journal of Refugee Resettlement, 1, 7-15.
- CHENITZ, W.C., & SWANSON, J.M. (1986) From Practice to Grounded Theory. California, Addison-Wesley Pub. Co.
- COCHRAN, M.M., & BRASSARD, J.A. (1979) Child development and personal social networks. Child Development, 50, 601-616.
- COERR (1985-6) Report of survey of refugee needs and problems in Ban Vinai Refugee Camp, Thailand.
- COHON, J.D. (1981) Psychological adaptation and dysfunction among refugees. International Migration Review, 15(1), 255-275.
- CRAWLEY, T. (1982) The ecological perspective revisited. Australian Journal of Family Therapy, 3:2, 109-116.

- CROPLEY, A.J., & KOVACS, M.L. (1974) Cultural conflict and alienation in immigrant children. In I. Pilowsky (Ed.), Cultures in Collision. Australian National Association for Mental Health, Sydney.
- DASEN, P., BERRY, J.W., & SARTORIUS, N. (Eds.) (1988) Health and Cross-Cultural Psychology: Towards Applications. London, Sage.
- DAVID, H.P. (1969, 1970) Involuntary international migration. In E.B. Brody Behaviour in New Environments. Sage Publications, Beverley Hills, California.
- DE HOYOS, G., DE HOYOS, A., & ANDERSON C.B. (1986) Socio-cultural dislocation: Beyond the dual perspective. Social Work, Jan-Feb.
- DEMERATH, N.J., & PETERSON, R.A. (1967) System, change and conflict. The Free Press, New York.
- DEPARTMENT OF COMMUNITY WELFARE (1981) Survey of unattached refugee youth. South Australia.
- DEPARTMENT OF IMMIGRATION AND ETHNIC AFFAIRS (1980) Survey into the information needs of migrants in Australia. Australian Government Publishing Service, Canberra.
- DEPARTMENT OF IMMIGRATION AND ETHNIC AFFAIRS (1982) Please listen to what I'm not saying. A report in the Survey of Settlement Experiences of Indochinese Refugees, 1978-80. Australian Government Publishing Service.
- DEPARTMENT OF IMMIGRATION, LOCAL GOVERNMENT AND ETHNIC AFFAIRS (DILGEA) (1988) Australian population trends and prospects 1988, Australian State Capital Cities. A.G.P.S. Canberra.
- DUNNING, B.B. (1982) A systematic survey of the social, psychological and economic adaptation of Vietnamese refugees representing five entry cohorts 1975-1979. B.S.S.R. Report 1982 (Jan.) RPT no. 0335-10 457p. (Washington Bureau of Social Science Research).
- EISENBRUCH, M. (1983a) The use of psychotherapy with refugee children: uprooting and cultural bereavement in a Vietnamese family. Presented at the Annual Conference, American Academy of Child Psychiatry, San Francisco.
- EISENBRUCH, M. (1983b) Wind illness or somatic depression? A case study in Psychiatric Anthropology. British Journal of Psychiatry, 143, 323-326.
- EISENBRUCH, M. (1983c) Cross cultural aspects of bereavement I. Cultural, Medicine and Psychiatry, 7, 283-301.
- EISENBRUCH, M. (1984) Cross cultural aspects of bereavement II: Ethnic and cultural variations in the development of bereavement practices. Cultural, Medicine and Psychiatry, 8, 315-347.
- EITINGER, L. (1959) The incidence of mental disease among refugees in Norway. Journal of Mental Science, 105, 326-328.
- EITINGER, L., & GRUNFELD, B. (1966) Psychoses among refugees in Norway. Acta Psychiatry Scandinavia, 42, 315-328.

- EKSTRAND, L.H. (1977) Migrant adaptation: A cross cultural problem. A review of research on migration, minority groups and cultural differences with special regard to children. Educational and Psychological Interactions, 59, 75-104.
- EKSTRAND, L.H. (1978) Migrant adaptation: A cross cultural problem. In R. Freudenstein, Teaching the children of immigrants. AIMAV, Bruxelles.
- ERICKSON, R.V., & HOANG, G.N. (1980) Health problems among Indochinese refugees. American Journal of Public Health, 70, 1003-1005.
- ERIKSON, E.H. (1964) Insight and Responsibility. New York: W.W. Norton.
- ESSER, H. (1986) Social context and interethnic relations: The case of migrant workers in West German urban areas. European Sociological Review, 2, 30-51.
- EVANS, M.D.R. (1986) Sources of immigrants language proficiency: Australian results with comparison to the Federal Republic of Germany and the United States of America. European Sociological Review, 2, 226-236.
- EYTON, J., & NEUWIRTH, G. (1984) Cross cultural validity: Ethnocentrism in health studies with special reference to the Vietnamese. Social Science Medicine, 18, No. 5, 447-453.
- FELICE, M.E. (1986) Reflections on caring for Indochinese children and youths. Journal of Development and Behavioural Paediatrics, 7, No. 2, 124-127.
- FORREST, D.V. (1971) Vietnamese maturation: The lost land of bliss. Psychiatry, 34, 111-139.
- FRASER, M., & PECORA, P. (1985-86) Psychological adaptation among Indochinese refugees. Journal of Applied Social Sciences, 10(1), 20-39.
- FRY, P.S. (1985) Stress ideations of Vietnamese youth in North America. The Journal of Social Psychology, 125(1), 35-43.
- GALBALLY, F. (1978) Migrant services and programs. Report of the review of post-arrival programs and services for migrants. Australian Government Publishing Service, Canberra.
- GARCIA-PELTONIEMI, R.E. (1987) Psychopathology in Refugees. Prepared for the National Institute of Mental Health's Refugee Assistance Program - Mental Health Technical Assistance Center of the University of Minnesota.
- GERMAIN, C.B. (1973) An ecological perspective in casework practice. Social Casework, 323-330.
- GLASER, B.G., & STRAUSS, A.L. (1967) The discovery of grounded theory: Strategies for qualitative research. New York, Aldine Publishing Co.

- GRAVES, G. (1983) Use of Rutter Scales with Indo-Chinese children. VII World Congress of Psychiatry, Vienna, 1983, in the symposium on Social and Transcultural Child Psychiatry.
- GRIEF, G.L., & LYNCH, A.A. (1983) The eco-systems perspective. In C. Meyer (Ed.), Clinical social work in the eco-systems perspective. Columbia University Press, New York.
- HAINES, D., RUTHERFORD, D., & THOMAS, P. (1981a) The case for exploratory fieldwork: Understanding the adjustment of Vietnamese refugees in the Washington area. Anthropological Quarterly, 54, 94-102.
- HAINES, D., RUTHERFORD, D., & THOMAS, P. (1981b) Family and community among Vietnamese refugees. International Migration Review, 15, No. 1, 310-319.
- HARDING, R.K., & LOONEY, J.G. (1977) Problems of Southeast Asian children in a refugee camp. American Journal of Psychiatry, 134, 407-411.
- HARTMAN, A. (1978) Diagrammatic assessment of family relationships. Social Casework, 59, 465-476.
- HARTMAN, A., & LAIRD, J. (1983) Family-centred social work practice. The Fress Press, New York.
- HARTMAN, A. (1979) Finding Families: An ecological approach to family assessment in adoption. Sage Publications, Beverley Hills, U.S.A.
- HASTINGS, J. (1977) Adaptation problems of Asian migrants. Australia and New Zealand Journal of Psychiatry, 11(4), 219-221.
- HAWTHORNE, L. (Ed.) (1982) Refugee: The Vietnamese Experience. Oxford University Press, Melbourne.
- HAYS, W.L. (1973) Statistics for the Social Sciences (2nd Edition). N.Y., Holt Rinehart & Winston Inc.
- HERTZ, D.G. (1981) Arrival and departure (theoretical considerations and clinical observations on migrants and immigrants). Psychiatric Journal of the University of Ottawa, 6(4), 234-238.
- HESS, P., & HOWARD, T. (1981) An ecological model for assessing psychosocial difficulties in children Child Welfare, LX, 499-518.
- HIGGINS, H. (1975) Vietnam. Heinemann Educational Books, London.
- HIRAYAMA, K.K., & HIRAYAMA, H. (1988) Stress, social supports, and adaptational patterns in Hmong refugee families. Amerasia Journal, 44:1, 93-108.
- HOANG, G.N., & ERICKSON, R.V. (1985) Cultural barriers to effective medical care among Indochinese patients. Annual Review of Medicine, 36, 229-239.

- HOWARD, T.U., & JOHNSON, F.C. (1985) An ecological approach to practice with single parent families. Social Casework, 482-489.
- HUGO, G. (1987) Postwar refugee migration in Southeast Asia: Patterns, problems and policies. In J.R. Rogge (Ed.) Refugees: A third world dilemma. New Jersey, Rowman and Littlefield.
- HUGO, G. (1989) Atlas of the Australian People, South Australia. Canberra, Australian Government Publishing Service.
- HUGO, G.J. (1990) Adaptation of Vietnamese: An assessment based on 1986 census results. Southeast Asian Journal of Social Sciences, 18, No. 1, 182-210.
- HUI, C.H., & TRIANDIS, H.C. (1985) Measurement in cross cultural psychology: A review and comparison of strategies. Journal of Cross-Cultural Psychology, 16, 131-152.
- HUTNIK, N. (1986) Patterns of ethnic minority identification and modes of social adaptation. Ethnic and Racial Studies, 9, No. 2, 149-167.
- HUYCK, E.E., & FIELDS, R. (1981) Impact of resettlement on refugee children. International Migration Review, 15, No. 1, 246-254.
- JACK, R.A., NICASSIO, P.M., & WEST, W.S. (1984) Acute paranoid disorder in a South East Asian refugee. The Journal of Nervous and Mental Disease, 172, No. 8, 495-497.
- JARVIS, J. (1983) The Vietnamese experience: A study of factors effecting the settlement of Vietnamese refugees in Australia. C.C.A.E.
- JOHNSON, J.A. (1986) Migration. Longman, London and New York.
- KARNOW, S. (1983) Vietnam - A History. Penguin, Middlesex, England.
- KASL, S.V., & BERKMAN, L. (1983) Health consequences of the experience of migration. Annual Review of Public Health, 4, 69-90.
- KELLER, S.L. (1975) Uprooting and Social Change. Manohan Book Service.
- KELLEY, M.L., MCKAY, S., & NELSON, C.H. (1985) Indian agency development: An ecological and practice approach. Social Casework, 594-602.
- KELLY, G.P. (1977) From Vietnam to America: A chronicle of Vietnamese immigration to the United States. Westnew Press, Boulder, U.S.A.
- KINZIE, J.D. (1981) Evaluation and psychotherapy in Indochinese refugee patients. American Journal of Psychotherapy, 25, No. 2, 251-261.
- KINZIE, J.D., FREDRICKSON, R.H., RATH, B., FLECK, J., & KARLS, W. (1984) Post-traumatic stress disorder among survivors of Cambodian concentration camps. American Journal of Psychiatry, 141:5, 645-650.

- KINZIE, J.D., LEUNG, P., BUI, A., RATH, B., KHAM ONE KEOPRASEUTH, RILEY, C., FLECK, J., & ADES, M. (1988) Group therapy with Southeast Asian refugees. Community Mental Health Journal, 24:2.
- KINZIE, J.D., MANSON, S.M., DO, T.V., NGUYEN, T.T., BUI, A., & THAN, N.P. (1982) Development and validation of a Vietnamese language depression scale. American Journal of Psychiatry, 139:10, 1276-1281.
- KINZIE, J.D., & MANSON, S. (1983) Five years experience with Indochinese refugee psychiatric patients. Journal of Operational Psychiatry, 14, 105-111.
- KINZIE, J.D., SACK, W.H., ANGELL, R.H., MANSON, S., & RATH, B. (1986) The psychiatric effects of massive trauma on Cambodian children. 1. The children. Journal of the American Academy of Child Psychiatry, 25, 3, 370-376.
- KINZIE, J.D., TRAN, K.A., BRECKENRIDGE, A., & BLOOM, J.D. (1980) An Indochinese refugee psychiatric clinic: Culturally accepted treatment approaches. American Journal of Psychiatry, 137, 1429-1432.
- KLEINMAN, A.M. (1977) Depression, somatization and the new cross-cultural psychiatry. Social Science and Medicine, 11, 3-10.
- KLEINMAN, A.M. (1980) Patients and healers in the context of culture. Berkeley, University of California Press, U.S.A.
- KOVACS, M.L., & CROPLEY, A.J. (1975) Alienation and assimilation of immigrants. Australian Journal of Social Issues, 10, 221-230.
- KOVACS, M.L., & CROPLEY, A.J. (1975) Immigrants and society: Alienation and assimilation. McGraw Hill, Sydney.
- KRENER, P.G., & SABIN, C. (1985) Indochinese immigrant child: Problems in psychiatric diagnosis. Journal of the American Academy of Child Psychiatry, 24, 453-458.
- KRUPINSKI, J. (1974) Psychological maladaptation in ethnic concentrations in Victoria. In I. Pilowsky (Ed.), Cultures in Collision. Australian National Association for Mental Health, Sydney.
- KRUPINSKI, J. (1984) Changing patterns of migration in Australia and their influence on the health of migrants. Social Science and Medicine, 18, No. 11, 927-937.
- KRUPINSKI, J., & BURROWS, G. (1986) The Price of Freedom. Pergamon Press, Sydney.
- KRUPINSKI, J., BURROWS, G., CARSEN, N., CHIU, E., FRIEZE, R., GRAVES, G., MACKENZIE, A., STOLK, T., TAN, E.S., & TONGE, B. (1983) Adaptation of Indochinese refugees in Australia. Presented at a Symposium on "Migrant Adjustment" at the Eighteenth Annual Conference of the Australian Psychological Society, University of Sydney.

