California Social Work Education Center

CALSWEC

CHILD WELFARE SKILLS WITH SOUTHEAST ASIAN FAMILIES

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CalSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation’s largest state coalition of social work educators and practitioners. It is a consortium of the state’s 20 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is “to facilitate the integration of education and practice.” But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become “educated” and then cease to observe and learn.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum sections that employ varied...
research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum sections are made available through the CalSWEC Child Welfare Resource Library to all participating schools and collaborating agencies.

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.
ACKNOWLEDGEMENTS

The production of this curriculum module was made possible with assistance from the following social work staff employed by the Fresno County Department of Social Services:

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INTRODUCTION

The focus of this teaching module involves social work practice with Southeast Asian families. The module utilizes both didactic and experiential medium to introduce students/trainees to the historical, cultural, and social factors that have a major influence on the ability of a social worker to skillfully interact with Southeast Asian families. The module is divided into five parts and is designed to supply approximately 30 hours of classroom instruction.

This module is appropriate for incorporation into a university-level Masters in Social Work curriculum, which assesses child welfare practice and/or interdisciplinary practice within the Southeast Asian community. The module may also be adapted for use by child welfare agencies offering induction training for newly hired staff and/or inservice training for experienced staff.
MODULE I

SOUTHEAST ASIAN HISTORY, ESCAPE, REFUGEE, AND RESETTLEMENT EXPERIENCES

INTRODUCTION

This module provides the student with a general overview of the four Southeast Asian groups. It is critical for the social work practitioner to properly place current behavior in the context of past experiences, both historically and culturally.

Goal

The goal of Module I is to provide a general overview of the four distinct and different cultures of the Hmong, Lao, Vietnamese, and Cambodian ethnic groups. The exploration of each group will include the following areas:

1. General history
2. Vietnam war era
3. Escape experiences
4. Refugee camp experiences
5. Resettlement experiences/Life in the United States
6. General cultural information for each group
7. Western vs. Eastern (a general comparison and contrast of cultures)

Teaching Methodology

The following methods of teaching will be utilized for this module: lecture, assigned reading, audiovisual presentation, guest speakers, flip chart/transparencies, slide presentation, and SEA quiz.

Outline

I. SEA Quiz/Introduction to Southeast Asia
   A. Greetings in the Four Southeast Asian Languages
   B. Answers to quiz
   C. Southeast Asian Name Recognition
1. Hmong
2. Vietnamese
3. Lowland Lao
4. Cambodian

II. General History of the Four Southeast Asian Groups
   A. The Khmer/Cambodian
      1. French Colony
      2. Post World War II
      3. The Khmer Rouge
      4. The Killing Fields
      5. Vietnam Occupation
   B. The Vietnamese
      1. French Involvement
      2. The War Years
   C. The Lowland Lao
      1. The Kingdom of Lan Xang
      2. Lao Government Divided
   D. The Hmong
      1. Origins
      2. Hmong History in Laos
      3. The Secret War: The Hmong Involvement in the Vietnam War

III. Escape, Refugee Camp, and Resettlement Experiences
   A. Introduction
   B. Escape Experiences
      1. The Hmong
      2. Vietnamese
      3. Cambodian
   C. Refugee Camp Experiences
      1. The Thai Border Camps
      2. Hmong and Lao Refugee Camps
   D. Resettlement Experiences

IV. Cultural Snapshots
   A. Hmong
      1. Marriage
      2. Traditional Birth Customs
      3. Hmong Homes
      4. Hmong Food
      5. Traditions and Spiritual Beliefs
      6. Death
      7. Last Words
   B. Lowland Lao
      1. Religion
2. Ceremonies
C. Vietnamese
   1. Religion
   2. Marriage
   3. Family
D. Cambodian
   1. Family
   2. Religion
   3. Siddharta Guatama
   4. Communication Patterns

Handouts

1. Test of Your Indochinese I.Q.
2. An Asian View of Cultural Differences (Dr. Mai Van Trang)
3. Understanding Cultural Differences Between Americans and Vietnamese (Nguyen Kim Hong)

Recommended Videos

1. Situation Zero
2. Legacy of Tears
3. Becoming American

SOUTHEAST ASIA QUIZ/INTRODUCTION TO SOUTHEAST ASIA

The instructor should pass out the SEA quiz, which was developed to initiate the student’s awareness of his or her own prior knowledge of the SEA community. The majority of students have a difficult time answering most of the questions, which in turn highlights their learning needs.

Prior to a review of the answers to the SEA quiz, the instructor should cover proper greetings in the four Southeast Asian cultures.

Greetings in the Four Southeast Asian Languages

With the distrust in the Southeast Asian community regarding American human service providers, a simple strategy in engaging the client is greeting them in their own language. Often times this simple gesture reveals to the client a willingness by the
provider to reach out to them, and sets the stage for a positive and productive interaction. Greetings are a simple yet powerful tool for engagement. [Pass out the phonetic spelling of the four Southeast Asian greetings below, which could also be written on a flip chart.]

- Lowland Lao: Sa by dee
- Hmong: Nya shong
- Vietnamese:
  - older male: Chao ong
  - older female: Chao ba
- Khmer: Choom re up sewver

The Vietnamese greeting depends on who the person is greeting and his or her age. When greeting a male or female older than oneself, the formal greeting Chao is used. It is different when addressing a peer or someone younger than oneself. For the practitioner, addressing people in the more polite formal greeting for older people is probably wise and potentially less offensive.

**Answers to Quiz**

The instructor will then review the quiz and provide the answers (provided below).
KEY: TEST OF YOUR INDOCHINESE I.Q.

TRUE   FALSE
T     F  1. In Laos, the Hmong practice “slash and burn” agriculture.
T     F  2. Any bilingual Indochinese refugee person can translate and interpret for
        any Hmong client.
T     F  3. Hmong are originally from Vietnam.
T     F  4. Among the Indochinese refugees, the Hmong were the better educated
        upon their arrival in the U.S.
T     F  5. By the end of the Vietnam War, the Hmong had suffered casualty rates
        proportionally 10 times higher than those of Americans who fought.
T     F  6. Ho Chi Minh was the president of South Vietnam during the Vietnam
        War.
T     F  7. Most Vietnamese believe in ancestor worship.
T     F  8. The Vietnamese culture as well as the Hmong culture is influenced by
        India.
T     F  9. Vietnam was influenced by the Germans until the German-Indochina
        War.
T     F  10. Hmong and Lowland Lao people speak the same language.
T     F  11. The boat people were largely made up of Hmong and Lowland Lao.
T     F  12. The Lowland Lao people live in the mountains of Laos.
T     F  13. The Killing Fields refers to the holocaust of the Cambodian people
        under the Pol Pot regime.
T     F  14. Khmer is another name for the Cambodian people.
T     F  15. There are more single-parent, head-of-household Cambodian women
        than other Indochinese groups.

MULTIPLE CHOICE

16. Match the name on the left with the nationality on the right
    _C_ 1) Pao Vang Moua       A. Represents CAMBODIAN name
    _D_ 2) Khamkong Vongsavath  B. Represents VIETNAMESE name
    _B_ 3) Truong Phan          C. Represents HMONG name
    _A_ 4) Chea Sok             D. Represents LOWLAND LAO name

17. The Cambodian and Laotian culture is influenced by ____A____
    A. India                   C. Japan
    B. China                   D. Philippines

18. On the next page, match the letter on the map with the name of the country to the
    left of the map.

Berkeley: University of California at Berkeley, California Social Work Education Center.
SOUTHEAST ASIAN NAME RECOGNITION

The following is a brief summary of issues pertaining to Southeast Asian names. These are only traditional explanations and do not take into account changes brought on by accommodation to American society. For example, many Southeast Asians will change their first name to a more American name when they become naturalized citizens. Some changed and added to their names at the time they went through the immigration process.

Hmong

At birth a Hmong child is given a single syllable name like Yee, or Chou, or Pao, or Dia. Occasionally, a child will be called a nickname, Tou (Pao) for a boy and Mai (Dia) for a girl. Sometimes, when a man has settled down to family life, his wife's parents give him an honorary name of Tsue. Example: If Pao were to marry and have children, his in-laws would give him the honorary name of Tsue Pao. The name of an individual's clan is not considered part of his personal name. There are about 20 Hmong clans. The culturally correct name order is clan name first and first name last, although in America, the Hmong have adapted our name order of first name first and last name last. The clan name and affiliation determine whom the individual can marry. A man must marry outside his clan and therefore cannot marry anyone with the same clan name. A Hmong wife does not join her husband’s clan, but remains a member of her father’s clan. Therefore, the wife will have a different last (clan) name than her husband and her children.
Vietnamese

Vietnamese usually have three, and up to four names given to an individual. The word order is family name (last), middle name, given name (first). (Example: Doan Toan Phuc.) Two Vietnamese family names are Ngo and Nguyen. Often Americans have great difficulty saying the ng sound as it is not found among English phonetic sounds. A good way to attempt this sound is by saying the word sing, keep the last sound and then add o for Ngo or uyen for Nguyen. As with the Hmong, the Vietnamese wife retains her family name when she marries. The Vietnamese are never known by their family names. A Vietnamese is always called by his or her given name. There are about 100 family names for the whole population of 50 million Vietnamese. Given names usually have a meaning and parents often choose names for their children that reflect aspirations and ideals. (Examples: Trung – fidelity, and Lan - orchid). An example of a dilemma commonly faced by Vietnamese is when someone greets them and asks how they want to be identified. If a man is named Nguyen Van Hai, culturally he would be greeted using his given name (Mr. Hai), and not by his family name (Mr. Nguyen). Should he tell the American that his last name is Nguyen or Hai? If he says Hai, then he would be incorrect in his own culture. However, people would then call him Mr. Hai, which is correct in his culture. If he tells them Nguyen, then it will be correct in his culture, but being addressed as Mr. Nguyen is not correct. In America, we often interchange first and last names for a variety of reasons on applications (Examples: Sam Decker or Decker, Sam). For the Vietnamese, Nguyen Van Hai, and Hai Van Nguyen are two different and distinct names.
Lowland Lao

The Lao are the only one of the four Southeast Asian groups that has a similar name order as Americans. Their first names are usually two syllables and their last names are usually three syllables. Lao names are often very difficult because of their many syllables.

Cambodian

The family name is first and the given name is last. Traditionally, the family name is the given name of one’s father or grandfather, causing the family name to change generation to generation. In small villages, this did not present a problem since everybody knew everybody else as well as past relatives.

GENERAL HISTORY OF THE FOUR SOUTHEAST ASIAN GROUPS

The Khmer/Cambodia

During the 11th and 13th centuries, the Khmer controlled and influenced almost all of Southeast Asia including the present day nations of Burma, Thailand, Malaysia, and the southern part of Vietnam. The first Khmer kingdom (Funan) was founded in the first century A.D. Funan was located on the delta of the Mekong River. In the latter part of the 6th century, history recorded the downfall of the Funan empire and the rise of the Chenla empire, which increased the scope and size of the Khmer empire. The Chenla period led the way to the pinnacle of the Khmer empire, the Angkor period, in the early part of the 9th century. Under the rule of Suryavarman II, the Khmer civilization prospered and advanced. Intricate irrigation and reservoir systems, as well as a large extensive network of roads, temples, and cities were developed. It was under the Suryavarman rule that the great temple Angkor Wat was built. It is one of the largest
temples in the world and still remains standing today. With the massive scope of building and expansion, the Khmer empire began to spread itself too thin and a series of revolts began. Slowly, bit by bit, Cambodia’s large territory began to shrink as a result of it’s battles with Thailand. Vietnam agreed to protect Cambodia for the price of allowing the Vietnamese to begin settlements in portions of the Khmer empire, which make up the region currently known as South Vietnam. Land was lost during the war and the king gifted land to his Vietnamese wife, Nguyen Thi Chou. The first Vietnamese settlement was named Saigon. Eventually, the Thai and the Vietnamese governments divided the eastern and western parts of Cambodia between themselves. In order for the much smaller country of Cambodia to survive, protection was required, and the Cambodian people enlisted the support of the French.

French Colony

In 1887, the French controlled a large territory and coined the term French Indochina, which encompassed all of Vietnam, Laos, and Cambodia. French control lasted over 100 years. Initially, the French stayed out of the daily affairs of Cambodia and it’s leader, Prince Sihanouk. Eventually French influence in Southeast Asian grew to such an extent that even local control was given to the French. Under the French, the rural masses developed growing resentment because of the taxes they had to pay, with many mini revolts occurring. During 1941, the Japanese occupied Cambodia but had very little influence or involvement. After World War II Prince Norodom Sihanouk, who was assisted to the throne by the French, favored cooperation with the French and Cambodia became an autonomous state within the French Union. In 1953, Sihanouk dissolved the French-influenced parliament and proclaimed independence from France.
Sihanouk, fearing a loss of support in his own country, then turned to America for protection.

**Post World War II**

Fearing that his own military leaders were becoming too dependent on the Americans, Sihanouk reversed his course with America and severed all ties with the American military and allowed the North Vietnamese Communists to establish sanctuaries inside the borders of Cambodia. With the Vietnam War escalating, Prince Sihanouk came under fire from different factions within his country. Two factions sprang up in opposition to Sihanouk’s policies toward the Vietnam War. One faction, a small group of guerilla fighters, left the cities and set up camps in the northern and western mountains of Cambodia. Their leader was Pol Pot and the group was called the Khmer Rouge. The other faction was pro-American and in 1970 instigated an army revolt. Sihanouk was deposed and General Lon Nol gained control. In 1971, with the approval of Lon Nol, the United States began to bomb the Khmer Rouge and the North Vietnamese Army located in the mountains of Cambodia. Ultimately, a total of 20,000 American troops invaded Cambodia. By 1973, a quarter of a million tons of American bombs had been dropped on Cambodia. In 1973, Congress voted to stop the bombing and the Khmer Rouge immediately began an assault on the capital city of Phnom Penh. Within a few moths, Pol Pot and the Khmer Rouge were victorious and seized control of the country.

**The Khmer Rouge**

Pol Pot was a man who had studied in Europe and had some exposure to Karl Marx. During the Vietnam War, he concentrated his political efforts on the rural villagers,
whose growing resentment of first, the French, then Sihanouk, and finally the Americans made them susceptible to his influence. His beliefs focused on the negative consequences of foreign domination of Cambodia. According to Pot, all the tragedies and sufferings of the Khmer people were the result of foreign interference—foreign people, foreign ideas, and foreign technology. Pot believed that if the Cambodian people abandoned foreign ideas and tools and returned to simple rice farming there would be a return to the greatness and prosperity once enjoyed by the Khmer empire. His recruitment of followers led to the formation of the Khmer Rouge army, which concentrated their military actions in the rural countryside. This precipitated a mass exodus from the rural areas into the capital of Phnom Penh, swelling the city’s population by millions. The city’s resources were spread thin and when Saigon fell to the Viet Cong, Phnom Penh fell to the Khmer Rouge.

The Killing Fields

With the fall of Phnom Penh, Pot’s first order of business was to evacuate the city of its 2 million inhabitants and force them into the countryside. The new evacuees were forced into work camps and families were separated with a communal lifestyle arranged. Names, such as mother and father, were replaced with comrade. Children were given roles of monitoring and spying on adults. Children were ordered to report to officials if parents/adults did not follow the communist doctrine. Buddhism was abolished, a large number of priests were killed, and the remainder was forced to marry. The Khmer Rouge would line up adult males on one side and adult females on the other and match them with each other, based on where they were in line and proceed to marry them. Since Pot believed that the country needed to completely rid itself of
foreign influence, he began a process of exterminating people who were likely to be influenced by foreigners. Teachers, doctors, actors, scientists, civil servants, military personnel, and students were systematically tortured and killed. In order to survive, many people had to learn to present themselves as stupid and ignorant with an inability to read or write. It is estimated that from 1975 to 1979, through overwork, starvation, torture, and execution, between 1 and 3 million people, out of a total population of 7 million, were killed.

**Vietnam Occupation**

In 1976, Pol Pot began a policy of eliminating all of the Vietnamese living within the country, despite the fact that some had lived there for generations. Pot even sent troops into Vietnam to chase the fleeing ethnic Vietnamese. The Vietnamese communists, after several warnings, invaded Cambodia in 1979 and Pot fell from power. The new communist government renamed the country the People's Republic of Kampuchea. The invasion of Cambodia created a mass refugee exodus with over 700,000 Cambodians massed at the Thai border. The Thai government basically forced the refugees, who were officially designated politically as *displaced persons*, to remain at the border in camps.

**Vietnam**

In 1776, when Americans declared their independence from British rule, Vietnam had been independent for over 800 years. Vietnam gained independence from China in 938 A.D. During the majority of the 18th century, Vietnam expanded its borders. They claimed land previously held by the Khmer and Siam empires. In the late 18th century Vietnam was divided in two with one half ruled by the Trinh lords and the other half by

the Nguyen lords. About the time Jefferson became president, Nguyen Anh became emperor and set up a dynasty that lasted 143 years.

French Involvement

During Nguyen Anh’s struggle for power, he was aided by a French missionary who saved his life. This event would mark the beginning of French involvement. Never forgetting the deed of the French missionary, Anh allowed expansion of the French clergy into his country. Upon Anh’s death, the French were no longer looked upon positively. Simultaneously the Vietnamese government began policies of persecution toward the French and Christians. When a French bishop was killed, France invaded Vietnam. The French rulers tried to develop a society patterned after the French. They established schools, laws, and taxes that often created friction with the local Vietnamese population. Many deep tradition-laden practices were attacked which led to growing resentment and the eventual political reawakening of the Vietnamese.

The War Years

In 1940, a Chinese-backed Viet Minh revolution under the guidance of leader Ho Chi Minh began. During World War II, the Japanese came into power briefly and after the war the French returned. The brief occupation by Japan provided the Vietnamese with a model of an Asian power that could rule and dominate. When the French returned, Ho Chi Minh was now in full power, supported by renewed national pride. The French-Indochina War began and lasted for 8 years, until 1954. The final battle, which eventually led to the pullout of the French government, occurred at the small village of Dien Bien Phu. The French-Indochina War claimed 35,000 French lives and 250,000 Vietnamese. At the close of the war, under the Geneva agreement, Vietnam was
separated into North and South along the 17th parallel. Ho Chi Minh and the Communist Viet Minh ruled the northern side and President Ngo Dinh Diem ruled the southern side. From the very beginning, President Diem waged a guerilla war with the North. The United States became involved during the Eisenhower presidency fearing the spread of communism. The United States initially sent military aides and advisors and later sent combat troops. In 1975, Saigon fell to the North Vietnamese communists. This prompted a massive evacuation of the Vietnamese people. The first wave of evacuees included those with some connection to the South Vietnamese government, American military, or the embassy (Lutheran Immigration and Refugee Service, 1982).

**Lowland Lao**

**The Kingdom of Lan Xang**

There seems to be some controversy over the exact origins of the Lowland Lao people. One potential account suggests that during the 13th century the Lao lived in the southwest corner of China in the kingdom of Nan Chao. The conqueror Kublai Kahn destroyed the village and the Lao migrated down the Mekong and Irrawady rivers and settled the inland river valleys founding the kingdom Lan Xang. In 1571, Lan Xang was conquered by Burma. Siam liberated the kingdom 20 years later, in the 17th century, after a powerful Burmese king died. The Lan Xang kingdom was then separated into three kingdoms, including one composed of the Lowland Lao, and through the next two centuries wars broke out between the kingdoms.

**Lao Government Divided**

From 1896-1941, the French ruled Laos. The Japanese invaded the region during World War II and encouraged the Lao to declare their independence from
France. The French returned after the Japanese were defeated, and set up a puppet
government, which had two major dissenters: Prince Sovanna Phouma (neutralist) and
Prince Sophanouvong (Ho Chi Minh-influenced leftist). In 1949, Prince Sovanna’s
neutralist government came into power, while Prince Sophanouvong began to organize
the communist group the Pathet Lao. During the Vietnam War there were many
pressures on the Neutralist government from the United States, Vietnam, and the
Pathet Lao. Finally, the government fell in 1973 and the Pathet Lao formed the Lao
People’s Democratic Republic.

The Hmong

Origins

In his book *Hmong History of a People*, Keith Quincy (1988) described a theory
regarding the origins of the Hmong people. He discusses the work of a missionary,
Father F. M. Savina, at the beginning of the 20th century. Father Savina believed there
were three facts that provided clues into the origins of the Hmong: their physical
appearance, their language, and their legends. As far as physical appearance, the
Hmong have indigenous people with blond hair and blue eyes. The Hmong reported to
Father Savina that when they were in China there were a larger number of Hmong with
pale skin and lighter hair. Due to the Chinese singling out the Hmong and trying to
eradicate them from China, the Hmong who were most vulnerable were the ones who
stood out—those with blond-haired and blue-eyes. In addition, recent studies of the
Hmong in Laos and Thailand have led some anthropologists to classify them as the
most Caucasian population of Southeast Asia. Father Savina also worked extensively
with the Hmong to develop a written language. Through his work he noticed that the

Hmong language was not similar to any of the other Asiatic languages, although current linguistic experts are still unsure of the origins of the Hmong language. Finally, Father Savina found some similarities between Hmong legends and creation stories and those of Judeo-Christian origin (creation, original sin, the flood, Tower of Babel, etc.). All of this evidence led Savina to hypothesize that the Hmong started out somewhere in the Middle East (Iranian plateau), traveled over the mountains into Russia, then migrated further north into Siberia. After Siberia, the Hmong started migrating south eventually through Mongolia and then through China. Quincy wrote about the Hmong migration from Siberia to the Yellow River in Honan, where the Yangshao Chinese lived. The Hmong shared many practices with the Yangshao, as both people were slash and burn farmers living in mountainous regions. Quincy then detailed the presence of the Hmong in China throughout the various Chinese dynasties. Ultimately, military attacks forced the Hmong further south until they reached the area of Southeast Asia.

Hmong History in Laos

During the Dien Bien Phu uprising, the Hmong who were living in Vietnam simultaneously led an uprising against the French. The Hmong leader, Pa Chay, enjoyed great success in military engagements against the French. In 1922, Pa Chay was assassinated and the rebellion died. The next Hmong leader living in Laos was Touby Lyfoung who tried to integrate the ethnic minority Hmong into the mainstream politics of Laos. After the return of the French to Laos following World War II, Touby organized a Hmong militia and heavily aligned himself with the French assisting in fighting the communist Viet Minh. The next military commander to lead the Hmong was Vang Pao, who took on the mission of fighting the communists, eventually aligning the
Hmong with the American Central Intelligence Agency to fight a covert war against the Viet Cong during the Vietnam War.

**The Secret War: Hmong Involvement in the Vietnam War**

The Hmong assisted the American military during the Vietnam War in many different ways. They acted as a line of defense between the communist controlled Plain of Jars region in northern Laos and Vientianne. The Hmong helped direct air strikes in strategic locations for U.S. bombers stationed in Thailand. They rescued downed American pilots. Special Hmong guerrilla units fought large North Vietnamese regular army troops, who otherwise would have engaged American soldiers. They disrupted the supply lines along the Ho Chi Minh trail, which brought supplies from the north to the North Vietnamese Army fighting in the south. Some of the recruits in the secret Hmong army were as young as 12 years old. The CIA would often pay the secret army with food drops 20 or 30 miles away from Hmong and Mien villages, knowing that on the way to the food the Hmong would be forced to engage the enemy, suffering casualty rates proportionally 10 times higher than American troops. Ten percent (30,000) of the 300,000 Hmong were wartime fatalities. The American government made assurances to the Hmong people during the war that they would support them in the event that Laos was lost to the communists. Since it was inevitable that the Pathet Lao communist government would retaliate against the Hmong because of their involvement in the war, the Americans agreed to protect them. Subsequent to their takeover of Laos, the Pathet Lao did begin a policy of search and destroy against the Hmong. Many Hmong reported that the Pathet Lao would spray poisoned gas (such as Agent Orange) over Hmong
villages, as well as placing chemicals into the water upriver of the Hmong villages to poison water sources.

ESCAPE, REFUGEE CAMP, AND RESETTLEMENT EXPERIENCES

Introduction

The escape experiences of the various Southeast Asian groups are testaments to survival and people overcoming tremendous hardship and trauma. Most of us will never have to make the decision to flee our own country, never knowing if return will be possible. But if it were to happen, hypothetically, what would you decide to take with you, when all you can take is what you can carry in a small bag or napsack? The uncertainty of what will be encountered has had a tremendous affect on SEA refugees. Many of the SEAs who talked about their escape experiences talked about a sense of loss in terms of country. Many people never really think about their feelings about their country, they are so wrapped up in dealing with daily issues. The instructor should pose the discussion questions listed below to the class and have class members share what they would take with them and how they would feel. Have them think about leaving their country without someone from their family—mother, aunt, brother, grandparent, etc. This is also a good opportunity to invite Southeast Asian professionals to speak to the class and share, firsthand, their escape experiences. Sharing of this type can be a powerful teaching tool. It is important however that the invited guests have worked out their own escape experiences. Retelling the experience can potentially bring up tremendous pain.
**Suggested Class Discussion Questions:** If you were given an ultimatum to leave your country within 4 hours and could only take one small bag full of belongings, what would you take with you? How would you feel? How would you feel if you had to leave behind members of your family (mother, brother, sister, grandparents, etc.)?

**Escape Experiences**

The Hmong

As stated earlier, many Hmong had to escape the Pathet Lao soldiers who were trying to eliminate them through search and destroy missions. The Hmong had to travel long distances through jungles, sleeping during the day and traveling at night, until they reached the Mekong River. At the Mekong River, they would have to cross, often times under gunfire. Once at the Thai border, they would have to deal with Thai army patrols, pirates, and local police. Many men, women, and children traveled for 30 or more days and subsisted on tree bark, roots, and boiled leaves. Many Hmong did not complete the treacherous journey, dying from snake bites, mosquito-borne diseases, hunger, thirst, and ambush. Infants had significant problems. In order to prevent their children from crying out and risk exposure to army patrols, many Hmong would use opium and drug their babies into silence. The consequences were immediate, for some overdosed and died. For others, the developmental consequences of ingesting drugs would have future negative impact (learning problems, language problems, and organic brain issues). Still other infants actually suffocated at the hands of their parents who were trying to prevent exposure to army patrols by stifling their infant's cries. The Lowland Lao shared similar experiences with the Hmong in terms of crossing the Mekong River and dealing with Thai army patrols and bandits.

Vietnamese

The Vietnamese experience is somewhat different from the other three groups in that the majority of the escapees went by boat over many miles of ocean. The first wave of Vietnamese refugees left Saigon in 1975 just prior to Saigon’s fall to the communists. They were airlifted out by the U.S. army. Priority for the airlift was established based on (a) involvement with the U.S. government, (b) relatives of the above group, or (c) civilians or those who feared reprisals from the communist government. They were better educated and were connected to the United States in some fashion. The refugees tended to be younger with a large number of them women and children separated from husbands and fathers. Others were young adult government workers, officers, and enlisted men who had some previous contact with Americans and therefore had preconceived ideas about American culture and lifestyle. About half of the adults arriving in 1975 spoke some English, and about one-quarter had some higher education, such as participation in a university program. The second wave included the boat people, who escaped by rudimentary makeshift fishing boats or sometimes newly made rafts. They faced many dangers from nature, as well as pirates. Women were targets of gang rapes and men were often shot and thrown into the ocean. The second wave of refugees tended to be less educated and less familiar with American culture and lifestyle. A large percentage of the boat people could not speak English and did not have skills which could be easily transferred to an industrial or urban society.

Cambodians

The Cambodian escape experiences are very similar to the Hmong and Lao as they also escaped over the border into Thailand. The Cambodian escape was
dangerous due to Vietnamese army patrols and Khmer Rouge guerrilla resistance fighters. This exodus occurred between 1975 and 1979. The majority of the Cambodian escapees came in 1979, after the Vietnamese Heng Samrin regime invaded and took over the country. Once the Cambodians crossed the Thai border, they were met by Thai soldiers who were weary of having to resettle over 500,000 Cambodian refugees. In response to this threat, Thai soldiers rounded up more than 44,000 Cambodians. These refugees were forced at gunpoint back into Cambodia through a mountainous border on the edge of a Vietnamese minefield. A description of what happened was printed in the Washington Post: "Those who panicked at the edge and tried to run back were shot. Over the course of several days, 44,000 Cambodians were forced at gunpoint over the precipice…. Thousands died, many from the fall, and others as they tried to cross the minefield at the bottom of the cliff" (U.S. Committee for Refugees, 1985).

