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### Hartford's Southeast Asian Refugee Population: Servicing the Needs of a Growing Community

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*Hartford's Southeast Asian Refugee Population:  
Servicing the Needs of a Growing Community*

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My research question is the following: How much mental, educational and financial support can Southeast Asian refugees in Hartford expect to receive? Although Southeast Asians are a group of people that are not that well known in Hartford, it is just as important to focus on those that are lesser-known but still continue to be an integral part of the community. My research took place at the Asian Family Services, which is an organization that began in 1996 and offers community education programs for the Southeast Asian community in Hartford. After meeting with AFS staff and several clients, it seems that the greatest obstacles a Southeast Asian refugee in Hartford has in accomplishing his/her goals are mental health concerns, limited education/training, and not being given sufficient monetary state and federal aid for said difficulties.

Many Southeast Asians came to the U.S. as refugees after the Vietnam War in the 1970s. Motivated by push factors such as the preservation of their lives and the escape of persecution, Southeast Asian refugees have been found to be less prepared to embrace U.S. culture than voluntary Asian immigrants who have resided in America for the same number of years.<sup>1</sup> The Hmong in particular worked very closely with the U.S. during the war, which eventually resulted in losing 20 percent of their adult male population to war-related fatalities. When the U.S. withdrew from Vietnam, the Hmong experienced severe retaliation and were “targets of genocide” from the North Vietnamese and Lao

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<sup>1</sup> Yu-Wen Ying and Meekyung Han, A Test of the Intergenerational Congruence in Immigrant Families-Child Scale with Southeast Asian Americans (National Association of Social Workers: 2007) 36.

Communists for their partnership with the U.S.<sup>2</sup> Because of this, approximately 90 percent of Hmong refugees have been resettled to the U.S.

Since 1975, more than 200,000 Hmong have fled Laos as refugees. When they arrived, the government enacted a “scattering policy” for the refugees from 1975 to 1980, which tried to disperse them evenly throughout urban and rural areas of the U.S. in an attempt to acculturate them more quickly.<sup>3</sup> This policy also did not allow more than eight members of an extended family to immigrate to the U.S., who were then “scattered” throughout the country. This had a great impact on Hmong families who highly valued their family and clan system. While there was a significant number of Hmong refugees that arrived in the 1970s, the 1980s represented 46 percent of Hmong foreign born currently in the US. By 2000, there were approximately 103,000 foreign born who self-identified as Hmong in the U.S.<sup>4</sup>

Although the states with the largest number of Hmong refugees are California, Minnesota, and Wisconsin, Connecticut is also attracting a growing number as well. The state’s total Asian population grew by more than 16,000 from 2000 to 2003, and by 2005 about 3.2 percent of the state’s residents were Asian. In 2007 that number rose to more than 100,000. Due to a lack of data available from the most recent U.S. Census Bureau in 2000, the only statistical information given on Southeast Asians as a whole in Hartford is the Vietnamese. This particular group makes up 0.36 percent of Hartford’s total population, 0.46 percent of African Americans and Latinos, and 22 percent of the total

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<sup>2</sup> Anthony W. Tatman, Hmong History, Culture, and Acculturation: Implications for Counseling the Hmong (Journal of Multicultural Counseling and Development: 2004) 223.

<sup>3</sup> Tatman 224.

<sup>4</sup> U.S. Census Bureau 2000.

Asian population.<sup>5</sup> In terms of AFS statistics, 80 percent of their current clients are Vietnamese, while the remaining clients come from Cambodia, Laos, Thailand, and other Asian countries. They are currently working with the new influx of the Karen (from Burma) community by helping them form an association and get them accustomed to living in Connecticut with the help of Catholic charities and working with representatives and leaders from the Karen community.

The AFS was founded in 1996 by Vichhyka Shelto, who came to the United States after the Khmer Rouge (the Communist political group that ruled Cambodia) took control of her home country. She was the first Cambodian refugee to enter Connecticut in 1975. Her experiences during and after the Vietnam War, and also realizing how little support she was receiving here led her start the organization. The program's mission statement is "...to aid the Southeast Asian refugee and immigrant community by addressing their mental, physical, social, and emotional needs in a culturally competent, holistic, integrated environment."<sup>6</sup> Their ultimate goal is to facilitate self-efficacy and independence.

The AFS has two full-time clinicians, two full-time case managers, one part-time case manager, and one bi-weekly visiting psychiatrist. They provide psychotherapy (with culturally sensitive interpreters), pharmacology, and medication management. Additional services include but are not limited to case management, education in systems navigation, English as a second language, preparation for citizenship, and general assistance. Most of the organization's caseworkers are native speakers of Vietnamese, Cambodian, Laotian, Cantonese and Thai.