- KRUPINSKI, J., & CARSON, N. (1986) Assessing Psychological and Social Adjustment. In J. Krupinski & G. Barrows, The price of Freedom. Pergamon Press, Sydney.
- KRUPINSKI, J., & STOLLER, A. (1965) Incidence of mental disorders in Victoria according to country of birth. Medical Journal of Australia, 2, 265-269.
- KRUPINSKI, J. STOLLER, A., & WALLACE, L. (1973) Psychiatric disorders in East European refugees now in Australia. Social Science and Medicine, 7, 31-49.
- KUMMEROW, M. (1984) A needs assessment in the area of Health Services for students attending the Gillies Street and Port Adelaide Language Centres. C.A.P.H.S., Adelaide, July-August.
- KUNZ, E.F. (1973) The refugee in flight: Kinetic models and forms of displacement. International Migration Review, 7, 125-146.
- KUNZ, E.F. (1981) Exile and resettlement: Refugee theory. International Migration Review, 15(1), 42-51.
- LAWRENCE, H. (1981) Report on health and welfare in Indochinese women living in Adelaide. South Australian Health Promotion Services, Adelaide, South Australia, November.
- LAZARUS, R.S., & FOLKMAN, S. (1986) Stress, appraisal and coping. Springer Publishing Co., New York.
- LE, T.Q., RAMBO, A.T., & MURFIN, G.D. (1976) Why they fled: Refugee movement during the spring 1975 communist offensive in South Vietnam. Asia Survey, 16, 855-863.
- LEAK, J. (1982) Smiling on the outside, crying on the inside. A pilot study. S.A.C.A.E., Sturt Campus, Bedford Park, South Australia.
- LEMOINE, J., & MOUGNE, C. (1983) Why has death stalked the refugees? Natural History, 11, 6-19.
- LEWINS, F., & LY, J. (1985) The first wave. George Allen & Unwin, Sydney.
- LEWIS, P.G. (1981) Some psycho-social factors observed in the resettlement of Indo-China refugees. Australian Social Work, 34, No. 1, 15-19.
- LIN, E.H.B., CARTER, W.B., & KLEINMAN, A.M. (1985) An exploration of somatization among Asian refugees and immigrants in primary care. American Journal of Public Health, 75, No. 9, 1080-1083.
- LIN, K.M. (1986) Psychopathology and social disruption in refugees. In C.L. Williams & J. Westermeyer (Eds.) Refugee mental health in resettlement countries. Washington, D.C.: Hemisphere Publishing Co.

- LIN, K.M., TAZUMA, L., & MASUDA, M. (1979) Adaptation problems of Vietnamese refugees I. Archives of General Psychiatry, 36, 955-961.
- LIN, K.M., MASUDA, M., & TAZUMA, L. (1982) Adaptational problems of Vietnamese refugees II. The Psychiatric Journal of Ottawa, 7, No. 3, 173-183.
- LIN, K.M., MASUDA, M., & TAZUMA, L. (1984) Problems of eastern refugees and immigrants: Adaptational problems of Vietnamese refugees IV. The Psychiatric Journal of the University of Ottawa, 9, No. 2, 79-84.
- LIN, T.Y., TARDIFF, K., DONETZ, G., & GORESKEY, W. (1978) Ethnicity and patterns of help seeking. Culture, Medicine and Psychiatry, 2, 3-13.
- LIN, T.Y., & LIN, M.C. (1978) Service delivery issues in Asian-North American communities. American Journal of Psychiatry, 135, 454-456.
- LIN, T.Y. (1983) Mental health in the third world. The Journal of Nervous and Mental Disease, 171, No. 2, 71-78.
- LINDHEIM, R. (1983) Environments, people and health. Annual Review of Public Health, 4, 335-359.
- LOH, M. (1985) Sources, issues confronting Vietnamese youth in Australia. Youth Studies Bulletin IV,
- LOONEY, J., RAHE, R., & HARDING, R. (1979) Consulting to children in crisis. Child Psychiatry and Human Development, 10, 5-14.
- LORENZO, M.K., & ADLER, D.A. (1984) Mental health services for Chinese in a Community Health Centre. Social Casework, 600-609.
- MANDERSON, L., & MATHEWS, M. (1985) Care and conflict: Vietnamese medical beliefs and the Australian health care system. In I.H. Burnley, S. Encel & G. McCall (Eds.), Immigration and ethnicity in the 1980s. Longman Cheshire, Melbourne.
- MARTIN, J. (1972) Community and Identity: Refugee Groups in Adelaide. Australian National Uni. Press, Canberra.
- MASUDA, M., LIN, K.M., & TAZUMA, L. (1980) Adaptation problems of Vietnamese refugees III. Archives of General Psychiatry, 37, 447-450.
- MATTSON, R.A., & KY, D.D. (1978) Vietnamese refugee care: Psychiatric observations. Minnesota Medicine, 61, 33-36.
- MCMANUS, W., GOULD, W., & WELCH, F. (1983) Earnings of Hispanic men: The role of English language proficiency. Journal of Labour Economics, 1, 101-130.
- MEYER, C.H. (1983) Clinical social work in the eco-systems perspective. Columbia University Press, New York.
- MILLER, B., CHAMBERS, E.B., & COLEMAN, C.M. (1981) Indo-Chinese refugees: A national mental health needs assessment. Migration Today, 9, 26-31.

- MILLER, L. (1974) Migration and social identity. In I. Pilowsky (Ed.), Cultures in Collision. Australian National Association for Mental Health, Sydney.
- MILNE, F., & SHERGOLD, P. (1984) The great immigration debate. Federation of Ethnic Communities' Councils, Sydney.
- MOLLICA, R.F., & LAVELLE, J. (1988) Southeast Asian refugees. In L. Comas-Diaz & E.E.H. Griffith (Eds.) Clinical Guidelines in Cross-Cultural Mental Health. John Wiley and Sons, New York.
- MOLLICA, R.F., WYSHAK, G., & LAVELLE, J. (1987) The psychosocial impact of war trauma and torture in Southeast Asian refugees. American Journal of Psychiatry, 144:12, 1567-1572.
- MOLLICA, R.F., WYSHAK, G., DE MARNESS, D., ET AL. (1987) Indochinese versions of the Hopkins Symptoms Checklist-25: A screening instrument for the psychiatric care of refugees. American Journal of Psychiatry, 144, 497-500.
- MUECKE, M.A. (1983) In search of healers - Southeast Asian refugees in the American health care system. Cross-Cultural Medicine, Western Journal of Medicine, 139, 835-840.
- MURPHY, H.B.M. (1952) The assimilation of refugee immigrants in Australia. Population Studies, 5, 179-206.
- MURPHY, H.B.M. (1955) Refugee psychoses in Great Britain: Admissions to mental hospitals. In H.B.M. Murphy (Ed.), Flight and Resettlement. Paris: UNESCO.
- MURPHY, H.B.M. (1974) Mental health guidelines for Immigration policy. International Migration, 12, 333-350.
- MURPHY, H.B.M. (1977) Migration, culture and mental health. Psychological Medicine, 7, 677-684.
- MURPHY, H.B.M. (1982) Comparative Psychology. Springer-Verlag, New York.
- MURPHY, J.M. (1977) War, stress and civilian Vietnamese: A study of psychological effects. Acta Psychiatry Scandinavia, 56, 92-108.
- MYERS, K.M., CROAKE, J.W., & SINGH, A. (1987) Adult fears of four ethnic groups: White, Chinese, Japanese and "Boat People". The International Journal of Social Psychiatry, 33:1, 56-67.
- NANN, R.C. (Ed.). (1982) Uprooting and surviving. D. Reidel Publishing Co., Holland.
- NEUWIRTH, G., & CLARK, L. (1981) Indochinese refugees in Canada: Sponsorship and adjustment. International Migration Review, 15, No. 1, 131-141.
- NGUYEN, C. (1985) Vietnamese experiences as migrants and refugees. Asian Pacific Review, 1, 23-35.

- NGUYEN, L.T., & HENKIN, A.B. (1982) Vietnamese refugees in the United States: Adaptation and transitional status. Journal of Ethnic Studies, 9, 101-116.
- NGUYEN, S.D. (1982) The psychosocial adjustment and the mental health needs of Southeast Asian refugees. Psychiatric Journal of the University of Ottawa, 7, 26-35.
- NGUYEN, S.D. (1983) Psychiatric and psychosomatic problems among South-East Asian refugees. The Psychiatric Journal of the University of Ottawa, 7, 163-172.
- NGUYEN, S.D. (1984) Mental health services for refugees and immigrants. The Psychiatric Journal of the University of Ottawa, 9, No. 2, 85-91.
- NGUYEN, T.D. (1982) Indochinese refugees in France. Victorian Ministry of Immigration and Ethnic Affairs.
- NICASSIO, P.M. (1985) The psychosocial adjustment of the Southeast Asian refugee. Journal of Cross-Cultural Psychology, 16, No. 2, 153-173.
- NICASSIO, P.M. (1983) Psychosocial correlates of alienation. Journal of Cross-Cultural Psychology, 14, No. 3, 337-351.
- NICASSIO, P.M., & PATE, J.K. (1984) An analysis of problems of resettlement of the Indochinese refugees in the United States. Social Psychiatry, 19, 135-141.
- OLMEDO, E. (1979) Acculturation: A psychometric perspective. American Psychologist, 34, 1061-1070.
- OLSON, M.E. (1978) Flight, settlement and adjustment: Refugee experience in Laos and other developing countries. The University of Michigan, U.S.A. Ph.D.
- ORQUE, M.S., BLOCH, B., & MONRROY, L.S.A. (1983) Ethnic Nursing Care. St. Louis: C.V. Mosby.
- PADILLA, A.M., CERVANTES, R.C., MALDONADO, M., & GARCIA, R.E. (1988) Coping responses to psychosocial stressors among Mexican and Central American immigrants. Journal of Community Psychology, 16, 418-427.
- PAGANO, R.R. (1986) Understanding Statistics in the Behavioural Sciences. St. Paul: West Publishing Company.
- PATTISON, E.M., DEFRANCISCO, D., WOOD, P., FRAZIER, H., & CROWDER, J. (1975) A psychosocial kinship model for family therapy. American Journal of Psychiatry, 132:12, 1246-1251.
- PHAN, M.D. (1981) The mental health of Indo-Chinese refugees. Mental Health in Australia, I, 7, 24-29.

- PRICE, C.A. (1980) Refugees: The challenge of the future. Academy of the Social Sciences in Australia. Fourth Academy Symposium, Nov.
- PUTNINS, A. (1981) Latvians in Australia: Alienation and Assimilation. Australian National University Press, Canberra.
- RADO, M., FOSTER, L., BRADLEY, D. (1986) English language needs of migrant and refugee youth. Canberra: Australian Government Publishing Service.
- RAHE, R.H., LOONEY, J.G., WARD, H.W., TRAN, M.T., & LIU, W.T. (1978) Psychiatric consultation in a Vietnamese refugee camp. American Journal of Psychiatry, 135:2, 185-190.
- REID, J.C., & STRONG, T. (1988) Rehabilitation of refugee victims of torture and trauma; principles and service provision in N.S.W. Medical Journal of Australia, 148, 340-346.
- ROBINSON, C. (1980) Special report: Physical and emotional health care needs of Indochinese refugees. Indochina Refugee Action Centre.
- ROBINSON, M. (1980) Systems theory for the beginning therapist. Australian Journal of Family Therapy, 1, No. 4, 183-194.
- ROCERETO, L.V. (1981) Selected health beliefs of Vietnamese refugees. Journal of School Health, 51, 63-64.
- RUMBAUT, R.G., & IMA, K. (1987) The adaptation of Southeast Asian youth: A comparative study. Final Report to the Office of Refugee Resettlement. San Diego: San Diego State University.
- RUSSEL, J. (1980) Medical and paramedical facts and problems of Indo-Chinese. Indo-China Refugee Association of Victoria, Fitzroy, Vic.
- ROGGE, J.R. (Ed.) (1987) Refugees: A third world dilemma. Rowman & Littlefield, New Jersey.
- SACK, W.H., ANGELL, R.H., KINZIE, J.D., & RATH, B. (1986) The psychiatric effects of massive trauma on Cambodian children II: The family, the home and the school. Journal of the American Academy of Child Psychiatry, 25, 377-383.
- SARASON, I.G., & SARASON, B.R. (1985) Social support; theory, research and applications. Martinus Nijhoff Publishers, Dordrecht.
- SAYKAO, N. (1985) The impact of resettlement on Lao family life. Inaugural Conference on Asian Australian Focus, Contributions and Achievements. Melbourne, Australia.
- SAYKAO, P. (1985) The medical and psycho-social needs of the Indochinese refugees. Inaugural Conference on Asian Australian Focus, Contributions, Achievements and Issues. Melbourne, Australia.

