

The Effects of Welfare Status on Psychological Distress among Southeast Asian Refugees

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It has been established in the general population that there is a relationship between welfare status and psychological well-being. There are few studies, however, which investigate the effects of welfare dependency on Southeast Asian refugees, a population that is highly dependent on welfare. This study examined the relationship between welfare status and psychological well-being among Vietnamese, Cambodian, Laotian, and Hmong refugees. The study compared three welfare groups: those who have never been on welfare, those who were once dependent on welfare and are no longer on welfare, and those who are still welfare-dependent. The results supported three hypotheses: a) a high percentage of all four refugee groups were still dependent on welfare even after being in the United States for an average of 5 to 6 years, b) a significant relationship was found between welfare dependency and psychological distress, and c) dependence on welfare had long-term effects for all four groups. An interesting finding that emerged for the Vietnamese, Cambodians, and Laotians was that individuals who were once on welfare but who are no longer receiving welfare benefits are at similar risk as their counterparts who are currently on welfare of developing psychological distress. The findings therefore showed that for this population, if individuals had been touched by welfare at any period in their lives, they were at risk of developing psychological distress. There was an unexpected different finding for the Hmong; individuals who were no longer on welfare were more at risk than those who continued to receive or never had received welfare. Reasons for the intergroup differences and why refugees tended to stay on welfare longer than the general population were explored, along with a discussion about the implications of the findings for refugee policy.

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Empirical investigations into the causes and consequences of poverty in the United States have been revitalized in the past decade (Peterson, 1991). Much of this resurgent debate has been fueled by the concept of "underclass," a term used to designate a segment of the population that is persistently poor and isolated from the mainstream of American life (Wilson, 1987, 1991). The term underclass has become associated with race and has been used to denote a uniquely African-American and Hispanic phenomenon (Gans, 1990). Although race and poverty are inextricably intertwined, the subtle melding of race and poverty has led to an unbalanced perspective of the poor among various minority groups.

Inquiries about poverty in many minority communities, especially Asian-American, are virtually nonexistent.

This paper examines the effects of poverty on the psychological distress and well-being of four Southeast Asian refugee groups (Vietnamese, Cambodian, Laotian, and Hmong) who have come to the United States in large numbers over the past 15 years. The focus of the majority of the research on Southeast Asian refugees has been to identify the types and degree of pathology among this population (*e.g.*, Kinzie et al., 1984; Lin et al., 1982; Mollica et al., 1987). These studies have consistently found that this group is at high risk of developing serious psychiatric disorders due to their premigration experiences. Welfare dependency has also been found to be extremely high among this population (U.S. Department of Health and Human Services, Office of Refugee Resettlement, 1990). This study examines an important conceptual issue about the extent to which poverty has an effect on people during and after receipt of welfare benefits and whether participation in the welfare system demonstrates a consistent and persistent effect for a group of people in

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which low income status is more normative than rare. This study also investigates the heterogeneity of the Southeast Asian refugee population in more detail, because social science research often classifies a generalized Asian-American or Southeast Asian category.

Public assistance is available to most newly arrived refugees for a certain period of time, giving them a prescribed time period to adjust culturally, emotionally, and financially to their new environment. The federal focus of domestic refugee resettlement policy in the United States is to find ways to minimize refugees' reliance on public assistance and to speed up their ability to be self-sufficient (Bemak et al., in press). Of the Southeast Asian refugees who had been in the United States for up to 24 months, however, 48.7% were still receiving some form of financial assistance (U.S. Department of Health and Human Services, Office of Refugee Resettlement, 1990). This utilization rate seems high when compared with the general population's rate, which is estimated to average less than 10% (Vu, 1990).