Refugee Camp Experiences

The Thai Border Camps

There were approximately 230,000 Cambodians who had neither refugee status nor an option to stay in United Nations High Commissioner for Refugees-supported holding centers. Their official political designation was Displaced Person. Displaced persons were trapped on the border having to contend constantly with the ongoing resistance fight between the Khmer Rouge and the Heng Samrin regime. One of the border sites was run by the Khmer Rouge and used as a base for the resistance fighting. The Khmer Rouge ran the camp as they ran the country, with violence and many human rights violations. The other camps were made up of Sihanouk supporters and did not have the same human rights problems. One camp was 2 kilometers inside
Thailand and had a population of 150,000, a fourth of which were under the age of 5 and half under the age of 17. Many of the younger children were raised in the camps with very little formal education and no opportunity to learn vocational skills. Water and food were trucked into the camp. The black market was alive and well with local strongmen in charge and in control of the goods and camp officials (U.S. Committee for Refugees, 1985).

Note to Instructor: Use of the video *Situation Zero* is recommended as a method of illustrating day-to-day life in the border camps.

**Hmong and Lao Refugee Camps**

By the end of the 2-day evacuation in May of 1975, the first of the Hmong refugees (1,600) had sought asylum in Thailand. Those numbers eventually grew to over 44,000. The largest concentration of Hmong in Thailand is found in the Ban Vinai refugee camp. Once the Hmong reached the refugee camps they found poor conditions. Ban Vinai was described as: Children playing in ditches thick with raw sewage, and diseases such as leprosy, malaria, typhoid, and TB were common. Rodents were everywhere. Refugees were not allowed to leave, with the camp operated very similar to a prison. Initially, the Thai government purposely did not want the camps to be attractive for fear that too many refugees would flood their country. Since the early days, there have been over 100,000 Highlander Lao (mostly Hmong), some Mien and Lahu resettled outside of Southeast Asia. Nearly 96,000 of these have settled in the United States. There are still approximately 44,000 Hmong still residing in Thai refugee camps (Conroy, n.d.).
**Resettlement Experiences**

The Resettlement experience of the Southeast Asian was difficult at best. Many Southeast Asians were resettled into urban areas of large cities, despite the fact that the majority of Southeast Asians come from a rural background. The urban areas were characterized by high poverty, crime, and limited jobs and resources. When the Southeast Asians arrived, they had to compete for the limited resources within the community, which caused almost immediate tension between them and other ethnic groups. This tension has often led to violence and discrimination against the Southeast Asian newcomers. For example, in Boston there have been many reported incidences of violence against Southeast Asian refugees. A report conducted by the Civil Rights Capacity-Building Project (1987) illustrated many examples of crimes against Southeast Asians. For example a Cambodian family living in a housing project reported,

> I have lived in this project for 5 months. The living room window has been broken four times; the bedroom window has been broken three times. Almost all the Asian families have had their windows broken, no matter how high up they are. None of the American families have had their windows broken. Once, I heard a noise against my living room window. I went to take a look and the person with a rock saw me. When he saw me, he threw another rock to the window. That time, he broke it.... I am afraid of living here. I can't live in peace.

**Note to Instructor:** The *Legacy of Tears* video is recommended with this section.

**Note to Instructor:** The *Becoming American* video is recommended with this section.
CULTURAL SNAPSHOTs

The following are brief snapshots of the various Southeast Asian groups, culture, lifestyle, and traditions. Many of the practices and beliefs are common for all groups. Presentations are designed to get a broader view of all the groups. Care was taken not to include similar elements when discussing each group. The following handouts are recommended for use with this section.

- An Asian View of Cultural Differences
- Understanding Cultural Differences Between American and Vietnamese

Hmong

The Hmong divide themselves into at least three groups or tribes: White Hmong, Green (Blue) Hmong, and Striped Hmong. Tribal names are taken from the color of the traditional clothing. White Hmong women often wear short white skirts. Green Hmong women are best known for their Blue (tie-dye like) patterns on their clothes. The Striped Hmong women wear stripes of red or blue on their sleeves. Each group has maintained separate but distinctive traditions. Many Hmong are preliterate and are unable to read or write in their own language. The Hmong alphabet was first put in written form by American and French missionaries in the early 1950s. Traditionally the Hmong have been polygamous. Men have had the right to marry as many women as they could support. The more children fathered, the richer they could be in the homeland because they could cultivate more land and were considered a very fortunate family.

Marriage

There are three forms of marriage among the Hmong: (a) the arranged marriage in which an agreement is reached between the parents of the man and the woman
using an intermediary; (b) an elopement, where the young woman leaves her family secretly; and (c) the *kidnap* where a male and several friends more or less remove the woman from her home. After 3 days together, during which the marriage is consummated, the Hmong consider the pair coupled. If a husband dies, his younger brother has first option of marrying the widow. Should she not marry him, tradition obligates her new husband to return part of the bride price if she marries an outsider. A bride price is required of all prospective husbands.

**Traditional Birth Customs**

The entire Hmong family has important roles surrounding childbirth. Paternal grandparents assume the primary role of socializing a new family. They teach the husband and wife childbirth procedures, including the roles governing taboos. The Paternal grandmother names the child. The Hmong father assumes the role of *director* at the birth procedure. He often catches and washes the baby and then presents the new child to the relatives after the traditional 3-day waiting period. Determining the age of a Hmong child is difficult. Only recently have some Hmong kept track of birthdays. When ages were counted, the Hmong custom was to count from the day of birth and estimate the time and year of birth, by the seasons of the year. As a result when the baby is born, he/she is already 1 year old. In addition, people who interviewed for placement in the U.S. gave different birthdays depending on whether they felt it would benefit them in their country of resettlement. For example, stating an older age for potential social security benefits, or a younger age to obtain more schooling, etc.
Hmong Homes

Hmong houses in Laos typically have an earthen floor, thatched roof, bamboo walls, and open-fire hearth. Furniture is minimal and is made of rattan and bamboo which is light to carry and easy to replace. This fits in well with the slash and burn mobile lifestyle. Every house must be built so that distant mountains can be seen from either the front or back door. Before building the house, the Hmong dig a small hole and place in it as many grains of rice as there are people in the family. If the spirits move the grains during the night, another site must be found.

Hmong Food

Major agricultural crops include rice, corn, sugar cane, and melons. Opium has been, in the past, a major cash crop (70% of the world’s supply is grown in Burma, Thailand, and Laos--The Golden Triangle). Produce has to be backpacked into markets which are usually very far away. One pound of opium commands the same price as a quarter ton of rice. Opium is used as a painkiller and is acceptable for old people to use. It is not culturally acceptable for young people to use opium. A typical Hmong diet is loose rice, sticky rice, and boiled vegetables for breakfast, lunch, or dinner.

Traditions and Spiritual Beliefs

The Hmong have passed on their traditions, history, codes of behavior, and family alliances through singing (which sounds like chanting). Feelings such as sadness, longing, and love are rarely expressed in pure speech. Children do not sing, as there are no Hmong children’s songs or lullabies. Many Hmong are animists and believe that spirits are part of every act of living and dying. Belief in spirits pervades all aspects of life including the growing of crops, sickness, healing, marriage, childbirth,
and death. If a person gets sick, it is believed that the illness possibly occurred because the spirit has been scared away or stolen from the body by evil spirits. From the influence of the Chinese Taoism and Confucianism, some Hmong believe that the *bad wind* or unhealthy air currents get caught inside the body, causing illness. Their beliefs explain why many Hmong have problems with operations and gynecological exams. The use of coining or rubbing the *bad wind* out is usually done. Shamans are often used because it is believed that they can communicate with the spirits. Not everyone can become a shaman. Only those chosen by the healing god may achieve the position of Shaman, which usually means that they were very sick themselves. Another example of the animistic belief system involves the tying of wrist and neck strings on children. The Hmong symbolically confine spirits inside the body with these strings. The string also guards against an evil spirit that might attempt to claim the life of a baby or child.

**Death**

The Hmong believe that a person has three souls which separate upon death. One soul travels to heaven, one remains in the grave, and one becomes re-embodied. The departing soul must be shown the right roads to reach heaven. A period of exorcising the dead before burial is important. This is believed to protect both the living and the dying from the influence of evil spirits. If the funeral rites are not done properly, the spirits of the grave will haunt the relations. The body is also thoroughly searched for any metal which could alter the soul’s travel. The Hmong believe that the body will reincarnate the way it is buried. This is why autopsies are not often done since the body must reincarnate without organs if an autopsy is done.
**Last Words**

Hmong tend to wait and see what problems arise. They believe that time will take care of many problems. They also believe that actions speak louder than words, and will watch carefully to see if a person does what has been promised.

**Lowland Lao**

Sixty percent of Laos' total land surface is covered by thick forests. Laos is the only Southeast Asian country that is landlocked. Ninety percent of the Laotian population farms; many using the slash and burn method. Most villages are located by the river. With about 3 million people, Laos is a country of approximately 68 ethnic minority groups, of which the most dominant are known as the Lowland Lao.

**Religion**

Buddhism is the dominant religion in Laos and the Buddhism practiced is called Threvada Buddhism, which is similarly practiced in India, but there is also a strong belief in the spirit world and ancestor worship. The essence of Buddhism is contained in Four Noble Truths: (a) Life is suffering, (b) Suffering is caused by desire, (c) Suffering can be extinguished by eliminating desire, and (d) To eliminate desire you must follow the eight-fold path (i.e., using correct speech, conduct, effort, vocation, thinking, meditation, etc.). The Four Noble Truths commonly translate into; birth, old age, sickness, and death. Only Buddhist monks are able to reach Nirvana because only those who practice an ascetic lifestyle reach Nirvana. A person's future life depends on the quality of the person's present life. One way to gain merit toward a better next life is to give offerings and gifts to the monks who live in the wats (temples). Another way is to
not do evil to any life on earth. The monks are involved with festivals, marriages, and funerals (Union of Pan Asian Communities (UPAC) 1980).

**Ceremonies**

The *Baci* practice is usually a centerpiece for the majority of Lao ceremonies. This practice is commonly used at New Year's celebrations, welcome, farewell, and get-well ceremonies. The Baci utilizes hundreds of strands of white yarn that are hung on a tower symbolizing the sacred threads. The tower is made from banana leaves. There is a candle on the top of the tower. The guests sit on the floor forming a circle around the table. Between the table and the sitting people are a wide variety of foods. A senior person among the guests will then begin the ceremony by inviting the mobile souls to return to their residences. There are 32 mobile souls presiding over the human body. After each spell or cantation a piece of yarn is taken off and placed around the wrist of a chosen person. The yarn will end with a tied knot to symbolize an effective return of the absent soul. According to tradition, the person who receives such a yarn or yarns should keep them on for at least 3 consecutive days (Luangpraseut, 1987).

**Vietnamese**

Vietnam is located on the east coast of the Southeast Asia peninsula. It has 1,200 miles of coastline with a climate that is tropical. In the North there are four distinct seasons while in the center and the South there are only two seasons: dry and wet. The Chinese are the largest minority living in Vietnam.

**Religion**

The Vietnamese culture has been heavily influenced by Buddhism, Confucianism, and Taoism. Confucianism espouses benevolence, humility, tolerance,
and reciprocity. Confucian teachings focus on the maintenance of social and family order. Rank within the family must be strictly observed as well as rank within the social hierarchy through obedience to government, teacher, and the father.

**Marriage**

The ideal age for marriage in Vietnam was 21 for men and 17 for women. The marriage ceremony was celebrated by a large feast. The couple was expected to reside at the groom's family home and the new bride to do several tasks for the family as her duty. In some families the new husband was expected to turn all his cash over to his wife, who would then budget it for household needs, savings, and an allowance for her husband's food, drink, and social activities with his friends while away from home. This practice could vary among families.

**Family**

The family unit has been the primary vehicle for recreational activities. Family gatherings were occasions for celebration, enjoyment, and reinforcing family ties. Many refugee families have been disrupted. Refugees from these families do not have access to the network of people who would provide opportunities for socialization. Feelings of isolation are one part of the emotional turmoil experienced by the refugees.

**Cambodian**

Cambodia is about the size of the state of Washington and at one time the population was approximately 7,200,000. The year-round temperature is about 80° and is a tropical climate. About half of the land is tropical mountain forests covered with dense foliage. The central part is grassland and there is also sea coast. Cambodia is known for it's abundance of natural resources: gems, lumber, gold, silver, rubber, etc.
Family

Within the family, the wife maintains an important, highly respected role, which is somewhat different than the other Southeast Asian groups. The mother is primarily responsible of the education of the children in social and moral matters, as well as home management. She may also handle all financial matters. As a result, the wife is typically given great respect both within the family and by the community. Cambodian men usually marry between the ages of 16 and 22. Most marriages are arranged and dating is not allowed or accepted in public. Virginity and marital fidelity are a must for women but not necessarily for men. Divorce is legal but not common, and is usually discouraged. It is considered a lifetime failure and loss of face. Polygamy is legal; however it is practiced mostly by people of high socioeconomic status.

Religion

The Cambodians believe in the Buddhist concept of Karma which implies that human beings are living a temporary life. Life itself is nothing but a fatalistic interlude between other lives. The next life will, therefore, be critically dependent on the behavior in the present life. This belief has implications in terms of organ donation after death. If you donate part of your body, in your next life you will be minus that body part. Autopsies are also a problem since body organs are placed in plastic bags and then placed back into the body.

Siddharta Guatama

Siddharta Guatama represents a historical/cultural figure dominating Cambodian religious belief. He was a prince who decided at age 30 that he was going to go away from home and find his soul. Consequently, Guatama gave away all his worldly
possessions. Guatama lived during a time when Brahmanism was practiced, which involved rigid caste systems that one could not leave. Guatama walked throughout India and on his journeys he saw extreme poverty and devastating disease. He set a goal of finding a way to escape the pain and sorrow of life. He first tried to live a very ascetic life but that didn't work. Finally after many years, Guatama reached Nirvana under a tree during a session of meditation. Thus Gautama became Guatama Buddha. Buddha simply means *The Enlightened One*.

**Communication Patterns**

Cambodians are very intuitive and in a conversation they will long skirt the issue so as to sound out the other person, paying attention to the way he/she looks and to his/her voice. If the person is busy, (high voice, rough voice, angry look, etc.) a Khmer will feel that he/she is not ready to listen and will leave without putting forth a question. In conversation, it is necessary to guess rather than hear, to listen more with the heart than with the ears. To reveal oneself; moreover, requires time, as one does not lay bare one's thoughts before strangers. In conversation, a Khmer is not afraid of keeping silent. (Ponchaud, n.d.).
MODULE II

THE SOUTHEAST ASIAN FAMILY:
LEGAL AND HEALTH ISSUES

MODULE II
THE SOUTHEAST ASIAN FAMILY:
LEGAL AND HEALTH ISSUES

INTRODUCTION

This module provides the student with a general overview of legal and health issues that affect the four Southeast Asian groups. It is critical for the social work practitioner to understand how the escape experience, the change in family dynamics upon resettlement in the United States, and the conflicts between Eastern and Western medicine affect these groups in their interactions among themselves and with the American medical and legal systems.

Goal

The goal of Module II is to explore specific aspects of Western society that impact the day-to-day functioning of Southeast Asian families. The subject areas include: law enforcement, legal issues and health practices. Specific emphasis will be placed on the relationship between the various topic areas and the cumulative pressures that are placed on the Southeast Asian family.

Teaching Methodology

The following methods of teaching will be utilized for this module: Lecture, assigned readings, and the video, Peace Has Not Been Made (1983).

Outline

I. Sexual Assault and The Southeast Asian Community
   A. Rape and the Escape Experiences
   B. Traditional Attitudes Toward Sex
   C. Family and Community Reactions Toward Sexual Assault Victims
   D. Rape and the Legal System
   E. Interventions With Southeast Asian Sexual Assault Victims

II. Juvenile Justice System
   A. Southeast Asian Gang Profile
   B. Southeast Asian Community Perceptions of Law Enforcement and the Criminal Justice System
   C. Miscellaneous Law Enforcement Issues

III. Western Medicine and the Southeast Asian Family
   A. Introduction
   B. Traditional Health Beliefs
   C. Hmong Shamanism
   D. Vietnamese Health Practices
   E. Cambodian and Lao Health Care Practices
   F. Western Medicine and the Southeast Asian Patient
   G. Southeast Asian Concepts on Pregnancy
   H. Hmong Sudden Death Syndrome

Recommended Readings


Recommended Video


Suggested Guest Speakers

- Shaman
- Buddhist Monk
- Southeast Asian Minister/Pastor
- Herbalist
SEXUAL ASSAULT AND THE SEA COMMUNITY

Rape and the Escape Experiences

When many of the Vietnamese escaped after the fall of Saigon, they escaped by U.S. military airlift. This represented the first wave of Vietnamese refugees in the United States. Many of the Vietnamese that represented the second wave escaped on makeshift overcrowded boats across the ocean to various countries. Many of the refugees faced multiple traumas from Thai pirates during their escape experiences. In a study conducted in 1980, 40% of the Vietnamese women who escaped by boat were raped, some repeatedly. Some were kidnapped and kept until the pirates tired of them. Of the women who reported being raped, 60% were over the age of 49 (Amar, 1985). Many of the women in the refugee camps report rape as being part of their fate or an unavoidable accident. They compared it to the lesser of two evils, rape as opposed to death. In fact, to a certain extent women were used to appease the pirates. Similar rape experiences have been encountered by Lao, Hmong, and Cambodian women in both their escape experiences and refugee camp experiences in Thailand.

Traditional Attitudes Toward Sex

Traditionally for most Asian cultures, sex is usually equated with procreation. Dating is rare and open displays of affection are considered shocking and immoral. Premarital sex is not tolerated and virginity is highly valued. Women are responsible for maintaining their virginity. Virginity is almost essential for marriage (Tam, 1983). Sex is not discussed in the family or with other people. It is considered dirty, highly personal, and very private. Since sex is not discussed in families, terms for genitals and other body parts are either street terms or euphemistic. For example one Hmong term for
sexual intercourse is *sleeping with him/her.* Sexual values are conveyed indirectly through stories, vague warnings, and gossip about other *bad* women.

Traditional Asian Pacific values tend to socialize women into secondary roles. A Hmong proverb states, "Nine fireplaces are not as warm as the sun; Nine daughters do not equal one son." Their identities are defined mainly in terms of their husbands or male members of the family. Women are socialized to be passive, submissive, and obedient. Women are expected to be good daughters, good wives, and good mothers. Their role is to perform domestic duties, to marry, to obediently serve their husband and parents-in-law, and to bear children, especially sons. Sharing one’s feelings in order to get needs met is greatly frowned upon for any person, especially females.

Belief in Karma is also an important factor to consider in working with Southeast Asian (SEA) rape victims. Value is placed on passive acceptance of uncontrolled situations. There is a strong belief in Karma or fate and the importance of patience and endurance are emphasized. There is a traditional South Vietnamese saying which loosely translates to: "A female's life is like a tributary (12 ways) it can lead to a clear or muddy body of water, wherever it goes you have to accept it." Harmony with your environment (yin and yang concept) is encouraged. Keeping one's feelings and problems to oneself is practiced. Conflicts are minimized and restraint of potentially disruptive emotions such as anger and hostility is reinforced. This philosophy leads to very indirect communication, and interpersonal relationships are characterized by propriety, formality, and reserve.
**Family and Community Reactions Toward Sexual Assault Victims**

The impact of rape on unmarried Southeast Asian victims is devastating. There is an expectation that single women be virgins in order to become successfully married. Since the women are no longer virgins the possibility of marriage with a *good man* is very small. A Khmer saying, loosely translated, states, "If you put gold in a sewer and then wash it, it will remain shiny. An unmarried rape victim is like bronze, if you put bronze in the sewer and wash it, it remains black." An unmarried woman's self worth could be shattered by a rape experience. Since SEA females are socialized from the very beginning for their roles as wives, their identity and future is interwoven with successfully becoming married. This fact makes unmarried SEA rape victims a very high risk for suicide. In the Hmong culture dowries or bride price is given to the bride's family when marriage is impending. Rape represents an attack not only on the victim but on the family and clan. Traditionally the rape situation would be resolved within the involved clans and monetary compensation for the rape to the victim's family the usual result (see Goldstein, 1986).

The impact of rape on a married women can be equally devastating to the victim's familial relationships. For a married rape victim the rape incident could be interpreted as a sign of unfaithfulness to her husband. Somehow the woman had responsibility for the sexual assault. Victims are often scorned and seen as damaged. Although the family is usually the resource to take your problems to, the rape victim cannot go to the family because the family would be shamed and the wife might feel that she no longer has anything to offer her husband. For many Asian groups, rape for a married woman automatically means divorce. It is also not uncommon for an Asian
woman to be disowned by her family or be battered by male relatives. For the Hmong married woman the husband or family may demand the woman provide financial compensation to her husband for the rape (Pulaski, 1987). Some Hmong men perceive that many Hmong women learn about the equal rights that American women have and use this information to have affairs with American men. As a result Hmong men have an immediate suspicion and Hmong women must be very careful when interacting with males in the community.

Rape and the Legal System

As stated before, crime in the SEA community is often grossly underreported. In addition to the already mentioned factors and dynamics the following are a few of the reasons why sexual assaults are underreported: language, cultural differences, unfamiliarity with resources, distrust of institutions (particularly legal), sense of powerlessness from being newcomers, social stigma and threat of ostracism.

Interventions With Southeast Asian Sexual Assault Victims

Intervention strategies utilized with SEA rape victims need to take into account all the cultural factors that impact the victim's reaction to the sexual assault (see Rimonte [Executive Director for the Pacific-Asian Rape and Battering Hotline], 1982; and Kanuha, 1987).

JUVENILE JUSTICE SYSTEM

Southeast Asian Gang Profile

The majority of SEA juveniles that are involved with criminal activity are involved in a gang. Usually the victims of their crimes are other SEA families or SEA-owned businesses who are known to have money or valuables. Typical crimes are: murder,
torture, arson, extortion, gambling, prostitution, auto theft, and welfare fraud. Initially the gangsters were older, generally Vietnamese, mid-20s to 50 years old. They usually had some military experience or alliances to military forces. They usually displayed tattoos that revealed their association, talent, or past exploits.

Over time the older gangsters faded and a younger gangster (14 - 23 years of age) took their place. Again they preyed heavily on the SEA families with residential family burglaries. These young gangsters are reluctant to be identified and are extremely mobile. The same persons are found to be involved in criminal activities throughout various parts of the country. The gangsters have attempted to hide their identity by physically changing their appearance or altering their names. The majority of these new young gangsters came to the United States during the second wave. A great number of these individuals are orphans and were sponsored to the United States by volunteer agencies (churches, World Service, etc.). The young gang members may have resorted to crime because of all the past trauma and hardships in refugee camps or during their escape experiences (Robertson, 1986).

Many male gang members are tattooed. The tattoos do not necessarily connect the individual to a particular group or gang. Tattoos are often copied from one group to another. For example, any tattooed eagle on an arm or chest identifies a Wah-Ching or Viet-Ching gang member.

Tattoos of eagles and dragons, as well as tigers are very popular. These animal tattoos will often be interspaced with pictures of knives or swords. Many of these Viet-Chinese affect Punk Rock or New Wave type hairstyles and appearance. Their outward appearance can, and does, change very quickly. Sometimes they will match their
appearances to the environment that they are working in. For further information please refer to the *First Annual Greater San Joaquin Valley Gang Symposium* report (CASCWA, 1992).

A few of the identified Asian Street Gangs are the following:

- Vietnamese: Black Dragons, Natoma Boys, Oriental Boys
- Laotian: Lao Boys
- Cambodian: Tiny Rascals, Asian Brotherhood

For a detailed list of other Asian street gang names please refer to the above-mentioned report.

**Southeast Asian Community Perceptions of Law Enforcement and the Criminal Justice System**

Historically the Indochinese have not trusted or held much respect for those in government positions, especially the police. In Vietnam the police were thought of as being corrupt, physically abusive, and were recruited from those in the lower social structure of society. For the most part, the police were uneducated, low paid, and were basically feared. In addition, government officials were Pathet Lao, Khmer Rouge, Viet Cong or communist regimes that had a long history of intimidation and executions. Thai police and refugee camp guards were often involved in extorting money and other criminal activities against the refugees. In addition to having negative experiences with government officials, many of the SEA crime victims were afraid of retaliation from the perpetrators. Fear of retaliation by the gangsters is far more powerful than the protection of the police. This fear translates into law enforcement's inability to have crimes reported and victims testify.
Traditionally, police officers in Southeast Asia resolved many of the crimes themselves and used procedures that would be illegal in the United States such as, forcing people to make financial compensation to the victims or immediately taking the perpetrator to jail. The American criminal justice system, with its concept of due process, often takes time before a judgment and punishment is delivered. This time is often equated by SEA victims as ineffective and incompetent (Robertson, 1986).

**Miscellaneous Law Enforcement Issues**

One cultural practice, in which the Hmong community has run into problems with law enforcement, is premarriage activities. Traditionally, when a young Hmong man wants to marry a Hmong girl, one of the ways he can make his intentions known is to take the girl to his home and then send representatives to notify her parents immediately. During the 3 days, the marriage is consummated and a clan representative from the groom's family meets with the bride's family members to negotiate a bride price. There have been occasions when this practice has been mistaken for kidnapping with the potential groom getting arrested. The traditional explanation for the reasons behind this particular practice is that the action of taking the prospective bride to the groom's home sends an unspoken message to the bride that she is the important wife. This could be relevant, if in the future, the husband takes additional wives. Traditionally, if a Hmong man had the financial means, he may take more than one wife. One important note is that the prospective bride knows the prospective groom and has established an understanding or relationship with him. The act of taking the bride is only a symbolic gesture. If there is no relationship, or if the prospective groom is a stranger to the bride and she is taken against her will, this would
be considered inappropriate and kidnapping in the eyes of the Hmong community. Another marriage-related practice that often runs into trouble with the law is the practice of early marriage. It is very common for many Hmong brides to be under the age of 18 (often times under the age of 16) and the grooms to be over the age of 18 (often over the age of 20). This creates problems because usually the marriage is traditional and therefore not recognized by the legal system. This situation results in a minor who may be involved with sexual activities with an adult and actually living with an unrelated adult.

WESTERN MEDICINE AND THE SOUTHEAST ASIAN FAMILY

Introduction

There is a great deal of general mistrust of Western medicine within the Southeast Asian community. When a SEA patient walks into a hospital or clinic, he or she is walking in with a great deal of information picked up from family, clan members, and community members. The majority of that information is going to be negative. Usually the information is centered around the following concepts: doctors want to operate all the time; they always want to run tests and take blood; they experiment on the Hmong; you have to wait too long to see a doctor; they really don't care about you; and doctors don't take the time to talk to you and explain things. The end result is that a SEA patient enters the Western medical system with negative preconceptions, mistrust, and confusion. If they experience anything remotely resembling their preconceptions, which given the Western medical system is a strong possibility, it reinforces their beliefs, and mistrust and confusion will escalate. The video, Peace Has Not Been Made (Finck & Yang, 1983) is recommended as a method of introducing this topic area.
Traditional Health Beliefs

Many of the SEA families will first try to utilize traditional healing practices to solve their family's medical problems. When the traditional practices are unsuccessful, they will usually seek out Western medicine. The problem is that, often times when the medical problem is serious, the delay caused by seeking traditional methods may have allowed the seriousness of the problem to progress to a point where Western medicine’s ability to solve the problem is compromised. This section will cover some of the traditional healing practices of the SEA communities.

The SEA concept of illness centers around the belief that when someone is feeling ill it is caused by some type of noxious element that has entered the body. It is this particular concept that causes many SEA patients to be very reluctant to submit to surgical procedures. Surgery requires the body to be opened up, thus allowing foreign elements into the body. In addition this concept has presented a problem for health care professionals who are teaching different methods of birth control. The reluctance to use birth control stems from the fact that most birth control methods require foreign objects placed in the body.