- SCHNELLER, D.P. (1981) The immigrants challenge: Mourning the loss of homeland and adapting to the new world. Smith College Studies in Social Work, 51, No. 2, pp. 95-125.
- SCOTT, W.A., & SCOTT, R. (1982) Ethnicity, interpersonal relations, and adaptation among families of European migrants to Australia. Australian Psychologist, 17, 2, 165-180.
- SCOTT, W.A., & STUMPF, J. (1984) Personal satisfaction and role performance: Subjective and social aspects of adaptation. Journal of Personality and Social Psychology, 47, 812-827.
- SEGALL, M.H. (1986) Culture and behaviour: Psychology in global perspective. Annual Review of Psychology, 37, 523-564.
- SENATE STANDING COMMITTEE ON FOREIGN AFFAIRS (1982) Indochinese refugee resettlement: Australia's involvement. Australian Government Publishing Services, Canberra.
- SLUZKI, C.E. (1979) Migration and family conflict. Family Process, 18, No. 4, 379-390.
- SMITH, K. (1984) The role of the helping professional in Southeast Asian communities: A conceptual analysis. International Social Work, 27, No. 2.
- SMITHER, R. (1982) Human migration and the acculturation of minorities. Human Relations, 35, No. 1, 57-68.
- SMITHER, R., & RODRIGUEZ-GIEGLING, M. (1979) Marginality, modernity and anxiety in Indochinese refugees. Journal of Cross-Cultural Psychiatry, 10, No. 4, 469-478.
- SOKOLOFF, B., CARLIN, J., & PHAM, H. (1984) Five year follow up of Vietnamese refugee children in the United States. Clinical Paediatrics, 23, 565-570.
- STARR, P.D. (1981) Troubled waters: Vietnamese fisherfolk in American Gulf Coast. International Migration Review, 15, 226-238.
- STARR, P.D., & ROBERTS, A.E. (1982a) Attitudes towards new Americans: Perceptions of Indochinese in nine cities. Research in Race and Ethnic Relations, 3, 165-186.
- STARR, P.D., & ROBERTS, A.E. (1982b) Community structure and Vietnamese refugee adaptation: The significance of context. International Migration Review, 16, No. 3, 595-618.
- ST. CARTMAIL, K. (1983) Exodus Indochina. Heinemann, Auckland.
- STEIN, B.N. (1981) The refugee experience: Defining the parameters of a field of study. International Migration Review, 15, No. 1, 320-331.

- STEIN, B.N. (1986) The experience of being a refugee: Insights from the research literature. In C.L. Williams and J. Westermeyer (Eds.) Refugee mental health in resettlement countries. Washington, D.C.: Hemisphere Publishing Co.
- STEVENS, C. (1984) Occupation adjustment of Kampuchean Refugees. B.A. (Hons) Unpublished Thesis, Adelaide University.
- STOLLER, A. (1966a) Migration and mental health in Australia. British Journal of Social Psychiatry, 1, 70-77.
- STOLLER, A. (Ed.) (1966b) New faces: Immigration and family life in Australia. Cheshire, Melbourne.
- STORER, D. (1985) Ethnic family values in Australia. Prentice-Hall, Australia.
- STRAUSS, A.L. (1987) Qualitative analysis for social scientists. Cambridge University Press, Cambridge.
- STRUENING, E.L., RABKIN, J.G., & PECK, H.B. (1969-70) Migration and ethnic membership in relation to social problems. In E.B. Brody Behaviour in New Environments. Sage Publications, Beverley Hills, California.
- SUE, S., & MCKINNEY, H. (1975) Asian Americans in the community mental health care system. American Journal of Orthopsychiatry, 45, 111-118.
- TAFT, R. (1965) From Stranger to Citizen. Perth, University of Western Australia.
- TAFT, R. (1957) A psychological model for the study of social assimilation. Human Relations, 10, 141-156.
- TAFT, R. (1973) Problem of adjustment and assimilation of immigrants. In P. Watson (Ed.) Psychology and race. London: Penguin.
- TAFT, R. (1977) Coping with unfamiliar cultures. In N. Warren (Ed.) Studies in Cross Cultural Psychology. London: Academic Press.
- TAFT, R. (1985) The psychological study of the adjustment and adaptation of immigrants in Australia. In N.T. Feather (Ed.) Australian psychology. Sydney: Allen & Unwin.
- TAFT, R. (1986) Methodological considerations in the study of immigrant adaptation in Australia. Australian Journal of Psychology, 38, 3, 339-346.
- TAN, E.S., CHIU, E., KRUPINSKI, J., BURROWS, B., MORRISON, E., GRAVES, G., FRIEZE, R., STOLK, Y., MACKENZIE, A., & CARSON, N. (1982) The manifestation of depressive and anxiety states in Indo-Chinese refugees. Paper presented at the Beattie-Smith Lecture Series at the University of Melbourne.
- TATSUOKA, M.M., & TIEDEMAN, D.V. (1963) Statistics as an aspect of scientific method in research on teaching. In N.L. Gage (Ed.) Handbook of Research on Teaching. Chicago, Rand McNally & Co.

- TEPPER, E.L. (Ed.) (1980) South East Asia Exodus: From Tradition to Resettlement. Understanding refugees from Laos, Kampuchea, and Vietnam in Canada. The Canadian Asian Studies Association.
- TOBIN, J.J., & FRIEDMAN, J. (1984) Intercultural and developmental stresses confronting Southeast Asian refugee adolescents. Journal of Operational Psychiatry, 15, 39-45.
- TRIANDIS, H.C., & BRISLIN R.W. (1984) Cross-Cultural Psychology. American Psychologist, Sept. 1006-1016.
- TRIPP-REIMER, T., & THIEMAN, K. (1981) Traditional health beliefs/practices of Vietnamese refugees. Journal of Iowa Medical Society, 71, 533-535.
- TSOI, M.M., YU, G.K., & LIEH-MAK, F. (1986) Vietnamese refugee children in camps in Hong-Kong. Social Science and Medicine, 23(11), 1147-1150.
- TSUI, P., & SCHULTZ, G.L. (1985) Failure of rapport: Why psychotherapeutic engagement fails in the treatment of Asian clients. American Journal of Orthopsychiatry, 55(4), 561-569.
- TUNG, T.M (1979) The Indo-Chinese refugee mental health problem: An overview. Presented at the First Conference on Indo-Chinese Refugees. George Mason University, Fairfax, Va.
- TUNG, T.M. (1980) The Indo-Chinese refugees as patients. Journal of Refugee Resettlement, 1, 53-60.
- TUNG, T.M. (1980) Indo-Chinese Patients. Action for South East Asians Inc.
- TYHURST, L. (1977) Psychosocial first aid for refugees. Mental Health and Society, 4, 319-343.
- VAN DEUSEN, J.M. (1982) Health/mental health studies of Indo-Chinese refugees: A critical overview. Medical Anthropology, 6, No. 4, 231-252.
- VIGNES, A.J., & HALL, R.C.W. (1979) Adjustment of a group of Vietnamese people to the United States. American Journal of Psychiatry, 136, 136-144.
- VIVIANI, N. (1984) The Long Journey. Melbourne: Melbourne University Press.
- WEHRLY, B. (1988) Indochinese Refugees in Schools in the United States of America - Challenges and opportunities for Counsellors. Paper presented at the XIIIth International Conference for the Advancement of Counselling. Calgary, Canada.
- WENNER, J. (1985) Behind the smiles: The needs and aspirations of Indo-Chinese girls in an Australian secondary school, 1985. Education Department of S.A., Adelaide.
- WESTERMEYER, J. (1985) Psychiatric diagnosis across cultural boundaries. American Journal of Psychiatry, 12:(7), 798-805.

- WESTERMEYER, J. (1986a) Migration and Psychopathology. In C.L. Williams & J. Westermeyer (Eds.) Refugee Mental Health in Resettlement Countries. Washington, D.C.: Hemisphere Publishing Co.
- WESTERMEYER, J. (1986b) Indochinese refugees in community and clinic: A report from Asia and the United States. In C.L. Williams & J. Westermeyer (Eds.) Refugee Mental Health in Resettlement Countries. Washington, D.C.: Hemisphere Publishing Co.
- WESTERMEYER, J., NEIDER, J., & VANG, T.F. (1984) Acculturation and mental health: A study of Hmong refugees at 1.5 and 3.5 years postmigration. Social Science and Medicine, 18, 1, 87-93.
- WESTERMEYER, J., VANG, T.F., & NEIDER, J. (1983a) A comparison of refugees using and not using a psychiatric service: An analysis of DSM-II criteria and self-rating scales in cross-cultural context. Journal of Operational Psychiatry, 14, No. 1, 36-41.
- WESTERMEYER, J., VANG, T.F., & NEIDER, J. (1983b) Migration and mental health among Hmong refugees: Association of pre and post-migration factors with self-rating scales. Journal of Nervous and Mental Disease, 171, 92-96.
- WESTERMEYER, J., VANG, T.F., & NEIDER, J. (1983c) Refugees who do and do not seek psychiatric care. Journal of Nervous and Mental Disease, 171, No. 2, 86-91.
- WHITHAM, R. (1983) A health visitors view of perception and resettlement of Indo-Chinese refugees into the U.K. In R. Baker (Ed.) The Psychosocial Problems of Refugees. The British Refugee Council, London.
- WHITMORE, J.K. (1979) An introduction to Indo-Chinese history, culture, language and life - for persons involved with the Indo-Chinese refugee education and resettlement project in the State of Michigan. Ann Arbor, Centre for South and South East Asian Studies. The University of Michigan.
- WILLIAMS, C.L., & WESTERMEYER, J. (1983) Psychiatric problems among adolescent South East Asian refugees. The Journal of Nervous and Mental Disease, 171, No. 2, 79-84.
- WILLIAMS, C.L. (1985) The South East Asian refugees and community mental health. The Journal of Community Psychology, 13,3, 258-269.
- WINER, B.J. (1971) Statistical Principles in Experimental Design (2nd edition). New York, McGraw-Hill.
- WITTKOWER, E.D., & DUBREUIL, G. (1973) Psychocultural stress in relation to mental illness. Social Science and Medicine, 7, 691-704.
- YAMAMOTO, J. (1978) Therapy for Asian Americans. National Medical Association Journal, 70, 267-270.
- YAMAMOTO, J., LAM, J., WON, I.C., REECE, S., LO, S., DUCK, S.H., & FAIRBANKS, L. (1982) The psychiatric status schedule for Asian Americans. American Journal of Psychiatry, 139, 9, 1181-1184.

- YEE, B.W.K., & NGUYEN, A.T. (1987) Correlates of drug use and abuse among Indochinese refugees: Mental health implications. Journal of Psychoactive Drugs, 19(1), 77-82.
- ZUBRZYCKI, J. (1966) The immigrant family: Some sociological aspects. In A. Stoller (Ed.), New Faces. Immigration and family life in Australia. Cheshire, Melbourne.
- ZULFACAR, A. (1984) Surviving without parents: Indochinese refugee minors in N.S.W. School of Social Work, The University of New South Wales.
- ZUNG, W.W.K. (1969) A cross-cultural survey of symptoms in depression. American Journal of Psychiatry, 126:1, 116-121.

APPENDIX A

LETTER OF INTRODUCTION TO VIETNAMESE REFUGEE ADOLESCENTS'
PARENTS



THE UNIVERSITY OF ADELAIDE

BOX 498, G.P.O., ADELAIDE, SOUTH AUSTRALIA 5001

The interviewer is conducting this interview as part of a study into the adaptation of Vietnamese refugee children. This study is being run by the University of Adelaide with the support of the Health Commission.

Your name was obtained from the Nominal rolls. For the purpose of this study no names or addresses will be used to ensure that you remain anonymous.

Your help in supporting this study will be invaluable. The information you provide can assist agencies such as the Health Commission to work towards providing adequate and appropriate services for you and your family.

Should you wish further information please ring the project director - MARYANNE LOUGHRY at the University of Adelaide.

