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Journal of Social Work 2013 13: 164 originally published online 29 July 2011
DOI: 10.1177/1468017311409135

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Journal of Social Work
13(2) 164–183
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DOI: 10.1177/1468017311409135
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Hmong women, marital factors and mental health status

Pa Der Vang
California State University, San Bernardino, USA

Matthew Bogenschutz
University of Minnesota, USA

Abstract

•*Summary*: An online survey was completed by Hmong women in the United States ($n = 186$). The survey was distributed via listserves and websites frequently used by Hmong women, and solicited information about marital factors, presence and intensity of depressive symptoms, and socio-demographic circumstances.

•*Findings*: The findings of this article indicate a significant relationship between marital abuse and depression among women married as teenagers when compared to non-abused women who married in adulthood. Excessive worry and feeling like everything takes great effort were the two most frequently reported indicators of depression reported by Hmong women in this sample. Additional marital and socio-demographic factors are explored in their relationship with depressive presentation.

•*Applications*: These findings suggest that mental health practitioners working with Hmong women may need to be particularly attuned to issues of marital stressors related to traditional marriage practices and cultural stressors.

Keywords

social work, abuse, cultural practices, depression, Hmong women, teenage marriage

Introduction

Mental health practitioners have long known that mental health services are most useful when the individual needs of each service recipient are taken into account. However, challenges continue to arise when mental health practitioners must assess and plan interventions with clients of cultural backgrounds that are considerably

Corresponding author:
Pa Der Vang, St Catherine University, 2004 Randolph Avenue, St Paul, MN 55105, USA.
Email: vangpader@yahoo.com

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different from their own. In the United States today, nearly 12.5 percent of the population, well over 37 million people in total, were born outside of the United States (ACS, 2009), meaning that practitioners are likely to work with a more culturally diverse clientele today than ever before. In the provision of quality services, it is essential to gain an understanding of the culturally specific circumstances that contribute to mental distress among immigrant clients. Bicultural stress, oppression, and traumatic life experiences may all affect the mental health status of immigrant populations, including the Hmong in the United States, as investigated in this article.

This article offers the findings of a study of Hmong women and their experiences related to marriage and depression. Specifically, the authors explore the role of cultural practices surrounding marriage and the influence of marital circumstances on the mental health status of a sample of 186 Hmong women. This article presents factors such as teenage marriage, marital abuse, marital status, and socio-demographic factors that may aid practitioners in understanding the experience of Hmong women as it pertains to mental health. In addition, this article offers recommendations for social work practice with this population.

Background of the Hmong

Hmong are an ethnic tribe whose roots trace back to China (Hamilton-Merritt, 1993; Quincy, 1995). During the Vietnam War, the Hmong assisted the United States in its 'Secret War' against the Communist government in Southeast Asia. Following the fall of Saigon, Laotian and Vietnamese governments viewed the Hmong's assistance to the United States as a betrayal of the Communist government, leading to the political persecution of the Hmong immediately following the Vietnam War (Hamilton-Merritt, 1993; Quincy, 1995). In 1976, the US Congress recognized the Hmong as former Central Intelligence Agency (CIA) employees and authorized immigration to the United States. According to the 2005–2007 American Community Survey, there are an estimated 194,798 Hmong in the United States (ACS, 2008). From 2004 to 2005, over 15,000 Hmong immigrated to the United States after the closure of Wat Thamkrambok in Thailand (Hein, 2006; Lynch, 2004). Wat Thamkrambok, a Buddhist Temple about 80 miles north of Bangkok, was offered as a safe haven for Hmong who chose not repatriate to Laos or resettle to the West after the 1992 closure of Ban Vinai, a refugee camp, in Thailand (Bebic, 2004; Culhane-Pera, Vawter, Xiong, Babbitt, & Solberg, 2003).

The 2005–2007 American Community Survey provides population estimates that give context to the sample for this survey. The population-specific Hmong data subset informs this section of demographic data. The total Hmong population in the United States is estimated at 194,798 (ACS, 2008), though other recent estimates place the number of Hmong in the United States between 170,000 (Reeves & Bennett, 2004) and 250,000 (Foo, 2002). The Hmong in the United States are typically young, with a median age of just 19.1 years and 47 percent

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of the population are under the age of 18. The majority of Hmong in the United States (57.2%) arrived prior to 1990, and 14.2 percent immigrated since 2000, while the remainder are children of these first generation immigrants (ACS, 2008).

Considering Hmong women specifically and based on 2005–2007 American Community Survey data (ACS, 2008), 45.4 percent are married, 37.9 percent have never married, and lesser proportions are widowed, divorced, or separated. Educationally, 48.1 percent of Hmong women graduated from high school and only 10.2 percent completed a bachelor's degree or higher education, as compared to 84.6 percent of all American women who finished high school and 26.2 percent who completed a four-year college degree. Hmong women with full-time work status have a median income of $27,005 per year, nearly $7000 less than American women in total.

Literature review

The review of current literature provides important context for understanding the findings of this article and the manner in which we interpret our data in the latter sections, which comprise several aspects related to the marital experiences of Hmong women.