Many traditional healing practices use pushing and pinching to force the foreign objects out of the body. One such practice is coining, which is used for pain, colds, heat exhaustion, vomiting, and headaches. Tiger balm is often used or some other type of comforted or menthol oil. This oil is spread over the areas that will be coined. Then a larger coin is used to scrape or rub over the area with a downward stroke. Sometimes the Hmong will substitute a spoon for a coin. The idea is that the bad wind is being pushed out of the body. The rubbing causes a reddish-purple bruise that is symmetrical...
in nature. This bruising can resemble marks caused by belts or straps. When the SEA community first arrived, many child abuse reports were made, mistaking the marks of coining for marks caused by child abuse. If the deep reddish-purple skin color appears, this is confirmation that the person indeed had bad wind in the body and that coining was the appropriate treatment. If only redness appears, the client must consult a healer or doctor for another treatment. In addition, the rubbing is said to be relatively painless if you are truly sick. If you are not sick then pain will be felt. In addition to coining, pinching is also used for various pain problems. Pinching involves taking the skin between the middle and index fingers and usually leaves a small isolated bruise on the neck, chest, arms, and back.

Cupping is a practice where alcohol-soaked cotton or a piece of paper is inserted in a special small cup, ignited, and the cup is applied to the skin. Suction is created and the cup remains in place 15-20 minutes. This procedure can be somewhat painful. The suction exudes the pain, and it is believed that the greater the bruise, the greater the seriousness of the illness. This treatment is mainly used for adults or older teenagers. The bruising that occurs is a 2-inch circular reddish purple bruise appearing as symmetrical, vertical rows on the left and right sides of the chest, abdomen, back, or singly on the forehead.

Acupuncture is practiced in Vietnam, but is not very popular in Laos or Cambodia. The Lao use a form of acupuncture that is different from the Chinese. A bunch of needles (usually six in number) are tied together to a small stick. The stick is placed in cylindrical bamboo and tied up with a sling. Tiger balm is applied to areas on the head, usually in the middle of the skull, both temples, areas on the back of both
hands in between the thumb and index finger. The cylindrical bamboo is placed on the areas as just mentioned, lifting the stick up and then letting go. This is repeated a few times in the same area. The needles will pierce into the skin deep enough and cause the patient to bleed. This practice is very rare and is done exclusively with the Lao elderly population.

Herbal and food nutrition influenced by the Chinese are also used for minor ailments. The concept is that there are certain foods which are broken down into five groups: Hot, cold or cool, allergic, moderate, and health. For example if your ailment is caused by cold then you would be required to eat a food from the hot group.

**Hmong Shamanism**

The Hmong belief system encompasses all things living both seen and unseen. The Hmong believe in two levels of Gods revolving around a Heavenly God and an Earthly God. There are two levels of spirits, called Nengs, there are both evil and good spirits. On one level of spirits are the wild spirits which include nature spirits and evil, and ogre spirits which can cause instant death. The second level is the tamed spirits which include ancestor spirits. According to the Hmong beliefs each person has three souls. When someone dies, one spirit remains with the body, one goes to the heavens and is reincarnated, and one (the ancestor spirit) remains with the descendants (Coakley, 1985).

Shee Yee is the spirit over healing and was sent to earth for about 12,000 years. Shee Yee had great power and healed many people. The Chief of wild evil spirits heard about Shee Yee and became jealous. He was also angry because Shee Yee eliminated the bad spirits and disease on earth. The Chief sent his three sons to earth to eliminate
Shee Yee but they failed. The Chief became angry and devised a plot in which he tricked Shee Yee into coming to dinner with him and he served a white rooster in which he trapped the spirits of Shee Yee's son. When Shee Yee ate the rooster he condemned his son to death. Angry and despondent he returned to heaven vowing never to return to earth and thus allowed the evil spirits to rule. The people suffered under the evil spirits and asked God to intercede.

Shee Yee refused to go back to earth. He did send his healing power and tools, along with the holy water to earth so that the people on the earth could utilize them to heal. When Hmong shaman enter into trances for the purposes of healing they are calling upon Shee Yee for assistance while performing the healing ceremonies.

A Neng is a Hmong shaman who has become the host person of healing powers or spirits sent from heaven by Shee Yee. Nengs may be either male or female. These Nengs are able to communicate, negotiate, and battle supernatural spirits. Many illnesses are attributed to the loss or aggravation of one or more of the victim's souls or spirits. Nengs are able to track down errant spirits and souls and talk with them to convince them to return to the ill person's body and thus eliminate the disease or illness. There are two types of Neng who are distinguished from each other by the type of dress worn. The shaman who wears a red robe possesses a pair of thunder spirits and differs from shaman that wear a black robe. One does not choose to be a shaman, it is a direct result of Shee Yee's spirit entering the body and causing a serious illness.

When a person is ill, the Shaman or Neng will perform a diagnostic ceremony to determine the seriousness and cause of the illness. Once the illness is determined, the appropriate ceremony is then conducted. Usually the ceremonies have some type of
animal sacrifice in order to satisfy the spirits involved. The Neng will enter into a trance and exchange the sacrificed animal's soul home and give it back to the house spirits (Coakley, 1985).

**Vietnamese Health Practices**

Within Vietnamese traditional healing systems there are three categories of medical practitioners: healers, sorcerers, and monks. A Vietnamese, depending on his socioeconomic status, may use one or all systems of treatment. One system may be used for diagnosing and another for curing. In general, if a Vietnamese has a minor illness, he will go to an Eastern Doctor and for a major illness he will visit a Western doctor. Again keeping in mind certain differences attributed to socioeconomic class or rural or urban background, some Vietnamese believe in the power of magic to cause medical problems or illness. For treatment of an ailment that has magical causes, a sorcerer more powerful than the one who originally placed the spell must be consulted. For example, some Vietnamese believe that influenza and some mental illnesses can be brought on by spirits. As stated earlier, the Vietnamese strongly believe in the equilibrium of hot and cold elements to produce good health. Buddhist monks treat mental health problems and also ease family problems. However, seeking advice from a monk is regarded as a final recourse, to be used only when all other attempts to solve problems in the family have failed (Schultz, 1982).

**Cambodian and Lao Health Care Practices**

Khmer and Lao health care practices are similar to those utilized by the Vietnamese (i.e., a belief in the cold and hot etiology of medical problems, the belief of wind-related illnesses, use of herbal medicine, etc.). It is important to note that family is
often the first line of defense against medical problems. Mothers, grandmothers, and aunts are considered knowledgeable about various traditional methods of healing. Mothers are able to heal, it is said, because they have learned from their own mothers, from old people, and from neighbors. Friends and neighbors are also often sought out to help in diagnosing and administering healing strategies.

Some Laotians view ghosts or magic as causes of illness, particularly mental illness. When a person is believed to have contracted a ghost sickness, a monk is consulted. One course of action involves taking objects such as flowers as well as money to the temple, where a monk conducts a curative ceremony involving prayer and offerings. A victim of magic speaks in an alien voice, is incapable of self-control, and if left untreated, can die. The Khmer will also use a professional healer or Buddhist monk to treat victims of magic through appeasement of ancestral spirits (Schultz, 1982).

**Western Medicine and the Southeast Asian Patient**

As mentioned earlier, the Southeast Asian community's perception of Western medical practices could be characterized as guarded, with prevailing general mistrust. Doctors are seen as impatient and prone to utilize surgical procedures or diagnostic tests. In addition Southeast Asian refugees bring their own barriers when accessing the Western medical system which include: language, little knowledge (anatomy, physiology, prenatal care, etc.), no surgical tradition, strong belief of curative powers of medicine, belief in fate or karma, etc. (Lew, 1989). Additional conflicts include problems arising as a result of how the Southeast Asians view the body image. Southeast Asians view their heads as the holiest part of the body and hold their lower torso as extremely private. The head is viewed as the seat of life and therefore untouchable. Any medical
procedure that requires invasion of a surface or orifice of the head can frighten Southeast Asian patients for fear that the procedure could provide an opportunity for one's life essence or soul to leave.

Southeast Asians often define their health problems in terms of physical symptoms and seek symptomatic treatment. Somatic expression of emotional issues is often very common. The main reason most refugees from Southeast Asia go to a doctor is to get medication which is believed to be very powerful. If they go to a doctor and do not receive a prescription they will often feel cheated or that the doctor did not truly understand their medical issue. Many Southeast Asian patients were exposed to Western prescription medicines in their own countries where many prescriptions could be purchased over the counter. Medication was usually purchased for acute symptoms and self-administered, often times without the ability to understand the written instructions on the bottles (Muecke, 1983).

**Southeast Asian Concepts on Pregnancy**

Childbearing practices may also vary according to such factors as education, social status, or how long the women have been in the country. A few of the beliefs the Vietnamese culture has around the condition of pregnancy include: A woman must eat nourishing foods and avoid certain unclean ones (meat products, anchovies), no smoking or drinking alcohol, abstain from sex during the latter part of her pregnancy (sometimes as early as the 6th month), no physical exertion, remain around the house as much as possible, and take special care not to attend weddings and funerals. A pregnant women's presence at a wedding can bring bad luck to the newlyweds and their families and, presence at a funeral may cause the baby to cry constantly.
The prospective mother is expected to go to *prenatal education* with her growing fetus, counseling it on physical, intellectual, and moral activities, in general acting or talking with the fetus at all times. When it is time for delivery, a special bed is placed in a private part of the house designated by an astrologer as the place where the mother would be best protected from the winds that might carry evil spirits. During the labor and delivery the mother is socialized not to cry out otherwise she would shame the family. The consequence of this practice often results in the mother receiving medical attention at very advanced stages in her labor. Since the patient does not cry out there is little warning to advise anyone of her status. In this country hospital staff have to be aware that a mother showing up in the ER room may be in the very advanced stages of labor. Some hospital staff have even reported seeing the prospective mothers smiling during the birth process. The husbands and fathers of the baby are not expected to participate in the childbirth process. Vietnamese women believe that they lose a great deal of body heat during labor and delivery. Therefore, a common practice in rural areas is to place a smoldering wood fire under the newly delivered mother's bed to replace the lost body heat. Food to regain strength after birth includes rice, pork, and chicken, which needs to be prepared very hot to counteract the heat loss. Cold foods and water are strictly forbidden. This is why patients have refused medication if accompanied by ice water or refused ice chips during the labor process to keep them hydrated.

Foods that they are discouraged from eating include salads, beef, seafood, soups, and water. Southeast Asian mothers are discouraged from early ambulation because it is believed that the mothers are in a weakened state. The mother should not be moved because her internal organs are believed to be returning to their normal

position. If the mother moves too fast then the internal organs will return to a lower part of her body. Circumcision isn't considered an acceptable practice. Birth control is usually limited to the rhythm method. In rural areas, birth control other than abstention from sex is not usually practiced.

For the Hmong, there are really no taboos about food and no special foods are introduced into the mother's diet. Usually the mother continues her normal daily routine with a slight reduction in activities. If the mother experiences back pain during the pregnancy, a medicine woman can be summoned. The medicine woman will then come to the home and reposition the baby. Back pain is believed to be cause by the mother reaching or stretching.

Birth in the Hmong society is a family affair. Both husband and wife play an important role, as do the husband's parents. Any married relative, with the exception of nursing mothers, can attend the birthing process. About 1 month before the first child is due, the husband's mother and father instruct the prospective parents concerning childbirth and infant care. Hmong women prefer to deliver their babies at home. A child conceived out of wedlock would not be delivered in the home. If the delivery happens in any other location it leaves mother and baby vulnerable to unfriendly spirits. After the baby is delivered the mother must go into seclusion for approximately 30 days. The mother's diet, during this seclusion, is carefully monitored. As in the other SEA groups the Hmong mother is taught to avoid cold foods. In fact, the mother may only eat rice, eggs, chicken, noodles, as all other foods are forbidden (Potter & Whiren, 1982).
**Hmong Sudden Death Syndrome**

In 1982, there were approximately 60 deaths in the Hmong community in which apparently healthy Hmong men died, making gurgling noises, within a few hours of falling asleep. The autopsies revealed no specific cause of death. The deaths seemed to be of a similar phenomena as sudden deaths recorded in the Phillipino (bangungut) and Japanese (pokkuri) cultures. Victims of sudden death have also been found in the other Southeast Asian groups: Mien, Lao, Khmer, and Vietnamese. One possible explanation offered by pathologists and doctors involves an electrical conduction problem within the heart. Another hypothesis is that the victim of sudden death is under a lot of stress, usually coming from adapting to the differences of American culture. The stress turns into night terrors in which the victim has such intense physiological reactions to their dreams that they literally scare themselves to death. Some of the Southeast Asian families believe that the sudden deaths are the cause of American spirits. Many medical experts believe Hmong Sudden Death Syndrome is probably a combination of psychological, cultural, and physical factors (Lemoine & Mougne, 1983).
MODULE III

THE SOUTHEAST ASIAN FAMILY:
MENTAL HEALTH AND EDUCATION ISSUES

MODULE III
THE SOUTHEAST ASIAN FAMILY:
MENTAL HEALTH AND EDUCATION ISSUES

INTRODUCTION

This module provides the student with a general overview of mental health and education issues that affect the four Southeast Asian groups. It is critical for the social work practitioner to understand how these groups’ experiences within their countries of origin, while escaping, and upon resettlement in the United States affect their mental health and treatment needs as well as how views on education, both Eastern and Western, differ.

Goal

The goal of Module III is to explore specific aspects of Western Society that impact the day-to-day functioning of Southeast Asian Families. The subject areas include mental health and education issues. Specific emphasis will be placed on the relationship between the subject areas and the cumulative pressures that are placed on the Southeast Asian Family.

Teaching Methodology

The following methods of teaching will be utilized: lecture, assigned readings, videotapes, and transparencies.

Outline

I. Mental Health and the Southeast Asian Community
   A. Introduction
      1. Case Example #1
      2. Case Example #2
   B. Psychiatric Practice in Vietnam
   C. Mental Health and the Hmong Shaman

D. Mental Health and the Khmer Population
E. Psychosocial Impact of War Trauma and Torture
F. Mental Illness Diagnosis and Symptoms
   1. Depression and Somatization
   2. Post Traumatic Stress Disorder
   3. Assessment of Delusions
G. Mental Health Refugee Children Issues
H. Southeast Asian Para-Professional Mental Health Workers

II. Education and the Southeast Asian Community
   A. Introduction
   B. Education: Children's Issues
   C. Education: Adult Issues

Handouts


Recommended Readings


MENTAL HEALTH AND THE SOUTHEAST ASIAN COMMUNITY

Introduction

Case Example #1

Mrs. A. is a 42-year-old Khmer mother of four who lives with her husband in a low-socioeconomic neighborhood. Mrs. A. was recently hospitalized because of an incident in which she threw the family's color television through the front window of the house. She then proceeded to pull clumps of hair out of her own head. When her
husband attempted to intervene, she chased him around the house with a large knife threatening to kill him. Law enforcement arrived and proceeded to restrain Mrs. A. and transported her to the local hospital emergency room for assessment and observation. Mrs. A. was then stabilized through the use of medication and a history was taken. Mrs. A. has been hospitalized off and on since she arrived in the United States several years ago. Mrs. A.’s children were removed by Children’s Protective Services and Mrs. A. was ordered to attend weekly therapy as a contingency for her children returning home to her. After several months of therapy, Mrs. A. gained trust in her therapist and finally disclosed the traumatic experience that she had brought with her to this country. She disclosed an incident in which she attempted to escape with her husband from the Khmer Rouge. They were almost to the Cambodian and Thai borders when they were captured by a Khmer Rouge patrol. The husband was tied up and forced to watch while every member of the patrol took turns raping his wife. After this was concluded, they tied Mrs. A. up and forced her to witness her husband being systematically tortured to death. When the husband died the patrol then forced her to drink her husband’s still warm blood.

Case Example #2

A 55-year-old Lao woman, Mrs. H., arrived at the local hospital ER room stating she was hearing her dead uncle's voice from the grave calling out to her to come to him. Mrs. H. was immediately hospitalized for observation purposes. Mrs. H. spoke broken English and there was no Lao interpreter on the hospital staff. After a few days, a Lao cultural broker was brought in to speak with the mother. The broker advised the hospital staff that Mrs. H. was not delusional because she was hearing voices, but was simply
relating a very common practice within the Lao culture of communicating with dead relatives. The Lao woman had actually sought out hospital help to relieve a physical problem and was expecting to receive a shot.

As stated in previous modules, many refugees have had experiences of loss, war trauma, escape trauma, and sexual assault. When added to the difficulties of adjusting and surviving in this country, it is easy to see why the refugee population is vulnerable to exhibiting mental health problems. In fact, in 1987, the California Department of Mental Health conducted a research study to explore which ethnic groups in California exhibited the most mental health problems. The Khmer population proved to be the ethnic group with the highest incidence of mental health problems.

**Psychiatric Practice in Vietnam**

There is no literal translation in the Vietnamese language for psychiatry. The choices, when describing a doctor who deals with mental disorders, are either tied to an organic etiology in which the mental disorder derives from a problem with the body's nervous system or a supernatural influence. The belief is that the nervous system is the source of all human activities, especially mental activities. Thus, mild forms of anxiety and depression are described as caused by weak nerves. In order to remedy the problem the correct medication must be prescribed by the doctor. The other choice is that the mental disorder is due to unexplained, supernatural or occult influences. Insanity is linked to divine retribution when a deity is disrespected by someone. Sometimes one can accidentally cross the path of a demon. In order to resolve the problem one must pray or provide an offering to the deity, or use equally strong magic. In fact, black magic or curses can actually be directed by someone to cause mental
illness in an intended victim. As a consequence, mental illness is often covered up for fear the family will be stigmatized by the community which might impair future marriages for related family members. One final model utilized by the Vietnamese involves the concept of *hot* and *cold*. The hot and cold connection to physical ailments has already been discussed in Module II. Hot and cold is also believed to cause certain mental problems. For example, if one receives too much of a hot element it could cause the person to experience the psychotic features of delirium and agitation.

**Mental Health and the Hmong Shaman**

As discussed earlier in Module II, the role of the Hmong shaman is to intervene in the spirit world to help heal people who have experienced medical problems. In addition, the Hmong shaman also intervenes in situations in which mental health is in question. Here is a brief overview of the Hmong spirits believed to be connected with the mental health of individuals (Bliatout, 1986).

- **Ancestor Spirits**: These are the spirits of ancestors who have died. When a person dies they have three souls that travel in different directions. One of the souls returns to live in the descendants. Mental health problems can be caused by an improper burial when proper burial rituals were not followed.

- **Nature Spirits**: The Hmong are animistic in their beliefs, with the idea that spirits inhabit all objects found in nature (i.e., rivers, rocks, trees, etc.). If the nature spirits are offended they can cause mental health problems for the offending person or for a member of that person's family.

- **Evil Spirits**: Evil spirits are also believed to inhabit the earth usually in areas where there are no people. Evil spirits have no known reason for their choice of victim. Being a victim of an evil spirit is just bad luck.

- **House Spirits**: Every Hmong household has its own set of spirits. For example the fireplace, doors, household corners, etc. are all inhabited by spirits. When not offended, house spirits usually look after the family. However, when provoked they can cause mental health issues for family members. In addition to the above-mentioned spirits, mental health problems can also be caused by curses.
Hmong curses can only be initiated by people who have righteousness on their side. They are morally right.

- **Tame Evil Spirits**: These are spirits that have been tamed by a person through magic spells. Tame evil spirits are believed to be able to suck the blood out of a person, causing death. Tame evil spirits can implant foreign objects, such as nails and rocks, into victims, ultimately causing death. A Hmong shaman who has a Neng can enter the spirit world. While in a trance, the Neng can ascertain why the patient is suffering and if it is caused by spirits. The shaman can negotiate or offer conciliatory compensation to the offended spirits. Given some of the Hmong core cultural beliefs it is easy to see why when presenting to therapists, there is ample room for misunderstanding and misdiagnosis. Bliatout writes, "...clients who complain about their blood being unable to flow, or bugs eating away their flesh, or rocks in their stomach, are often misdiagnosed as delusional."

**Mental Health and the Khmer Population**

The video *Situation Zero*, which describes daily life for Cambodian displaced persons residing in the Thai border camps, is recommended as an effective teaching tool to introduce Khmer mental health issues. It can also be shown during the Cambodian discussion in Module I. As explained there, the impact of the Khmer Rouge on the Cambodian population was devastating. An estimated 3 million people were killed during the Pol Pot regime. Those that survived the *Killing Fields* carry with them emotional and physical scars from starvation, torture, disease, etc. In 1979 approximately 700,000 Cambodian refugees gathered on the Thai border. Politically designated as *displaced persons*, they did not share the same benefits as the Lao, Hmong, and Vietnamese who had *refugee status*.

Living in the Thai border camps also contributed to many of the mental health problems currently experienced by resettled Khmer in this country. Camp factors that contributed to mental health problems include, lack of physical safety, ongoing violence,
overcrowding, and malnutrition. Mollica, Lavelle, Tor, & Elias (1989) write of the conditions in a Thai border camp:

Families live in increased fear of physical harm, under the threat of hunger and malnutrition because of an escalation of human rights abuses secondary to the increasing power of the Khmer military. The latter, combined with the prison-like conditions imposed by Thai authorities, have created a stressful and abnormal social structure...

In order to survive the genocide of the Khmer Rouge many of the Khmer had to play dumb and obeyed orders immediately. If they appeared smart they would then be susceptible to torture or execution. The Khmer who lived in the border camps also had to play dumb in order to survive. In the late '80s there were approximately 100,000 children living in the border camps, many of them had spent all or most of their lives in the camps. The majority of the children in the camps spent their time scavenging for food or firewood and babysitting younger children. Even the few children that attended the few classes held in the camp had a difficult time concentrating on the work and most exhibited signs of depression. Mollica et al. (1989) write:

Long-standing educational deprivation and neglect have spawned a generation of children and young adults who are illiterate and have little knowledge of Khmer culture and traditions. For example, most Khmer children are ignorant of Khmer Buddhism and its religious and moral principles.

**Psychosocial Impact of War Trauma and Torture**

Mollica and his colleagues conducted research in their Boston Clinic (The Indochinese Psychiatry Clinic) with 52 Southeast Asian patients. They found that the
majority of Indochinese refugee patients referred for psychiatric intervention had experienced multiple traumatic events. Each of these patients had experienced an average of 10 traumatic events and 2 torture experiences. Cambodian women without spouses demonstrated more serious psychiatric and social impairments than other Indochinese patients. A high percentage of Indochinese psychiatric patients suffered from major affective disorders and Post Traumatic Stress Disorder (Mollica, Wyshak, & Lavelle, 1987b). Goldfeld, Mollica, Pesavento, and Faraone (1988) investigated the physical and psychological factors associated with torture. They reviewed documentation regarding 319 victims of torture and systematically categorized the different types of torture. The researchers found that certain tortures and their physical and emotional impact were more severe than previously thought. These tortures included sexual violence among tortured women and female adolescents, and head injury. The researchers proposed that careful documentation of symptoms and physical findings associated with human rights abuses would focus attention on the occurrence of torture and hasten its elimination.

Mollica described treating Southeast Asian victims of violence and torture such as a Vietnamese woman whose daughter was kidnapped by Thai pirates and never seen again. Two Vietnamese women were raped by pirates and had recently attempted suicide by taking an overdose of pills. A fourth patient was a Cambodian widow who was treated for serious depression and described witnessing her parents' disembowelment in front of her. Mollica described the somber and depressed impact listening to the horror stories of his patients had on him and his peers. He described his clinic as having the emotional atmosphere of a funeral. Mollica described that clinicians
and service providers must be extremely careful not to overidentify with their patients’ hopelessness when listening to their trauma stories. Mollica advised that the psychotherapy of the torture survivor is in its infancy. He does believe that the trauma story emerges as a centerpiece of treatment. Mollica (1987) states:

The trauma story is often a hidden secret being desperately concealed from others; the trauma story is usually reviewed nightly in the patient's nightmares; the trauma story is the imprint of history on the patient's memory—a personal narrative in the mind that is retold daily as it is searched for new meanings and clues.

The psychological dimensions of trauma and torture appear to have two universal dimensions: loss of control and losing the world. Mollica believes that once an individual has lost the world, he can become totally trapped in his trauma story. The patient's social and cultural beliefs are replaced by the trauma story. The trauma totally encompasses the patient. The nightmares, insomnia, and waking memories are connected with the trauma story. Social withdrawal and isolation are usual consequences. The patient has a general lack of trust of any individual who lives in a world that has generated so much cruelty and suffering. The trauma story becomes an inner personal obsession. Mollica believes that the patient's actual story is critical and must be reconstructed for the patient. The new story is no longer about shame and humiliation, it becomes a story about human dignity and virtue. Through the new story refugee patients regain the world they have lost. Mollica writes, "Our clinicians attempt to help our patients bridge this gap between the trauma story of helplessness and despair and the new story of survival and recovery."

Mental Illness Diagnosis and Symptoms

SEA victims of extreme situational stressors and physical mistreatment generally do not spontaneously report these experiences, even in clinical settings. The language and cultural differences, a reliance on cultural healers, a primary focus on medical symptomatology, and the negative cultural stigma of mental afflictions are but a few of the barriers facing mental health professionals when dealing with SEA patients. Equally difficult for the mental health professional to overcome is how to determine what the particular mental health problem is for that patient once the patient initiates mental health services. Mollica et al. (1987a) were faced with this particular problem in Boston and decided to translate an existing instrument the Hopkins Symptom Checklist-25 (HSCL-25) into the various SEA languages. The Hopkins Checklist is a self-report inventory that measures distress in a patient. The HSCL-25 was derived from larger versions of the HSCL anxiety, depression, and somatic clusters. Mollica et al. found that the HSCL-25 could be self-administered to patients of all educational backgrounds. The refugee patients all seemed to accept the instrument because of its perceived similarity to a medical test. Other instruments administered to the SEA patients seemed to elicit flashbacks and intense emotional reactions. The HSCL-25 did not appear to have the same impact and it seemed to translate into words the mental and emotional feelings that clients were experiencing.

The interview process to obtain information from the refugee patient is also critical. Westermeyer, Keo, and Wahmenholm (1988) identified the most important...
factor in an interview with SEA clients as rapport. This is gained by providing the patient with information about why the patient is being interviewed. The informational interview that is probably linked to past traumas may take several sessions. Westermeyer et al. have identified key questions that should be posed during the interview process:

1. Physical assessment is essential in evaluating the refugee patient. Somatic disorders may precipitate or hide other psychosocial problems (e.g., brain damage from war injuries, beating, torture, malnourishment, etc.).

2. "Tell me about your adjustment so far to this country." An in-depth social, cultural, linguistic, and religious history should be taken so as to assess the patient’s social adjustment and acculturation.

3. "What problems have you encountered in this country?" Many refugees have experienced violence in this country. Refugees may also experience prejudice against their culture and religion.

4. "Were there any problems in the country of first refuge?" When escaping to Thailand they may have experienced negative problems such as robbery and rape from local citizens, border guards, or the police.

5. "Tell me about the flight out of your country." Many of the SEA refugee problems may be directly related to trauma experienced through their escape from their country of origin.

6. "Your decision to leave your country may be important for an understanding of your problem. How did you come to the decision to leave your country and go elsewhere?" Refugees come to this country for a wide variety of reasons not exclusively because of the perceived threat to life.

7. "Tell me about your life in your home country."

8. "Have you ever undergone purposeful physical mistreatment or torture?"

9. "Were you ever subjected to threats, political imprisonment, terror, or the harming of others? Did you have to do things that you did not want to do in order to survive?"

10. "Were you ever affected by wartime or combat experiences as a civilian noncombatant?" Loss of home, occupation, social network, and material possessions occur with virtually all refugees.
11. "Were you ever affected by wartime or combat exposure as a member of the military, militia, partisans, or guerilla fighters?"

**Note to Instructor:** Include as a handout for class discussion *Value Conflicts Between Indochinese Patients and American Psychotherapists and Indochinese Expectations of Healers and Roles of American Physicians* (Kinzie, 1985).

**Depression and Somatization**

When the SEA patient initially seeks treatment, his description of his problems will usually be somatic in nature. The patient is unable to make the connection between experiences of trauma in his/her past to current somatic complaints. Memories of the past trauma are usually repressed or suppressed and eventually express themselves in physical complaints of allergies, hives, eczema, migraine headaches, heart palpitations, lower back pain, inability to concentrate, or poor memory. Physicians unfamiliar with SEA patients often treat the symptoms of the physical complaint or run a multitude of medical tests to identify a physical cause. In the meantime the SEA patient is probably experiencing no improvement and may be experiencing increased impairment. Many of the somatic complaints are actually the patient attempting to cover up feelings of deep depression.