Refugees tend to remain on welfare longer compared with the general population. For example, Le's (1993) national study found that 45% of Vietnamese, 44% of Laotians and Hmong, and almost 100% of Cambodians were welfare-dependent after the first year of their resettlement. According to the United States Department of Health and Human Services, 79% of the Southeast Asian refugees in California were still dependent on welfare after 2 years in the United States (cited in Ong, 1993). Although these studies point toward findings that refugees take longer than the general population to leave the Aid to Families with Dependent Children (AFDC) program, once they leave the assistance program, there is a tendency not to return to the welfare system (Vu, 1990).

Welfare status among refugees will continue to have an important relationship with social and mental health issues, which will necessitate significant consideration and planning. The relationship between welfare and unemployment has been well established, with some studies documenting the social and mental health problems associated with unemployment for the general population (e.g., Jahoda, 1982; Kessler et al., 1987a, 1987b; Starr and Roberts, 1982). Although there has been little research regarding the correlation of welfare status, unemployment, and psychological well-being for refugees, most recently Beiser et al. (1993) studied 1348 Southeast Asian refugees in Canada and found increased rates of depression resulting from job loss.

This study investigated Vietnamese, Cambodian, Laotian, and Hmong refugees, compared the rela-

tionship between welfare status and psychological well-being within the entire group, and examined comparative findings among the respective groups. Given a review of the literature, the hypotheses of the study are that for all four Southeast Asian refugee groups, there will be: a) a high percentage still dependent on welfare after being in the United States for a period of time, b) a relationship between welfare and psychological distress, and c) long-term effects from receiving welfare.

Methods

The data used in this study are from the California Southeast Asian Mental Health Needs Assessment Study (Gong-Guy, 1986). The total sample of 2482 (women, $N = 1094$; men, $N = 1388$) in this study was comprised of Vietnamese ($N = 867$), Cambodians ($N = 590$), Laotians ($N = 723$), and Hmong ($N = 303$) between the ages of 18 and 68 years, with a median age of 35 years. This sample was drawn from nine counties in California, which contained 90% of the Southeast Asian refugee population in the state. The Hmong and Laotians have been in the United States the longest (an average of 6.8 years), followed by the Vietnamese (6.6 years) and the Cambodians (4.7 years). The Vietnamese were the most highly educated group, with an average of 10.5 years of education received in their home country, followed by the Laotians (7.2 years) and the Cambodians (5.9 years); the Hmong were the least educated, with an average of 3.1 years of education. Seventy percent of the Vietnamese, 49% of the Laotians, 34% of the Hmong, and 28% of the Cambodians reported their English proficiency to be fair or better. Farming and fishing were endorsed by the respondents as the most common occupation before their resettlement (33.9% Cambodians, 27.8% Hmong, 18.3% Laotians, and 4.6% Vietnamese). Jobs in the military were the second most common occupations (23.8% Hmong, 12.2% Vietnamese, 11.3% Laotians, and 8.3% Cambodians). These occupations were followed by sales/clerical (9.0% Vietnamese, 8.9% Laotians, 4.9% Cambodians, and .7% Hmong), professional/technical (10.5% Vietnamese, 8.0% Laotians, 5.3% Hmong, and 4.6% Cambodians), and service occupations (5.4% Laotians, 4.9% Cambodians, 3.3% Vietnamese, and 2.2% Hmong). Nearly half (47.7%) of the respondents reported no occupation; however, a majority of these responses were given by women in the sample who were homemakers. Hmong reported having the largest household size in the United States with a mean of 5.1 people, followed by the Cambodians and Laotians (3.3 people) and Vietnamese (2.4 people).

Bilingual interviewers were recruited from within each of the targeted communities in each of the nine counties. The study used two different data collection techniques based on cultural appropriateness and feasibility. The Vietnamese sample was contacted by telephone using a random sampling technique. Telephone sampling and telephone interviews were selected for this sample because of the Vietnamese's greater familiarity and comfort with telephones in relatively well developed Vietnam. The Cambodian, Laotian, and Hmong samples were contacted by a multicluster sampling strategy for face to face interviewers and the use of key community informants, because many did not have telephones, and these individuals were less familiar with the survey process.³ The questionnaire was translated into Vietnamese, Khmer, Lao, and Hmong by bilingual staff. Back translation was conducted through pilot interviews, and questions were then tested for accuracy through subsequent pilot interviews.