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<sup>5</sup> U.S. Census Bureau 2000.

<sup>6</sup> Asian Family Services brochure, Hartford.

Because Shelto is no longer the current director of AFS, I was not able to speak with her but found several interviews that further explain her views on the organization:

We are able to engage with them in their own language. We know the culture, including appropriate behavior... We bow to them, for example. We respect them. We respect their dignity. When they walk in here physically as an Asian, it helps the client to engage and to trust.<sup>7</sup>

Similar to East Asian tradition, AFS staff told me that their Southeast Asian clients also do not find it easy to share their personal matters because it is not usually acceptable in their home countries. This is probably a big reason why I had so much trouble speaking with them about their experiences; trust is a major issue for immigrants, and perhaps a local college student coming out of nowhere and asking them personal questions is not the most comfortable of situations for them. However, as Shelto explained, AFS clients are immediately respected and are given a combination of both eastern and western methods of mental health treatment. With time, trust is usually gained.

Most of the AFS's clients grew up in rural areas with no formal education. It is extremely important to have support systems in place for the immigrant population because they have been displaced from their home countries with little to no support in Connecticut. Also, whereas refugees in 1975 were eligible for thirty-six months of public assistance and free language training, today's refugees can receive a maximum of eight months,<sup>8</sup> which means that these types of organizations are very crucial. Although the AFS staff cannot provide all the support the clients' needs, they provide education on

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<sup>7</sup> Heather Claborn, Asian Family Services: Helping Asian Immigrants in Connecticut (The Voice of America News: 2003).

<sup>8</sup> Donald A. Ranard, Language and Literacy Education for Southeast Asian Refugees (ERIC Digest, 1993) 4.

state and government services, make referrals to other resources, and facilitate access to them.<sup>9</sup>

Because many Southeast Asians are refugees from the Vietnam War, post-traumatic stress disorder (PTSD), depression, and anxiety are all very common among AFS clients and makes their transition into American culture even more difficult. It is also a big reason why access to and communication with them was very difficult, not to mention why the majority of clients are in their 40s and 50s – although the youngest age is fourteen. Jessica R. Goodkind describes the unfortunate experiences that researchers have discovered among Southeast Asian refugees:

Westermeyer and colleagues found that there was a large subgroup of Hmong adults who continued to experience many of these symptoms even after 8 years in the United States. Mollica, Wyshak, and Lavelle, (1987) found that 92 percent of the Hmong refugees in their study met the criteria for post-traumatic stress disorder.<sup>10</sup>

In 1988, Dr. Joseph Westermeyer found that the rate of mental health diagnosis was more than twice as high for the Hmong (43 percent) than it was for other populations (15 to 20 percent), attributing to traumatic experience. However, one particular success story that AFS staff told me about had to do with a female client who was labeled with mental retardation and could not perform IADL (Instrumental Activities of Daily Living), later became independent after several years. She now has her own apartment and has recently held part-time jobs.

Other factors that clinicians and case managers have seen include the effects of acculturation, family violence, compulsive gambling (which is apparently a very common

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<sup>9</sup> Asian Family Services staff survey (Hartford, 2008).

<sup>10</sup> Jessica R. Goodkind, Effectiveness of a Community-Based Advocacy and Learning Program for Hmong Refugees (*American Journal of Community Psychology*: 2005) 388.

habit among Southeast Asian refugees in Connecticut), job loss, and poverty.<sup>11</sup> In fact, the Human Services Infrastructure Case Manager of the AFS, Sounthaly Thammavong, has claimed that one of the biggest reasons why clients come to them is due to mental health/substance use issues and behavioral problems such as individual psychotherapy, psychiatric assessment and consultation along with medication management.<sup>12</sup> One of their biggest problems is that Southeast Asian clients do not easily identify with the idea of ‘mental health treatment,’ and usually come in with symptoms associated with the consequences.

Generally speaking, the AFS provides counseling services for longer periods of time to clients with severe mental health issues. However, the number of sessions may be predetermined by managed care or the state. They have clients who have received individual psychotherapy and psychopharmacology for ten years. The AFS also helps their clients acquire skills to manage mental health issues on their own, cope with daily problems, and solve problems effectively. Staff is also aware of that fact that not all of their clients came to the AFS voluntarily; many were referred from outside agencies such as educational, governmental, social work, or other professional networks. This may be due to clients not seeing the necessity of seeking aid, or perhaps it has to do with wanting to keep problems within the family without relying on outside help. In fact, in a survey conducted by Nishio and Bilmes, numerous Southeast Asian refugees were asked from whom they would usually seek help for various mental, emotional, social, and familial problems.<sup>13</sup> It was found that these refugees did not go to outside providers (such as an

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<sup>11</sup> AFS brochure.