Depression among SEA patients is quite prevalent with presenting symptoms of: headaches, dizziness, poor appetite, fatigue, aches and pains in the limbs, poor concentration, sleep disorder, and suicidal thoughts. Depression can run the gamut from simple episodes of major depression to depression marked by psychotic features and melancholia. Depression, even in a minor form can translate into increased difficulty with adjustment to life in America (Garcia-Peltoniemi 1987).
Loss and grief play a major role in the occurrence of depression in the SEA population. Refugees have lost not only their loved ones but also their possessions, their language, vocational competencies, and their homeland with all its traditions, its climate, etc. With so many losses there is a need for a prolonged period of grieving. However, refugees are not often afforded an opportunity to grieve on a long-term basis. They have to deal with the day-to-day crises that present themselves in their lives. Usually, depression does not start to become an issue until a year after the refugee has resettled. Survivor guilt is also a potential contributor to the patient's expressed depression. The concept is that the survivor feels guilty for surviving when many of his/her family, friends, neighbors, did not.

**Post Traumatic Stress Disorder**

Post Traumatic Stress Disorder (PTSD) is directly related to an experienced trauma in the patient's past history. Rape, torture, and death, are a few of the traumatic experiences common to the SEA patient and in particular to Khmer survivors of the Pol Pot regime. According to Kinzie (1985), common PTSD symptoms found in Khmer patients are:

1. Recurrent or intrusive recollections
2. Recurrent dreams and nightmares
3. Feeling saddened, as if the traumatic events are reoccurring
4. Social numbness and withdrawal
5. Restricted affect
6. Hyperalertness, hyperactive startle reaction
7. Sleep disorders
8. Guilt
9. Memory impairment
10. Avoiding activities that prompt recollection of events
11. Reactivation of the symptoms by exposure to an event similar to the original trauma

Kinzie had some success in prescribing PTSD patients antidepressant medication, which decreased the symptoms of depression and some of the symptoms of PTSD.

Assessment of Delusions

Westermeyer (1987) described a case example of a Vietnamese woman who presented to a psychiatric resident that she feared death because the spirit of her deceased mother had been appearing in her dreams. The resident believed that this represented a delusional misinterpretation of the patient's dreams, and concluded that she was psychotically depressed and recommended hospitalization, with neuroleptic and antidepressant medication. Westermeyer believed that the woman's dream was culturally consistent with her cultural beliefs. Westermeyer wrote,

…dreams are seen by many peasant and tribal people in this part of the world, as actual events rather than merely as psychological phenomena, so that her mother's spirit was, to her, actually traveling from the afterlife back to this life in order to communicate with her.

Thus, the Vietnamese woman's delusion was culturally syntonic and did not represent any psychopathology. Westermeyer also wrote,

In most cases it is quite feasible for experienced clinicians to ascertain the presence or absence of delusions with a high degree of reliability.... Clinicians should be especially slow to label the patient's interpretation of a physical or
physiological symptom as delusion, until the health beliefs prevalent in the patient's culture are well appreciated.

**Mental Health Refugee Children Issues**

When working with children and mental health issues, one of the first critical questions asks the child’s age at the time of arrival in the United States. Infants or very young children will probably not have memories of refugee camps, escape experiences, etc. Very young children's adjustment to this country will primarily depend on what kind of physical shape the children are in. Children from ages 6 months - 2 years may have some memories of the escape or some other trauma. Speech development during this age is critical. Trauma experienced during this time can disrupt the normal development of language acquisition. Children from 2 – 10 years of age usually have some type of memory of trauma in their past. Preadolescent and adolescent children not only have to deal with memories of trauma experiences in their background but must deal developmentally with issues surrounding identity. Many of the children who were among the first arrivals in this country are now adults and may still carry some of the problems they had when they were children. In addition, many children who arrived and resettled recently in this country have only experienced life in the refugee camps. Education may or may not have been provided on a consistent basis. Food and water were brought in to sites on the Thai-Cambodian border by trucks. Children had no connection between how food was produced or where water originated—it just came in trucks. Some youths developed survival skills in the camps and large urban SEA cities which have translated into the same survival skills needed in this country when youths became frustrated with trying to overcome the many obstacles that faced them on a daily basis.

Nidorf (1985) described looking at SEA youth in terms of age and stage of development within the context of the refugee situation and described this concept as a contextualized theory of development. The contextualized method looks at each individual adolescent in terms of three major factors:

1. **Premigration Contextual Factors:** The ethnicity and country of origin of the adolescent refugee and the timing of departure. The class status of and resources available to the adolescent's family in the homeland. The general cultural values adhered to by Southeast Asians.

2. **Migration Contextual Factors:** With whom did the young person leave? The escape or emigration experience? The refugee camp experience.

3. **Postmigration Contextual Factors:** With whom does the young person now live? The social ecology of the adolescent's resettlement region. The reception experience in the environment.

Nidorf came up with 10 basic questions to ask adolescents in relation to the three major contextual factors:

1. "When did you leave your country? Can you tell me about your life after the Communists took over and before your escape? a) Back home [before the Communist takeover] were you living in the countryside or the city? b) What kinds of work did your parents do? c) Did you ever go to school back home?"

2. "Can you tell me something about your escape?" [That means, with whom, who did you encounter].

3. "Was anyone in your group hurt by land or sea pirates?"

4. "Describe your life in the refugee camp."

5. "How long have you been in the United States? And when did you arrive?"

6. "What is your real age?"

7. "With whom are you living now?"

8. "If you are living without your parents, what are you most concerned about? If you are living with your parents, what are you most concerned about?"

9. "If it were possible, would you return home to live?"
10. "If you had one wish that could come true, what would you wish for--and why? If you could ask an American several questions about life in the United States, what would you ask?"

Refer to handout titled Suggested Guidelines for Family Assessment (Nidorf 1985).

**Southeast Asian Para-Professional Mental Health Workers**

SEA workers do not just provide translation and information to the clinician. They are walking cultural dictionaries providing cultural information regarding the client's verbal and nonverbal responses to the clinician. Egli's (1987) article discusses the utilization of Southeast Asian para-professionals in the mental health delivery system. Egli viewed Southeast Asian para-professionals working in many different roles: Translator, Interpreter, Cultural Broker, Outreach and Community Educator, and Mental Health Counselor or Cotherapist. As an interpreter, the SEA worker utilizes his or her expertise and sensitivity with respect to the differing languages and cultures, explaining different elements of what they are translating so there is complete understanding by all the parties in the process. As a cultural broker, the SEA worker provides the clinician with an explanation of the client's remarks in terms of context, connotations, and subtle meanings. The SEA worker can determine if the client's ideas, behaviors, and responses are congruent or not with respect to the culture. The SEA worker can also provide immediate feedback to the therapist whether or not a question or statement may be culturally inappropriate and offensive to the client.

**EDUCATION AND THE SOUTHEAST ASIAN COMMUNITY**

**Introduction**

This author was involved in research on traditional parenting practices and attitudes of the Hmong and discovered some of the perceptions the Hmong
respondents had toward the Western school system (Himes, 1991). The Hmong subjects described vast differences between the school environments in Laos and the United States. In the eyes of many Hmong respondents, the American school system contributes to their children's misbehavior and encourages children to be disobedient. The primary areas of concern related to the American school system revolve around the following issues: sex education, lack of structure or limits, and negative peer influences. Although parents were unable to actually describe the content of sex education curricula, they still had definite opinions. Parental perception was that because sex education is taught to children, when the children reach adolescence they want to practice what they learned earlier. The parents also believe that adolescents experiment with sex because they are encouraged to do so in the classes and this leads to gangs, drugs, and overall delinquency.

Many parents felt that somehow teachers are involved in a conspiracy to usurp the power to control the children from their parents. A common complaint was that teachers only listen to the children's side of a story without consulting the parents for their side. If a child tells his teachers that his parents beat or abuse him, the teacher immediately contacts a law enforcement agency and Child Protective Services and reports the parents. The respondents did not appear to understand the laws relating to teachers reporting incidents of child abuse and neglect. Some of the respondents even believed that teachers were giving children explicit messages not to listen to parents. They believed that the teachers taught the children freedom at school and the children therefore expected the same freedom at home.
The respondents felt that their children were being exposed to negative influences from children who they considered to be bad at school. They believed that children who were involved in gang activities or delinquent behavior tried to recruit or encourage other children to join them in their activities. The parents wanted the schools to take a more active role in eliminating the bad influences of the bad children by getting rid of them.

The parents also complained of poor communication between parents and the school. Respondents advised that they were aware of children who pretended they were going to school, only to leave with their friends while school was in session. The parents stated that they were not notified by the school that this situation was going on and they assumed that their children were in school, attending classes.

The parents stated that teachers should take a more direct role in providing structure at school. School children in Laos were expected to obey their teachers. Teachers were responsible not just to provide education information, but also to shape the children's conduct and character. In summary the majority of the respondents in the study believed that schools have become a training ground for children to learn how to misbehave.

Despite the mistrust toward the American school system, the majority of the Hmong parents recognized the importance of education for the future success of their children and families. When asked what their expectation or wish for their children in terms of educational goals was, most families wanted their sons to attain an average level of a 17th grade education (equivalent to 1 year of a Master's program). For their daughters the average expectation was completion of their Bachelor's degree. This
perception of the importance of education is reflected in a change of attitudes about marriage and children. Many of the respondents wanted to have both their sons and daughters wait until they were at least 21 or 22 years of age to marry. Traditionally, marrying young for boys and especially girls was socially acceptable. Since many of the parents saw their children supporting them and caring for them in their old age, the financial success of their children was critical. Since the financial success of their children was closely linked to their educational attainment, the parents did not want early marriages negatively impacting the children's educational aspirations.

**Education: Children's Issues**

Cohn (1986) broke down the problems facing SEA refugee children into three categories: (a) children who were entering schools with English skills and thus were able to adapt and succeed at a much faster pace; (b) young Hmong children, many born in the United States, who were entering schools with no English skills. These children learn English quickly, but need special attention and recognition of their limited English proficiency when they first enter school. This group is also dealing with cultural conflicts; and (c) older Hmong children and adolescents, ages 13 - 21, who arrived in the United States with no previous exposure to education. The majority of their lives have been spent in refugee camps. These children have a very difficult time adjusting because many are placed in classes based on their age, and are high risk for dropping out and getting involved in gang activity. Many of these children also get involved with interacting with the opposite sex, which more often than not leads to early marriage. Cohn wrote, "Cultural factors and education are interrelated: for those young men and women who are already experiencing difficulties in school, and have little future
orientation, the culturally accepted patterns of marriage and family become more attractive."

*Education: Adult Issues*

One group of Southeast Asians that has a very difficult time adjusting to the American education system is the older adult population. Many of them have had no extensive formal education, may not be entirely literate in their own language, and the primary vocational experience was farming. When they came to this country they had no marketable skills and spoke no English, which limited their ability to be gainfully employed and usually resulted in dependence on welfare. In California, able-bodied AFDC recipients must be enrolled in Greater Avenues for Independence, a work for welfare program. With the lack of English skills, the majority of the Southeast Asian adults are sent to English as Second Language (ESL) classes to upgrade their English skills. With little or no background in formal education and with many illiterate in their own language, learning English is a very difficult if not impossible task.

**Note to Instructor:** Please refer to *Factors in Individual Acquisition of English: A Longitudinal Study of Hmong Adults* (Green & Reder, 1986). In this article the authors explore the different factors preventing Hmong adults from quickly acquiring the English language.
MODULE IV

THE SOUTHEAST ASIAN FAMILY
MODULE IV
THE SOUTHEAST ASIAN FAMILY

INTRODUCTION

This module provides the student with a general overview of family structure, gender issues, and family conflicts that affect the four Southeast Asian groups. It is critical for the social work practitioner to understand how adjusting to American society has affected the traditional family system, including gender roles, intergenerational conflicts, and child abuse.

Goal

The goal of Module IV is to provide a general overview of the family as it pertains to the four Southeast Asian groups. It will provide the participant with a glimpse of both traditional family structure and the impact adjusting to American society has had on the structure of Southeast Asian families. The exploration of the Southeast Asian family will cover the following areas:

1. Traditional family structure
2. Gender conflicts
3. Intergenerational conflicts
4. Child abuse

Teaching Methodology

The following teaching methods will be utilized: Lecture, assigned readings, and case scenarios.

Outline

I. Traditional Family Structure
   A. The Hmong
      1. Marriage
      2. Conflict Resolution

3. Household Responsibilities
4. Death

B. The Lowland Lao
   1. Marriage
   2. Kinship System
   3. Life Circle Designations

C. Cambodian
   1. Marriage
   2. Khmer Women and Children

D. Vietnamese
   1. Marriage
   2. Kinship
   3. Children

II. Gender Conflicts
   A. Traditional Gender Roles
   B. Changing Gender Roles in the United States
   C. Marriage and Divorce

III. Factors Relating to Parent-Child Conflicts

Recommended Video

Situation Zero

Recommended Readings


Handouts

Handouts 1, 2, and 4 can be found at libraries and reproduced. Handout 3 is included in this module.


2. Green, K., & Reder, S. (1986). Factors in individual acquisition of English: A
TRADITIONAL FAMILY STRUCTURE

The Hmong

The Hmong social structure is patterned after a patrilineal clan system. A patrilineal clan system is one in which the society is divided into social groups, or clans, and a child, at birth, automatically becomes a member of the clan to which his or her father belongs. The household is the basic unit in the Hmong social structure. A household includes the husband/father, his wife or wives, his children, their wives and children, and possibly children in the next generation. In addition, the household may have a few relatives who are too feeble, either physically or mentally, to maintain normal responsibilities, and are dependent upon their relatives in this particular household. Members of a household always carry their clan name in addition to their given names. It is possible for some Hmong households to have up to 35 people living under one roof. In addition, a married son may erect a house close to his father's home into which he moves after a child is born. The household serves as a unit to train the children. Although the children are basically the responsibility of their immediate parents, it appears that everyone in the household takes a part in the informal education and training of a younger person (Barney, 1957).
Marriage

The marriage practices of the Hmong are covered in detail in Module I. Marriage has very important effects on the girl's relationship with her parents. Although the daughter marries outside the clan, she retains her clan membership. The daughter, however, becomes fully identified with the family of her husband. Having more than one wife is a common custom among the Hmong, but is usually a result of the Hmong practice of a man's widow automatically becoming the wife of his brother. Wealthy men may be able to have several wives. One of them is considered the more important *big wife* and directs the activities of the other wives in matters concerning household duties. All wives live together under the same roof and usually share the same sleeping area (Barney, 1957).

Conflict Resolution

A child is responsible to his father. If he is not an Elder, a father is responsible for his family to his Elder who is usually his father, grandfather, or an elder brother. In the nuclear family the parents must answer to the Elder for the behavior of the children. The Elder has the final authority in matters of the household. The authority is not necessarily dictatorial but rather the Elder is treated with a great deal of respect. The Elder will consult with the adult males under his household (Barney, 1957).

Household Responsibilities

The Hmong were slash and burn farmers and thus household responsibilities were centered around farming activities. The older household members usually watch the infants and prepare meals for everyone. Young boys may be seen leading pack horses. Young girls assist in gathering rice into baskets and performing other chores.
Women are responsible for the preparation and serving of food. The women carry all the water. Firewood is brought in by the boys although the older men assist them from time to time. The men build and repair buildings and fences. They care for the livestock and clear the fields. Usually a Hmong household will have three or four rice fields and one to three opium fields in production. Economic needs such as religious rites, taxes, funeral expenses, marriage bride prices, etc. are paid by the entire household (Barney, 1957).

Death

In the event of a husband's death the wife has the use of the materials which he possessed. The only exception to this custom occurs if she is apt to become the second wife of her husband's brother. Upon her death, the materials she had from her first husband are redistributed among the household. Household property, however, is maintained under the supervision of the elder within the household.

The Lowland Lao

Marriage

Within Lao society, girls and boys play together, grow together, and work together. They will meet each other in the rice fields during the rainy season, in the forest while fishing, and bathing. The opportunity for courtship is considerable. Premarital sexual relationships, while not encouraged, are tolerated when they happen occasionally and especially when the young people are discreet. After the marriage, the female may keep her maiden name or take her husband's. The young couple will not move into a separate house. According to tradition, the groom will spend 2-3 years in the bride’s parents’ household. If the bride is the youngest daughter of the family, the
groom may never leave his in-law’s property because the youngest daughter, or son, will normally remain in the parent's household and will inherit the house site upon the parents’ death. Most first children of Laotian couples were born in their maternal grandparents’ household. In the Lao culture newlyweds learn that they belong to three different nuclear families: (a) the groom belongs to his own family, his parents, siblings, etc.; (b) the groom will feel connected to his in-laws since he lives with them, and (c) he belongs to his own family, which he will create (Luangpraseut, 1987).

**Kinship System**

The Lao family is a patrilineal extended family in which descent is traced through the male line. All children will carry the family name after their father’s but they are always related to the entire family. The husband is the leader and decision maker. If he should die, the oldest son would take on these roles. The Lao family also plays a very important role in the socialization process of young Lao. Lao adults prefer children to learn from the kinship and avoid providing any other guidance. The Lao children are expected to gain wisdom by just being associated with life on earth and through their skills of observation. In the household, labor is divided along the lines of gender and age. Most of the heavy work will go to the male members, but all the domestic tasks are assumed by women who generally have considerable say in all matters (Luangpraseut, 1987).

**Life Circle Designations**

The Lao child is looked upon as not simply being a product of his/her parents but actually the parents are looked upon as rebirthing the child in keeping with the strong Lao belief in reincarnation. Traditionally, the proper childhood of a Lao will last up to age
14, during which time the child will be given the privilege to observe. Lao adolescence is usually from 15 - 29 years of age. During the first 14 years of life the Lao child learns mainly through observations. The adolescent learns about life through active participation in the community. They will choose their mates and get married but marriage does not necessarily mean that the couple is independent. A Laotian is considered an adult when he/she can claim total independence and self-sufficiency. Adulthood, therefore, is heavily connected with work. Laotians are usually considered to be adult between 30 – 49 years of age (Luangpraseut, 1987).

**Cambodian**

The Khmer family is patriarchal, presided over by the older members of the family who have the authority of experience and wisdom and must be deferred to for important decisions. The Khmer people have specific holidays honoring the elders. During the New Year’s festival and All Souls Day everyone must greet his/her parents or grandparents with a present. One of the most serious social offenses one can commit is to not remember his/her parents. Family ties are very strong, and nothing can be refused if requested by a brother or sister. A willingness to give financial or other aid is considered compulsory within the family (Ponchaud, n.d.).

**Marriage**

Marriages often were arranged between families and the arrangements are usually performed by the elders of both families. A dowry is paid to the girl's family representing compensation for the girl's upkeep up to the age of marriage. Once married, the girl becomes part of her husband's family and the couple will usually live with the husband's family (Ponchaud, n.d.).
Khmer Women and Children

Khmer women, like other Asian women, tend to be emotionally and socially reserved. Women are expected to obey their husbands and are socialized that they should not say or do anything that is likely to upset them. During mealtime the man usually eats first with his guests and then the wife will eat afterward. Khmer children are expected to learn through experience and observation with the parents being fairly permissive. The parents believe that the village will educate their children about life in terms of rules of life, politeness, respect for old people, etc. (Ponchaud, n.d.).

Vietnamese

The Vietnamese incorporated the teachings of Buddha and Confucius into structuring their social order as a community and family. It is taught that a son should be obedient to his mother and father, who in turn must be obedient to their parents. The extended family includes all the descendants of a common ancestor, forming a family network, which is the basis for the Asian concept of a lineage or house. The extended family is structured to allow for a pooling of labor and financial resources. Farming or family-run businesses have a strong need for people and this fits in well with the concept of extended family. Families will pool financial resources to assist family members who are striving to further their education. The belief is that if the person obtains education and a professional job, he or she elevates the family’s social status. (Pan Asian Parent Education Project [PAPEP], 1982).

Marriage

The ideal age for marriage for the Vietnamese is 21 for men and 17 for women. The couple resides temporarily with the groom’s family and the bride helps the groom's
family. Traditionally marriages were pre-arranged by the elders in order to continue the continuity of the extended family. The new husband is expected to turn all his cash over to his wife, who would then budget it for household needs and savings, with provision for an allowance for her husband's food, drink, and social activities with his friends while away from home. This practice often varied within families (PAPEP, 1982).

Kinship

The family and extended family have historically been the center of Vietnamese life. Vietnamese society is said to be based on the solidarity of the family structure and the relationship of the living family members to dead ancestors. The individual family member's interest is secondary to the family's interest as a whole. The loyalty and obligation to serve one's family comes before all other duties, including nation or religion. The Vietnamese family is traditionally a patriarchal social system, where the senior working male acts as head of the family. When this person retires from his work, his leadership is passed onto the eldest of his sons. In the process of making this change in family leadership the wife of the new family head gains new status and authority through her husband's role. In most cases parents usually favor the oldest son (PAPEP, 1982).

Children

Vietnamese children are taught from an early age to be polite at home as well as outside of the home. Disobedience to parents, siblings or relatives is considered very serious. The father will usually be the primary disciplinarian for any serious infractions. Vietnamese children are not only expected to help with the household chores but also to help in caring for the younger siblings and aging grandparents. When the infant is
born he/she shares a very close relationship with the mother and is constantly carried by her. When the mother does housework, the infant would be kept close by and picked up immediately if she/he cried. Infants were never left to sleep alone. If the mother didn't sleep with the infant the grandmother would. After one year, care of the child is usually assumed by older siblings. Overall, the Vietnamese are highly indulgent toward infants and young children, and are permissive toward feeding and toilet training. Traditionally, children were not punished very often because they were not expected to know any better (PAPEP, 1982).

**GENDER CONFLICTS**

**Traditional Gender Roles**

In the Pan Asian Parent Education Project's book (1982) the authors quote Vong G. Thuy who writes, "the husband is king and the wife is the slave". The author later writes:

…women have been traditionally accorded a very limited social life and low standing in society. As young girls they are expected to keep their virginity until they get married and to get married only once in their life. On top of this, as married women, they are expected to respect and be faithful to their husbands and accept whatever fate might come. When a woman gets married, she is no longer considered to belong to her family but becomes a member of her husband's family. Many married women still feel strongly about their feelings toward their own relatives and these feelings often overshadow their married lives and new responsibilities.

Vong G. Thuy further elaborates that Vietnamese girls are taught that a good
woman has four major virtues: skill with her hands in needlework and housework; a feminine appearance; a pleasant and tactful way of speaking; and she maintains a good example in acting virtuously. Vietnamese women are expected to bear their husband male offspring. If they did not they were often disgraced and the woman could be abandoned by her husband and family. Vietnamese women are afforded the responsibility of the family's finances and the education of the children. The Hmong father has responsibility to know traditions, customs, the oral history, the lineage, and the details of group rituals. He also must interact with others and make the major decisions about the future of the family. The wife takes care of the money, raises the children, and in Laos, did much of the daily work, including field work, making clothes, cooking, and tending livestock. The author in his graduate research (Himes, 1991) interviewed Hmong families and found that the mother was responsible for typical household activities (cooking, cleaning, shopping, etc.) and the father was predominantly involved in activities that dramatically affected the future of the entire family (allocating financial resources, paying bills, deciding where to live, selecting recreational activities, etc.).

Changing Gender Roles in the United States

The role of the Southeast Asian woman has been changing in the United States. Women tend to adjust to life in America faster than their husbands. The woman's fine motor skills are more conducive to the American labor market than the husband's farming background. The woman's ability to access jobs that utilize her fine motor skills provides her with an opportunity to move up the job ladder and consequently she may have more success than her husband in finding a well-paid and satisfying job, to
become the wage earner of the family. SEA women are also being exposed to the different roles of American women. For the first time they hear and see such concepts as equal opportunity in action. They are watching their American counterparts achieving career and financial success. For the first time higher education is no longer the sole domain of males. When interviewing Hmong elders for his graduate research, this author found many concerns expressed by the elders related to the changing relationships between males and females. Adult Hmong males appeared to have a strong fear that they were losing their traditional status within the family. The father's position as leader of the family was, in his eyes, being challenged by other family members and by American society in general. The opportunity for mothers to be involved with activities outside the home increased after they came to the United States, and their status within the family was thus elevated. The respondents believed that many Hmong mothers no longer place the highest priority on the family and the traditional role of mother, but rather they place priority on their own individual wants and needs. Hayes and Kalish (1984) echoed these findings, writing:

In seven of the families visited, the younger Hmong wife was primarily the one who was employed. In these cases, the unemployed husband had experienced the loss of some authority, prestige, self-esteem, and self-confidence due to dependence on government assistance and his wife's income-producing status.

The Hmong respondents also expressed concern that the Hmong women came to this country and heard about equal rights but really didn't understand equal rights clearly. The Hmong elders felt that Hmong women believed that equal rights gave them the right to challenge their husband and to have extramarital affairs. Respondents felt that

Hmong women are also involved in extramarital affairs because they are given opportunities to interact with men through the course of working or going to school.

**Marriage and Divorce**

The displacement of the husband's status and the changing roles of husbands and wives would seem to make the potential for domestic violence very high. In her article on domestic violence in the Indochinese community, Rimonte (1982) Executive Director of the Center for the Pacific-Asian Family reports an increase in domestic violence within the Southeast Asian Community. The Center works with families in which the wife has been battered by the husband. Through feedback received from clients, the two primary reasons given for the cause of domestic fights are economic pressures and sex role reversals. Rimonte writes,

> Women have less power and status at stake in the status quo. This fact, coupled with their tendency to be very "reality oriented" in their role as nurturers, makes them more flexible and open to change. Such adaptability is not valued or positively reinforced in a violent relationship, however. It creates intense personal conflict for the battered woman and commonly results in severe guilt feelings.

Rimonte points out that the ideals of personal independence and individual freedom cherished in American society are not shared by Pacific-Asians. In a clash between individual needs and family goals the family goals must always win out. Therefore, the Pacific-Asian woman who insists on her own needs, even if is not to be victimized, is seen as nonconforming and receives very little sympathy from her ethnic community. In fact, Rimonte points out that the Asian battered women that come into the center are actually surprised that they are consider victims. Rimonte writes:

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To the Center, the battered woman is a victim not only of a violent man, but also of a society that sanctions inequality between women and men, allowing them to be brutalized and pressuring them to accept and conceal their victimization. Fear, shame, and family obligation are the mechanism in which pressure is applied. She is then helped to see how she contributes to her own victimization by tacitly consenting to her role as victim and/or by precipitating an assault through the injudicious use of newly acquired assertiveness against a man who remains unchanged or is unprepared for the change in her. Once she recognizes herself as a victim she must be helped to recognize that she has a choice and that she need not remain one. Too many women have endured violent marriages for too long simply because they felt they had no alternative. In part, this is due to religious attitudes and cultural demands. While the Center recognized the therapeutic value of preserving ethnic identities, it also recognizes that every ethnic culture has attitudes and behavior that are dysfunctional. Thus, it argues that there is a need for the Pacific-Asian community to be less rigid and, if necessary, to modify or discard those attitudes or behaviors that undermine the structure of the family which it values so highly.

Divorce, which was almost nonexistent in Southeast Asia, is now becoming a much more frequent issue. Divorce was rarely acceptable in Vietnam. Legitimate reasons for divorce might be sterility, theft, jealousy, incurable disease, abandonment because of the lack of a male heir, or mother-in-law problems. Divorce is viewed as shameful for the woman involved, her family, and relatives. It is an unbearable situation for most Vietnamese women because of the social stigma and economic pressures resulting

from divorce. The husband, however, might abandon his wife and marry another woman. The abandoned wife either returned to her family home or went somewhere else. It is much more difficult for a divorced woman to remarry than a divorced man.

For the Hmong, divorce in the United States brings up additional conflicts besides the divorce itself. If the wife initiates the divorce, the clan elders on the husband’s side ask for economic compensation for the bride price that was originally paid by the groom’s family. In addition the Hmong elders feel that the American judicial system favors women to the detriment of men when it comes to custody orders for the children. Hmong elders express dismay that even though the Hmong woman may have initiated the divorce or left the husband for another man the judge still gave the mother custody of the children (Himes, 1991).