Measures

The original study was a needs assessment study; therefore, the Health Opinion Survey (HOS; Leighton et al., 1963) was used as the screening measure.⁴ The HOS has been validated with a general United States population in clinical and general epidemiological studies (Warheit et al., 1977). Although the use of the HOS with Southeast Asian refugees has been limited to a single previous epidemiological study,⁵ its utility in identifying at-risk populations in other ethnic groups, notably African Americans and Hispanics, has been previously demonstrated (Gong-Guy, 1986). For this study, the depression and anxiety subscales were selected from the HOS because these are the most common problems presented by Southeast Asian refugees in the clinical setting (Boehnlein et al., 1985; Kinzie and Fleck, 1987; Mollica et al., 1987; Muecke, 1983; Nicassio, 1985; Rubonis and Bickman, 1991; Rumbaut, 1990). The depression factor consisted of 11 items on a 5-point scale ranging from 1 (never) to 5 (all of the time). These items recorded the frequency of depression symptoms (*e.g.*, "How often do you feel that life is hopeless?" "How often do you feel alone and helpless?"). The anxiety factor consisted of 15 items on a 3-point scale ranging from 1 (never) to 3 (often). These items recorded the frequency of symptoms of anxiety (*e.g.*, "Do your hands ever tremble enough to bother you?" "Have you ever been bothered by your heart beating

hard?"). Factor analyses were conducted on the two scales for each of the four groups on a previous study, and the results showed that the two factors were highly reliable with alpha coefficients of .85 for the depression factor and 0.89 for the anxiety factor (Chung and Kagawa-Singer, 1993).

The variable welfare status was comprised of two types of public assistance: food stamps and AFDC. AFDC recipients have less than a minimum amount of the economic resources that are adequate to meet the daily demands of living. In the United States, the poverty threshold is determined by multiplying by three the minimum amount necessary to obtain a low-cost nutritious diet—a formula based on the assumption that food represents one third of the expenditure of a low-income family. Asians represent the largest ethnic group (34%) among AFDC recipients, and they are virtually all Southeast Asian refugees (Ong, 1993).

The welfare status variable was divided into three groups, those who: a) have never received welfare; b) have received welfare in the past but are no longer dependent on welfare, that is, stopped welfare; and c) are still dependent on welfare or continued on welfare. Some of the sample groups had small numbers in the welfare categories. Therefore, the four groups were combined to obtain larger numbers in each of the welfare categories. The sample in each welfare group consisted of 430, 1001, and 1051, respectively. The median annual family household income for each welfare group was: \$20,112, \$4,284, and \$5,796, respectively. The welfare variable was dummy coded with the continued on welfare group as baseline.

Age, gender, ethnicity, years in the United States, educational level, English proficiency, employment status, household size, and family income were also included in the analyses as controlling variables. Ethnicity was dummy coded with Cambodians as the baseline group. Employment status was divided into three groups: a) unemployed, b) working less than 20 hours, and c) working more than 20 hours. Employment was therefore dummy coded with unemployed as baseline. Income distribution was skewed toward the low income categories; therefore, logarithm transformation was conducted on the income variable so that the data would be closer to a normal distribution.

Analyses

Multiple regression analyses were performed on the total sample to examine the differences among the three welfare groups on the levels of depression and anxiety while controlling for confounding vari-

³ A detailed description of the sampling techniques is available in the published report from the original study.

⁴ A copy of the HOS used in this study can be obtained from the authors.

⁵ K. Meinhardt, S. Tom, P. Tse, and C.Y. Yu, unpublished data.

TABLE 1
Percentages in the Three Welfare Groups

Cultural Group	Never Received Welfare	Received Welfare in Past, Currently Not on Welfare	Still Receiving Welfare
Vietnamese	25	29	46
Cambodians	12	49	39
Laotians	17	37	46
Hmong	11	43	46

ables. As mentioned above, the four sample groups were combined to give a larger sample size in each of the three welfare categories. To examine group differences, however, separate multiple regression analyses were performed for each of the four groups.