APPENDIX B

QUESTIONNAIRE TO PARTICIPANTS (ENGLISH & VIETNAMESE)

1. Age years months
2. Address
3. Ethnic origin
- | | | | |
|--|------------|--------------------------|---|
| | Vietnamese | <input type="checkbox"/> | 1 |
| | Chinese | <input type="checkbox"/> | 2 |
4. Former town /city in Vietnam
- | | | | |
|--|-------|--------------------------|---|
| | Urban | <input type="checkbox"/> | 1 |
| | Rural | <input type="checkbox"/> | 2 |
5. Religious background
- | | | | |
|--|-------------------|--------------------------|---|
| | Buddhist | <input type="checkbox"/> | 1 |
| | Catholics | <input type="checkbox"/> | 2 |
| | Caodaist | <input type="checkbox"/> | 3 |
| | Protestant | <input type="checkbox"/> | 4 |
| | Ancestor workshop | <input type="checkbox"/> | 5 |
6. Schooling in Vietnam
Highest Level Reached
- _____
7. How fled Vietnam
- | | | | |
|--|------|--------------------------|---|
| | Land | <input type="checkbox"/> | 1 |
| | Sea | <input type="checkbox"/> | 2 |
8. Amount of time in Camp years months
9. Which camp
10. Schooling in Australia
Highest level reached
- _____
11. Are you
- | | | | |
|--|--------------------|--------------------------|---|
| | Employed | <input type="checkbox"/> | 1 |
| | Unemployed | <input type="checkbox"/> | 2 |
| | Student | <input type="checkbox"/> | 3 |
| | Other
(specify) | <input type="checkbox"/> | 4 |
12. Who do you live with
- | | | | |
|--|--------------------|--------------------------|---|
| | Family | <input type="checkbox"/> | 1 |
| | Friends | <input type="checkbox"/> | 2 |
| | Alone | <input type="checkbox"/> | 3 |
| | Other
(specify) | <input type="checkbox"/> | 4 |
- 13.. Who are the other members of your family?
Where are they now?

1. When you have personal difficulties, do you usually:

Work it out yourself

Talk to your parents

Confide in your friends

or seek help from professionals

2. If you seek help outside of the family, are you most likely to go to:

Vietnamese Association

Indo-China Chinese Association

ICRA

ICHAWA

Migrant Resource Centre

Counselling Service

Department of Social Security

Department of Community Welfare

DIEA

DCS

Teacher

Host family

Other (please state)

3. Have you ever sought such help?

Yes

No

4. If yes, was the help

In your own language

In English

In English with an interpreter

5. Are you healthy

Yes

No

6. Do you suffer from
Frequent headaches

Yes

No

If yes

Do you go to a Doctor

Yes

No

Hospital

Yes

No

Chemist

Yes

No

Do you use traditional medicine

Yes

No

Panadol

Yes

No

Other

(specify)

.....

7. Do you suffer from insomnia
(find it hard to sleep?)

Yes

No

Nightmares

Yes

No

Stomach aches

Yes

No

8. Have you been to a Doctor/Hospital in the last 6 months?

Yes

No

Was the treatment effective?

Yes

No

If no why not (specify)

.....

Xin đọc các phần sau đây một cách thận trọng. Trong mỗi phần, xin bạn cho biết bạn hoàn toàn đồng ý, đồng ý, không đồng ý hay hoàn toàn không đồng ý bằng cách đánh dấu vào những chữ diễn tả đúng nhất cảm nghĩ của bạn.

1. Tôi cảm thấy vụng về và dửng như bị loại ra khỏi đời sống tại Úc.

1. _____ Hoàn toàn đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

2. Đối với tôi, việc kết bạn với người Úc rất dễ dàng.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

3. Tại Úc, tương lai của tôi có vẻ sáng sủa.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

4. Những gì cha mẹ tôi dạy ở quê nhà đều không hữu ích tại Úc.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

5. Là một cá nhân, tôi có thể đóng góp vai điều cho xã hội Úc

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

6. Đối với tôi thật khó mà hiểu được cuộc sống của người Úc

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

7. Tôi thấy dường như tôi đã nhập vào được xã hội Úc.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

8. Tôi không thể làm gì nhiều để cải thiện cuộc sống của tôi tại Úc

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

9. Tôi cảm thấy những người Úc mà tôi quen biết đều thích tôi.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

10. Tôi cảm thấy thật cô đơn ở Úc.

1. _____ Rất đồng ý
2. _____ Đồng ý
3. _____ Không đồng ý
4. _____ Hoàn toàn không đồng ý
5. _____ Không biết

Đây là những vấn đề đã được người tỵ nạn Đông Dương bàn trong những cuộc đàm thoại. Chúng tôi xin bạn nêu rõ sự hệ trọng của từng vấn đề đối với cá nhân và gia đình.

(1)	(2)	(3)	
Rất	Hệ trọng	Không	
hệ trọng	đôi chút	hệ trọng	
_____	_____	_____	1. Không đủ tiền.
_____	_____	_____	2. Khó hiểu được cuộc sống người Úc.
_____	_____	_____	3. Trở ngại Anh ngữ
_____	_____	_____	4. Đau đớn vì ký ức chiến tranh và việc lìa bỏ quê hương.
_____	_____	_____	5. Thân nhân ly tán.
_____	_____	_____	6. Thiếu bạn thân (lẻ loi).
_____	_____	_____	7. Khó khăn trong việc mua thực phẩm Đông dương.
_____	_____	_____	8. Khó khăn trong việc mua thực phẩm cần cho sức khỏe.
_____	_____	_____	9. Khó khăn trong vấn đề y tế và bệnh viện.
_____	_____	_____	10. Không hái lòng công việc hiện tại.
_____	_____	_____	11. Thiếu chương trình huấn nghệ.
_____	_____	_____	12. Khó khăn trong việc thực thi tôn giáo.
_____	_____	_____	13. Thiếu những nhóm hay hội đoàn tương trợ Đông dương.
_____	_____	_____	14. Sự xung đột giữa vợ chồng.
_____	_____	_____	15. Sự xung đột giữa người trong gia đình.
_____	_____	_____	16. Vấn đề dạy dỗ con em.
_____	_____	_____	17. Khó khăn trong cuộc sống hằng ngày (như đi mua sắm, bảo hiểm, thuê má, thuê chỗ ở, v.v...)
_____	_____	_____	18. Địa vị thấp của người tỵ nạn trong xã hội Úc.
_____	_____	_____	19. Thành kiến của người Úc chống người tỵ nạn.
_____	_____	_____	20. Nhà thiếu tiện nghi (thí dụ: quá chật, lò sưởi không đủ ấm, thiếu mọi sự cần thiết, láng giềng không tốt, v.v...)
_____	_____	_____	21. Khó thích nghi với thời tiết.
_____	_____	_____	22. Tình trạng bấp bênh của giấy chiếu khán.
_____	_____	_____	23. Thiếu sự giúp đỡ để tìm việc làm.
_____	_____	_____	24. Thiếu cơ quan giữ trẻ cho cha mẹ.
_____	_____	_____	25. Vấn đề di chuyển.
_____	_____	_____	26. Khó khăn trong sự cư xử với người Úc và cơ sở Úc.
_____	_____	_____	27. Sự xung đột và không thân thiện giữa những nhóm người tỵ nạn.
_____	_____	_____	28. Nhớ quê hương.
_____	_____	_____	29. Khó khăn trong việc tiếp xúc với gia đình và bạn bè ở quê nhà.
_____	_____	_____	30. Ghiền rượu và được phẩm.
_____	_____	_____	31. Thế chất tàn tật của người trong nhà.
_____	_____	_____	32. Cần có quan cố vấn cho vấn đề cá nhân và gia đình.

Xin nhỏ chỉ diễn tả tình trạng bạn đang cảm thấy trong tuần mã thôi.

- (1 - 3) Gần đây tôi bị nhức đầu (1) đau lưng (2) nhức mỗi tay chân (3) .
- (4) 3 - Lúc nào tôi cũng bị đau (và lo lắng) về những bệnh kể trên.
 2 - Tôi bị đau (và lo lắng) nhiều về những bệnh kể trên.
 1 - Tôi bị đau (và lo lắng) về những bệnh kể trên.
 0 - Tôi không bị đau (và lo lắng) về những bệnh kể trên.
- (5) 3 - Tôi ăn không còn ngon miệng tí nào nữa.
 2 - Bây giờ tôi ăn mất ngon hơn trước nhiều.
 1 - Tôi không ăn ngon như trước nữa.
 0 - Tôi vẫn ăn ngon như trước.
- (6) 3 - Tôi cảm thấy tương lai hoàn toàn vô vọng và mọi việc không thể cải tiến được.
 2 - Tôi cảm thấy tôi không còn gì để mong muốn nữa.
 1 - Tôi cảm thấy nản chí khi nghĩ về tương lai.
 0 - Tôi vẫn hy vọng ở tương lai.
- (7) 3 - Tôi hoàn toàn không thể tập trung tư tưởng được như trước.
 2 - Tôi thường không thể tập trung tư tưởng được như trước.
 1 - Đôi khi tôi không thể tập trung tư tưởng được như trước.
 0 - Tôi vẫn tập trung tư tưởng được như trước.
- (8) 2 - Cả ngày tôi cảm thấy khó chịu (mệt) những buổi chiều tưởng đối dễ chịu hơn buổi sáng.
 1 - Cả ngày tôi cảm thấy khó chịu (mệt), những buổi sáng tưởng đối dễ chịu hơn buổi chiều.
 0 - Tôi cảm thấy bình thường từ sáng tới chiều.
- (9) 2 - Tôi lúc nào cũng thấy buồn.
 1 - Tôi thường cảm thấy buồn.
 0 - Tôi ít khi cảm thấy buồn.
- (10) 2 - Tôi lúc nào cũng thấy buồn phiền.
 1 - Tôi thường cảm thấy buồn phiền.
 0 - Tôi ít khi cảm thấy buồn phiền.
 Thí dụ: Buồn phiền: là vừa buồn vừa cảm thấy bị lăm phiền.
- (11) 2 - Tôi lúc nào cũng thấy bức.
 1 - Tôi thường cảm thấy bức.
 0 - Tôi ít khi cảm thấy bức.

nhỏ chỉ diễn tả tình trạng bạn đang cảm thấy trong tuần mà thôi.

- 2 - Tôi lúc nào cũng thấy nản chí.
- 1 - Tôi thường cảm thấy nản chí.
- 0 - Tôi ít khi cảm thấy nản chí.

Thí dụ: Nản chí: là cảm thấy không muốn làm việc gì nữa.

- 2 - Tôi lúc nào cũng thấy xuống tinh thần.
- 1 - Tôi thường cảm thấy xuống tinh thần.
- 0 - Tôi ít khi cảm thấy xuống tinh thần.

Xuống tinh thần: là cảm thấy mất hứng thú trong việc làm hoặc trong đời sống.

- 2 - Tôi lúc nào cũng thấy kiệt sức.
- 1 - Tôi thường cảm thấy kiệt sức.
- 0 - Tôi ít khi cảm thấy kiệt sức.

Kiệt sức: là hoàn toàn mệt mỏi.

- 2 - Tôi lúc nào cũng thấy giận.
- 1 - Tôi thường cảm thấy giận.
- 0 - Tôi ít khi cảm thấy giận.

- 2 - Tôi lúc nào cũng thấy tủi hổ.
- 1 - Tôi thường cảm thấy tủi hổ.
- 0 - Tôi ít khi cảm thấy tủi hổ.

- 2 - Tôi lúc nào cũng thấy tuyệt vọng.
- 1 - Tôi thường cảm thấy tuyệt vọng.
- 0 - Tôi ít khi cảm thấy tuyệt vọng.

- 2 - Tôi lúc nào cũng thấy muộn đien lên.
- 1 - Tôi thường cảm thấy muộn đien lên.
- 0 - Tôi ít khi cảm thấy muộn đien lên.

TOTAL SCORE

VIỆC LÀM

Work

TRUNG TÂM
SINH NGỮ

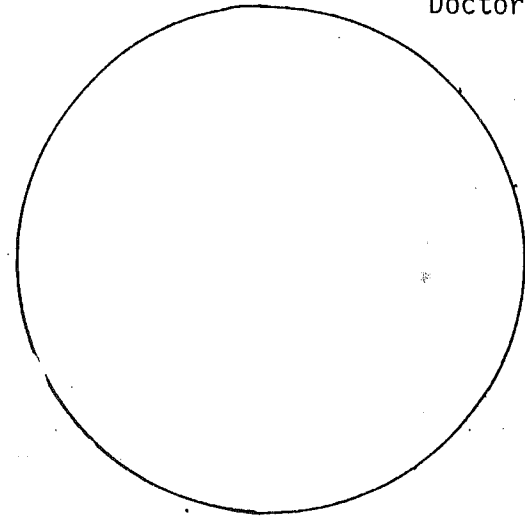
Language
Centre

BÁC SĨ

Doctor

BỘ DI TRÚ

Immigration
Department



XA HỘI
PHỤC LỢI

Social Welfare

NHÀ CỬA

Housing

BỆNH VIỆN

Hospital

NGÂN HÀNG

Bank

BẠN

Friends

NGƯỜI ÚC

Australians

LÁNG GIỀNG

Neighbours

TRƯỜNG
HỌC

School

TÔN GIÁO

Religion

CỘNG ĐỒNG
VIETNAM

Community

HỘI HÈ
DÂN TỘC

Traditional
Festival

Please read the following items carefully and thoroughly. Using the categories below each item, please indicate whether you Strongly Agree, Agree, Disagree, or Strongly Disagree with each item by checking the category that best describes your personal feelings about the statement.