With the change in status for the Southeast Asian father, many have turned to negative behavior such as gambling or excessive alcohol consumption. This author summed up the situation in his Master’s research with the Hmong community:

Information received from respondents gives a picture of initial anger that leads to despair and depression among Hmong fathers related to their loss of status. Respondents reported that Hmong fathers face a multitude of threats against their traditional status in the family. One such threat in the mind of fathers is the American government that enforces laws that specifically handicap the Hmong father’s ability to control his family. The police tell him that he cannot punish his children, family court tells him that he cannot have his children even if his wife is at fault, the court tells him he must get medical treatment for his children even when he feels it is not necessary. The father must compromise many of his
cultural practices from the time his children are born (some birth practices are not acceptable to hospitals) to the time they die (some burial practices are not acceptable to cemetery personnel or are against the law). His children learn unacceptable behaviors from other children while at school and are even taught subjects (sex education) that contribute to their delinquency and disrespectful behavior toward him. All the problems that Hmong fathers have to face lead to a feeling of powerlessness. They have no control over the future of their families or of themselves. Increased alcohol and opium use was cited among Hmong men who are in need of some relief or escape from the constant pressures of adapting to American society (Himes, 1991).

FACTORS RELATING TO PARENT-CHILD CONFLICTS

One of the most damaging phenomena that occurred when the Southeast Asian refugees resettled to the United States was the gradual restructuring of the family system. Children who were going to American schools started the adaptation process rapidly. They were able to learn English faster than their parents and understand the nuances of day-to-day living in the United States. Parents increasingly relied on their children to provide them with information about the American world. They were forced to have their children translate for them in order to access critical services for the family. As a result, parents began to depend more and more on their children who were subsequently receiving more and more power within the family. As stated earlier in this module, the mother also excelled in adjusting to the American way of life, although not as rapidly as her children. Finally, the segment of the population that struggled the most in learning English and adjusting to American society was that of older Hmong males.
The elders retained some of their position within the Hmong culture. As time went on, however, even elders experienced changes in how their culture accepted their leadership role. Hmong elders were often held hostage in their own homes, unable to communicate or transport themselves in a very foreign environment. The traditional hierarchy of the family structure had been completely inverted for the Hmong. The elders, who were at the top of the hierarchy and held the most power in determining the direction for Hmong families and communities, were suddenly at the bottom. The Hmong father at the top of the family hierarchy, also rapidly moved near the bottom. The mother has changed her role, especially when younger in age. The children who were at the bottom of the hierarchy are now in many ways at the top. This inversion in the family structure has created an opportunity for outside negative influences to destroy the Hmong family. An example of this inversion occurred when this author was working with a Hmong family during a Children's Protective Services investigation. A 7-year-old boy was unable to consistently complete his homework because his parents would lock him in his room and would not allow him to do his homework. The child also claimed that his parents refused to feed him. Notes were sent home frequently but never responded to. Upon further investigation it was found that the child was actually running the household. He had basically destroyed all the notes from school and his parents advised they had never seen any correspondence. In addition, the boy was telling his parents that his teacher told him that if they didn't buy him what he wanted (Big Macs, Twinkies, candy, etc.) the parents would go to jail. The parents did not know what to believe, so they were afraid to do anything. Although this is an extreme example it does illustrate the fact that many Southeast Asian parents feel powerless in knowing...
what is and is not culturally acceptable when setting limits with their children. A consequence of this is that many Southeast Asian parents are afraid to set even minimal limits for their children.

As stated earlier in this module many of the traditional methods of rearing young children are permissive in nature. Children are thought to learn from observation and by trial and error through experiences. Therefore, it is very common for children not to receive much discipline when they are younger and then receive a strong amount of discipline all at once when they reach a certain age. This method of discipline worked in Southeast Asia when the village, community, and schools all practiced and espoused teaching children Southeast Asian behavioral and cultural values. In the United States where the environment is very different, the practices of the Southeast Asian parents need to also change, while preserving the core of their cultural values.

Many Southeast Asian parents are afraid that their children are going to grow up and get involved in gang activity. The immediate reaction is to fall back on traditional parenting practices and monitor their children very closely. The way to insure their children are not involved with negative influences is to prevent them from having contact outside of the home. Therefore, after school activities are frowned upon and dating is absolutely forbidden. The problem with this response is that children in the United States have much more freedom to see their friends and peers. Adolescents are placed in a cultural bind by having to choose their parents’ lifestyle or the American lifestyle they see every day. Nidorf (1985) points out the double messages many Southeast Asian youth receive: "Become a success in the United States, but find a way to do it without becoming an American; be grateful for your freedom here, but don't
embrace it as a way of life." Nidorf later explains that this double message may evoke anger and resentment, leading to intergenerational conflict and prolonged family stress. Some adolescents escape to other peers who are in the same situation and share the same problems. Gang activity becomes very attractive to adolescents who feel they don't fit into either their parents’ world or with Americans.
MODULE V

CHILD WELFARE PRACTICE AND
THE SOUTHEAST ASIAN FAMILY
MODULE V
CHILD WELFARE PRACTICE AND THE SOUTHEAST ASIAN FAMILY

INTRODUCTION

This module provides the student with a general overview of how social work practice intersects with the four Southeast Asian groups through the use of interpreters, assessing abuse, and strategies for working with families. It is critical for the social work practitioner to understand how to work with interpreters effectively, accurately assess abuse versus traditional cultural practices that mimic abuse, and interact appropriately with these groups in order to provide the highest level of timely but not erroneously disruptive services to Southeast Asian families.

Goal

The goal of Module V is to provide pertinent child welfare practice information related to the Southeast Asian family. The subject areas include: correct utilization of Southeast Asian interpreters; breakdown of typical child welfare issues into various abuse and neglect categories; specific practice-related issues working with Southeast Asian families; assessment, strategies for intervention, and case planning; and examples of actual interventions. Emphasis will be placed on providing the student with skills that can be applied immediately to practice in the field.

Teaching Methodology

The following methods of teaching will be utilized for this module: lecture, assigned readings, and case scenarios/role-play.
Outline

I. Utilization of Southeast Asian Interpreters
   A. Introduction
   B. Pre-interview Phase
      1. Assessing Interpreter Skill
      2. Interpreter and Setting Preparation
   C. The Interview Process
   D. Postinterview Process
   E. Interpreter Role-Play Exercise

II. Southeast Asian Child Abuse and Neglect
   A. Introduction
   B. Sexual Abuse
      1. Hmong Early Marriages
      2. Hmong Traditional Abduction Marriages
   C. Medical Neglect
   D. Physical Abuse
   E. General Neglect
      1. Mistaken Physical Abuse: Coining
      2. Strategies

III. Working With Southeast Asian Families
   A. Some Behaviors to Avoid When Working With Southeast Asian Clients
   B. Typical Communication Strategies

Handouts

Worst Case Scenario - The X Family (Hmong)


Recommended Readings

UTILIZATION OF SOUTHEAST ASIAN INTERPRETERS

Introduction

One of the most commonly used aspects of service delivery to Southeast Asian families is the process of overcoming communication barriers. Despite the fact that interpretation is one of the critical factors in determining success, many service providers are minimally trained in correctly utilizing this valuable resource. In fact, most human service providers have received no training in the interpreting process. To compound this problem, often times those who are in charge of providing translation or interpretation are not truly prepared to translate the types of information or concepts they are required to relate to the client. It is easy to understand the potential for critical information to be misinterpreted or actually lost through the incorrect use of the client-interpreter-provider interaction. The following section will provide the student with a comprehensive overview of the process of working with Southeast Asian interpreters or cultural brokers.

Pre-interview Phase

Assessing Interpreter Skill

The first question the human service provider must ask him/herself is, "Do I want interpreting or translation services?" Translation can be broken down into two different strategies: word-to-word translation and summary translation. Word-to-word translation requires that the translator translate exactly what the provider and client say to each other. This can be very difficult when many of the words that are to be translated, such as child abuse or Children's Protective Services, are not found in the vocabulary of the different SEA languages. Often, simple words or concepts may take several words or
sentences to explain in the various SEA languages. This can create potential misunderstanding between the provider and the interpreter. For example, the provider may ask the interpreter to ask the client if the client is aware that her husband has been accused of sexually molesting their daughter. The interpreter may then engage in a fairly lengthy dialogue with the client and upon completion of the dialogue turn around to the provider and explain that the client said no. The provider at this point could become upset with the belief that the interpreter is not providing them with all the information related by the client. In fact, the interpreter may have had to explain to the client in several sentences the concept of sexual molestation.

*Summary translation* is when the interpreter and provider allow the client to respond for a period of time. Upon completion, the interpreter supplies the provider with a summary of the main points of the client's response. This method of translation requires the interpreter to decide what information is important enough to relay to the provider. If the interpreter is not fully trained, it leaves the door open for potential translation errors. Some of the errors found in the translation process include, but are not limited to: distortion, deletion of important facts, omission of potentially sensitive information, exaggeration, incorrect translation, and inability to translate certain words.

The interpreter can also provide a cultural interpretation of the information being shared by the client. The role of the interpreter expands to that of a cultural broker, who relates to the provider and the client important cross-cultural information. Filling the role of cultural broker requires that the SEA worker be extensively trained, not only in the nuances of providing interpreting services but also trained on the subject matter or concepts that must be translated. Thus, a cultural broker who interprets for a child
welfare social worker should be aware of areas including, but not limited to: juvenile court procedures, Welfare and Institution Codes Section 300, dynamics of child abuse, Child Protective Services procedures and policies, and potential SEA client responses.

What happens if your agency does not provide access to any interpreting or translation services? The first issue that should be confronted is advocating for such services. This is particularly true if the mission of your agency is to provide quality services to every member of your community. It is virtually impossible to provide culturally appropriate and sensitive services without access to, at the very least, translators and the best alternative, cultural brokers. What typically happens, when no translation or interpreting services are available, is that friends and family members of the client are utilized. More often than not, the family members are the children of the client who have a better grasp of the English language than their older relatives. Using children as translators should be avoided as much as possible. Depending on the age of the child, the cognitive and language abilities may be too limited. In addition, if the child has a vested interest in the translation, if the topic is about them for example, a forthright translation may not occur. Family members or friends will also present potential problems depending upon their relationship to the client and the nature of the translated information. Confidentiality must be explained to the friend or family member to insure sensitive or revealing information shared by the client is not spread in the community.

**Interpreter and Setting Preparation**

The setting or environment in which the translation takes place may also have an impact on the translation process. For example, the seating or spatial arrangement...
between the interpreter, provider, and client is very important. Often, the provider and interpreter will sit or stand in close proximity to each other suggesting an alliance with each other at the expense of the client. A more appropriate positioning would have the provider, interpreter, and client positioned in a triangle equidistant from each other, suggesting no alliance (Faust & Drickey 1986). Faust and Drickey discuss the concept of three-way cross-cultural communication. The provider communicates both verbally and nonverbally with the interpreter, the interpreter communicates with both verbally and nonverbally with the client, and the provider communicates nonverbally with the client.

When choosing an interpreter try to choose an interpreter that is of the same sex and of comparable age or older. In the SEA culture age is granted a certain amount of respect. An older translator will exude a sense of authority and trustworthiness. Another factor to consider is the background of the interpreter in his/her native country. Clients from a less rural area may not feel comfortable interacting with someone from a small village, and the opposite is true also. Education may also impact the way the interpreter is fully briefed on the nature and details of the intervention they will be translating. Discuss major concepts or potential details that may be difficult to translate. Provide the interpreter with specific details on the information, both verbal and nonverbal, you will need from the interview.

The Interview Process

An important concept the provider must remember during the moment in time that the interpreter is conversing with the client is that they are still actively participating in the process. The provider is carefully monitoring the client's nonverbal responses to

the questions being asked. During the interview the following areas should be addressed (Chan, (n.d.); Faust & Drickey, 1986; Lee, n.d.).

- Put the patient at ease and try to make a cultural connection with him/her.
- Discuss confidentiality of the interview with the client so there is no fear that they will be shamed in the community. This includes clearly defining the purpose of the interview and the role of both the provider and interpreter.
- As a provider try to learn basic greetings or words in the client's native language.
- When speaking or listening to the client, address the client and not the interpreter.
- Use short simple statements. Minimize the use of jargon, idioms, or metaphors, and avoid giving too much information or long, complex discussions of several topics in one translation.
- Avoid body language or gestures that may be offensive or misunderstood.
- Speak clearly and somewhat more slowly, but try not to speak loudly, use your normal conversational voice.
- Periodically check on the client's understanding and the accuracy of the translation by asking the client to repeat instructions or whatever has been communicated in his/her own words, with interpreter facilitating.
- Avoid asking closed-ended questions requiring yes or no answers or the question, "Do you understand?" Many times the client will say yes to avoid losing face for the provider's inability to explain it properly.
- Be careful what you say. Many clients will understand some English and you may upset them.
- Use a positive tone of voice and facial expressions that sincerely convey respect and your interest in the client and address them in a calm, unhurried manner.

**The Postinterview Process**

It is equally important to devote some time after the interview process to meet with the interpreter to discuss various issues and to clarify your own perceptions and information. This is a good time to check with the interpreter for any cultural issues.
that may impact decisions or interventions. In addition, a postinterview review will allow you an opportunity to provide feedback to the interpreter on his/her involvement, or work with the client.

**Interpreter Role-Play Exercise**

**Note to Instructor:** Use "Guidelines for Working with Interpreters", Chan (n.d.) as a handout with this exercise

The idea of this role-play is to allow the students to watch an interpreting situation conducted with many mistakes. The object is for the class to identify as many mistakes as they are able to. The instructor will be required to choose three students to assist in the role-play. Two of the students will role-play the father and mother and the remaining student will play the role of the interpreter. The scenario of the role-play involves an 11-year-old Lao minor who has been removed from her parent's custody because of allegations of sexual abuse involving a live-in uncle. The role-play begins with the CPS social worker receiving the follow-up referral and information and preparing to respond to the parent's house. The social worker asks for an interpreter from the unit of SEA translators/cultural brokers.

When told the Lao cultural broker would be arriving in half an hour, the social worker asks to be accompanied by the Cambodian worker ("Don't they speak the same language?" Assume translators can translate in all languages). When the Lao worker arrives the case manager hands the referral to the translator and whisks the worker away (No preparation). When the social worker knocks on the door, the social worker and interpreter approach the mother first and shake her hand (Father should be greeted first. If social worker is male shaking hands with mother could be problematic). The
social worker then pronounces the family name incorrectly (Did not get correct pronunciation of name prior to contact). The social worker then walks into the client's home and proceeds to discuss the case (Interpreter not introduced, social worker did not explain his/her role, what agency they represented, and why they are there to talk to the parents). The social worker and interpreter sit next to each other while father and mother sit across from them (Should be sitting in a more triangular position). The social worker begins to use technical terms and speaks too fast and incorporates too many sentences. The social worker asks questions of the client by exclusively addressing the interpreter. The social worker is looking around the house or doodling on his/her notebook when the interpreter is speaking to the clients. The social worker under his/her breath calls the client a liar when he/she feels there is a discrepancy in the client’s account of the situation. The social worker stares at the client during a portion of the client's response. The social worker explains the procedures of what occurs in juvenile court, again too technical and too many acronyms. The social worker then asks the parents whether they understand, at which time the client responds in the affirmative. The social worker leaves the interview, again shaking hands with the mother, who flinches and does not extend her hand, the father appears frustrated. The social worker talks to the interpreter about basketball and does not de-brief the interpreter upon returning to the office.

It is important to role-play the situation as a regular sexual abuse investigation. Students portraying the parents should play the role in a reserved fashion. The mother should be quiet and just stare down at the ground, speaking only when she has to. The student who is playing the interpreter must appear to struggle with many of the concepts.

the social worker is trying to explain. In fact, the interpreter should share incorrect information or misinterpretation with the client. The role-play works better if the interpreter role is played by a co-instructor or by someone who has had prior experience working as an interpreter or working with interpreters.

SOUTHEAST ASIAN CHILD ABUSE AND NEGLECT

Introduction

The following discussion on the various aspects of child abuse and neglect is based on the author's experiences working as a liaison between the Southeast Asian community and Children's Protective Services. The information is not meant to be an all-inclusive look at possible child abuse situations within the Southeast Asian community. Rather, it is designed to provide the student with a broad overview of potential issues that he/she may encounter in the field in the area of child abuse in the Southeast Asian community.

Sexual Abuse

The occurrence of sexual abuse in the Southeast Asian community appears to be very low. When Southeast Asian cultural brokers are asked to discuss this topic in regards to their native country, the usual reply is that they were completely unaware of any molestation occurring in their country. As discussed in an earlier module, topics of sexuality are rarely discussed in public. In fact, the whole concept of sexuality is never discussed between parents and their children, nor is it taught in the schools. Sexual terms, as well as sexual body parts, are usually referred to with slang and euphemisms. For example, one of the Hmong terms for sexual intercourse is translated to sleeping with him/her. This situation creates a glaring training need when Southeast Asian
cultural brokers are used to conduct sexual assault interviews. There is a great need to
desensitize the Southeast Asian cultural broker regarding terms and discussion of
sexual matters. Having Southeast Asian staff describe all of the terms they know for
sexual body parts (breasts, vagina, penis, intercourse, etc.) in their own language and
use of anatomically detailed dolls will assist with the process of desensitization. At the
same time, share common slang and scientific terms in the English language.
Discussion and training on the process and procedures of investigating child
molestation should be presented in a step-by-step manner. This desensitizing activity
allows the cultural broker to become comfortable discussing sexual terms with children
and adults. This is a critical skill since children who are often very reluctant to talk about
molestation will be even more reluctant if they sense anxiety in the adults interviewing
them. In addition, the cultural broker may need to testify in juvenile or superior court,
which requires that they feel confident in their abilities and knowledge about the
dynamics and process of child molestation investigations.

Hmong Early Marriages

In the Hmong culture there are two traditional practices that come into conflict
with American law and can be considered in the category of child sexual abuse. The
first deals with the practice of early marriage, which usually involves a female age 12-15
with a male often in his early 20s. The couple is usually married traditionally and not
legally with the minor taking up residence with her new husband's family. There are two
issues as far as Child Protective Services is concerned. The first issue is that the minor
female is living with nonrelated adults. In case of medical emergency the minor's
traditional in-laws would not be able to legally authorize medical care. The second issue

is the fact that the underage minor has more than likely engaged in a sexual relationship with her adult husband. There could possibly be a third issue, if the minor is not in agreement with the marriage arrangement. Traditionally Hmong parents are not encouraged to force marriage on their daughters. Care must be taken by the CPS social worker since the practice of early marriage among the Hmong is culturally and traditionally acceptable. The first step is to educate the parents on the American laws that are in conflict with early marriage practices. The next step is to discuss what the steps are to legalize the marriage. This requires an approval from the presiding family court judge. It is important to note that family court approval is obtained after several counseling sessions with family court staff to assess the maturity of the minor in question. It is highly unusual for a family court judge to approve marriages with minors under the age of 15. One of the complicating factors in this particular situation is that traditionally a bride price is paid to the bride’s family. This has been mistakenly perceived, on a few occasions by the general public, as the parents of the bride selling their underage daughter. The bride price is usually an issue that must be resolved between the two families in question. The way many of these cases come to light is by the school system reporting the situation. Initially the minor, for whatever reasons, may be in agreement with the arranged marriage. However, after spending a few days being married she may be having second thoughts and will then go to school personnel and report the situation.

A strategy to enlist when dealing with early marriage is to do extensive outreach into the community to educate the Hmong elders on the consequences of early marriages. This particular strategy seems to be working in the Fresno, California
community, as the number of early marriage problems seems to be decreasing. When confronted with an early marriage problem, the first step after educating the parents of the minor about the legalities of the situation is to call together the elders of each family. The CPS worker can then explain the situation to both family elders. This is important since there may be some suspicion on the groom's side that the bride's family initiated the CPS intervention.

Hmong Traditional Abduction Marriage

Traditionally Hmong males who had the financial means and political standing were intended to have more than one wife. A ritual developed out of the practice of multiple marriages in which the first wife, whom the prospective groom had courted, was taken from her home and brought to the groom's family home for 3 days. During the 3-day period the marriage is consummated. After the 3 days an emissary from the groom's family was sent to the bride's family to negotiate a bride price. The abduction is only symbolic in nature signifying to the first wife that she holds a special place with her husband, even if later he marries additional wives. The critical factor in this practice is that the abduction or kidnap is merely symbolic, with the bride fully aware and in agreement with the activity. If the groom is a stranger and/or the female is not in agreement, then the process of abduction is not culturally syntonic and it is seen by the Hmong community as a kidnap situation. There have been many false conclusions about the cultural acceptability of adolescent or young adult males who abduct Hmong females against their will. The Hmong culture considers this action inappropriate.

An important note is the conflict of early marriages within the Hmong community. Many Hmong parents are considering early marriage as less than desirable for their
children. The parents would prefer that their children attain success in higher education before they get married. However, Hmong parents are very concerned about what they see as increased contact between adolescents of the opposite sex. There have been many cases in which teens have been forced into marriage simply because of the fact that they had unchaperoned contact with each other. The assumption is that the teens were involved in sexual activities, whether it is a valid assumption or not. For example, I was involved in an early marriage case in which the basis of the marriage was formed on the fact that the Hmong male's daughter was found talking with a group of boys in a car. The Hmong father proceeded to confront the teens and then advised the males in the car, someone would have to marry his daughter. If he did not force the young man to marry his daughter, his daughter's reputation might be soiled, and prospects for a future marriage might be jeopardized.

The first thing the CPS worker must find out is whether or not the abduction of a Hmong minor is indeed a culturally appropriate practice. If it is, then the strategies outlined for early marriages can also be followed in the particular case. The bride price will be an issue brought up by the groom's side of the family. The bride price can be as high as $3,000.

**Medical Neglect**

General mistrust of the western medical system and the reliance on traditional methods of healing create an environment in which medical neglect issues arise. Usually in medical neglect cases, the standard for involvement is related to life-and-death issues. If the minor does not receive the proper medical care, then the likelihood of death is a distinct possibility. However, with the complete distrust of the medical
system, more and more cases are based on quality of life issues rather than life and death. Often, the problems in medical neglect cases occur when Western medical treatment is sought out. Usually traditional methods of healing are utilized initially with children. When it appears that traditional methods are not working, Western medicine is then accessed, often times compromising the efficacy of the medical intervention. In fact, many times truly preventable and treatable problems deteriorate over time and by the time treatment is initiated the problem has become more serious. TIME is the most critical factor in working with a medical neglect issue.

Please refer to the case scenario entitled The X Family: Hmong. The case scenario represents an actual case that occurred several years ago. The names have been deleted to protect the identity of the family members.

The case involved the treatment of a minor boy for testicular cancer. Through a series of misunderstandings, time pressures, and rash actions, a highly volatile and potentially tragic situation arose. Could the outcome of the case be resolved any differently, if different interventions were utilized?

**Strategies**

As stated earlier, time is of critical importance when intervening in Southeast Asian medical neglect cases. The amount of time one has to intervene isn't always an easy factor to assess. Doctors have general ideas of the etiology of different medical problems or diseases but their ability to provide absolute time information is limited. It is critical that the treating doctor is willing to give the CPS worker an estimate of time available for the intervention. Once the amount of available time has been determined, the next step is to meet with the parents and find out what aspect of the medical
treatment they are objecting to. If it is possible, a meeting between the doctor or medical personnel and the parents is recommended. One of the major issues, with the Southeast Asian community, is the lack of time spent by the doctor and the feeling that doctors do unnecessarily risky medical procedures on Southeast Asian patients. The belief is that the doctors experiment with Southeast Asian patients.

It is important to keep the family apprised of what the potential future consequences are if the child is in need of treatment and the parents do not follow through. The next step would be to involve the family's identified elders and discuss the situation with them. During this particular meeting, utilization of Southeast Asian community-based organization personnel may be appropriate. The community-based organizations are often seen as advocates for Southeast Asian families and enjoy a sense of trust by those families. The community-based organization employees are often placed in a position to bridge the gap between the Southeast Asian community and American society. If after all these steps the family is still resistant to treatment, the social worker should sit down with other agency and medical staff to weigh the consequences of treatment based on the resistance and the potential impact of the resistance on recovery, if the child is placed outside of the home.

Exercise on Medical Neglect

The instructor can now lead a discussion on the Kou Xiong case illustrating the concept of quality of life vs. state intervention. The Kou Xiong case represents a minor who had a birth defect, club feet. The doctors stated that if Kou Xiong did not receive the necessary surgeries and follow-up treatment Kou would be destined to live his life in a wheelchair. On the other side, Kou Xiong's parents were resistive to the medical
intervention on the basis of religious beliefs. They believed that if surgery was done on the minor, bad luck would be placed on the family. Kou had a very strong bond with his family and the medical interventions involved a series of surgeries. How would Kou respond to the medical interventions if he were forced to receive treatment and recover away from his family?

**Instructor:** Pass out the *Fresno Bee* editorial on the Kou Xiong case. Ask the class how many agree with the position to take action and force the family to have the surgery in order to prevent Kou from eventually becoming wheelchair assisted. How many would agree that the state should allow the family to make the decision and not force Kou to have the surgery and be placed in out-of-home care? Finally, ask the class who makes the decision about quality of life and when should the state intervene.

The Kou Xiong case was ultimately appealed to the United States Supreme Court who refused to hear the case, ultimately upholding the original decision to force medical treatment. The final outcome was that no doctor was willing to administer the medical intervention so the State of California dropped the case.

Of all the Southeast Asian child abuse situations, medical neglect cases have the greatest potential to escalate into extremely complex and monumental cases. The reasons for this potential include the complexity of medical cases often with few clear-cut answers and because medical cases present the social work profession with situations that force exploration of whether the child's best interest is always being served by medical intervention.

**Physical Abuse**

One of the primary reasons that Southeast Asian families give for their inability to control their children, is fear. If they utilize corporal punishment on their children they
fear they will be arrested. Instead of utilizing alternative techniques, which most are unaware of, some parents use no form of limit setting with their children. A common comment heard from Southeast Asian parents is, "If I can't punish my children (corporal punishment) then I want CPS to take my children and raise them until they become adults." Many SEA parents are skeptical about parent education programs, citing many observations of American children misbehaving.

**General Neglect**

Many of the general neglect cases deal with a lack of parental supervision. In Southeast Asia, older children are responsible for caring for younger children. Often times 8- and 10-year-old children are watching siblings under 5 years of age. Many times the parents still use this standard of siblings staying home alone to watch the younger children. Many of the parents are unaware of the potential dangers that could happen during their absences. Fires, accidents, and injuries have occurred while the parents have been away. Another problem is children, specifically very young children (under the age of 5), playing outside without adult supervision. Many of the Southeast Asian families live with other Southeast Asian families in larger apartment complexes. In Laos children played with each other without any adult supervising the play. The same situation occurs in the United States. The problem is there are many hazards that the children are exposed to: traffic, cement, broken-glass, as well as potential strangers or adults who prey on children.

**Mistaken Physical Abuse: Coining**

As discussed in Module II, a traditional healing practice of all the SEA groups involves rubbing a coin over different parts of the body, usually in a symmetrical
pattern, leaving dark symmetrical bruises. The concept relates to the belief that the illness the person is experiencing is due to bad wind trapped in the body. The coin, or spoon, or cup with the use of Tiger Balm forces the bad wind out when rubbed, pinched, or through suction. In the mid ’70s and early ’80s there were more instances in which coining marks were mistaken for child abuse bruises. Although the bruises look fairly painful, many of the SEA clients and cultural brokers advise that if the person is truly sick they will not feel any pain during the treatment process.

**Strategies**

As stated in Module IV, parent education is a critical intervention to help parents regain control of their families. If Southeast Asian parents feel that a major parenting strategy has been taken away from them, then it is critical that they have something that they feel works to replace the strategy. Parent education will need to be presented in a culturally appropriate and sensitive way. The parents must feel that they are not being judged as bad parents. The strengths of the culture should be included and interwoven within the parent education curriculum. Refer to Module IV to review the discussion of the issues and pressures related to the family.

**WORKING WITH SOUTHEAST ASIAN FAMILIES**

**Some Behaviors to Avoid When Working With Southeast Asian Clients**

1. Beckoning with upturned finger, gesturing for the client to come toward you. This is considered offensive. It is a gesture commonly equated to calling dogs or animals.
2. Slapping on the back
3. Pointing
4. Stepping over a client
5. Pointing or touching with your feet
6. Crossing one's fingers as if you are wishing someone luck—in some SEA cultures this could be considered a sexual proposition.