Results

Table 1 shows the welfare groups by cultural breakdown. The Table shows that a high percentage of all four Southeast Asian refugee groups are still dependent on welfare after having been in the United States for an average of 5 to 6 years.

Depression

The multiple regression results for depression for the total sample ($r^2 = .07$, $F = 11.60$, $p < .0001$) showed that after controlling for age, ethnicity, gender, years in the United States, English proficiency, educational level, household size, employment, and income, those who continued on welfare were more likely to report depression than those who had never been on welfare. No significant difference was found among those who continued and those who had stopped using welfare. Refugee women were more likely to report depression than their male counterparts. After taking into account all of the variables, no significant differences were found between Cambodians and Laotians, and Cambodians and Vietnamese. A significant difference was found between Cambodians and Hmong, however, with the Hmong more likely to report depression than the Cambodians. The other significant predictors of depression were English proficiency and age. Those who had low English proficiency and older people were more likely to report depression. Table 2 gives the multiple regression results.

Multiple regression was conducted again, this time with the stopped welfare group as baseline. The results showed, as expected, that after controlling for the confounding variables, the stopped welfare group was more likely to report higher levels of depression than the never on welfare group.

TABLE 2
Multiple Regression Results for Depression^a

	Beta	t-value
Welfare 1 (continued = 0; never = 1)	-.09	3.43**
Welfare 2 (continued = 0; stopped = 1)	-.01	.38
Age	.09	4.02***
Years in the U.S.	.01	.22
Gender	.07	3.17**
Unemployment Baseline		
Work less than 20 hours	-.02	.90
Work more than 20 hours	.01	.20
Household Size	-.04	1.83
Education	-.04	1.23
English Proficiency (0 = excellent; 5 = bad)	-.08	2.86*
Income	-.02	.56
Cambodian Baseline Group		
Vietnamese	-.02	.63
Laotians	.01	.33
Hmong	.11	4.11***

^aStatistical values were $r^2 = .074$, $F = 11.60$, $p < .0001$.

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

Anxiety

The multiple regression results for anxiety ($r^2 = .15$, $F = 25.84$, $p < .0001$) showed that after taking into account the confounding variables, those who continued on welfare were more likely to report anxiety than those who had never been on welfare. No significant difference was found between the continued and stopped welfare groups. Again, women were more likely to report anxiety than their male counterparts. After taking into account all of the variables, Cambodians were more likely to report anxiety than Vietnamese and Hmong. No significant differences were found between the Cambodians and Laotians. Older people and those with little command of English were more likely to report anxiety. Although it did not quite reach significance, those with a large household size ($p < .06$) were more likely to report anxiety. Table 3 gives the regression results for anxiety.

The regression analyses were conducted again with the stopped welfare group as baseline. The results showed that after controlling for the confounding variables the stopped welfare group was more likely to report anxiety than the never on welfare group.

Intergroup Differences

Separate multiple regression analyses were performed for each of the four sample groups to examine whether the above findings were the same for each of the four different groups. The results showed that for Vietnamese (depression, $r^2 = .23$, F

TABLE 3
Multiple Regression Results for Anxiety^a

	Beta	t-value
Welfare 1 (continued = 0; never = 1)	-.11	4.55****
Welfare 2 (continued = 0; stopped = 1)	-.02	.69
Age	.18	8.02****
Years in the U.S.	.01	.20
Gender	.08	4.02****
Unemployment Baseline		
Work less than 20 hours	-.01	.40
Work more than 20 hours	-.02	.54
Household Size	.04	1.73*
Education	.02	.54
English Proficiency (0 = excellent; 5 = bad)	.13	4.70****
Income	-.04	1.17
Cambodian Baseline Group		
Vietnamese	-.07	2.39**
Laotians	-.03	1.19
Hmong	-.05	1.94**

^aStatistical values were $r^2 = .15$, $F = 25.84$, $p < .0001$.