(1) I feel awkward and out of place in Australia.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(2) It is easy for me to make Australian friends.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(3) The future looks very bright for me in Australia.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(4) Many things my parents taught me in my home country are not useful in Australia.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(5) As an individual, I can contribute something to Australian society.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(6) It is difficult for me to understand the Australian way of life.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(7) I feel like I belong in Australian society.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(8) There is little I can do to improve my life in this country.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(9) I feel that the Australians that I know like me.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

(10) I feel all alone in Australia.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
5. Don't know

DEPRESSION SCALE

- (1-3) I have recently suffered from headaches 1 backaches 2 limb aches 3.
- (4) 3 - I have always suffered from (and am anxious about) the above diseases.
2 - I have much suffered from (and am anxious about) the above diseases.
1 - I have suffered from (and am anxious about) the above diseases.
- (5) 3 - I do not have any more appetite at all.
2 - Now I am eating with much less appetite than before.
1 - Now I am eating with less appetite than before.
0 - I still eat with good appetite as usual.
- (6) 3 - I feel that the future is completely hopeless and nothing can improve.
2 - I feel that I don't have anything to expect.
1 - I feel discouraged when thinking about the future.
0 - I still hope in the future.
- (7) 3 - I cannot concentrate anymore at all.
2 - I often cannot concentrate as usual.
1 - I sometimes cannot concentrate as usual.
0 - I still can concentrate as usual.
- (8) 2 - All day long I feel uneasy (fatigued) but worse in the morning and better in the afternoon.
1 - All day long I feel uneasy (fatigued) but worse in the afternoon and better in the morning.
0 - I feel normal from the morning till the evening.
- (9) 2 - I always feel sad.
1 - I often feel sad.
0 - I sometimes feel sad.
- (10) 2 - I always feel sad and bothered.
1 - I often feel sad and bothered.
0 - I sometimes feel sad and bothered.

Example: sad and bothered: feeling sad and bothered.

- (11) 2 - I always feel bothered.
1 - I often feel bothered.
0 - I sometimes feel bothered.
- (12) 2 - I always feel low-spirited (and bored).
1 - I often feel low-spirited (and bored).
0 - I sometimes feel low-spirited (and bored).

Example: Low-spirited and bored: feeling not wanting to do anything anymore.

- (13) 2 - I always feel downhearted and low-spirited.
1 - I often feel downhearted and low-spirited.
0 - I sometimes feel down-hearted and low-spirited.

Example: Downhearted and low-spirited: feeling that losing excitement in life.

- (14) 2 - I always feel exhausted.
1 - I often feel exhausted.
0 - I sometimes feel exhausted.

Example: Exhausted: completely tired.

- (15) 2 - I always feel angry.
1 - I often feel angry.
0 - I sometimes feel angry.
- (16) 2 - I always feel shameful and dishonored.
1 - I often feel shameful and dishonoured.
0 - I sometimes feel shameful and dishonoured.
- (17) 2 - I always feel desperate (completely hopeless).
1 - I often feel desperate (completely hopeless).
0 - I sometimes feel desperate (completely hopeless).
- (18) 2 - I always have the feeling I am going crazy.
1 - I often have the feeling I am going crazy.
0 - I sometimes have the feeling I am going crazy.

Here are some problems that have been expressed by Indo-chinese refugees during informal conversations. For each problem, we would like you to indicate how serious it is to you and your family.

(1) Very Serious	(2) Somewhat Serious	(3) Not Serious	
_____	_____	_____	1. Not enough money
_____	_____	_____	2. Difficulty in understanding the Australian way of life
_____	_____	_____	3. English language problem
_____	_____	_____	4. Painful memories of war and departure from home country
_____	_____	_____	5. Being separated from family members
_____	_____	_____	6. Lack of close friends (loneliness)
_____	_____	_____	7. Difficulty in getting Vietnamese food
_____	_____	_____	8. Difficulty in getting food essential to good health
_____	_____	_____	9. Difficulty in getting medical and hospital service
_____	_____	_____	10. Dissatisfaction with present job
_____	_____	_____	11. Lack of job skills training programs
_____	_____	_____	12. Difficulty in practicing religion
_____	_____	_____	13. Lack of Vietnamese support groups and organizations
_____	_____	_____	14. Conflict between husband and wife
_____	_____	_____	15. Other conflicts among family members
_____	_____	_____	16. Problems in raising children
_____	_____	_____	17. Difficulty in getting information needed for day-to-day living (Example: Shopping, insurance, tax, renting apartment, etc.)
_____	_____	_____	18. Inferior social status of the refugees in Australian society
_____	_____	_____	19. Australian prejudice against the refugees
_____	_____	_____	20. Poor housing conditions (Example: Too small, poor heating, lack of necessary facilities, bad neighborhood, etc.)

- | | | | |
|-------|-------|-------|--|
| _____ | _____ | _____ | 21. Difficulties in adjusting to climate |
| _____ | _____ | _____ | 22. Uncertainty of visa status |
| _____ | _____ | _____ | 23. Lack of help in getting job |
| _____ | _____ | _____ | 24. Lack of child care services for parents |
| _____ | _____ | _____ | 25. Transportation problems |
| _____ | _____ | _____ | 26. Difficulty in dealing with Australian people and agencies |
| _____ | _____ | _____ | 27. Conflict and negative feelings that exist between different refugee groups |
| _____ | _____ | _____ | 28. Homesickness |
| _____ | _____ | _____ | 29. Difficulty in communicating with family and friends in the home country |
| _____ | _____ | _____ | 30. Alcohol or drug problems |
| _____ | _____ | _____ | 31. Physical handicap of family members |
| _____ | _____ | _____ | 32. Need for counselling services for personal and family problems |

Appendix C. Correlated Item - Total Correlations of the Problem Index.

Problem 01	.5497
Problem 02	.6098
Problem 03	.4846
Problem 04	.2806
Problem 05	.5444
Problem 06	.5389
Problem 07	.0911
Problem 09	.3878
Problem 10	.3821
Problem 11	.3716
Problem 13	.2395
Problem 14	-.1108
Problem 15	.1785
problem 16	.0713
Problem 17	.4399
Problem 18	.3049
Problem 19	.0890
Problem 20	.0386
Problem 21	.5340
Problem 23	.3090
Problem 25	.2068
Problem 26	.4956
Problem 27	.1236
Problem 28	.7128
Problem 29	.2300
Problem 31	.2414
Problem 32	.4850

N.B. Problems 08, 12, 24 and 30 have zero variance (i.e. all respondents indicated that they did not have serious problems with these topics).

Appendix D. Corrected Item - Total Correlations of the Depression Scale.

Dep 01	.5847
Dep 02	.2812
Dep 04	.6246
Dep 05	.6336
Dep 06	.5293
Dep 07	.7733
Dep 08	.6553
Dep 09	.6539
Dep 10	.8108
Dep 11	.7123
Dep 12	.7289
Dep 13	.4437
Dep 14	.7123

N.B. Dep 03 has zero variance (i.e. all respondents indicated that they had hope in the future).

Appendix E. Corrected Item - Total Correlations of the Alienation Scale.

Alien 01	-.1325
Alien 02	.3192
Alien 03	.3961
Alien 04	.0257
Alien 05	.1619
Alien 06	.1996
Alien 07	.2444
Alien 08	.2384
Alien 09	.2369
Alien 10	-.0177

Appendix F. Response distributions for the ten individual items of the Alienation Scale.

1. I feel awkward and out of place in Australia.

Value Label	Frequency	Percentage
Don't Know	1	2.1
Disagree	37	78.7
Agree	9	19.2
Total	47	100.0

2. It is easy for me to make Australian friends.

Value Label	Frequency	Percentage
Don't Know	8	17.0
Disagree	34	72.4
Agree	5	10.6
Total	47	100.0

3. The future looks very bright for me in Australia.

Value Label	Frequency	Percentage
Don't Know	2	4.3
Disagree	45	95.7
Agree	0	
Total	47	100.0

4. Many things my parents taught me in my home country are not useful in Australia.

Value Label	Frequency	Percentage
Don't Know	0	0.0
Disagree	37	78.7
Agree	10	21.2
Total	47	100.0

5. As an individual, I can contribute something to Australian Society.

Value Label	Frequency	Percentage
Don't Know	0	0.0
Disagree	47	100.0
Agree	0	0.0
Total	47	100.0

Appendix F. cont.

6. It is difficult for me to understand the Australian way of life.

Value Label	Frequency	Percentage
Don't Know	9	19.1
Disagree	20	42.6
Agree	18	38.3
Total	47	100.0

7. I feel like I belong in Australian Society.

Value Label	Frequency	Percentage
Don't Know	3	6.4
Disagree	29	61.7
Agree	15	31.9
Total	47	100.0

8. There is little I can do to improve my life in this country.

Value Label	Frequency	Percentage
Don't Know	3	6.4
Disagree	44	93.6
Agree	0	0.0
Total	47	100.0

9. I feel that the Australians that I know like me.

Value Label	Frequency	Percentage
Don't Know	7	14.9
Disagree	39	83.0
Agree	1	2.1
Total	47	100.0

10. I feel all alone in Australia.

Value Labels	Frequency	Percentage
Don't Know	0	0.0
Disagree	26	55.3
Agree	21	44.7
Total	47	100.0

APPENDIX G

FREQUENCY OF RESPONSES TO ECO-SYSTEMS

Appendix G. Frequency of responses to Eco-systems.

Table 1. Frequency of responses to Eco-system 1 - Social Welfare.

Value Label	Value	Frequency	Percentage
Not Related To	1	12	21.4
Mutual Relationship	2	1	2.1
One-way Relationship From System	3	34	72.3
One-way Relationship To System	4	1	2.1
Stressful Relationship	5	1	2.1
Weak relationship	6	0	0.0
Total		47	100.0
Mean Response (X) = 2.95		SD = .60	
Mode = 3.00			

Table 2. Frequency of responses to Eco-system 2 - Language Centre.

Value Label	Value	Frequency	Percentage
Not Related To	1	4	8.5
Mutual Relationship	2	1	2.1
One-way Relationship From System	3	13	27.7
One-way Relationship To System	4	14	29.8
Stressful Relationship	5	13	27.7
Weak relationship	6	2	4.2
Total		47	100.0
Mean Response (X) = 3.79		SD = 1.25	
Mode = 4.00			

Table 3. Frequency of responses to Eco-system 3 - Work.

Value Label	Value	Frequency	Percentage
Not Related To	1	44	93.6
Mutual Relationship	2	0	0.0
One-way Relationship From System	3	0	0.0
One-way Relationship To System	4	1	2.1
Stressful Relationship	5	1	2.1
Weak relationship	6	1	2.1
Total		47	100.0
Mean Response (X) = 1.25		SD = 1.01	
Mode = 1.00			

Table 4. Frequency of responses to Eco-system 4 - Doctor.

Value Label	Value	Frequency	Percentage
Not Related To	1	13	27.7
Mutual Relationship	2	0	0.0
One-way Relationship From System	3	1	2.1
One-way Relationship To System	4	3	6.4
Stressful Relationship	5	10	21.3
Weak relationship	6	20	42.6
Total		47	100.0
Mean Response (X) = 4.21		SD = 2.12	
Mode = 6.00			

Table 5. Frequency of responses to Eco-system 5 - Immigration.

Value Label	Value	Frequency	Percentage
Not Related To	1	29	61.7
Mutual Relationship	2	1	2.1
One-way Relationship From System	3	0	0.0
One-way Relationship To System	4	10	21.3
Stressful Relationship	5	7	14.9
Weak relationship	6	0	0.0
Total		47	100.0
Mean Response (X) = 2.25		SD = 1.67	
Mode = 1.00			

Table 6. Frequency of responses to Eco-system 6 - Hospital

Value Label	Value	Frequency	Percentage
Not Related To	1	4	8.5
Mutual Relationship	2	0	0.0
One-way Relationship From System	3	3	6.4
One-way Relationship To System	4	21	44.7
Stressful Relationship	5	18	38.3
Weak relationship	6	1	2.1
Total		47	100.0
Mean Response (X) = 4.10		SD = 1.14	
Mode = 4.00			

Table 7. Frequency of responses to Eco-system 7 - Bank.

Value Label	Value	Frequency	Percentage
Not Related To	1	20	42.6
Mutual Relationship	2	0	0.0
One-way Relationship From System	3	7	14.9
One-way relationship To System	4	7	14.9
Stressful Relationship	5	5	10.6
Weak relationship	6	8	17.0
Total		47	100.0
Mean Response (X) = 3.02		SD = 1.97	
Mode = 1.00			

Table 8. Frequency of responses to Eco-system 8 - Hospital.

Value Label	Value	Frequency	Percentage
Not Related To	1	33	70.2
Mutual Relationship	2	1	2.1
One-way Relationship From System	3	1	2.1
One-way Relationship To System	4	2	4.3
Stressful Relationship	5	7	14.9
Weak relationship	6	3	6.4
Total		47	100.0
Mean Response (X) = 2.10		SD = 1.82	
Mode = 1.00			

Table 9. Frequency of responses to Eco-system 9 - Neighbours.

Value Label	Value	Frequency	Percentage
Not Related To	1	11	23.4
Mutual Relationship	2	15	31.9
One-way Relationship From System	3	0	0.0
One-way Relationship To System	4	0	0.0
Stressful Relationship	5	3	6.4
Weak relationship	6	18	38.3
Total		47	100.0
Mean Response (X) = 3.49		SD = 2.19	
Mode = 6.00			

Table 10. Frequency of responses to Eco-system 10 - Vietnamese Community.