7. Touching or patting the client or a child's head—many Southeast Asians believe that the higher up the body you go the holier the part, thus the top of the head is the holiest part of the body.

8. Putting feet up on a table or desk or sitting on a table.

9. For many recent arrivals, shaking hands with the opposite sex. Many SEA clients have adjusted to shaking hands with the opposite sex. A good rule of thumb is to follow the lead of the opposite sex, if they offer their hand, shake it. An appropriate way, to greet them is with their own cultural gesture, which is to place hands together palm to palm at the base of your neck and slightly bow your head, while saying hello in their language. This is practiced by all the groups except the Vietnamese (Lao -- sa by dee; Hmong -- ny a shong; Khmer -- choom re up sewver; Vietnamese -- chao ba, chao co, chao ong [phonetic spellings]).

10. Avoid direct eye contact. Eye contact can be interpreted as hostile or aggressive. If a SEA client does not make eye contact with you it does not signify lack of attention.

11. Smiles or laughing—Southeast Asians laugh and smile not only when they think something is funny, but when they are happy, embarrassed, or covering up emotions. They could be enjoying themselves, excited over good news, being corrected, even describing an accident. They will laugh to keep someone else from feeling embarrassed.

12. Yes when spoken by a Vietnamese does not mean the same as yes in English. Very often it means "yes I hear you" and not necessarily "I agree with you." If someone asked them, "Do you understand?" the proper Southeast Asian answer is yes. It would be impolite to say that he/she does not understand for it would imply that you could not explain it well enough. Southeast Asians are urged to emphasize self control to repress feelings, or words that might bring them into conflict with others. There is a high value placed on harmony. Therefore, Southeast Asians may tell the American what they think the American wants to hear.

**Typical Communication Strategies**

1. Address the oldest male in the family first.
2. Address the client in a calm and unhurried manner.
3. Speak slowly, clearly, and softly.
4. Ask what name the person wants to be called and the pronunciation.
5. Avoid slang, idiom, and jargon.
6. If not understood, repeat the same sentence.

7. Give instructions in a clear and logical sequence.

8. Explain why; don't just assume the client understands the reasoning behind your directions.

9. Avoid condensing an explanation.

10. Be careful that an example does not confuse the client.

11. Don't give too much information all at once.

12. Constantly check understanding.

13. Smiles, patience, and gentleness reduce fear, frustration, and non-compliance and indicate a genuine respect for the client.
REFERENCES

REFERENCES


Ponchaud, F. (n.d.). *Approaches to the Khmer mentality.* [Complete reference not available.]


Trang, M. V. (n.d.) An Asian view of cultural differences. [Complete reference not available.]


HANDOUTS

TEST OF YOUR INDOCHINESE I.Q.

TRUE      FALSE
T          F    2. In Laos, the Hmong practice *slash and burn* agriculture.
T          F    2. Any bilingual Indochinese refugee person can translate and interpret for
              any Hmong client.
T          F    3. Hmong are originally from Vietnam.
T          F    4. Among the Indochinese refugees, the Hmong were the better educated
              upon their arrival in the U.S.
T          F    5. By the end of the Vietnam War, the Hmong had suffered casualty rates
              proportionally 10 times higher than those of Americans who fought.
T          F    6. Ho Chi Minh was the president of South Vietnam during the Vietnam
              War.
T          F    7. Most Vietnamese believe in ancestor worship.
T          F    8. The Vietnamese Culture as well as the Hmong culture is influenced by
              India.
T          F    9. Vietnam was influenced by the Germans until the German-Indochina
              War.
T          F   10. Hmong and Lowland Lao people speak the same language.
T          F   11. The *boat people* were largely made up of Hmong and Lowland Lao.
T          F   12. The Lowland Lao people live in the mountains of Laos.
T          F   13. The *Killing Fields* refers to the holocaust of the Cambodian people
              under the Pol Pot regime.
T          F   14. Khmer is another name for the Cambodian people.
T          F   15. There are more single-parent, head-of-household Cambodian women
              than other Indochinese groups.

MULTIPLE CHOICE

16. Match the name on the left with the nationality on the right

   __ 1) Pao Vang Moua  A. Represents CAMBODIAN name
   __ 2) Khamkong Vongsavath  B. Represents VIETNAMESE name
   __ 3) Truong Phan  C. Represents HMONG name
   __ 4) Chea Sok  D. Represents LOWLAND LAO name

17. The Cambodian and Laotian culture is influenced by __________

    B. India       C. Japan
    B. China       D. Philippines

18. On the next page, match the letter on the map with the name of the country to the
    left of the map.

<table>
<thead>
<tr>
<th>AN ASIAN VIEW OF CULTURAL DIFFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(With Thanks to Dr. Mai Van Trang)</td>
</tr>
</tbody>
</table>

| We live in time.                     | You live in space.                  |
| We are always at rest.               | You are always on the move.         |
| We are passive.                      | You are aggressive.                 |
| We like to contemplate.              | You like to act.                    |
| We accept the world as it is.        | You try to change it according to your blueprint. |
| We live in peace with nature.        | You try to impose your will on her.  |
| Religion is our first love.          | Technology is your passion.          |
| We delight to think about the meaning of life. | You delight in physics. |
| We believe in freedom of silence.    | You believe in freedom of speech.    |
| We lapse into meditation.            | You strive for articulation.         |
| We marry first, then love.           | You love first, then marry.          |
| Our marriage is the beginning of a love affair. It is an indissoluble bond. | Your marriage is the happy end of a romance. It is a contract. |
| Our love is mute. We try to conceal it from the world. | Your love is vocal. You delight in showing it to others. |
| Self-denial is a secret to our survival. We are taught from the cradle to want less and less. | Self-assertiveness is the key to your success. You are urged every day to want more and more. |
| We glorify austerity and renunciation. Poverty to us is a badge of spiritual elevation. | You emphasize gracious living and enjoyment. Poverty to you is a sign of degradation. |
| In the sunset years of life we denounce the world and prepare for the hereafter. | You retire to enjoy the fruits of your labor. |
UNDERSTANDING CULTURAL DIFFERENCES
BETWEEN AMERICAN AND VIETNAMESE

Compiled by
Nguyen Kim Hong
Language & Culture Consultant, Vietnamese Program
Regional Cross-Cultural Training and Resource Center
Board of Education of the City of New York

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. AFFECTION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Touching between members of the same sex is not acceptable.</td>
<td>It is quite acceptable. One can see two men or women in the street holding hands.</td>
</tr>
<tr>
<td>2. A man and a woman may hold hands or touch in public.</td>
<td>People do not do this in public. It looks ridiculous.</td>
</tr>
<tr>
<td>3. A man can touch a woman (put an arm around her shoulder, hold her arm, kiss her cheek, etc.)</td>
<td>A man cannot do this for affection or friendliness. It's insulting to a woman.</td>
</tr>
<tr>
<td>4. Kissing (between husband and wife, lovers) in public is acceptable.</td>
<td>It is not acceptable. It has to be done in private quarters. No kissing in front of the children.</td>
</tr>
<tr>
<td>5. Parents and children kiss each other.</td>
<td>Not at all except babies.</td>
</tr>
<tr>
<td><strong>B CELEBRATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>1. Christmas and the New Year holidays are the most important.</td>
<td>Tet (Lunar New Year) is the most important.</td>
</tr>
<tr>
<td>2. Americans celebrate birthdays. They give presents and throw birthday parties.</td>
<td>Vietnamese celebrate death days. They worship ancestors. They prepare a big meal and invite members of the family and relatives to get together and talk about the good aspects of the dead person.</td>
</tr>
<tr>
<td><strong>C. LIVING HABITS</strong></td>
<td></td>
</tr>
<tr>
<td>1. Clothing</td>
<td></td>
</tr>
<tr>
<td>a. Pajamas are not acceptable in public.</td>
<td>They are quite acceptable in public, even in the streets.</td>
</tr>
<tr>
<td>b. Shoes and slippers are used day and night.</td>
<td>Slippers do not exist, and people can walk in the streets with bare feet.</td>
</tr>
<tr>
<td>c. Americans wear leather shoes.</td>
<td>Vietnamese wear wooden and rubber shoes more often.</td>
</tr>
</tbody>
</table>
## C. LIVING HABITS (cont’d)

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Men and women wear western-style clothing.</td>
<td>Men wear western-style clothing but women dress in their <em>national</em> style.</td>
</tr>
<tr>
<td>e. Women wear socks or stockings with shoes.</td>
<td>They do not wear socks or stockings with shoes.</td>
</tr>
<tr>
<td>2. Cooking and Eating</td>
<td>Vietnamese spend a lot of time preparing food.</td>
</tr>
<tr>
<td>a. Americans do not spend much time preparing food.</td>
<td>Groceries are bought every day.</td>
</tr>
<tr>
<td>b. Groceries are bought once a week.</td>
<td>Vietnamese children ask parents to eat first, and they follow.</td>
</tr>
<tr>
<td>c. Americans say <em>grace</em> before eating.</td>
<td>Vietnamese do not use napkins but wash the face after every meal.</td>
</tr>
<tr>
<td>d. Americans use napkins.</td>
<td>Vietnamese use spoons, chopsticks, and a bowl.</td>
</tr>
<tr>
<td>e. Americans use knife, spoons, fork, and plates.</td>
<td>Vietnamese have two equally large meals per day (lunch and dinner).</td>
</tr>
<tr>
<td>f. Americans have one big dinner per day.</td>
<td>The smell of Vietnamese food is strong.</td>
</tr>
<tr>
<td>g. The smell of prepared food is weak.</td>
<td>Vietnamese use more spices.</td>
</tr>
<tr>
<td>h. American food is less spicy.</td>
<td>Rice is the main starch.</td>
</tr>
<tr>
<td>i. Potato or bread is the main starch.</td>
<td>Meat is cut into small pieces before cooking.</td>
</tr>
<tr>
<td>j. Meat is cooked in big pieces.</td>
<td>The food is put on the table and individuals take piece by piece.</td>
</tr>
<tr>
<td>k. Food is put in individual plates.</td>
<td>Preferred food served to parents or elderly first.</td>
</tr>
<tr>
<td>l. All food is shared equally.</td>
<td>Vietnamese sometimes make noise in appreciating good food, especially soup.</td>
</tr>
<tr>
<td>m. Americans do not make noise in appreciating good food.</td>
<td>Women have to eat small amounts (like cats) and men in quantity (like tigers).</td>
</tr>
<tr>
<td>n. Women eat equally like men (in quantity).</td>
<td>Vietnamese do not shake hands with the opposite sex. They do not shake hands with old people or women unless they offer their hand first. Slightly bow the head and/or put the hands in front of the chest in order to show more respect. Two women do not shake hands.</td>
</tr>
<tr>
<td>3. Greetings</td>
<td>Vietnamese do not shake hands with the opposite sex. They do not shake hands with old people or women unless they offer their hand first. Slightly bow the head and/or put the hands in front of the chest in order to show more respect. Two women do not shake hands.</td>
</tr>
<tr>
<td>a. Americans shake hands with the opposite sex.</td>
<td>Vietnamese do not shake hands with the opposite sex. They do not shake hands with old people or women unless they offer their hand first. Slightly bow the head and/or put the hands in front of the chest in order to show more respect. Two women do not shake hands.</td>
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### C. LIVING HABITS (cont'd)

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>b. Americans exchange cheek-kisses to express friendliness.</td>
<td>Vietnamese never exchange cheek-kisses. It is a shock to most married women.</td>
</tr>
<tr>
<td>c. Americans use <em>waving motions</em> to call people.</td>
<td>Waving motions are only used by adults to call little children but not in other cases.</td>
</tr>
<tr>
<td>d. To slap someone on the back is acceptable.</td>
<td>It is insulting to the Vietnamese to be slapped on the back—especially to women.</td>
</tr>
<tr>
<td>e. Americans can greet anyone in the family first.</td>
<td>A Vietnamese greets the head of a family or an older person first, then the younger ones.</td>
</tr>
</tbody>
</table>

4. Housing

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Homes have more rooms, space and conveniences.</td>
<td>Home are small in cities and towns.</td>
</tr>
<tr>
<td>b. Homes are mostly constructed of wood or brick.</td>
<td>Homes in the country are usually made of bamboo trees, dry rice plants, and mud. In the cities, they are constructed of brick or cement.</td>
</tr>
<tr>
<td>c. There are places for children to play inside.</td>
<td>Children in the cities or towns play in the streets.</td>
</tr>
<tr>
<td>d. More rooms are reserved for bedrooms.</td>
<td>One room is reserved for an altar. This is the sacred room where they worship ancestors.</td>
</tr>
</tbody>
</table>

5. Sleeping

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Everybody owns a bed, including children.</td>
<td>Not everybody owns a bed.</td>
</tr>
<tr>
<td>b. Americans do not share a bed with same sex.</td>
<td>Vietnamese can share a bed with the same sex. It is not abnormal for two male or female friends or relatives to share one bed.</td>
</tr>
<tr>
<td>c. A double-bed sleeps only two people.</td>
<td>It can even sleep three or four people.</td>
</tr>
<tr>
<td>d. A bed implies mattress, box spring, bedsheets and bedspread.</td>
<td>A bed is made of either wood or bamboo and covered by a reed mat. (Many Vietnamese do not know how to make a bed the American way.)</td>
</tr>
<tr>
<td>e. Children sleep in their own bedrooms.</td>
<td>Children often sleep with their parents.</td>
</tr>
<tr>
<td>f Americans sleep late on the week-ends.</td>
<td>Vietnamese get up early every day.</td>
</tr>
<tr>
<td>g. Americans do not take a siesta (afternoon-nap).</td>
<td>Vietnamese take siestas almost every day.</td>
</tr>
</tbody>
</table>
### D. DATING AND COURTING

<table>
<thead>
<tr>
<th>AMERICAN</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Women can go out alone on dates.</td>
<td>Good girls hardly go out on dates. It is the sign of a bad or an uneducated girl.</td>
</tr>
<tr>
<td>2. Men and women can go to either his or her house to see one another.</td>
<td>It is considered very bad for a girl to go to a man's house unless they are engaged.</td>
</tr>
<tr>
<td>3. Dating can be Dutch.</td>
<td>This seldom occurs in Vietnam. Men usually pay all the expenses</td>
</tr>
<tr>
<td>4. Two unmarried people of the opposite sex can share an apartment.</td>
<td>This is considered immoral.</td>
</tr>
</tbody>
</table>

### E. FAMILY RELATIONSHIP

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The family relationship is not always close.</td>
<td>It is very close in Vietnam.</td>
</tr>
<tr>
<td>2. Two generations (parents and children) live in a home.</td>
<td>Three, four, sometimes five generations live under one roof</td>
</tr>
<tr>
<td>3. Old-aged parents live in nursing homes.</td>
<td>Elders live with children and usually are taken care of by a daughter-in-law or grandchildren.</td>
</tr>
<tr>
<td>4. Young children have much independence.</td>
<td>Children have to obey and respect their parents and do not have much independence.</td>
</tr>
<tr>
<td>5. Young children are sometimes spoiled.</td>
<td>They are strictly disciplined.</td>
</tr>
<tr>
<td>7. Spouses are considered equal legally and mentally.</td>
<td>The husband is superior and the wife is a subordinate.</td>
</tr>
<tr>
<td>8. Women are independent and have more legal and marital rights.</td>
<td>Women, in general, must obey their father (when they are young and unmarried), then their husband, then their eldest son (in the case of the death of the husband).</td>
</tr>
</tbody>
</table>

### F. GIFTS

<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Americans exchange gifts on Christmas and birthday occasions.</td>
<td>Vietnamese exchange gifts only on the occasion of Tet among family members, relatives, and close friends.</td>
</tr>
<tr>
<td>2. They give thanks for gifts and send Thank you notes.</td>
<td>Vietnamese do not use Thank you notes.</td>
</tr>
<tr>
<td>3. Women happily accept gifts from the opposite sex.</td>
<td>Vietnamese women usually do not accept gifts from the opposite sex. If they do, it is a sign of encouragement or acceptance.</td>
</tr>
</tbody>
</table>
G. MANNERS

1. Putting a foot up on a table or a desk, either at home or in the office, is acceptable, if among friends.

2. Talking directly about the main subject is preferable.

3. Looking straight into someone’s eyes in conversation shows honesty and frankness.

4. A smile means happiness.

5. To speak or laugh loudly in public is acceptable.

6. Losing one’s temper in front of a stranger is acceptable.

It is considered impolite to do this

Vietnamese talk around and around a subject before coming to the point.

It is not respectable especially to older people or superiors.

A smile means everything, happiness or sorrow, agreement or disagreement, understanding or not, etc.

This is considered bad manners, especially for women.

It is impolite to lose one’s temper.

H. NAME

1. Written order: John A. Smith (John is the first name, Smith is the last name).

2. Addressing: Formal: Mr. Smith, Informal: John

3. Women: Maiden name: Miss Charlotte E. Brown Married name: Mrs. Charlotte A. Smith

Nguyen Van Hung (Nguyen is last, Hung is first). Middle name Van usually indicates male’s name, and Thi female’s name.

Mr. Hung, Hung (Family name is never called).

Miss Pham Thi Dai; Mrs. Pham Thi Dai (a professional woman keeps her full maiden name) or Mrs. Nguyen Van Hung in general.

Miss Pham Thi Dai; Mrs. Pham Thi Dai (a professional woman keeps her full maiden name) or Mrs. Nguyen Van Hung in general)

I. PHILOSOPHY OF LIFE

1. It is more materialistic.

2. Success is the key word, always striving for one step higher.

3. Americans make plans for the future.

4. Life is competition.

It is geared to spiritualism.

Life is just like a theater; everyone plays his/her own role then disappears.

Vietnamese live on a day-to-day basis, due to the recent wars.

Life is take-it-easy.
J. PROFESSION

1. Educated people sometimes do not get a much higher salary than uneducated people. They get much higher salary than the others.

2. Educated people do not get automatic respect from others. Educated people get much respect from others.

3. Skilled professions are most welcome and accepted. They are not welcome and emphasized.

4. Manual labor is acceptable in the society. It is looked down in the ladder of the society.

K. RELIGION

1. Most of the population is Christian. The majority is Buddhist. There are other religions such as Confucius, Taoist and Christian.

L. SOME NECESSITIES

1. Telephone is a must, almost everyone knows how to use it. It is a luxury in Vietnam and very few people know how to use it. (American people should show Vietnamese how to use it economically.)

2. A car is a must. Many people know how to drive. It is a luxury to the Vietnamese. Very few people know how to drive a car.

3. Credit cards are widely used. Vietnamese have no idea what credit cards are. In Vietnam, to be in debt is a bad reputation, unless one invests in a business.

4. Banks are popular and widely used. Banks are for rich people. The majority of people do not know how to use banking services.

5. Electric appliances are used everywhere. They are considered a luxury. In some villages, there is no electricity.

M. TIME CONCEPT

1. Punctuality is important. Time is not a part of the way of life.

2. Time is strict and valuable. Time is elastic, it can be stretched or contracted.

3. Americans seem to be in a hurry most of the time. Vietnamese have a take-it-easy attitude.
<table>
<thead>
<tr>
<th>AMERICAN</th>
<th>VIETNAMESE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N. WORKING</strong></td>
<td>Working conditions are relaxed.</td>
</tr>
<tr>
<td>1. Working conditions are tense in some aspects.</td>
<td>They are from 8:00am to 12:00am and from 2:00pm to 5:30pm.</td>
</tr>
<tr>
<td>2. Working hours are from 9:00 a.m. to 5:00 p.m.</td>
<td>There are five and a half workdays.</td>
</tr>
<tr>
<td>3. There are five workdays.</td>
<td></td>
</tr>
</tbody>
</table>
### VALUE CONFLICTS BETWEEN INDOCHINESE PATIENTS AND AMERICAN PSYCHOTHERAPISTS

<table>
<thead>
<tr>
<th>Indochinese Asian Patient Values</th>
<th>American Psychotherapist Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdependence and traditional family values</td>
<td>Autonomy and independence</td>
</tr>
<tr>
<td>Correct social relationships</td>
<td>Relativity in values; situational ethics; rejection of authority</td>
</tr>
<tr>
<td>Holistic culture (i.e., people living in harmony with nature)</td>
<td>People versus nature; the need to master or control nature</td>
</tr>
<tr>
<td>View of mental illness as imbalance of cosmic forces or supernatural events</td>
<td>View of mental illness as result of psychological and biological factors</td>
</tr>
<tr>
<td>No cultural analogy of extended psychological therapy</td>
<td>Belief that psychotherapy is valuable and promotes growth</td>
</tr>
<tr>
<td>Belief that cure should be rapid, healer active; little history of maintenance therapy</td>
<td>Awareness that cure will be extended and time consuming, and therapist will often be passive</td>
</tr>
<tr>
<td>Fear of mental illness</td>
<td>Comfortable attitude about handling mental illness and symptoms</td>
</tr>
<tr>
<td>Refugee status--insecure in language, vocation, position in society</td>
<td>Secure status in society, language, vocation, and position</td>
</tr>
</tbody>
</table>

### INDOCHINESE EXPECTATION OF HEALERS AND ROLES OF AMERICAN PHYSICIANS

<table>
<thead>
<tr>
<th>Indochinese Expectations and Needs of Healer/Physician</th>
<th>American Physician's Roles and Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expects healer to understand illness or problems</td>
<td>Actively involved in diagnosis</td>
</tr>
<tr>
<td>Needs explanation of illness in understandable terms</td>
<td>Gives firm concept of etiology and education</td>
</tr>
<tr>
<td>Wants active treatment to reduce symptoms or cure</td>
<td>Actively involved in treatment, often with medicine</td>
</tr>
<tr>
<td>Expects rapid cure--hope in medicine</td>
<td>Goal: to reduce symptoms or cure illness</td>
</tr>
<tr>
<td>Often needs to have sick role confirmed</td>
<td>Confirms the sick role</td>
</tr>
<tr>
<td>Needs to have family stress, fear, and guilt reduced</td>
<td>Prevents anyone from being blamed for misfortune</td>
</tr>
</tbody>
</table>

## SUGGESTED GUIDELINES FOR FAMILY ASSESSMENT

<table>
<thead>
<tr>
<th>AREA OF ASSESSMENT</th>
<th>ASSESSMENT CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family migration and relocation history</td>
<td>1. Premigration experience, migration experience, impact of migration on individual and family life cycle.</td>
</tr>
<tr>
<td>2. Degree of loss and traumatic experience</td>
<td>2. Losses: significant family members, relatives and friends, material losses loss of community support, spiritual loss Trauma: physical trauma, psychological trauma</td>
</tr>
<tr>
<td>3. <strong>Cultural shock</strong> and adjustment problems</td>
<td>3. Language, housing, transportation, employment, child care, racism....</td>
</tr>
<tr>
<td>4. Differences in rates of acculturation of family members</td>
<td>4. Years in U.S. - age at time of migration, exposure to Western culture, professional affiliation - contacts with American peers - English-speaking, ability work or school environment</td>
</tr>
<tr>
<td>5. Work and financial stress</td>
<td>5. Downward mobility, status inconsistency, long working hours, language difficulty, racism at work place</td>
</tr>
<tr>
<td>6. The family's place of residence and community influences</td>
<td>6. Type of neighborhood, availability of support system, community stigma</td>
</tr>
<tr>
<td>7. Physical health and medication history</td>
<td>7. Degree of somatization, medical history of patients and family members, Western and herbal medicines, consultation with physician and indigenous healers</td>
</tr>
<tr>
<td>8. Assessment of family problems</td>
<td>8. Intergenerational conflicts, in-law conflict, marital difficulty, sibling rivalries, hostile dependent relationship with sponsor; Special issues: role reversal, inadequate communication, and split loyalties</td>
</tr>
<tr>
<td>9. Assessment of family strengths</td>
<td>9. Functional coping strategies, support from individual and family group, support from the Indo-Chinese community and service providers</td>
</tr>
<tr>
<td>10. Family's concept of mental illness, help-seeking behavior, and treatment expectation</td>
<td>10. Symptoms and problems as perceived by family, causes of the problems as perceived by family, relationship with posttraumatic events, Family help-seeking behavior</td>
</tr>
</tbody>
</table>
APPROACHES TO THE KHMER MENTALITY

By Francois Ponchaud, 4 villa de la Fraternite,
93830 Romainville, Tel. #857-8554

These brief notes are aimed at facilitating a better understanding of the Cambodians. If the lack of comprehension is removed, any action undertaken on their behalf will hold them in greater respect and be more effective.

DIVERSITY AMONG SOUTH-EAST ASIAN REFUGEES

For many French people, anyone who is Asian is Chinese. However, the South-East Asian refugees belong to very different cultural and human areas, which may be divided into two main categories:

1. The Chinese cultural area (also called Yellow Asia): Vietnamese, Hmong, Tai Nung, Tai Dam. All speak tonal languages (the same syllable having a different meaning according to its intonation).

   The Vietnamese, roughly 4,000 of them, have joined the large Vietnamese colony long established in France. They practice ancestor worship and Buddhism of the Greater Vehicle school. Ten percent are Roman Catholics.

   The Hmong, contemptuously nicknamed, Neo, inhabited the mountainous regions of Laos. They formed the spearhead of the Lao army, and are of Lao nationality, though conscious of their superiority.

   The Tai Dam and the Tai Nung come from Tonkin (Viet Nam). They fought on the side of the French in the first Indo-China war, and then withdrew to the Vientiane Plain in 1954. They form an organized group and have Lao nationality, although some claim to be Vietnamese.

2. The Austro-Asiatic cultural area, with Indian influence (also called Brown Asia): Khmer, Lao, Kha, Khmu, Cham.

   The Lao men of the hills and plains of the Mekong river, are conscious of their worth. Their ethnic group was in power in Laos, where it numbered 1 million persons, as against 10 million in Thailand. They practice Buddhism of the Lesser Vehicle school.

   The Kha and the Khmu come from the mountain regions of Laos, where they were driven by successive invaders. There are not very many of them in France. They are the Lao nationality, and are animists.

   The Cham are descendants of Champa (a kingdom formerly situated in central Viet Nam). Conquered by their neighbors, they fled to Cambodia. Moslems and of...
Cambodian nationality, they are known as Khmer Islam; there are very few of them in France.

To this same cultural area belong the indigenous people of the Vietnamese plateau areas: Rhado, Jarai, Brae, Lao, Tapouan, etc., of whom there are very few in France.

In 1970, there were 7 million Khmer in Cambodia, which covers an area one-third the size of France (181,000 km). This figure included some 400,000 Vietnamese and 500,000 Chinese who had settled in Cambodia several generations back and now claim Khmer nationality.

Of the numerous refugees of Khmer nationality to arrive in France (roughly 9,000), many are Chinese or half-Chinese (Sino-Khmer), a race of resourceful migrants, with few deep roots in Khmer soil, engaged for the most part in national and international trade, they succeeded in reaching the frontiers about 17 April 1975. But even though they usually speak the Cambodian language, the Sino-Khmer have a different mentality from pure-bred Khmer, and this should be taken into account when considering the remarks that follow. The Sino-Khmer will adapt far more easily to their new living conditions than their Khmer compatriots. Often, moreover, they come from the well-to-do classes of Cambodia and are accordingly equipped with an intellectual capital, which will make it easier for them to become integrated into our society.

THE BURDEN OF THE PAST

The Khmer belong to a race of brave warriors who ruled South-East Asia for many centuries. After the brilliant Angkor period (10th – 13th centuries), Cambodia fell into decline and the country's markets were looted by the invading Thai and Vietnamese from South China. In the 19th century, it was annexed outright by the Vietnamese. But whereas the Thai to some extent assimilated the cultures of the territories they invaded, the Vietnamese destroyed all before them, wiping out the conquered populations.

The Cambodian is inhibited vis-a-vis his foreign conquerors: Vietnamese, Thai, then the French. Whiteness being the canon of Asian beauty, his brown complexion gives him a feeling of inferiority. The Chinese and Vietnamese conscious of their worth, have no hesitation in making plain their contempt for those they nickname the Noi (mountain dwellers, barbarians).