* $p < .06$; ** $p < .05$; *** $p < .01$; **** $p < .001$

= 3.30, $p < .0001$; anxiety, $r^2 = .31$, $F = 6.29$, $p < .0001$), Cambodians (depression, $r^2 = .38$, $F = 7.70$, $p < .0001$; anxiety, $r^2 = .50$, $F = 15.25$, $p < .0001$), and Laotians (depression, $r^2 = .27$, $F = 4.04$, $p < .0001$; anxiety, $r^2 = .38$, $F = 8.37$, $p < .0001$), there was a significant difference between those who had never been on welfare and those who continued on welfare. Those who continued on welfare were more likely to report depression and anxiety than those who had never been on welfare. No significant difference was found between the continued and stopped welfare groups for depression and anxiety. These findings were similar to the findings using the total sample.

For the Hmong (depression, $r^2 = .38$, $F = 3.70$, $p < .0001$; anxiety, $r^2 = .35$, $F = 3.03$, $p < .0001$), no significant difference was found between the never been on welfare and continued on welfare groups. A significant difference was found between the continued and stopped groups, however, with the stopped group more likely to report depression and anxiety than the continued group.

Discussion

The findings of this study supported all three hypotheses: a) a high percentage of Vietnamese, Cambodian, Laotian, and Hmong refugees were still dependent on welfare after being in the United States for an average of 5 to 6 years, b) a relationship was found between welfare and psychological distress for all four groups, and c) being on welfare had a long-term effect for all four groups. The findings for Vietnamese, Cambodians, and Laotians

demonstrated that even after controlling for confounding variables (household size, English language proficiency, education, employment status, income, years in the United States, ethnicity, gender, and age), those who had been at any period dependent on welfare had an inverse relationship with psychological well-being. Thus, if Vietnamese, Cambodian, or Laotian refugees had received welfare assistance at any time in the past or were currently welfare recipients, they were more likely to report psychological distress as compared with those who had never been dependent on welfare. This is surprising because other studies (e.g., Westermeyer et al., 1990) with Southeast Asian refugees have found a correlation between current welfare recipients and psychological problems but not between past recipients and psychological problems. The absence of significant differences in psychological well-being among Cambodian, Vietnamese, and Laotian refugees who were still dependent on welfare and those who were once dependent on welfare is an important and unexpected finding.

Loss of face and shame may be reasons that the Vietnamese, Cambodian, and Laotian stopped and continued welfare groups were at the same risk of developing psychological distress. In their home countries, they may have been economically self-sufficient, supporting their extended family or clan; now, refugee status coupled with financial dependence on the host country may bring shame and loss of face not only to the individual but also to the family. Furthermore, the stopped welfare group, which reported a lower annual median household income (\$4,284) as compared with the continued welfare group (\$5,796), may have difficulties in finding high-paying positions that could adequately support their families. The problems associated with this may further promote loss of face and become further exacerbated when, contrary to what one might believe, being off welfare does not lead to financial self-sufficiency. In fact, it may be that to save face and stay off welfare, some refugees must hold more than one job and may have more than one adult in the household working, yet are still economically struggling. This would coincide with the finding that once Southeast Asian refugees stopped welfare, they were less likely to return as welfare recipients (Vu, 1990).