Value Label	Value	Frequency	Percentage
Not Related To	1	5	10.6
Mutual Relationship	2	9	19.1
One-way Relationship From System	3	2	4.3
One-way relationship To System	4	4	8.5
Stressful Relationship	5	1	2.1
Weak relationship	6	26	55.3
Total		47	100.0
Mean Response (X) = 4.38		SD = 1.98	
Mode = 6.00			

Table 11. Frequency of responses to Eco-system 11 - Traditional Festivals.

Value Label	Value	Frequency	Percentage
Not Related To	1	5	10.6
Mutual Relationship	2	3	6.4
One-way Relationship From System	3	0	0.0
One-way Relationship To System	4	15	31.9
Stressful Relationship	5	2	4.3
Weak relationship	6	22	46.8
Total		47	100.0
Mean Response (X) = 4.53		SD = 1.70	
Mode = 6.00			

Table 12. Frequency of responses to Eco-system 12 - Australians.

Value Label	Value	Frequency	Percentage
Not Related To	1	6	12.8
Mutual Relationship	2	10	21.3
One-way Relationship From System	3	10	21.3
One-way Relationship To System	4	1	2.1
Stressful Relationship	5	4	8.5
Weak relationship	6	16	34.0
Total		47	100.0
Mean Response (X) = 3.74		SD = 1.91	
Mode = 6.00			

Table 13. Frequency of responses to Eco-system 13 - Religion

Value Label	Value	Frequency	Percentage
Not Related To	1	5	10.6
Mutual Relationship	2	9	19.1
One-way Relationship From System	3	1	2.1
One-way relationship To System	4	8	17.0
Stressful Relationship	5	4	8.5
Weak relationship	6	20	42.6
Total		47	100.0
Mean Response (X) = 4.21		SD = 1.89	
Mode = 6.00			

Table 14. Frequency of responses to Eco-system 14 - Friends

Value Label	Value	Frequency	Percentage
Not Related To	1	0	0.0
Mutual Relationship	2	41	87.2
One-way Relationship From System	3	0	0.0
One-way Relationship To System	4	1	2.1
Stressful Relationship	5	4	8.5
Weak relationship	6	1	2.1
Total		47	100.0
Mean Response (X) = 2.45		SD = 1.21	
Mode = 2.00			

Table 15. Frequency of responses to Eco-system 15 - School

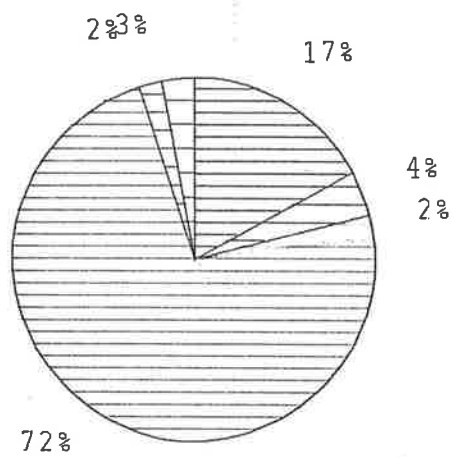
Value Label	Value	Frequency	Percentage
Not Related To	1	2	4.3
Mutual Relationship	2	21	44.7
One-way Relationship From System	3	9	19.1
One-way Relationship To System	4	2	2.1
Stressful Relationship	5	10	21.3
Weak relationship	6	3	6.4
Total		47	100.0
Mean Response (X) = 3.13		SD = 1.45	
Mode = 2.00			

APPENDIX H

CHARTS OF THE FREQUENCY OF RESPONSES FOR EACH
ECOSYSTEM

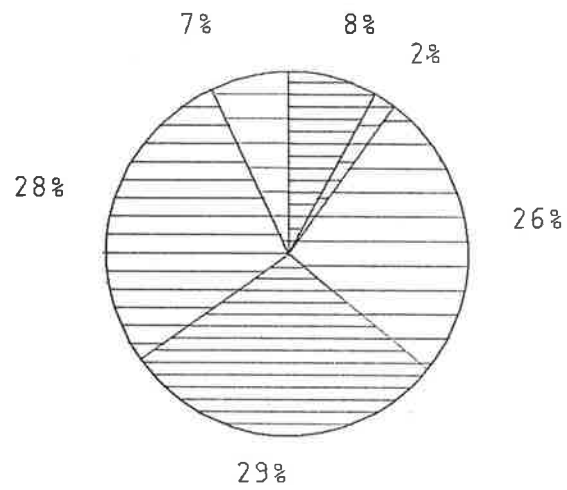
ECO 1

Social Welfare Department

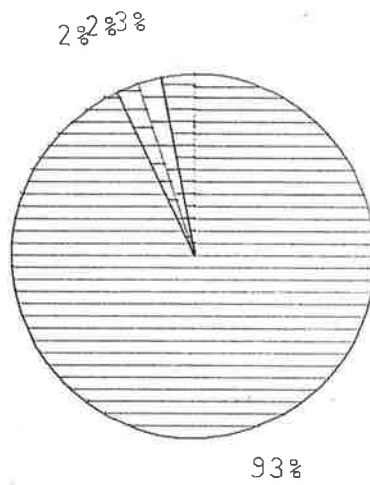


- 72 % - one way from system
- 17 % - missing data
- 4 % - Not related to
- 3 % - Mutual
- 2 % - one way to system
- 2 % - stressful

ECO 2 Language Centre

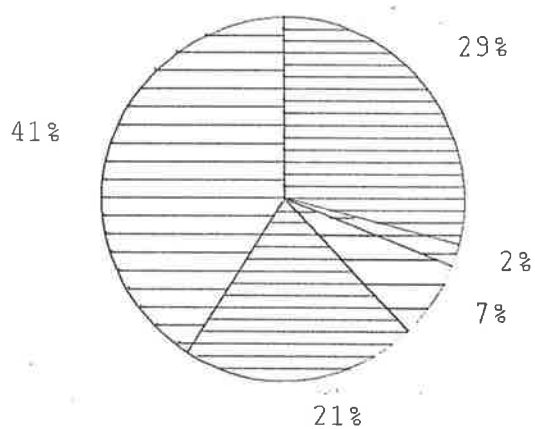


- 29 % - one way to system
- 28 % - stressful
- 26 % - one way from system
- 8 % - not related to
- 7 % - weak
- 2 % - mutual

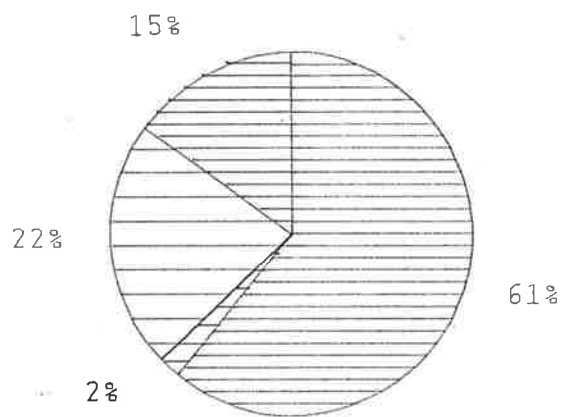


93 % - not related to
3 % - one way to system
2 % - stressful
2 % - weak

ECO 4 Doctor

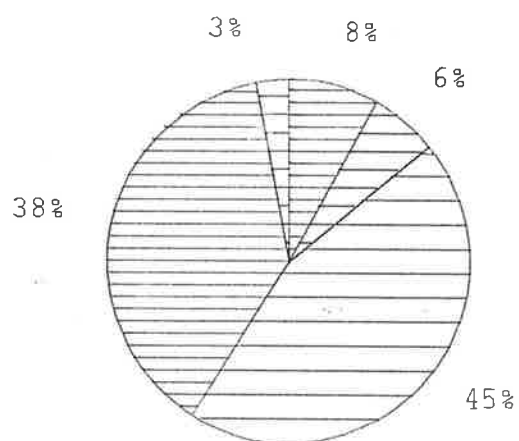


41 % - weak
29 % - not related to
21 % - stressful
7 % - one way to system
2 % - one way from system

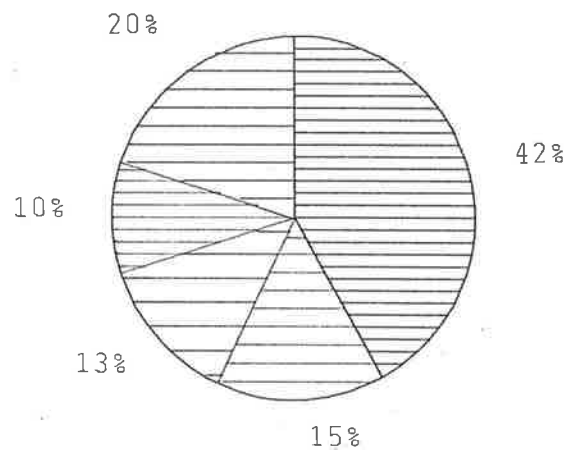


61 % - not related to
22 % - one way to system
15 % - stressful
2 % - mutual

ECO 6 Housing

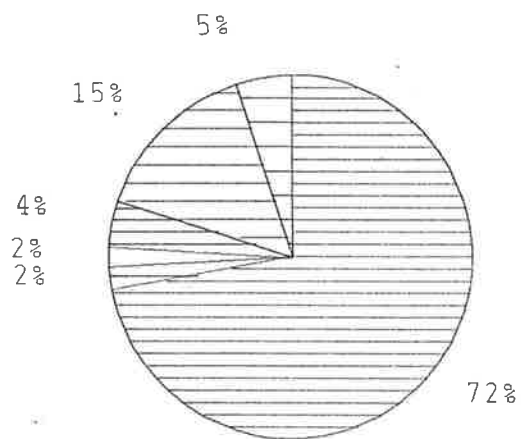


- 45 % - one way to system
- 38 % - stressful
- 8 % - not related to
- 6 % - one way from system
- 3 % - weak



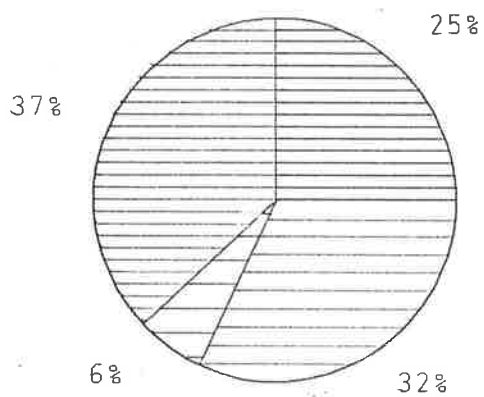
42 % - not related to
20 % - weak
15 % - one way from system
13 % - one way to system
10 % - stressful

ECO 8 Hospitals



- 72 % - not related to
- 15 % - stressful
- 5 % - one way to system
- 4 % - weak
- 2 % - mutual
- 2 % - one way from system

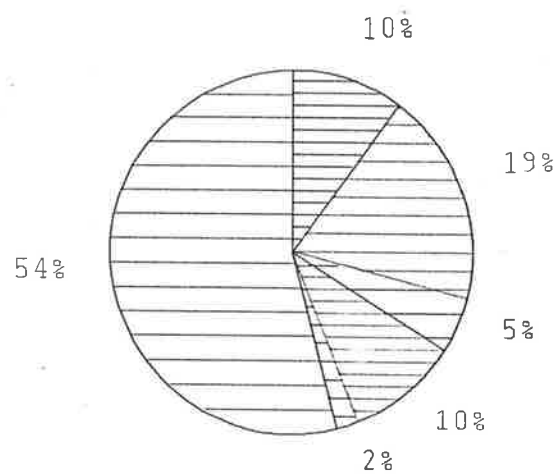
ECO 9 Neighbours



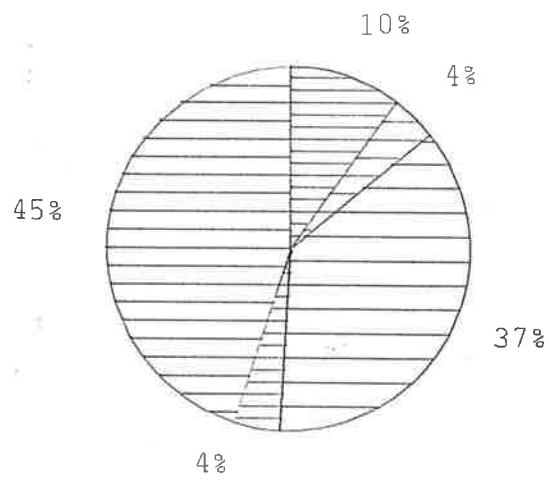
37 % - weak
32 % - mutual
25 % - not related to
6 % - stressful