This explains the lingering animosity between Khmer refugees and the Vietnamese: it has its roots deep in the collective subconsciousness, formed by history. Any attempt to get the two races to live together is laudable in the abstract, but unrealistic. It is difficult to see what good it would do in transit centres. Reorganizing the refugees by ethnic groups would ensure more suitable and efficient staff.
If a Vietnamese is entrusted with some job to help refugees, the Khmer will accuse him of favoring his racial brothers, despising Khmer, etc.

The Khmer like to be left alone, free from the presence of strangers. If a refugee centre is opened, the aggressive Vietnamese will come forward and take the managerial posts, while the Khmer will withdraw into themselves. Consequently, it is important to encourage the establishment of cultural centres for the Khmer, where they can meet and share their discoveries about French society. The Vietnamese already have such facilities in their community, but the Khmer have nothing, not even a Cambodia House, after the fashion of the various ethnic groups of migrant workers.

The Khmer are frequently heard resignedly acknowledging the defects of their people: "We Khmer are like that," "We do not know how to organize ourselves," "I do not want my daughter to marry a Khmer," "The Vietnamese and the Chinese know how to shift for themselves, we do not" etc. Together with this disillusioned resignation, moreover, there is a feeling of fierce national pride rooted in a glorious past.

Those conflicting sentiments, which have been suppressed for so long, may explode with unforeseen violence if sparked off by a serious affront or a flagrant injustice. The entire Khmer group will then feel involved and united against the offender.

The history of the Khmer people since the 14th century has been marked by a succession of misfortunes. It is this, perhaps, that explains a certain note of melancholy in Khmer literature and popular songs (very often, if not always, in the minor key). The laughter and gaiety of the Khmer, their eagerness to enjoy life, may be merely compensation for an underlying sadness.

One constant factor in the personality of all Asians is that of face - the image a person wishes to project of himself, which institutes a kind of relationship in society. Of an important man it will be said: "He has a countenance, a face" (Mean mok mean moat). Face has nothing to do with the hypocrisy of someone wishing to appear what he is not, but constitutes the essence of personality, the dignity of the person.

A Khmer will save his face or conceal his private thoughts behind an enigmatic smile, a smile that does not necessarily reflect inner joy, but is the bulwark behind which he can take refugee, can hide his feelings or his inner emptiness. It is at once a means of self-defense and an expression of respect for others. The death of a loved one is announced with a smile, not because the person announcing the news feels no sorrow, but so that he can dissimulate his private thoughts and avoid embarrassing others.

Any attempt to undermine a person's face is regarded as a serious injury: reproaching someone, even justifiably, in public or insulting someone in public causes that person to lose face, or kills him, as the Khmer language puts it. For words kill just as much as weapons. Indeed, Prince Sihanouk embarked on a war that was disastrous for himself and for his people in order to save his honor, which had been sullied. A Khmer is
capable of ruining himself and losing those he loves in order to destroy someone who has *killed* him socially.

Of someone who despises others it will be said: "He looks too readily" (Neul Ngici) or "He looks disrespectfully" (Neul Thaok). Khmer politeness requires that a person should respect the face of another, that he should be lower than the eyes of anyone whom he respects; Khmer stoop when passing in front of persons who are seated, for it is not permitted to "look down at the other person", or to "Walk above him" (Dacur Ksao Leu).

Pointing at a person or staring at him causes that person to lose face and wipe out his existence just as much as if he had been transfixed with a sword. To call someone, even a friend, by his name ("So-and-so, come here"), is to treat him like dirt or like a *dog*, in the vernacular. In public, at least, a person's title must be mentioned, *Mister, Mrs. So-and-so*.

To avoid losing face and *being shamed in front of others*, a Khmer unlike a Vietnamese or a Chinese, will ask a question only if he is practically certain that it will be answered in the affirmative. He dare not speak French, even if he knows a few words, for fear of disgracing himself or annoying the Frenchman. Even if he knows something, though imperfectly, he will say that he does not know. A Vietnamese or a Chinese in a similar situation will say what he knows.

Still in the context of respect for *face*, the rule of conduct in society will be *do not behave differently from others* (Khos pi ke), do not push yourself forward, do not take the initiative, for fear of finding yourself alone, or disgracing yourself in front of others, being derided for possible failure, judged. Thus the individual becomes isolated in his private thoughts. Decisions are taken by consensus or in accordance with the views of anyone who has dared to expose his views in public, of anyone who is a good speaker. Even if the members of a meeting privately express their disagreement with a particular decision, it is rare that many people will risk making such a person lose face, or losing their own by expressing a different view. Before speaking, moreover, it is as well to know the views of one's opposite number; for truth is not what *corresponds with reality*, as we in the West would define it, but above all agreement with the relationship between the speakers, what is acceptable to the persons present.

In general, it may be said that a Khmer is afraid of others. He often begins his letters or sentences by apologizing, craving pardon for speaking or writing, as if by expressing himself he risked causing offense. He is careful to avoid hurting people and will miss an important appointment because he dare not interrupt a conversation with a person to whom he owes respect.

When greeting strangers, or heads of families whom he surrounds with a halo, he stoops and bows his head. The expression for *respecting* someone important is *praising and fearing* (Kaot Khach), the word fearing doubtless being more important than praising.
His heart beats fast when he has to ask something or address someone in French. He is pleasantly surprised when Frenchmen whom he does not know show him the way and help him. He is afraid of annoying them or disgracing himself. The Khmer are very timid.

UNDERSTANDING COMES ONLY THROUGH THE HEART

Asians are more intuitive than discursive. Their logic is not ours: Descartes has not crossed the Suez Canal. In conversation, a Khmer will long skirt the issue so as to sound out the other person, paying attention to the way he looks, to his voice. If the person is busy, his voice rough, his look angry, a Khmer will feel that he is not ready to listen to him and will leave without putting his question. But if, after long preparation, the climate is favorable, he will gradually open up. In conversation, it is necessary to guess rather than hear, to listen more with the heart than with the ears. To reveal oneself, moreover, requires time, as one does not lay bare one's thoughts before strangers. Sometimes it will take several meetings and occasionally weeks or even years before a Khmer will finally put the question he has been desperately wanting to ask, or before a distressing problem is presented. Each in his own time.

In conversation, a Khmer is not afraid of keeping silent. Long periods can elapse without his saying anything, and without the other person saying anything either. His silence does not reflect embarrassment, but happiness at being with others. What he remembers of a meeting is more its general atmosphere than the intellectual content of the exchange of ideas.

The intuition of the Khmer can be disconcerting—a small detail to which one attached no importance, a well-meaning remark, a sudden but ill-considered movement, too harsh a tone of voice, all these are liable to be construed as unfriendly gestures. Taciturn and unaccustomed to rational criticism, the Khmer are inclined to be credulous and to follow people to whom they have given their confidence without questioning the validity of what they are told.

CHERISHED FREEDOM

Another constant aspect of the Khmer personality is its basic individualism. Each individual insists on his freedom being respected, freedom being regarded as the possibility to do whatever he likes, whenever he likes. A Khmer will not submit willingly to regulations, which in his opinion restrict his independence. If authority is of divine origin, so be it. "A Cambodian will never abandon rules" (Khmer men chaol kbuon), but authority must not be allowed to encroach on personal matters.

A Khmer has little idea of public service and the common good, of the rule of life that aims at enabling each individual to preserve his true freedom. A peasant through and through, he loves his native soil, but is not, strictly speaking, a patriot; he is proud of his race and feels concerned by everything that affects his kindred, but little bound by the
nation's common concerns. It is that failing, perhaps, that has contributed to the downfall of the Khmer Republic.

Though individualists, the Khmer nevertheless fear solitude. They love noise, music, crowds: "These are the things that constitute merrymaking, that make for happiness." It is undesirable, even in a transit centre, to allocate a room to each child. A worker will not remain alone in a studio for very long.

**SUBMISSION AND HARMONY**

Religion has made a deep impression on the mentality of all peoples. Khmer generally claim to be Buddhists, to the point where the words *race* and *religion* merge into one. However, ancestral animism forms the basis of Cambodian religion on which Buddhism of the Lessor Vehicle came to be superimposed. Buddhism and animism have been wedded to help man to live: animism organizes this earthly life and gives it a mystical explanation, while Buddhism directs man's attention toward the future and his future lives.

The Khmer universe is peopled with demons, spirits, and good or bad occult forces, which preside over human destinies and which it is as well to propitiate. Illness is not merely a matter of microbes, but also the manifestation of spirits irritated by an evil act of a member of the family. For the patient to recover, their anger must be appeased. A child who is often ill will have its name changed in order to deceive the spirits tormenting it.

On the 5th floor of the Sarcelles centre a spirit used to enter a room every night and make the person living there ill. This room was left empty (unknown to the manager). The spirit in question lived in the tall tree behind the centre: as the master of the place, he must have been irritated by the strangers who were failing to pay him homage. The patient was taken to the hospital, but a *Guru* was sought who would be able to look after him more effectively than the physicians. In France, these Gurus are rare.

Thus a Khmer does not venture just anywhere, above all not in the forest, as he does not know how to conciliate the spirits, especially if they are French. In Cambodia, most people carried charms. In France, few have retained this custom, but all the same, their fears have not been exorcised. Do not treat these problems with a smile, for they express the inmost depths of the Khmer soul, which can only change through a slow process of transformation.

Gautama Siddartha of the Sakya tribe, who became *the Enlightened One*, or the *Buddha*, was born about 563 B.C. in India. After living in luxury at his palace and then leading a rigorous ascetic life, he discovered *the middle path*. His deep religious intuition was to discover that all is suffering, transient and illusory. Suffering is born of desire, ignorance, and hatred.
His teaching invites man to make a personal effort to purify himself of all desire, the origin of suffering. The ideal is to become master of oneself; this is manifested, inter alia, by gentleness and benevolence toward others. These are the cardinal virtues of the Khmer. Anyone who becomes angry loses his selfcontrol, loses what constitutes his very being and dignity, in short, his face. The doctrine of Karma which derived from Hinduism, has been incorporated into Buddhism and remains of great importance for the Khmer today. According to this doctrine, all action produces an effect, good or bad, a legacy of merits or demerits, which affects the vital energy of a person's being and which will be incarnated successively in new lives, until complete purification. Our present life carried the burden of everything that has affected this vital energy in generations past: we are at once those who have gone before us, yet at the same time different, with the possibility of changing this karmic charge. This results in a certain feeling of resignation toward one's personal fate: "We cannot do anything about it, we are paying for what we did in previous lives", and, at the same time, a keen sense of personal responsibility for one's own actions. No one can change another's karma. "Only he who eats has his hunger satisfied", "No one can take away the demerit of another", "Help yourself by your own efforts, without expecting anything from others or from the gods". "Man is born alone, lives and suffers alone, and dies alone."

(This sums up the doctrine of the Lesser Vehicle, the narrow path of the Khmer and the Lao. The Budda is a master who has shown the way, but cannot help man to purify himself. Buddhism of the Greater Vehicle, as practiced by the Chinese and the Vietnamese, retains these same fundamental doctrines, but adds intermediaries between man and the Divine, known as the Boddhisatva, they have attained enlightenment, but delay their entry into nirvana in order to help their human brothers).

Buddhism and animism thus unite in urging man to live in harmony with the cosmos, the rhythm of the seasons, the forces of nature. Life in all its forms must be respected, the greatest demerit being to kill animals. This task, which is necessary for feeding the people, is left to those of another race.

Religious factors, combined with pre-existing traits of character, have doubtless induced in the Khmer feelings of submission toward the universe and toward the obstacles encountered in their path. Faced with a difficulty, a Chinese or a Vietnamese will seek a means of overcoming it (How Yukong Moved the Mountains); a Khmer, on the other hand will tend to put up with it, to accept the situation, pending such time as the obstacles should choose to disappear.

The Khmer are not of a fastidious people and are therefore not surprised by the fantastic or the marvelous, particularly in religious matters. Encountering the European rationalist mentality is a violent shock, and their mental universe collapses. A new personality can be built up by integrating values hitherto deemed essential with others that are discovered gradually and are vital for a harmonious life in France. Religion is expressed by rites and traditions depending on people's culture. Some Khmer have considered becoming Christians in order to please those who have helped them or
because they think that this will enable them to become better integrated in French society. But only in rare cases does this step stem from deep spiritual conviction.

**THE IMPORTANCE OF THE FAMILY**

The Khmer family is of the patriarchal type, presided over by the older members of the family (grandparents, parents, uncles and aunts, elders) who have the authority of experience and wisdom and must be deferred to in important decisions. The Khmer people on the whole may even be considered as one large family. As there are no first names in the Khmer language, everyone is called and calls others according to blood relationships: the old people are called grandfather, grandmother, uncle or aunt older or younger than the parents, or elders, while the younger ones are called children, younger children, nephews, grandchildren.

The family, like society, is organized on strict hierarchical lines and elders must be respected. One person with a good job in France gave up his work because his younger brother was earning more than he was, and his honor as the elder brother was therefore at stake. Lack of respect toward an older person is a serious failing. One of the duties of children is to show gratitude to their elders: during the New Year festival (13 April) or on All Souls' Day (end of September), everyone must go and greet his parents or grandparents and give them a present. Anyone leaving on a journey must bring back something for the family: "What have you brought back?" will be the greeting on his return. A present is a mark of the love he bears his family. One of the most serious reproaches that can be made against a person is to accuse him of ingratitude (acataniou), of failing to remember his parents' merits.

Family ties are all-compelling: nothing can be refused a brother, sister, or even a distant cousin. Financial or other aid is compulsory within the family.

Do not be surprised to see distant relations crowding round a member of the family who has a dwelling or who has succeeded in life.

The refugees regularly send money to their relations who are still in camps in Thailand. It is through the family that Khmer feel their attachment to their native land. Most Khmer refugees are cut off from their families: at best, they have brought their wives and children, but not their close and distant relations. The absence of these relations physically robs them of all strength to work. Not infrequently, a Khmer will lose his zest for life if he has had no news of his family. Some have returned to Cambodia, not for ideological reasons, but solely to rejoin their families.

It is therefore **IMPERATIVE** that everyone should do his utmost to bring together members of families, however distant, since this is vital for the refugees' psychological equilibrium.
MARRIAGE

For traditional marriages, the opinion of the elders was law: it was usually they who decreed the unions of their children or grandchildren. Thus marriage often took the form of an interfamily arrangement, to which the parties concerned usually agreed. The newly-formed couple would then become another nucleus in the family as a whole but, at least in the country, they would live with the boy's parents and would have to defer to them for certain decisions. The dowry paid by the boy's family to the girl's family was regarded as payment for the girl's keep up to the age of marriage. Once married, the girl became part of her husband's family, so that her parents' bargaining to ensure a good marriage for her was prompted by parental love. In a traditional society, marriage was not the consecration of love, but its beginning.

Marital fidelity was the rule in the country, due to social pressure. In the towns it was less so.

Monogamy was usual, but polygamy was not prohibited by law, only by the state of a man's finances. Culpability for sexual offenses consisted more in the violation of justice (failing to give a prostitute her due, loving the wife of another, having relations with a young girl who belongs to her parents), more than in lack of respect for the individual (considering the other person as an object of pleasure, betraying one's spouse). A young girl had a duty to remain a virgin, out of gratitude to her parents.

On coming into contact with industrialized society and seeing the free relationships between the sexes in France, the refugees have difficulty in finding their bearings, for they have lost their parents and the old people who were their points of reference. It would be desirable for French families to adopt refugee families, particularly single refugees, so as the provide them with a family authority to which to refer.

Young refugees easily find French girlfriends, since it is the fashion for the present-day French female to go out with Asians. However, having a girlfriend and setting up a home are two different things. The young Khmer males are surprised and delighted at the proposals made to them by their colleagues at work, but remain anxious for the future; by marrying a Frenchwoman they run the risk of being betrayed by her at her slightest whim. How will they be able to provide her with what she needs? As for Khmer girls, there are too few for the numerous suitors.

KHMER WOMEN

Khmer women are usually very reserved. Etiquette demands that they should be entirely devoted to their husband, that they should not say or do anything that is likely to upset him. To signify Yes, women say Master. At mealtimes, the master of the house eats with the guests; his wife eats afterwards. In relations between the sexes discretion is the rule; a handshake corresponds to a proposal; by touching a woman's hand, even involuntarily, a monk will lose all the merits acquired in a previous life. The Khmer never shake hands in public, not even the married ones; still less do they exchange kisses.

The Khmer are very surprised to see the French *nibbling at each other*, indeed, an inquiry has shown that this is what surprises them most. They quickly become accustomed to being kissed in public without feeling embarrassed. For the Khmer, *inhaling the ordure of the other person* is the equivalent of a kiss.

It would be useful for nursing staff to know that a Khmer woman strongly objects to undressing in front of a doctor. The presence of another woman can help.

In general, Khmer women have received little schooling. As children, they had to look after the younger members of the family instead of going to school. As young girls, they had no possibility of training at domestic science schools, but learned everything from tradition. To help them adapt to French life, it would be very useful if this deficiency could be made good.

**CHILDREN**

Khmer children are the real masters of the family and do whatever they please. From birth, they live glued to their mothers who, as soon as they cry, have to carry them on the hip and give them the breast, sometimes up to the age of 2½. They have never been subject to any discipline, but when the exasperated parents do correct them they go much too far. Children go to school if they feel like it and stop going when no longer interested. Often the parents will say: "He doesn't want to go to school anymore."

A Khmer child, particularly in the country, was free and independent and would be educated by osmosis. The patriarchal society would instill in it the rules of life, politeness, a scale of values, respect for old people, for the family and for bonzes, filial gratitude, mutual assistance, etc. These rules disintegrate on coming into contact with European society, which has *profaned* all these values. Contact with school is a rude shock for Khmer children, who are not as well equipped as the French.

In France, children's fancies are no longer acceptable, even to those who respect the Khmer culture. It would be desirable for children to retain links with their own culture: reading and writing in the Khmer language, instruction in dancing, etc.

The children are learning French quickly and will soon be superior in this respect to their parents, who thereby risk losing prestige.

The Khmer do not kiss. Do not be surprised if a Khmer child does not kiss his parents or his adoptive parents before going to bed. Nor do husband and wife, on parting or meeting again, express their affection by a kiss.

The Khmer do not like anyone touching their head, even as a sign of friendship. Such a gesture is taken as a serious insult. On the other hand, men often stroll about holding each other by the little finger or stroking each other's buttocks as a sign of familiarity.

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DOMESTIC LIFE

The dwelling of a Khmer peasant is made of wood or straw and is built on piles. Inside, it consists of one large central room, which is used as a living room, for receiving guests, and for eating and sleeping. One or two smaller rooms are formed in the corners of this large room by wooden partitions and serve as bedrooms for the parents and the young girls. Outside, a small veranda houses a stove and primitive cooking range.

The furniture is very meager: often there is no cupboard and clothes are hung on the partitions. Do not be surprised if the tidiness of rooms inhabited by the Khmer leaves something to be desired: they have to learn to fold their clothes, for they have never done so. Nor indeed have they ever had so many clothes.

Rural dwellings have no doors inside, so do not be surprised if the Khmer leave doors open in France.

Meals are taken on a mat, but everyone eats whenever he is hungry, especially children. The basic food of the Cambodians is rice: 400-800 grams per day for a manual worker. Other dishes accompany the rice, but they do not constitute the main part of the meal. Children are taught to eat little of these dishes and a lot of rice.

The refugees arrive in France with an empty stomach, and although French foods provide more calories than Khmer foods, they have less bulk. The refugees sometimes eat the same amount of food as they did in Cambodia, and rapidly put on weight.

The Khmer sleep either on a mat spread out on the floor or on a wooden bed, usually without a mattress. They sleep rolled up in a blanket, on top of the bed, with a bolster between the legs to ensure that fresh air circulates. At night, a small oil lamp is lit as they are afraid of the dark.

Do not be surprised if the refugees leave lights on during the night. It would be a good idea to install in the rooms a low-voltage light, which could be left on throughout the night without incurring too much expense.

Tucking in a bed with sheets and blankets seems natural to us, but the refugees have to learn this habit.

In Cambodia, all the children slept side by side. Do not be surprised if, at the beginning of their stay in France, they sleep in the same bed.

Each day, even several times a day, the Khmer took a shower, a habit that was necessary because of the climate.

Do not be surprised if the refugees use a lot of water. Encourage them to be clean, but to avoid thoughtless waste.
Also, teach children to wear warm clothing and footwear in winter, since this must not be taken for granted, despite the cold.

Traditional family medicine comprises diagnosis and appropriate remedies. When a person feels unwell, a wind is said to have entered his body. To make it leave, the wind is scratched by rubbing the body with a coin, after smearing a little oil on the skin. This has the same effect as a revulsive or a cupping glass, but is more painful. The veins of the neck and the forehead are also pulled; this certainly results in decongestion. Some foods provide heat others cold. Some Khmer are reluctant to allow X-rays, as they have been told that they cause cancer or eat away the inside of the body. Despite what has been said above, some hesitate to take a shower, as they have been told that water will enter the lungs (no doubt as a result of colds caused by taking showers in winter and walking in the cold air with wet hair). Some are afraid of the doctors as they do not understand everything he does.

WORK

Cambodia was a land of plenty. Never, under normal conditions, did the people suffer famine. Their needs were limited, as the sun made up for a good deal. The main requirement was food; to work was to seek food. Once this need had been met, there was no reason to go on tiring oneself unnecessarily. People worked only when they had to.

Workers were not annoyed to see people living without working; they were the lucky ones. There is no shame in not working, in being unemployed, or in being kept by others. One member of a family could, by his labor, feed the entire family. The peasant worked hard to till, plant out and harvest, and would then take a rest. The prestige conferred by knowledge made it difficult for a person who had studied to turn his hand to manual work.

It is imperative to help refugees when they arrive in France, and in particular to arm them for the struggle for survival that life in France has become today (learning the language and the laws; seeking accommodation and employment). However, it must be remembered that provision for the future is characteristic of our Cartesian universe; a refugee will tend to seek work and accommodation only when desperate.

Aid is necessary, but will quickly be considered a prerogative unless care is taken. A person receiving aid feels abandoned when aid ceases.

It is a difficult moment when a refugee is given his first pay packet, as there is a strong temptation to stop working once in possession of a little cash.

Many refugees work hard to please their employer, who must be aware of this situation so as not to abuse it. On the other hand, an unkind remark, ridicule, or a rough but not necessarily unfriendly word on the part of a foreman will give offense and the Khmer refugee will leave without any hope of his returning.

Some ways of doing things are not self-evident to everyone: skilled carpenters will frequently place locks the wrong way round, a case is liable to be put down upside down, etc.

An element of instability among Khmer workers is explained by the wanderlust felt by people from a country where needs were few. However, if the atmosphere of the workshop and the neighborhood is agreeable, they will have no desire to seek new pastures.

The problem of the arduous work given to foreigners in France is particularly acute for refugees who left their country before or about 17 April 1975. They had thought they would find in France a marvelous country in which they would be able to continue the pleasant life they had led in Cambodia. Those who came after that date had experienced exhausting work under the new regime: they find work in France just as laborious, but appreciate being able to live in freedom, at least on weekends.

**POLITICS**

The majority of refugees do not have any political awareness. They did not leave their country because of hatred or because of ideological differences, but to avoid dying of hunger and disease or at the hands of the Khmer Rouge. Because they are far from their homeland, without news of their families and faced with the difficulties of life in France, they become nostalgic for the past. They dream of their country and wish to return, if necessary bearing arms.

Barring world-shattering events, however, this hope is vain and in all probability they will stay in France for a long time. Several groups, large and small, are collecting money to send to the rebels who are fighting to free their country. Some are honest and the money is actually sent to the underground forces. But some leaders are not, and the money remains in France, stolen by profiteers.

**A FEW REMARKS OF A LITERARY NATURE**

The Khmer language is an atomic language (like French), of Austro-Asiatic origin, which has been enriched over the centuries by Indian contributions, by Pali (the unwritten Buddhist religious language), and by Sanskrit. The Khmer language is classified as one of the Indo-European languages; *head* is *KeBal*, a word reminiscent of the Greek *KePHaLo*, or the Latin *CaPut*. *God* is *TeVoDa*, recalling the Greek *THeVos* and the Latin *DeVuS*.

Scientific words of modern origin (and ideological words used by the new regime) are derived from Sanskrit, in accordance with the principles that governed the formation of French scientific words: *Bike* is *Kang*, *Bicycle* is *To* (bi, two) - *Chakra* (cycle) - *Lien* (vehicle). Only people who are versed in the Khmerization directives (after 1965) are familiar with this vocabulary, which is modeled on French but is totally alien to the original Khmer language.

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The Khmer language is written with letters of South Indian origin. It comprises 33 consonants, which have an o or an a sound. They do not need vowels to be pronounced or have a meaning: Ka, the first letter, means neck. There are six autonomous vowels, which are pronounced without being linked to consonants and have a meaning by themselves. A series of 12 vowels is combined with consonants: they are placed before the consonants they affect, after them, on both sides of them (before and after), above, below, or above and below. The vowels have a different sound depending on whether they affect consonants having an o or an a sound. Some are short, others long, and many are diphthongs. The final syllables are closed (ending in a consonant, as aspirate, or an s, or long, but are never unvoiced.

This explains the difficulty which the Khmer have in pronouncing unvoiced syllables in French; pos for poste, sak very short, with the k remaining at the back of the throat, for sac.

In view of the number of vowels, the Khmer language is very rich in sounds, but does not possess any letter corresponding the j, ch or g, which are generally pronounced s. Similarly, it does not have a u, only a long un, the u being pronounced vui. An and un are often confused. It is only by daily exercise that the muscles of the tongue and palate can be trained.

The Khmer language favours harmony, the alternation of long and short, and a lavish form of expression. A Khmer will often listen to himself speaking, and the language of someone who speaks well is said to be harmonious. A Khmer will generally read a text aloud to hear what he reads. Since Cambodian words are written without any intervening spaces, reading is slow and cannot be done diagonally.

Asian languages, particularly the Khmer language, have a very simple syntax. There are no tenses or conjugations, there is no gender or number and there are no articles or pronouns:

To indicate the plural, a determinative is added: Bread three pieces.

A determinative word is also added for the gender: Female oxen three.

For the tenses, adverbs (yesterday, today, tomorrow) or particles (with = the future, to obtain = the past) are added. For pronouns, appellatives are used; each person describes his position in relation to the other, often humbling himself and sometimes humbling the other person to show contempt or anger;

I (me, my) is translated by servant in conversation with a stranger; by sole of the feet - servant to honor someone important; by servant have compassion when addressing a bonze; by servant bearing divine adoration on his head under the finest dust of the august feet of the Lord and Master when addressing Sihanouk; by elder or eldest one when addressing younger people, one's fiancée or one's wife; by child, grandchild, nephew, when speaking to parents, grandparents, uncles and older people; and by

Agne when angry, when insulting others - who are then called Aceng - or when addressing children.

In this connection, care must be taken with the use of the familiar form of address tu (thou): a Khmer will attach an Agne-Aceng meaning to an I-thou relationship, when the person addressed is relegated to a lower level than that of the person speaking, even to the point of contempt. Even friends rarely use the familiar form of address in public.

The Khmer language is very specific and descriptive: go and fetch that for me is go take object there carry come me. For a French person, a sentence expressed an idea, which then leads on another. For a Khmer, redundancies and repetitions in another form enable the person addressed to grasp the idea expressed.

Sentences have only one clause: relative clauses and conjunctions (because, so that, for, by, etc.) have only come into use recently, modeled on the French. The Khmer sentence is a spatial and temporal juxtaposition and is not put together in accordance with Cartesian logic. Moreover, everything in the sentence must be explicit, without any abstract idea: "What do you want" bread or rice?" will not be immediately understood. It will be necessary to explain first what is being discussed: "Bread or rice, which do you want?"
WORST CASE SCENARIO
THE X FAMILY (HMONG)
BRIEF SYNOPSIS

Two-year-old Hmong boy who was brought to the hospital because of swelling in his scrotal area. The child had an operation and his right testes was removed. In addition, the doctors found a tumor in the child's abdomen which was too large to operate on, so they did a biopsy and found the mass to be cancerous. The Drs. recommended that the child immediately undergo chemotherapy treatments to reduce the size of the tumor so they could eventually remove the mass through an operation. The parents were very reluctant, because of certain cultural beliefs to consent to the medical treatment. Childrens Protective Services (CPS) was then called in and through meetings with the father and various clan members, CPS and the Doctors were able to convince the parents to consent to the treatment.