<sup>12</sup> Interview 11.14.08, Hartford.

<sup>13</sup> Tatman 227.

organization like the AFS); the Hmong participants in this study claimed that their families were the primary source of support for these issues.

In 2006, about two-thirds of Vietnamese immigrants in the U.S. were limited English proficient. About 5.4 percent of the 1.1 million Vietnamese immigrants age five and older reported speaking “English only” while 25.9 percent reported speaking English “very well.” In contrast, 68.7 percent reported speaking English “less than very well,” which is much higher than the 52.4 percent reported among all foreign-born ages 5 and older.<sup>14</sup> Less than half of AFS clients have a “survival” grasp of the English language, and the rest do not speak English at all. Because of this, seeking job employment is extremely difficult for them; less than ten of the clients currently have jobs. Most of them do not have children under the age of eighteen, so it was not possible to compare education systems in the U.S. with those of their home countries. Although none of the current AFS clients are enrolled in public education systems in Hartford, a few of them have taken some informal classes regarding ESOL and job training. As mentioned before, most AFS clients came to the U.S. without any formal education; those that tried to enroll in non-AFS related ESOL classes had immediate trouble because most ESOL classes assume a sixth grade reading level in the student’s native tongue. The AFS itself, however, offers the state’s only ESOL classes that do not require literacy in native languages and offers classes for learners at all levels.

Although the other education-related programs are citizenship classes and adult education classes, the organization is also hoping to increase their involvement with Hartford schools and students by working on creating understanding and interpretation in

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<sup>14</sup> U.S. Census Bureau 2006.

the public school system, holding support groups for parents with at-risk children, and sponsoring Asian clubs in local high schools. Children of refugees are tremendously dependent on the school system for academic guidance because there is a big chance that their parents have had little or no exposure to formal education, and may be not literate in any language. Spending time and money on supporting them inside and outside of school is extremely important because although most the AFS clients that I spoke with did not have children in public schools, the staff did mention that children of refugees can experience just as many obstacles and challenges as their immigrating parents.

An obvious but major reason for this goes back to unemployment. Reitmanova and Gustafson found that children of the unemployed can experience a deterioration in school performance and social relationships, develop antisocial behavior, attempt suicide or resort to substance abuse.<sup>15</sup> Because refugee parents tend to, out of necessity, prioritize their health needs over education, their own schooling gets left behind – which ultimately leads to them being without jobs for a great deal of time. Not to mention their belief that their children’s education is now the key to success. Thammavong herself is the daughter of refugee parents whose prime goal was to give her a good education through proper schooling in Hartford.

A great deal of literature that I have found on the schooling of Southeast Asians in the U.S. tend to comment on the differences between the Hmong and the Vietnamese, who they refer to as former political prisoners (FPPS). Donald A. Ranard, for example, has found that most Hmong adults arrive in the U.S. with little or no formal schooling

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<sup>15</sup> Sylvia Reitmanova and Diana L. Gustafson, Mental Health Needs of Visible Minority Immigrants in a Small Urban Center: Recommendations for Policy Makers and Service Providers (Journal of Immigrant Minority Health: 2008) 47.

and few vocational skills, while the Vietnamese are well-educated former military officers.<sup>16</sup> I did not find this to be true at all at the AFS – there was no sharp contrast between the different Southeast Asian ethnic groups. The reason for this may be because many of the clients’ reasons for being referred to the AFS in the first place is their inability to get a job or deal with their traumatic experiences, so a well-educated former military officer probably would not be in need of their services. However, there have been many clients at the AFS who fought in the Vietnam War and have benefited greatly from their services. Also, the organization is not inclusive to the Southeast Asian population so anyone can receive appropriate therapy.

Caseworkers at AFS claim that the language barrier makes the refugees feel isolated and depressed, which is why they provide services in the preferred language of the client – usually Cantonese, Cambodian, Laotian, or Vietnamese. When I asked the staff about clients using their children as translators in necessary situations, I was told that although this can be beneficial, negative implications may arise due to their inability to interpret medical and legal terminology. Children regardless of their age may not be available for interpretation due to school or work, and conflict of beliefs, priorities and responsibilities tend to impact the clients as well as themselves.<sup>17</sup> Also, second and third generation Southeast Asians often speak English only, which causes many families to experience communication problems at home.