ECO 10

Vietnamese Community

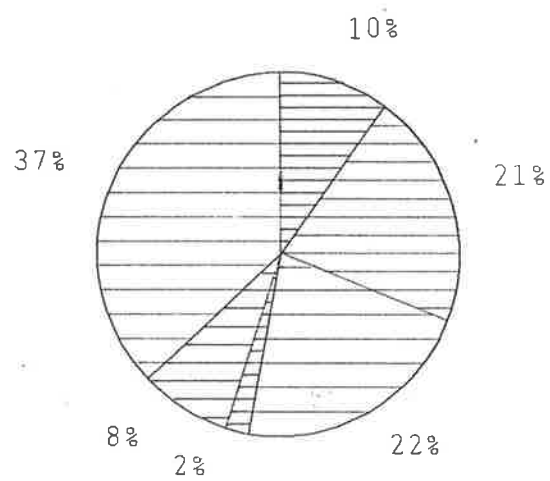


54 % - weak
19 % - mutual
10 % - not related to
10 % - one way to system
5 % - one way from system
2 % - stressful

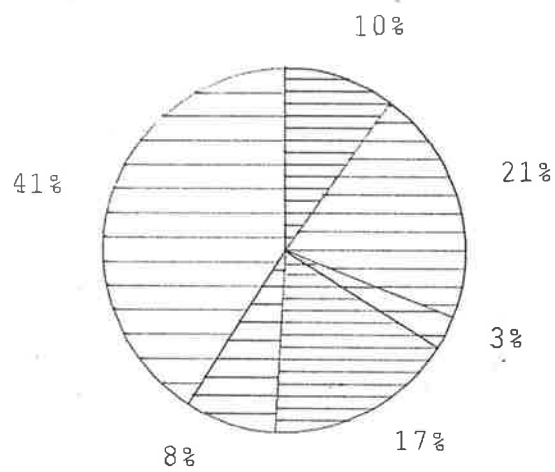


- 45 % - weak
- 37 % - one way to system
- 10 % - not related to
- 4 % - mutual
- 4 % - stressful

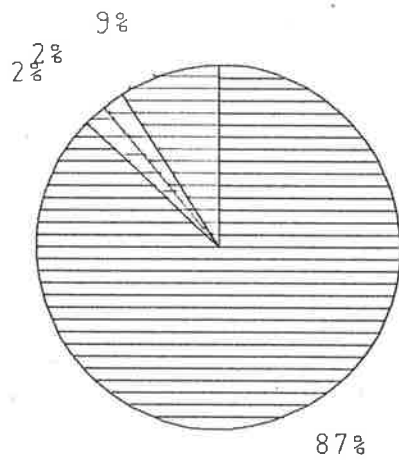
ECO 12 Australians



- 37 % - weak
- 22 % - mutual
- 21 % - one way from the system
- 10 % - not related to
- 8 % - stressful
- 2 % - one way to system

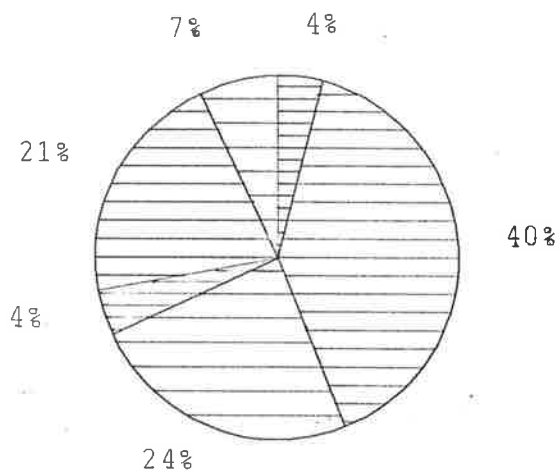


- 41 % - weak
- 21 % - mutual
- 17 % - one way to system
- 10 % - not related to
- 8 % - stressful
- 3 % - one way from system



87 % - mutual
9 % - weak
2 % - one way to system
2 % - stressful

ECO 15 School



- 40 % - mutual
- 24 % - one way from system
- 21 % - stressful
- 7 % - weak
- 4 % - not related to
- 4 % - one way to system

APPENDIX I

ONE-WAY ANALYSIS OF VARIANCE OF SIX SUBGROUPS DEFINED BY
RELATIONS WITH ECO-SYSTEMS 1-15, FOR DEMOGRAPHIC AND
ADJUSTMENT VARIABLES

Appendix I

Table A. One-way analysis of variance of six subgroups defined by relations with Social Welfare, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	4659.74	38		
	Between Groups	860.30	4	215.07	1.92
	Within Groups	3799.44	34	111.74	
Educ. in Australia	Total	45.55	33		
	Between Groups	1.69	3	.56	.38
	Within Groups	43.86	30	1.46	
Educ. in Vietnam	Total	182.35	38		
	Between Groups	21.59	4	5.39	1.1417
	Within Groups	160.76	34	4.72	
Residence in Australia	Total	5788.66	38		
	Between Groups	736.04	4	184.01	1.23
	Within Groups	5052.61	34	148.60	
Problem Index Total	Total	2155.43	38		
	Between Groups	222.93	4	55.73	.98
	Within Groups	1932.50	34	56.83	
Depression Scale Total	Total	309.43	38		
	Between Groups	5.67	4	1.41	.15
	Within Groups	303.76	34	8.93	

Note: No significant effects were found.

Table B. One-way analysis of variance of six subgroups defined by relations with Language Centre, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	563.10	5	112.62	.96
	Within Groups	4795.87	41	116.97	
Educ. in Australia	Total	49.56	40		
	Between Groups	3.60	4	.90	.70
	Within Groups	45.96	36	1.27	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	52.08	5	10.41	2.42*
	Within Groups	175.91	41	4.29	
Residence in Australia	Total	7368.42	46		
	Between Groups	1480.77	5	296.15	2.06
	Within Groups	5887.65	41	143.60	
Problem Index Total	Total	2997.10	46		
	Between Groups	889.19	5	177.83	3.45*
	Within Groups	2107.91	41	51.41	
Depression Scale Total	Total	393.48	46		
	Between Groups	45.44	5	9.08	1.07
	Within Groups	348.04	41	8.48	

* $p < .05$

Table C. One-way analysis of variance of six subgroups defined by relations with Work, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	417.81	3	139.27	1.21
	Within Groups	4941.14	43	114.91	
Educ. in Australia	Total	49.56	40		
	Between Groups	.64	2	.32	.25
	Within Groups	48.92	38	1.29	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	19.56	3	6.52	1.34
	Within Groups	208.43	43	4.84	
Residence in Australia	Total	7368.42	46		
	Between Groups	57.88	3	19.29	.11
	Within Groups	7310.54	43	170.01	
Problem Index Total	Total	2997.10	46		
	Between Groups	242.67	3	80.89	1.26
	Within Groups	2754.43	43	64.05	
Depression Scale Total	Total	393.48	46		
	Between Groups	.58	3	9.13	.02
	Within Groups	392.90	43	.19	

Note: No significant effects were found.

Table D. One-way analysis of variance of six subgroups defined by relations with Doctor, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	561.23	4	140.30	1.22
	Within Groups	4797.73	42	114.23	
Educ. in Australia	Total	49.56	40		
	Between Groups	2.79	3	.93	.73
	Within Groups	46.76	37	1.26	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	24.23	4	6.05	1.24
	Within Groups	203.00	42	4.85	
Residence in Australia	Total	7368.42	46		
	Between Groups	861.91	4	215.47	1.39
	Within Groups	6506.50	42	154.91	
Problem Index Total	Total	2997.10	46		
	Between Groups	564.72	4	141.18	2.43
	Within Groups	2432.37	42	57.91	
Depression Scale Total	Total	393.48	46		
	Between Groups	57.93	4	14.48	1.81
	Within Groups	335.55	42	7.98	

Note: No significant effects were found.

Table E. One-way analysis of variance of six subgroups defined by relations with Department of Immigration, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	227.21	3	75.73	.63
	Within Groups	5131.76	43	119.34	
Educ. in Australia	Total	49.56	40		
	Between Groups	1.89	3	.63	.49
	Within Groups	47.67	37	1.29	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	16.21	3	5.40	1.09
	Within Groups	211.78	43	4.92	
Residence in Australia	Total	7368.42	46		
	Between Groups	563.29	3	187.76	1.18
	Within Groups	6805.13	43	158.25	
Problem Index Total	Total	2997.10	46		
	Between Groups	25.84	3	8.61	.12
	Within Groups	2971.26	43	69.09	
Depression Scale Total	Total	393.48	46		
	Between Groups	15.41	3	5.13	.58
	Within Groups	378.07	43	8.79	

Note: No significant effects were found.

Table F. One-way analysis of variance of six subgroups defined by relations with Housing, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	204.05	4	51.01	.41
	Within Groups	5154.97	42	122.73	
Educ. in Australia	Total	49.56	40		
	Between Groups	1.24	4	.31	.23
	Within Groups	48.32	36	1.34	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	18.43	4	4.60	.92
	Within Groups	209.56	42	4.98	
Residence in Australia	Total	7368.42	46		
	Between Groups	300.48	4	75.12	.44
	Within Groups	7067.94	42	168.28	
Problem Index Total	Total	2997.10	46		
	Between Groups	870.90	4	217.72	4.30**
	Within Groups	2126.20	42	50.62	
Depression Scale Total	Total	393.48	46		
	Between Groups	13.66	4	3.41	.37
	Within Groups	379.82	42	9.04	

** $p < .01$

Table G. One-way analysis of variance of six subgroups defined by relations with Banking, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	136.06	4	34.01	.27
	Within Groups	5222.97	42	124.35	
Educ. in Australia	Total	49.56	40		
	Between Groups	1.01	4	.25	.19
	Within Groups	48.55	36	1.34	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	45.91	4	11.47	2.64*
	Within Groups	182.08	42	4.33	
Residence in Australia	Total	7368.42	46		
	Between Groups	1196.86	4	299.21	2.03
	Within Groups	6171.56	42	146.94	
Problem Index Total	Total	2997.10	46		
	Between Groups	1119.17	4	279.79	6.25***
	Within Groups	1877.93	42	44.71	
Depression Scale Total	Total	393.48	46		
	Between Groups	37.18	4	9.29	1.09
	Within Groups	356.30	42	8.48	

*** $p < .001$, * $p < .05$

Table H. One-way analysis of variance of six subgroups defined by relations with Hospital, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	611.05	5	122.21	1.05
	Within Groups	4747.92	41	115.80	
Educ. in Australia	Total	49.56	40		
	Between Groups	1.24	4	.31	.23
	Within Groups	48.32	36	1.34	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	29.56	5	5.91	1.22
	Within Groups	198.43	41	4.83	
Residence in Australia	Total	7368.42	46		
	Between Groups	244.35	5	173.75	.28
	Within Groups	7124.06	41	48.87	
Problem Index Total	Total	2997.10	46		
	Between Groups	394.72	5	78.94	1.24
	Within Groups	2602.37	41	63.47	
Depression Scale Total	Total	393.48	46		
	Between Groups	89.15	5	17.83	2.40
	Within Groups	304.33	41	7.42	

Note: No significant effects were found.

Table I. One-way analysis of variance of six subgroups defined by relations with Neighbours, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	202.37	3	67.45	.56
	Within Groups	5156.60	43	119.92	
Educ. in Australia	Total	49.56	40		
	Between Groups	2.79	3	.93	.73
	Within Groups	46.77	37	1.26	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	22.44	3	7.48	1.56
	Within Groups	205.55	43	4.78	
Residence in Australia	Total	7368.42	46		
	Between Groups	252.67	3	84.22	.50
	Within Groups	7115.75	43	165.48	
Problem Index Total	Total	2997.10	46		
	Between Groups	563.98	3	187.99	3.32*
	Within Groups	2433.12	43	56.58	
Depression Scale Total	Total	393.48	46		
	Between Groups	36.39	3	12.13	1.46
	Within Groups	357.08	43	8.30	

* $p < .05$

Table J. One-way analysis of variance of six subgroups defined by relations with Vietnamese Community, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	541.69	5	108.33	.92
	Within Groups	4817.28	41	117.49	
Educ. in Australia	Total	49.56	40		
	Between Groups	6.99	5	1.39	1.15
	Within Groups	42.56	35	1.21	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	40.81	5	8.16	1.78
	Within Groups	187.18	41	4.56	
Residence in Australia	Total	7368.42	46		
	Between Groups	80.26	5	16.05	.09
	Within Groups	7288.15	41	177.76	
Problem Index Total	Total	2997.10	46		
	Between Groups	411.54	5	82.30	1.30
	Within Groups	2585.56	41	63.06	
Depression Scale Total	Total	393.48	46		
	Between Groups	78.30	5	15.66	2.03
	Within Groups	315.18	41	7.68	

Note: No significant effects were found.

Table K. One-way analysis of variance of six subgroups defined by relations with Traditional Festivals, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	525.07	4	131.26	1.14
	Within Groups	4833.90	42	115.09	
Educ. in Australia	Total	49.56	40		
	Between Groups	4.83	4	1.21	.97
	Within Groups	44.73	36	1.24	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	43.38	4	10.84	2.46
	Within Groups	184.61	42	4.39	
Residence in Australia	Total	7368.42	46		
	Between Groups	894.76	4	223.69	1.45
	Within Groups	6473.65	42	154.13	
Problem Index Total	Total	2997.10	46		
	Between Groups	318.10	4	79.52	1.24
	Within Groups	2678.99	42	63.78	
Depression Scale Total	Total	393.48	46		
	Between Groups	7.92	4	1.98	.21
	Within Groups	385.56	42	9.18	

Note: No significant effects were found.