The first series of treatments were successful and the second series were scheduled. The parents did not bring their child in for an appointment because they did not want their child to continue treatment. They were very concerned about the side effects of the treatment such as hair loss and sickness and many elders in their clan had advised that the child would naturally outgrow the cancer. CPS became reinvolved and briefly spoke to the mother about the treatment to no avail. The social worker had planned to make a second home call when the father returned from an out-of-town business trip, since the father has the last word in family decisions in the Hmong culture. The doctors however advised CPS that the child would immediately need treatment or the child's life could be endangered. CPS then obtained a court order to allow the child to be treated. When the mother refused the treatment, law enforcement forcibly removed the child and placed him with the CPS worker who brought the child to the hospital. The mother became very despondent and retrieved a rifle and pointed at the officers as they were leaving the residence. The mother then went back into the house and then law enforcement called out the SWAT team.

The child was brought back to the house so the mother could see that the child was alright. The father who had arrived during the SWAT action was finally able to convince the mother to give up. The mother was brought to the local hospital for a psychological assessment on a 5150. The child who had pneumonia was forced to wait awhile before he received the chemotherapy. However, the treatment was given and as far as we know the child is currently healthy and living with his family.

Problems That Arose During the Case

1. The Hmong culture is very patrilineal and it is the males (especially the elders) of the family and the clan that make the major decisions for the clan and family. In this case CPS and Law Enforcement interacted with the mother and expected her to make very important decisions in regards to the child. This decision could possibly be in
direct conflict with her husband and clan elders wishes if she decided in favor of allowing the treatment. [In this case the father chose to not inform the mother about the specifics of the child’s medical condition. The mother therefore, saw the treatments as being detrimental as she saw how the side effects caused problems for the child. Thus, she only saw the problems (side effects) without truly knowing the severity of the medical condition.]

2. The medical personnel and the hospital perhaps contributed to the pressure of the situation. The hospital demanded that the child be brought in immediately to have the treatment or it would be life or death for the child. With this criteria there did not seem to be any flexibility to see if things could be worked out. Why, however, was the situation that immediate? Did that mean that the child would need surgery that very day? or the next? perhaps in a week. What criteria and reasoning was used to demand that the child be admitted immediately that the day. After the fact it was learned that the child had pneumonia, thus precluding any possibility of immediate chemotherapy treatment until the pneumonia was arrested. Chemotherapy treatment was not given for several days. Perhaps if the workers had waited for the father to return home before taking such drastic actions, they perhaps could have avoided a very messy situation.

3. When the social worker and law enforcement went out to enforce the court order they did not bring a Hmong worker for assistance. The parents can speak English, however, the worker could have provided much needed and important information about existing cultural issues. In addition the information could have also been given in the native language as well as English to reduce the probability of miscommunication.

4. The communication between the social worker who initially was involved in the case (just prior to the first chemotherapy treatment) and the social worker involved in removal of the child was poor, and in fact non-existent. The second social worker was not given, and did not pursue, information obtained from the initial social worker’s involvement. If information was given perhaps the case plan or strategy might have included clan leaders involved with the first social worker as well as being able to know the family’s cultural concerns about the medical treatment.

5. Lack of utilization of existing community agencies that serve the Hmong in Fresno. Such agencies as Refugee Health Promotion, Lao Family Community, The Hmong Council, FPD Neighborhood Representatives, etc., could have possibly provided mediation and education services for the family.

In conclusion, if the government agencies attempted to provide more culturally sensitive interventions and had not reacted to the situation in a rash and ill-advised way, then perhaps the SWAT team action and the court action might have been avoided. The communication between CPS and the hospital should have been coordinated, with the hospital providing exact and pertinent information.

GUIDELINES FOR WORKING WITH INTERPRETERS

1. Learn proper protocols and forms of address (including a few greetings and social phrases) in the client's primary language and what name they wish to be called and the correct pronunciation.

2. Introduce yourself and the interpreter, describe your respective roles, and clarify mutual expectations and the purpose of the encounter.

3. Learn basic words and sentences in the clients' language and become familiar with special terminology they may use so you can selectively attend to them during interpreter-client interchanges.

4. During the interaction, address your remarks and questions directly to the client; look at and listen to the client as he/she speaks; observe his/her nonverbal communication.

5. Avoid body language or gestures that may be offensive or misunderstood.

6. Use a positive tone of voice and facial expressions that sincerely convey respect and your interest in the client and address them in a calm, unhurried manner.

7. Speak clearly and somewhat more slowly, but not loudly.

8. Limit your remarks and questions to a few sentences between translations and avoid giving too much information or long, complex discussions of several topics in a single session.

9. Avoid technical jargon, colloquialisms, idioms, slang, and abstractions.

10. Avoid oversimplification and condensing important explanations.

11. Give instructions in a clear, logical sequence, emphasize key words or points, and offer reasons for specific recommendations.

12. Periodically check on the client's understanding and the accuracy of the translation by asking the client to repeat instructions or whatever has been communicated in his/her own words, with the interpreter facilitating; but avoid literally asking, "Do you understand?" (among many cultural groups, a "no" response would make all parties lose face and is thus unlikely to be stated).

13. When possible, reinforce verbal information with materials written in the client's language and visual aids or behavioral modeling if appropriate (before introducing written materials, tactfully determine the client's literacy level through the interpreter).

14. Be patient and prepared for the additional time that will inevitably be required for careful interpretation.

These guidelines were adapted by Sam Chan from the following sources:


A Perspective of Child Maltreatment and Cultural Aspects of Parenting Styles Among Hmong American Families

Serge C. Lee, PhD
Pao Ly

ABSTRACT

This brief essay attempts to clarify three specific issues concerning the perception of child rearing practice among Hmong families. These issues are: (a) factors associated with child maltreatment; (b) language expressions that could be misinterpreted as threats toward the well-being of Hmong children; and (c) some traditional medical practices that may be perceived as abuse and neglect by western standards.¹

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INTRODUCTION

Since the April 1975 withdrawal of U.S. forces from Saigon, more than 1 million Southeast Asian (SEA) refugees including Cambodians, Laotians, Hmong, and Vietnamese have entered the United States. Of this figure, 120,000 were Hmong (World Refugee Report, 1993). It is estimated that about 100,000 Hmong are now living in the U.S. primarily in California, Wisconsin, Minnesota, Texas, Rhode Island, and Colorado (Vang, 1992).

Living in their country of asylum has not been easy for most Hmong families. Many of them grew up in peasant villages and received no formal education. Hmong society is comprised of a patrilineal clans system that structures their culture by integrating social, political, economic, and religious aspects of behavior (Yang, 1986).

The Hmong come from a culture of animism, ancestral worship, family and group orientation, and slash and burn agriculture (Bernatzik, 1970). America is a modern industrialized society where individuality is uniquely important. Since coming to this country the Hmong's family relationships have changed dramatically. They are not as closely knit as they were in Laos. Traditionally, the basic unit of the Hmong social structure is the household or patrilineal extended family. The term household refers to those persons who are under the authority of the household head. A Hmong man's household will consist of his wife, his children, the children's wives and their children, and younger siblings who are not yet married (Bernatzik, 1970). Hmong have organized their social structure and familial practices according to their folklore stories and common traditional beliefs. In this preliterate society there were no written laws, rules, or
regulations that stipulated the governance of Hmong society. Ancestral teaching, clan membership, and personal commitment to the Hmong as a whole governed the household through rules and values passed orally from generation to generation (Cooper, Tapp, Lee, & Schwoer-Hohl, 1991). Similar to other Southeast Asian groups, the extended and clan group, not the individual, is the basic unit of Hmong society. Individuals are seen as the products of their relationships to nature and other people (Shon & Ja, 1982). Individual achievement is viewed by the Hmong as an achievement of the entire society and the clan group, not as a wholly individual achievement (Lee, 1993). Deep respect for elders is a tradition that is highly valued. Women and children are expected not to bring shame through deviant behavior to the men's families or their clan groups. Deviant behavior such as refusing to obey the parents' strict curfew after school is dealt with in a culturally syntonic fashion, such as, spanking, harassment, tie-up, lockup, or humiliation. However, these types of traditional family practices are either misinterpreted and no longer tolerated in the United States by human services professionals, or they are being rejected by the younger, more educated Hmong, while the older ones want to maintain them.

Due to marked differences in family values; norms, beliefs, and traditions between the respective Hmong and American cultures, consciously or unconsciously, there will be family practice styles that Americans may deem as unfit parental treatment of children. In this brief essay we will discuss the possible factors that may be perceived as abuse and neglect among Hmong families, introduce Hmong language terminologies which may be misinterpreted as a threat to the well-being of a child, and lastly, address some of the traditional medical practices which may leave observable marks and scars.
on a child for an extended period of time. Social workers who do not possess appropriate knowledge and familiarity regarding such cultural practices and beliefs may inappropriately identify Hmong parents as abusive.

Researchers such as Derezotes and Snowden (1990) have demonstrated that intra familial child maltreatment has occurred in all societies at all times, and that almost every society currently has taboos against abusive parental behavior toward children. Korbin (1993) also have stated that there are many known examples of non-Western cultures that allow various methods of discipline, initiation rites, and other practices which would be considered abusive by our standards. Several other social scientists such as Garbarino (1985, 1992), and Korbin (1981) have stated that even though these same cultures may have fewer cases of child abuse and neglect that are unacceptable by their own cultural standards than we have here in the United States, child maltreatment occurs across cultures.

Derezotes and Snowden (1990) identify several risk factors, some of which we would say might also increase our understanding regarding the possibility of child maltreatment in Hmong families. These factors include: (a) distress and personal dissatisfaction (anxiety, excessive fear, and frustration); (b) social isolation (parents without enduring outside relationships and less access to outside child care); (c) rigidity (strict adherence to rules of neatness, and observance of sex-role expectations become absolute and invariant expectations for children's behavior); (d) family conflict (disputes, mutual coercion, threats, complaints, and the general infliction of pain and suffering); and (f) stressful life events (change of religion and family organization).
Hegar and Yungman (1989) concluded that abusing parents lack appropriate knowledge of child-rearing and that their attitudes and expectations set them apart from nonabusive parents. In addition, negative life changes have been reported as being associated with the occurrence of child abuse in families.

POSSIBLE ETIOLOGY FOR CHILD MALTREATMENT AMONG HMONG FAMILIES

To reiterate, it is important to note that child maltreatment occurs across cultures. In Hmong families, child maltreatment perceptions and parental perspectives about children’s growth and development are quite unique. Due to the uniqueness of Hmong parenting styles, the following reasons are considered possible causes for child maltreatment among Hmong families. These reasons are not based on any empirical evidence, but rather on our personal contact with numerous Hmong families and our own experience within the Hmong culture.

Parental Expectations

Traditionally, Hmong parents have established very high expectations for their children and have developed strict guidelines to control their children's behaviors. Among Hmong parents who grew up in Laos, one of the primary problem areas regarding children's psychosocial development is their matured ages. It is common to find Hmong parents expecting their 10- to 11-year-old child to become intellectually, physically, or emotionally strong. At this age level Hmong parents expect their children to be capable of distinguishing right from wrong. For example, a 10-year-old child should be able to keep the house clean without much instruction from the parents or should be able to take good care of his or her siblings. Such expectations are even more strict for a female child. Between the ages of 10 and 13, Hmong girls are expected to become...
strong physically, emotionally, and even socially. It is a period where she must begin to conform to social norms and cultural mores. For example, she is expected to carry out household chores under pressure (i.e., demands made by the parents or an older person) quietly, and she should be learning to be a parent herself. She is also expected to be able to bear children at this age as well.

Regardless of gender, the child who becomes angry, refuses to follow instructions, or cries is considered a weak and disobedient child. Once a child is labeled as such, there is a serious risk of him or her becoming the victim of abuse and/or neglect. A variety of parental methods may be used to discipline the child. For example, the parents expect children who are age 10 or older to work quietly and stop asking questions when their parents give them an order. When a child is unable to achieve such high expectations, he or she is considered stupid, less worthy, a slow learner, and not smart. Of course, when parents perceive one or more of their children in such a negative manner, there is no question in our minds that these children will become the victims of blame and parental punishment.

Hmong children are expected to ntsia lwm tus ua neej (adapt to other people's life functioning). When interacting with children, Hmong parents often compare the children's behavior to other children around them and point to these children as role models for change and ways to improve their behavior. Of course it is an excellent idea for any parent to give advice to their children about learning good behavior from other children around them. What is different for Hmong parents is that they do not realize that each child has unique characteristics and is different. When their children cannot achieve such things as other kids, the parents will say something like "you shouldn't be

born at all," which makes it emotionally painful to the children. At the same time, Hmong parents will psychologically stigmatize their children in an attempt to *change their bad behavior*. Hmong parents know very little about the psychosocial impact that such labeling has on children.

**Lack of Parental Knowledge**

Somewhat different from parental expectations, lack of parental knowledge includes three critical issues to be considered when examining child maltreatment in Hmong families. It is the authors’ general estimate that more than 80% of the Hmong adults in the United States came from rural areas where Western ideals in terms of parenting styles, skills, and knowledge of children's growth and development were largely unknown. Family interaction such as spending time together, setting up family meetings, participating in social activities, and rewarding for good behavior were unheard of in their traditional culture. In contrast, Hmong were used to a family style in which parents have the exclusive *right to say* what will happen in the family. For example, Hmong parents often make such comments as "when I talk, you listen", and "me nyuam yaus tsis paub dab tsi" (children know nothing). These two examples are some of the very important family parenting concepts often used among middle-aged and elderly Hmong parents who have not yet assimilated to mainstream American culture. Often times we may observe Hmong parents treating their newborn baby differently from what Westerners are accustomed to. For example, in the Hmong culture it is common, especially with a newborn baby, for the parent to wait until the child cries before feeding him or her. When the baby does not cry they assume that the child isn’t
hungry: Some Hmong parents are unaware that newborn babies need food every couple hours and that children need to be fed many times a day.

Hmong parents also take a different approach when their children fight. When Hmong children fight, parents rarely step into the middle to separate them or find out from the children what's going on. Instead, they will wait until the situation escalates and it gets on their nerves. When they intervene, Hmong parents usually start by yelling and screaming. In many instances the child who started the fight ends up receiving a punishment such as a spanking, being locked up, or denied food until the child says "kuv tsis ua li lawmn" (I am not doing that no more).

Another difference in child rearing between Hmong and Westerners is age. Similar to our discussion earlier about parental expectations, Hmong parents know little about how old a child has to be before he or she can take on personal and social responsibilities. In many situations, Hmong parents believe that children mature as early as 7 or 8 years of age (Hunt, 1992). It is a common belief by Hmong elders that children who are 15 – 17 should be mature enough to be parents themselves. Children who do not get married during this age may have a number of stereotypes being placed on them. For example, they may be told "you are too old to be married," or "that nobody else will marry them." Hmong parents also believe that by using strong parental methods early in their children's lives, they will make them mature quickly, allowing them to learn to take on personal and social responsibilities and therefore become better persons. Emotional suffering has never been considered by the Hmong as a psychological issue that may affect the child's personal well-being when he or she grows up.

Hmong Children Become Victims of Stereotyping and Scapegoating

Hmong usually have large families. The majority of them have four or more children. However, within some family systems only one or two children may be considered by their parents as a wonderful child. The other children may be perceived by the parents as not smart, spoiled, or deviant. Based on oral history and ancestral worship, Hmong parents also believe that children are born raws noob (inherited the bad gene from past ancestors). Children who develop and exhibit bad behavior as defined by the Hmong society are believed to have come from a clan group with a bad ancestor, and these children are said to have inherited the bad gene. Thus, when a child misbehaves, the bad behavior is thought to be the result of bad ancestry. In addition, parents will compare the child to a bad ancestor or bad clan group. And therefore, children who are labeled as such will often receive harsh punishment when they misbehave.

Another important issue that leads Hmong parents to mistreat their children has to do with fear and frustration. Hmong parents are very possessive in regard to family matters. Hmong parents do not want any of their children to become spoiled. They often place high expectations on their children, not realizing that the children may be too young to meet those expectations. These Hmong parents may lack the knowledge of good parenting styles. Lacking this knowledge they place blame on bad ancestry. Fear and frustration, however, do play a role in how Hmong parents raise their children. Hmong parents usually develop very strict rules and sometimes inappropriate guidelines to control their children’s behavior. One of the fears is that their children may not grow to become an important person in society. As stated earlier, the Hmong perceive society to
be more important than the individual unit. Children are obligated to take on social and cultural responsibilities by: (a) carrying on the family name; (b) devoting his or her lifetime to work for the clan and society; (c) respecting the Hmong people, not only his or her clan group but all 18 clans; (d) paying strict respect toward past ancestors' teachings; (e) never bringing shame and punishment to the family, clan group, and society at any cost; and (f) never talking back to their parents. All Hmong children are expected to carry out these social and cultural obligations. Any child who fails to perform a minimal number of these obligations is perceived by his or her family and by the Hmong people in general as a spoiled child. According to the Hmong traditional culture, once a child has become spoiled, he or she is subjected to familial punishment, not only from the child's biological parents but also from aunts, uncles, clan leaders, and group leaders in the community. All of them have exclusive rights to punish this child.

Therefore, avoidance of any behavior that is considered by the Hmong as inappropriate is not only a must, but also becomes a necessary part of life and social obligation among the Hmong people. Because of such social obligations and guidelines, children are expected to live and comply with behavior that is established by the family, clan groups, and Hmong societal mores. Another important point about societal mores is that of the parent's obligations in society. Not only must Hmong children perform and fulfill the above familial, social, and cultural obligations, but their parents must do so as well. Due to such social responsibilities, all Hmong parents are expected to use any necessary form and type of parenting styles to produce a healthy, productive, and

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2 There are only 18 clan groups or family names among the Hmong around the world.
important child in society. Similar to familial and cultural punishment of children, when a parent fails to control their child's behavior, they are subjected to societal condemnation as well. Extended family members or clan leaders get involved in providing punishment by lecturing about family and clan values and by the use of humiliation.

In the next section we would like to present some familiar Hmong family communication patterns that could be misinterpreted by a Hmong child who was either born or grew up in America, school teachers, counselors, or social workers as a threat to the child’s well-being. Without proper translation, these oral expressions could lead to the Hmong parents being falsely accused or investigated by the Department of Social Services or other similar human services agencies.

**Cultural Misunderstanding**

Nineteen years after the Hmong resettled in the United States, numerous published articles, books, magazines, and newspaper reports have documented their immigration experiences, acculturation pressures, adaptation and assimilation issues, and economic achievements; however, Hmong oral language expressions have not been recorded or explained clearly in the American mainstream linguistic and sociological literature. Because of this lack of documentation on Hmong communication patterns, especially words used by Hmong parents towards their children during normal conversation and when they are angry, parental comments often lead to misinterpretations and misconceptions. Human services personnel who are not familiar with these words or phrases will become upset, frustrated, unhappy, and probably resentful. There is a metaphor used regularly by the Hmong in the United States that they are now living in three different worlds: the new world for the younger Hmong, the

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other world for the older ones, and one for those who are unsure which culture is best suited for their needs. Hmong children who have grown up or were born in the United States are now struggling to understand the Hmong language and Hmong terminology. For example, there have been several incidents in Fresno County where Hmong children report to their teachers that their parents were threatening to kill them with a sharp knife, threatening to throw them away in the jungle, or telling them that they are unworthy of living. The teachers, upon learning of these alleged threats, had no choice but to report them to the proper authorities. These reports then created a chaotic situation where many government agencies were called in, such as the police department, the local FBI office, and the county child protective services to conduct an emergency investigation regarding the alleged threats. In order to eliminate this confusion and make human service professionals more aware of expressions of anger used by the Hmong, we would like to introduce a few of the common traditional words and phrases regularly used by parents towards their children.

Some of the words often used by Hmong parents when they are angry with their children include: paub li txhob yug (shouldn't give birth to you), nkim lub zag yug koj (waste time to raise you), tua pov tseg (kill you), nrauj zoo (throw away in the jungle), pub tus ub tus no (give to someone else), ntxim ntxub (unloved, hatred), ruam (stupid), taub hau loj (big head), and tsov tom (killed by tiger). Hmong parents may also make statements to their children such as: "your life has to be as sharp as the edge of a knife", placing the edge of the knife very close to the child's eyes as they are telling them this. Hmong children who grew up in the United States know very little about such terms or their intended meaning. What the children do not know is that these words in
fact have no real meaning at all. The phrases were simply passed on orally to the Hmong from generation to generation. In fact these terms were meant to be used only as expressions of anger, and Hmong parents do not even know the real meaning of such words or phrases. But to Hmong children born or grew up in the United States, they are unsure whether their parents are really going to kill them with the sharp knife, or whether their parents are really going to throw them away in the jungle. When children hear these terms, they may become upset, anxious, or confused and then report the exact wording to their teachers or counselors. Because of their unfamiliarity with such terms, the unknowing teachers become seriously concerned about the child's safety and well-being and might report the incidents to authorities without talking to the parents to explore the real meaning of the alleged threats.

Another important cultural aspect that we would like to discuss is foster care placement for Hmong children. Death and dying ritual ceremonies and burial obligations in the Hmong culture are very crucial. For the Hmong anywhere else in the world, unless they are spouses, a distant clan person cannot die in another clan's home. For example, a Lee can only die in the Lee’s clan family home. In order to avoid a feud among Hmong clan groups, when considering placing Hmong children with a Hmong foster family, either in short- or long-term placement, social workers and judges must make every effort to place the child(ren) within his or her clan group. Without taking the Hmong culture into consideration, judges could easily place Hmong children with any Hmong family or foster parents. However, if the judge fails to consider Hmong cultural beliefs and traditions, there is a significant obstacle. Placing the Hmong child with a different clan group could lead to rival clan disagreements, broken family relationships, family

feuds, hatred, and clan hostility if the child(ren) were to die. Every time a Hmong person, either young or old, dies the most important funeral arrangement to be made is who will handle the death rituals burial ceremonies. Any problem occurring as a result of such conflicts could lead to a lifelong feud between the two clan groups. A single incident could lead to many other conflicts as mentioned among several clan groups. When such incidents occur, the Hmong tend to consider the problem as only a Hmong matter. Therefore, the conflict will never come to the attention of the judge or the social worker.

**Traditional Medical Practices**

Similar to other Southeast Asian groups, coining and cupping that may leave marked bruises for days or weeks is regularly practiced among Hmong families. Children who are suffering from seasonal colds, influenza, headaches, or other pains may be coined or cupped by their parents. Cupping and coining are the more common traditional medical practices known to Western culture. However, there are several other Hmong medical practices which are not known to Westerners.

Very similar to coining and cupping is needle punch. This is another type of traditional medical practice among Hmong that could be considered very painful. Usually an adult is the one who uses this type of medicine. He or she takes a sharp needle to punch the fingertips, forearms, or toes of the child (leaving a tiny wound) and lets it bleed for several minutes to get rid of the so called *bad blood*. This practice is often seen in cases where the person is very ill.

Medicine wrapping is another form of traditional medical practice by the Hmong that leaves larger bruises for days and which are easily visible to the naked eye. The practitioner may use herbs, black shoe wax, Vicks or tiger balm, or Thai-made battery

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charcoal. He or she applies one of these items to areas where there are insect bites. The practitioner may use the same remedies to get rid of unwanted birth marks which are considered by fortune tellers as bad fortune or sinful. Greenery herbs may also be used by the practitioners for two other purposes. One is to qhwv thaiv dab (keep away bad evil, bad spirit) when the shaman or the medicine man has determined that the illness may have resulted from ghost-haunting.

Although never empirically studied, we estimate that between 50-60% of Hmong in the United States have converted to Christianity. The remaining 40% or so still practice animism (Hmong religion). Hmong families use greenery herbs to qhwv thaiv npaws (prevent high fever from malaria-like illness). Due to the French's colonialism and later the American involvement in Indochina, the Hmong have learned that high fever results from malaria and that it attacks the person in a cyclical fashion. For example, malaria will recur only in the morning, or in the afternoon. Therefore, before the next cycle, greenery herbs should be qhwv (wrapped) around both wrists, ankles, and the forehead of the ill person to prevent malaria from recurring. Most Hmong practitioners prefer to leave this wrapping on for an extended period of time or even overnight. Any application of the above remedies including greenery herbs will leave large bruises on the wrists, back, ankles, or forehead of the child or the ill person.

Other traditional medical practices and healing processes which may be considered by Western medical doctors and social workers as unfit for treating illnesses include the practice of shamanism, bringing herbal medicine to cure the ill person who is hospitalized, and the so-called caiv (prohibition) period. Like Christian beliefs, Hmong religious practice has been dominated by shamanism—the natural god. Hmong families
who have still not converted to Christianity will use a shaman to cure all kind of illnesses, discomforts, concerns, and disagreements. A shaman may also be used to treat the inappropriate behavior of a child. For instance, a child who has temper tantrums is perceived by the parents to have been influenced by a combination of a bad spirit, bad ancestry, or a lost soul. For Hmong families who still practice animism, shamanism is used when all other efforts have failed to change the child's bad behavior and bad ancestry. In those cases it is believed that only a shaman has the power and ability to travel to the spirit world to search for and negotiate with the unhappy spirit. Occasionally, when the spirit of the ill person or a child's bad behavior is thought to be due to unhappy ancestors, an animal has to be sacrificed to the unhappy ancestors in order to bring back the lost soul.

Hmong know very little about the quality of modern medicine. Most elderly Hmong consider herbal medicine as pure and nonpoisonous. For many parents and elderly Hmong, modern medicine is still unacceptable to them. In addition, whenever Western medical doctors tell them about the side-effects of modern medicine, this becomes a major fear and distrust concerning chemically made medicines abounds. For example, recently in Fresno County, a Hmong girl name Lee Lor was diagnosed as having ovarian cancer. Her doctor felt that the girl should receive chemotherapy as soon as possible, while she and her parents felt that chemotherapy was unsuitable and unnecessary. Since the two parties concerned could not work out on an agreement, Child Protective Services obtained and used a court order to forcefully remove the girl from her home, so she could get chemotherapy treatment. Soon after the first phase of the chemotherapy treatment was completed and the girl was allowed to go home, she
ran away. This is a clear case of misunderstanding and mistrust about modern medicine among Hmong families. Without additional available information to the Hmong about Western medical practices, it is expected that such conflicts will continue to happen. It then becomes important for the Hmong to be educated about the values of modern medicines.

The last point we would like to mention regarding cultural aspects of the Hmong is the so-called *caïv* (prohibition) period. Many types of ritual ceremonies require a prohibition period of from 2-7 days. During this prohibition period no stranger or visitors are allowed to go into the family's home. All forms of interference with the family's spirit (well-being) are prohibited and must be avoided. Only immediate family members or those who have been invited can enter the home. Entering a home without permission during this prohibition period is considered a severe spiritual crime. The perpetrator could receive spiritual condemnation or face a heavy fine. Because of this spiritual prohibition time, social workers who are not familiar with Hmong cultural beliefs may consider such periods as parental denial, refusal, or that the family is buying time to send the child away. Prohibition periods usually occur during a newborn's birth, New Year celebration, a shaman's blessing, or a ritual ceremony.

It is our belief that health, mental health, and social service agencies should begin to explore ways that people such as the Hmong who brought with them a unique culture should be allowed to continue to practice what they have done for hundreds of years. Healing techniques used by the Hmong are not so much different from psychotherapeutic strategies. It is not the intention of this article, but we believe strongly that both the healing processes use by the Hmong and Western psychotherapy are oral

medicine. Both treatment modalities are talk medicine. Psychotherapeutic techniques involve helping people to change their cognitions (Havenaar, 1990), whereas, Hmong healing processes involve natural spirits (Yang, 1990). Both involve the processes of helping the ill person to think positively about his or her life and the environment The Hmong consider the environment as nature. Therefore, as social work practitioners we do not see much difference between talk medicine (psychotherapy) and folk medicine (natural spirit). In fact, allowing the Hmong people to practice the traditions of folk medicine and natural healing processes that their ancestors have orally passed on to them may lead to better cooperation and trust between the Hmong and Western social services, health, and mental health providers. In conclusion, we hope that this brief essay will enable Western human service professionals to become more aware of what constitutes child maltreatment, different parenting styles, anger expressions, and traditional healing processes as practiced by Hmong in the United States. Perhaps this essay could also be utilized as an empowerment model for effective social work intervention not only with the Hmong but all Southeast Asian clients.
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