For the Hmong, unlike the Vietnamese, Cambodians, or Laotians, there was no significant difference between individuals who continued on welfare and those who had never been on welfare. Unexpectedly, for the Hmong, the stopped welfare group was more likely to experience psychological distress than those who continued on welfare. Speculation

about this finding may coincide with other studies (e.g., Westermeyer et al., 1984), which found that this group had unique difficulties in adjustment and had consistently shown a higher percentage of welfare recipients compared with the other Southeast Asian refugee groups (Westermeyer et al., 1990). Other pointed differences between the Hmong and the other groups in this study may provide some explanation for the unexpected findings. For example, significantly more Hmong (83%) in this study came from rural areas in their home country than Cambodians (45%), Laotians (46%), or Vietnamese (35%). Living in mountainous rural areas, the Hmong tended to be more isolated and independent, and they had less contact outside their clan and tribal groups. Similar to their living conditions in Laos, they established closed communities (Scott, 1982) and maintained large household sizes in the United States. In fact, they reported having the largest household size in this study (5.1) compared with the three other refugee groups (Cambodians, 3.3; Laotians, 3.3; and Vietnamese, 2.4), so that caring for a larger family may contribute to the Hmong experiencing greater financial and emotional stress than the other groups.

Another explanation of the findings may be related to the Hmong's varied military experience. During the Vietnam War, a substantial number of Hmong were involved in the conflict officially, voluntarily, or unofficially. It has been reported that 1 in 10 (30,000 out of 300,000) Hmong were killed during the 15 years of the Indochinese War, with many of them collaborating with the United States Indochina War Policy (Vang, 1983). Almost one in four (24%) Hmong in this study indicated that their occupations were military-related, twice as many as the Vietnamese (12%) and Laotians (11%) and 3 times more than the Cambodians (8%). The military experience may have some bearing on the disproportionately high rate of Hmong refugees (14.2%) who reported that they were retired and/or disabled as compared with Cambodians (7.9%), Laotians (9.3%), and Vietnamese (4%). Those who fought on the side of the United States government may have accentuated premigration trauma and influenced expectations about special assistance and support once in the United States, so receiving welfare may symbolize being taken care of for the Hmong. Findings showed that the Hmong continued welfare group reported a higher median income than the stopped welfare group. Given these factors, the paradox may be that receiving regular welfare benefits, including special dispensations for food and clothing, free medical care, and opportunities to participate in programs run by charitable organizations,

may result in the Hmong having more control over their daily lives and thus a greater sense of personal and social mastery and predictability over the environment. Thus, to stop using welfare may create more psychological distress.

Literacy also may affect psychological distress. Of the four refugee groups, the Hmong reported the lowest literacy rates (38% reported they could read/write) compared with the Vietnamese (96%), Laotians (82%), and Cambodians (62%). The inability to read or write in one's native language makes it likely that there are greater difficulties learning English. In fact, the findings showed that after taking into account all of the variables in this study, the Hmong were significantly more likely to report depression than the other three groups, whereas Cambodians and Laotians were significantly more likely than the other groups to experience anxiety.

Bemak's Inverse Social Support Theory⁶ may also provide additional insight into the unique findings for the Hmong in this study. He postulated that the continued psychological distress for the stopped welfare group may originate with the Hmong's primary dependence on their clan and family networks and thus produce a paradoxical negative effect on their interest and ability to acculturate. He speculated that close alignment with the Hmong culture and continued interpersonal relations and social activities within family and clan groups may buffer them from understanding and learning the ways of a new culture. The intensity and difficulty in adjusting to the country of migration may be exacerbated when welfare benefits stop and the need for fiscal self-sufficiency is most pronounced. It could be at this time that the Hmong refugees realize that their clan and family cannot fully protect them from the realities of the new culture, causing them to be confronted with the critical importance of mastering the dominant culture. The financial pressures associated with this autonomy may be contrary to customary practices of staying more within the confines of the Hmong community while receiving welfare benefits. Westermeyer et al.'s (1990) study substantiates this theory with their finding of greater cultural isolation from the host society for those Hmong who received welfare benefits. Therefore, the unique experience of the Hmong population may contribute to the unexpected differences between the Hmong and the Vietnamese, Cambodian, and Laotian welfare groups.