Table L. One-way analysis of variance of six subgroups defined by relations with Australians, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	689.49	5	137.89	1.21
	Within Groups	4669.48	41	113.88	
Educ. in Australia	Total	49.56	40		
	Between Groups	8.74	5	1.75	1.49
	Within Groups	40.82	35	1.16	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	17.22	5	3.44	.67
	Within Groups	210.77	41	5.14	
Residence in Australia	Total	7368.42	46		
	Between Groups	801.39	5	160.27	1.00
	Within Groups	6567.03	41	160.17	
Problem Index Total	Total	2997.10	46		
	Between Groups	569.70	5	113.94	1.92
	Within Groups	2427.40	41	59.20	
Depression Scale Total	Total	393.48	46		
	Between Groups	133.05	5	26.61	4.18**
	Within Groups	260.43	41	6.35	

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

Table M. One-way analysis of variance of six subgroups defined by relations with Religion, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	734.30	5	146.86	1.30
	Within Groups	4624.67	41	112.79	
Educ. in Australia	Total	49.56	40		
	Between Groups	4.73	5	.94	.73
	Within Groups	44.83	35	1.28	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	33.37	5	6.67	1.40
	Within Groups	194.62	41	4.74	
Residence in Australia	Total	7368.42	46		
	Between Groups	1416.86	5	283.37	1.95
	Within Groups	5951.56	41	145.16	
Problem Index Total	Total	2997.10	46		
	Between Groups	762.00	5	152.40	2.79*
	Within Groups	2235.10	41	54.51	
Depression Scale Total	Total	393.48	46		
	Between Groups	15.70	5	3.14	.88
	Within Groups	377.78	41	9.21	

* $p < .05$

Table N. One-way analysis of variance of six subgroups defined by relations with Friends, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	54.92	3	123.35	.14
	Within Groups	5304.04	43	18.31	
Educ. in Australia	Total	49.56	40		
	Between Groups	.96	3	.32	.24
	Within Groups	48.60	37	1.31	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	26.02	3	8.67	1.84
	Within Groups	201.97	43	4.69	
Residence in Australia	Total	7368.42	46		
	Between Groups	23.54	3	7.84	.04
	Within Groups	7344.87	43	170.81	
Problem Index Total	Total	2997.10	46		
	Between Groups	411.86	3	137.28	2.28
	Within Groups	2585.23	43	60.12	
Depression Scale Total	Total	393.48	46		
	Between Groups	74.98	3	24.99	3.37*
	Within Groups	318.50	43	7.40	

* $p < .05$

Table O. One-way analysis of variance of sic subgroups defined by relations with School, for demographic and adjustment variables.

Variable	Source	Sum of Squares	D.F.	M.S.	F
Age	Total	5358.97	46		
	Between Groups	251.20	5	50.24	.40
	Within Groups	5107.20	41	124.57	
Educ. in Australia	Total	49.56	40		
	Between Groups	11.56	4	2.89	2.74*
	Within Groups	38.00	36	1.05	
Educ. in Vietnam	Total	228.00	46		
	Between Groups	52.42	5	10.48	2.44*
	Within Groups	175.57	41	4.28	
Residence in Australia	Total	7368.42	46		
	Between Groups	2723.49	5	544.69	4.80**
	Within Groups	4644.93	41	113.29	
Problem Index Total	Total	2997.10	46		
	Between Groups	289.86	5	57.97	.87
	Within Groups	2707.24	41	66.03	
Depression Scale Total	Total	393.48	46		
	Between Groups	26.69	5	5.33	.59
	Within Groups	366.79	41	8.94	

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

APPENDIX J

CROSS TABULATION ANALYSIS OF ECO-SYSTEMS 1-15 BY RELIGION,
SEX AND RESIDENCE IN VIETNAM

Appendix J. Cross tabulation analyses of Eco-systems 1-15 by Religion, Sex and Residence in Vietnam.

Table A. Cross tabulation analyses of Eco-system 1 (Social Welfare) by Religion, Sex, and Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	9.17	16	N.S.
Sex	3.98	4	N.S.
Residence in Vietnam	5.25	4	N.S.

Table B. Cross tabulation analyses of Eco-system 2 (Language Centre) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	25.98	20	N.S.
Sex	2.15	5	N.S.
Residence in Vietnam	3.54	5	N.S.

Table. C. Cross tabulation analyses of Eco-system 3 (Work) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	3.96	12	N.S.
Sex	2.85	3	N.S.
Residence in Vietnam	3.68	3	N.S.

Table D. Cross tabulation analyses of Eco-system 4 (Doctor) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	16.70	16	N.S.
Sex	7.13	4	N.S.
Residence in Vietnam	1.54	4	N.S.

Table E. Cross tabulation analyses of Eco-system 5 (Department of Immigration) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	19.26	12	N.S.
Sex	3.32	3	N.S.
Residence in Vietnam	6.36	3	N.S.

Table F. Cross tabulation analyses of Eco-system 6 (Housing) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	13.08	16	N.S.
Sex	2.06	4	N.S.
Residence in Vietnam	4.63	4	N.S.

Table G. Cross tabulation analyses of Eco-system 7 (Bank) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	24.62	16	N.S.
Sex	5.93	4	N.S.
Residence in Vietnam	10.22	4	N.S.

Table H. Cross tabulation analyses of Eco-system 8 (Hospital) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	27.49	20	N.S.
Sex	8.63	5	N.S.
Residence in Vietnam	3.64	5	N.S.

Table I. Cross tabulation analyses of Eco-system 9 (Neighbour) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	15.77	12	N.S.
Sex	.06	3	N.S.
Residence in Vietnam	1.55	3	N.S.

Table J. Cross tabulation analyses of Eco-system 10 (Vietnamese Community) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	35.21	20	.05*
Sex	1.18	5	N.S.
Residence in Vietnam	3.32	5	N.S.

* $p < .05$

Table K. Cross tabulation analyses of Eco-system 11 (Traditional Festivals) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	23.36	16	N.S.
Sex	.20	4	N.S.
Residence in Vietnam	2.75	4	N.S.

Table L. Cross tabulation analyses of Eco-system 12 (Australians) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	20.51	20	N.S.
Sex	1.79	5	N.S.
Residence in Vietnam	4.92	5	N.S.

Table M. Cross tabulation analyses of Eco-system 13 (Religious Activities) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	41.48	20	.003**
Sex	3.74	5	N.S.
Residence in Vietnam	2.47	5	N.S.

** p < .01

Table N. Cross tabulation analyses of Eco-system 14 (Friends) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	6.54	12	N.S.
Sex	3.75	3	N.S.
Residence in Vietnam	1.95	3	N.S.

Table O. Cross tabulation analyses of Eco-system 15 (School) by Religion, Sex, Residence in Vietnam.

Variable	Chi-square	D.F.	p
Religion	19.61	20	N.S.
Sex	4.09	5	N.S.
Residence in Vietnam	4.56	5	N.S.

APPENDIX K

1. Exerts from the participants' narratives.

Interview exerts related to:

1. Problems associated with the acquisition of the English language
2. Family needs and support
3. Study commitments
4. Status of parents
5. Financial needs
6. Employment / Unemployment
7. Relationship with Australians
8. Relationship with the Vietnamese Community
9. Time

1. Problems associated with the acquisition of the English language.

"English is still a great problem but I enjoy my schooling."

(Participant 1)

"Although I have lived 6 years in Australia I still feel English is difficult and a great problem for me."

(Participant 3)

"After studying the special English course for new arrival students I studied Year 9 at Seaton High School. English, Maths and Science are a very great problem. With the special help of the English as a Second Language (E.S.L.) teacher I am slowly picking up English."

(Participant 5)

"Australia is very exciting but the barrier of language and culture creates a separation ..."

(Participant 6)

"I get grade A or B for Maths and Science subjects but English is still a great problem."

(Participant 7)

"I still have problems with language at school. I cannot take full notes from lecturers or tutors."

(Participant 8)

"The reason I failed matriculation are my parents cannot speak English."

(Participant 9)

"My English is still limited. I can't fill out employment application forms."

(Participant 10)

2. Family needs and support.

"I spend a lot of time helping my parents in their business."

(Participant 1)

"I give a lot of time helping my sister and brother in their school homework."

(Participant 2)

"I receive a lot of good advice from my parents, older sister and older brother who have succeeded in schooling."

(Participant 3)

"My parents cannot speak English therefore I spend a lot of time helping them."

(Participant 4)

"I receive a lot of support from my mother and older brother and sister."

(Participant 5)

"I get a lot of help from my parents and brother-in-law."

(Participant 6)

"I am supported by my parents who are successful in their schooling and careers."

(Participant 7)

"I depend on the support of my parents and my older sister."

(Participant 8)

"For all things relating to government organizations my parents, sister and brother depend on me."

(Participant 9)

"I still have my sister in Vietnam and my old parent living with me to support."

(Participant 10)

3. Schooling

"I settled in to school in Australia quite well."

(Participant 1)

"I enjoy my schooling in Australia."

(Participant 2)

"I believe that I will pass matriculation in this year."

(Participant 4)

"Now I am in Year 11 and I have improved, in 1st Semester I achieved A for physics and B for mathematics and chemistry."

(Participant 5)

"My schooling has been broken down before I arrived in Australia."

(Participant 6)

"I settled in very well in school."

(Participant 7)

"In general I have some difficulty at school but I believe I will get through in a couple of years when my English improves."

(Participant 8)

"I cannot do my homework, I copy most exercises from my friends at school."

(Participant 9)

"I haven't much chance to go to school before because I have to help at my parents work."

(Participant 10)

4. Status of Parents.

"My parents have a pig farm in Vietnam."

(Participant 1)

"My father spent a lot of time in prison for labouring work so he lost his power therefore he cannot find a job."

(Participant 2)

"My parents are unemployed."

(Participant 3)

"My parents cannot speak English."

(Participant 4)

"My parents are getting the sickness pension ... My parents are successful in schooling and careers."

(Participant 7)

"My parents are unemployed so they cannot help me much."

(Participant 8)

"My parents are unemployed."

(Participant 9)

"I am a child of a poor family and live in a small town in Vietnam."

(Participant 10)

5. Financial needs.

"Austudy allowance is not enough for me to spend in my schooling. I am supported by my parents."

(Participant 1)

"Finance is my second concern ... Although the financial circumstances in my family is in hardship I am encouraged by my parents."

(Participant 2)

"My parents are unemployed and Austudy allowance is not enough for me."

(Participant 3)

"Finance is not a great concern because I am supported by my parents."

(Participant 4)

"After English, finance is my biggest concern."

(Participant 5)

"I want to buy some extra text books and education equipment but I have very limited money. I get about \$60 per week from Austudy. My parents are unemployed."

(Participant 8)

"Finance is still a problem. My parents are unemployed. I receive \$63.10 per week for Austudy."

(Participant 9)

6. Employment / Unemployment.

"I spend a lot of time helping my parents in their business."

(Participant 1)

"I don't have to work to support myself or support the family like many other Vietnamese refugees."

(Participant 5)

"I was introduced by a friend to work in a factory making small goods. I got an accident at work and after 3 months I lost my job ..."

(Participant 6)

"I work on school holidays to support myself."

(Participant 7)

"On school holidays I used to work on farms or factories to earn some money for my schooling."

(Participant 8)

"I have to look for work in school holidays to support myself."

(Participant 9)

"Although I'm healthy I can't find a job in factories because I can't speak and write English."

(Participant 10)

7. Relationship with Australians.

"I have a lot of Australian friends who are very friendly and helpful."

(Participant 1)

"I have some Australian friends at school who are the persons who help me with a lot of things."

(Participant 2)

"Culture is a boundary between migrants and Australians."

(Participant 3)

"Australia is less exciting than Vietnam."

(Participant 4)

"Australian society is very exciting but the barrier of language and culture creates a separation."

(Participant 6)

"I have many Vietnamese and Australian friends."

(Participant 7)

"I know all of the students in my class and they usually help me to solve a lot of problems at school."

(Participant 8)

"I feel in Australia very lonely and lack entertainment activities particularly for ethnic communities."

(Participant 10)

8. Relationship with Vietnamese Community.

"Although I live far away from Vietnamese community people
I still come to Ethnic school ..."

(Participant 1)

"I have many Vietnamese and some Australian friends
at school."

(Participant 2)

"I attend Vietnamese scout group and many different activities
from my religion."

(Participant 7)

"On the weekend I go to church with my family, I'm a
member of the Vietnamese Christian youth group."

(Participant 8)

"In the suburb where I live, there are not many Vietnamese
families so I seldom have a chance to see them for talking ...
I felt very lonely in Australia and lack entertainment
activities particularly for ethnic communities."

(Participant 10)

9. Time

"I spend a lot of time helping my parents in their business."

(Participant 1)

"I spend a lot of time helping my younger sister and brother in their school homework."

(Participant 2)

"I like music and sport at school but I have no time to try them."

(Participant 2)

"I would like to attend all school activities but I have no time."

(Participant 3)

"My parents, sister and brother depend on me, therefore I lost a lot of time for studying."

(Participant 9)