Similar to Ranard’s article, I was told that since most of the AFS’s clients speak very little or no English at all, there is still funding (albeit not that much) from the state for their ESL classes. However, refugees at intermediate and high intermediate levels of

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<sup>16</sup> Ranard 4.

<sup>17</sup> Interview 11.24.08, Hartford.

English proficiency are at risk of not finding an appropriate program for their needs, since their English is often too advanced for adult education programs like the ones at the AFS, yet not advanced enough for formal educational leveled courses. Also, refugees with above-basic levels of English tend to feel pressured into entering the workforce right away, instead of getting the right services for their needs. In fact, in 2006, over half of Vietnamese foreign-born adults in the U.S. had a high school degree or less. During that same year, approximately 30 percent of the 1.1 million Vietnamese-born adults ages 25 and older had no high school diploma or the GED equivalent, compared to the 32 percent among the 30.9 million foreign-born adults.<sup>18</sup>

Funding issues and budget crises always seem to go hand-in-hand with education; unfortunately, this hardly ever means immediate proper treatment, even though it should. In 2001, the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) gave the AFS a three-year \$1.2 million grant. There were six other grants handed out nationwide to fund so-called "culturally competent" mental health services, treatment and support programs in keeping with a community's traditions, "...that are supposed to give clients a feeling of safety and familiarity."<sup>19</sup> In the past couple of years, the organization also faced decreased funding and a growing demand for its services, so government officials began to seek an unnamed associate to help with procedures such as billing, payroll and grant-writing. Sung-Ho Hwang,

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<sup>18</sup> U.S. Census Bureau 2006.

<sup>19</sup> Claborn, 2003.

president of Asian Family Services' board of directors, said that this would allow the two organizations to offer a higher level of services to the Southeast Asian community.<sup>20</sup>

One example of issues with funding was in 2003 (the last year of the contract), in which SAMHSA was not able to provide funding for AFS due to budget cuts. SAMHSA official Mark Webber claimed that:

...the current philosophy is that any program should be culturally competent and sensitive to the racial and ethnic makeup of a community, so that it doesn't really make a lot of sense to fund a cultural competent initiative...[when actually] we should be funding programs that are part of the fabric of a community, and provide culturally competent services to anyone who walks in that door.<sup>21</sup>

AFS retorted with how people without English language skills are too intimidated to even approach mainstream providers. Although the SAMHSA grant allowed the organization to develop more services and increase its staff from seven to seventeen, they were not able to replace those funds by September of that year. Eventually Shelto had to cut several staff members because of this while the client waiting list grew.

In East Hartford, however, there seemed to be more luck for immigrant and refugee adults working on getting an education. In an article from the *Hartford Courant*, Patricia Perrone, the director of adult and continuing education, told the board of education that the number of students taking free adult basic education, high school equivalency classes and ESL rose from 203 to 215 in 2007-08.<sup>22</sup> The public school system of East Hartford pays \$100,000 for those classes, while the state pays \$125,394. The cost of ESL is covered by the state and town, while most of the other classes are

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<sup>20</sup> Fulvio Cativo, Asian Family Services, Regional Agency Merge (The Hartford Courant: 2007).

<sup>21</sup> Claborn, 2003.

<sup>22</sup> Kate Farrish, East Hartford Seeks More Adult And Continuing Ed Students (The Hartford Courant: 2008).

covered by East Hartford residents. Perrone also mentioned in the article that she would like to see an increase in enrollment for the “for fun” classes – like mah-jongg, magic tricks, salad making and balloon sculpture – even though these are probably not considered high-priority necessities by adult education students.

Because of the growing number of Southeast Asians in Hartford, it is necessary to create more support centers that are able to help them adapt to the situation and become independent. The AFS in Hartford is certainly one such place that does so to the best of its abilities. However, there are library literacy programs from all over the country that provide free ESL classes to their students; why is it that the only licensed mental health agency for Asians in state of Connecticut has to require its clients to pay an entrance fee for services that do not deal with counseling (i.e. ESL, adult education, and citizenship classes)? In 2008, the AFS’s estimated annual sales were \$330,000, which did not all come from clients’ health insurance companies. Perhaps if we had more programs that acknowledged this particular minority within other majority-minorities (i.e. the large African American and Latino population), these refugees would not have to pay a fee at all and also would not feel pressured by the state to immediately find a job and instead work on their individual and family needs.

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