Although there were intergroup differences in the results, the findings for all groups showed that once a Southeast Asian refugee has been touched by wel-

⁶ F. Bemak, unpublished data.

fare, there is a risk of developing psychological distress, even though the individual is not currently on welfare. In fact, the Southeast Asian refugees in this study have been in the United States for an average of 5 to 6 years, yet a large percentage of them are still reliant on welfare. Two major reasons why this population is still welfare-dependent after 5 to 6 years of resettlement could be attributed to their high unemployment rates, emotional and mental fatigue, and psychological barriers.

Employment rates for Southeast Asian refugees is consistently 10% to 15% lower than the overall United States labor force (Bach and Carroll-Seguin, 1986). A high unemployment rate was also reported by all of the Southeast Asian refugee groups in this study (Vietnamese, 23%; Cambodians, 34%; Laotians, 31%; and Hmong, 29%). One major contributing factor to this group's high unemployment and low earning power is poor English proficiency (Ong, 1993), which Bemak (1989) found to have an interrelationship with cultural mastery inclusive of skills to secure and maintain employment. Inadequate English language skills may also be a major barrier to upward mobility for many Southeast Asian refugees. After being in the United States for an average of 5 to 6 years, a relatively high percentage reported that they cannot speak English (Cambodians, 32%; Hmong, 31%; Laotians, 13%; and Vietnamese, 5%). Despite the findings, which demonstrate that Cambodians, Hmong, and Laotians need English as a second language classes, there may be some inherent obstacles in receiving effective training (Chung and Kagawa-Singer, 1993).

Job opportunities are also limited by educational level, the transferability of educational qualifications, and job skills acquired from their home country (Chung and Okazaki, 1991). For example, farming and fishing were the occupations reported as most common by all four groups in this study. These occupations require substantial capital investments for start-up costs in the United States, and the skills required for either of these occupations are generally not transferable to equivalent positions in the United States. In addition, refugee men who were professionals or had a high social status in their country of origin may be less willing to take manual or semiskilled jobs when compared with refugee women. The men prefer to be unemployed and welfare-dependent while waiting for a more suitable job, possibly because of the associated painful demonstration of downward mobility and loss of status and face.

The inability to find work and the consequent continued reliance on welfare may not be just a temporary problem for refugees. Even when a South-

east Asian refugee does find employment, it is only a first step. Once gainfully employed, the refugee must begin to understand new phenomena such as the implicit and explicit norms about work ethics in the United States, getting along with co-workers, facing discrimination and racism, learning about time demands, and determining transportation schedules to and from the job.

Due to premigration trauma, some refugees display a sense of emotional and mental fatigue that may inhibit active efforts to attain or maintain self-sufficiency (Mollica and Jalbert, 1989). It is not only emotional weariness that inhibits work performance for refugees, but also memory, concentration, and past survival behaviors, which may appear inappropriate in the resettlement country (Bemak et al., in press).

In the United States and other resettlement countries, refugee policies ignore these serious mental health problems that interfere with adjustment and instead emphasize financial self-sufficiency through job and language training (Bemak et al., in press). Paradoxically, neglecting premigration and postmigration trauma may be a contributing factor to the high unemployment rates for Southeast Asian refugees. The combination of not addressing these problems and public policy that demands that refugees accept available employment with little consideration of preference, career track, or past experience may be a major factor in contributing to refugees' psychological distress and subsequent welfare-dependency. This type of policy generates low morale and self-esteem and contributes to feelings of depression and demoralization, which, in turn, may have a causal relationship with psychological well-being and dependency on welfare.

Conclusion

The findings showed that not only is there a high percentage of Southeast Asian refugees dependent on welfare after being in the United States for 5 to 6 years, but once they have been touched by welfare, they remain at risk of developing psychological distress. A critical concern based on the findings is how to intervene in the interrelated cycle of welfare exposure and psychological distress to create economically self-sufficient and psychologically healthy individuals. The implications of this study may point toward the need to address these two problems simultaneously rather than continuing to endorse current policy, which only addresses financial well-being. The results of this study lead us to conclude that only a well integrated and balanced public policy can effectively combat the economic and psy-

chological hardships experienced by Southeast Asian refugees.

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