Hmong marital practices

Traditionally, Hmong women married in their teenage years. Teenage marriages typically take place when Hmong girls are aged between 15 and 17; but teenage marriage may occur much earlier (Donnelly, 1994; Fadiman, 1997; Foo, 2002; Lee, Xiong, & Yuen, 2006; Liamputtong, 2002; Ngo, 2002; Symonds, 1984; Thao, 1986; Vang, 1999; Vang & Bogenschutz, in press). Although acculturation towards a more Americanized lifestyle may influence the marriage practices of younger generations of Hmong women, research has shown that teenage marriage among the Hmong continues in the United States (Foo, 2002; Hune & Nomura, 2003; Ngo & Lee, 2007; Swartz, Lee, & Mortimer, 2003; Symonds, 2004; Vang & Bogenschutz, in press). Traditionally, Hmong marriages take place under several circumstances, including elopement or mutual consent, arranged marriage, and bride capture (Donnelly, 1994; Foo, 2002; Symonds, 2004). Each of these circumstances requires negotiations between both families (Symonds, 2004). In elopement or mutual consent, the bride voluntarily chooses to marry (Donnelly, 1994). In arranged marriages, the union is negotiated between the families of the groom and the bride (Faderman, 1998). A final form of traditional marriage practice, bride capture, occurs when the man literally captures his future bride and forcibly takes her to his home where a welcoming ceremony is conducted (Lee et al., 2006). The practice of bride capture is generally considered antiquated and its occurrence in the United States is not well documented due to the legal repercussions of capture or kidnap (Donnelly, 1994; Symonds, 2004). Because the occurrence of these traditional

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forms of marriage is not well documented in the United States, it is difficult to ascertain their frequency with any accuracy.

Teenage marriage and adolescent development

For many Hmong Americans, life at home consists of strong traditional family and cultural values that encourage filial piety and interdependence among members over individualism. Youth are expected to be closely aligned with the family with strong obligation to and reciprocity with the family and clan (Xiong, Eliason, Detzner, & Cleveland, 2006a). This contrasts with life outside of the home, such as in school and among social relationships, where American culture emphasizes individuality and autonomy from the family system (Xiong et al., 2006a). Traditionally, gender roles were clearly defined for the Hmong (Donnelly, 1994; Symonds, 2004). Females were expected to carry out maternal and domestic duties while males were expected to be heads of households, interact with those outside of the immediate family system and to carry out traditional practices such as rituals and ceremonies (Donnelly, 1994; Symonds, 2004). The Hmong believe that men were born with inherently more power than females and females were expected to abide by the expectations of their male family and community members. Marriage in Hmong culture is bound by strict rules that require wives to obey the male head of household. More often than not, physical, emotional, and sexual abuse of women who do not fulfill their gender role expectations is tolerated by families due to the strong tradition of patriarchy (Donnelly, 1994; HTY, 1997; Symonds, 2004). This emphasis on patriarchy conflicts with American values which, in recent years, have increasingly emphasized gender equality in almost all spheres of social life.

The conflict between two cultures is referred to as bicultural stress. Bicultural stress among adolescents has a positive correlation with depression and less optimism particularly among adolescent girls (Romero, Carvajal, Valle, & Orduña, 2007). Bicultural stress is higher among Asian American children who report higher family stressors due to incongruent family and societal values and feeling highly interdependent with their parents and family (Romero et al., 2007). Adolescents with higher levels of acculturation stress report less favorable mental health outcomes (Romero et al., 2007). Bicultural stress that is left unaddressed may affect mental health and could result in a higher risk for depression and anxiety. Married Hmong American adolescent girls are faced with stressors as a result of the stark differences between Hmong and American values surrounding teenage marriage.

The clash of Hmong and American values regarding teenage marriage create challenges to the mental health and self esteem of Hmong females. Traditional Hmong values instill in Hmong girls that marriage and motherhood is a final destination in one's life course; thus upon reaching this milestone, one has finally made it. On the other hand, early marriage can be a disruption in normal

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adolescent development and disrupt socially prescribed life transitions from adolescence to adulthood in the United States where becoming an adult is only the beginning of many more life experiences (Hogan, 1978).

Marriage and mental health

Research has consistently supported the notion that marriage is linked with better mental health among women while divorce is linked to higher rates of depression (Afifi, Cox, & Enns, 2006; Barrett, 2003; Cairney, Boyle, Offord, & Racine, 2003; Horwitz, Raskin White, & Howell-White, 1996; Jian Li Wang, 2004; Lipman, MacMillan, & Boyle, 2001; Pearlin & Johnson, 1977; Ross, 1995; Waite, 1995). Women who have experienced divorce are also more likely to be abused by their partners (Alvi, Schwartz, Dekeseredy, & Bachaus, 2005). In addition, marital abuse and poverty are linked with higher rates of depression among women. Women who experience domestic violence, less intimacy with their spouse, and frequent marital discord report more depression than women in more harmonious marriages (Bargai, Ben-Shakhar, & Shalev, 2007; Culp & Beach, 1998). Studies have also found that low socioeconomic status predicts higher levels of marital abuse (Bargai, Ben-Shakhar, & Shalev, 2007; Culp & Beach, 1998; Fantuzzo, Fusco, Mohr, & Perry, 2007; Hope, Rodgers, & Power, 1999; Kessler, Molnar, Feurer, & Appelbaum, 2001). Accordingly, teenage brides may be more at risk as they have lower earning potential and thus, are more likely to experience poverty and potentially have a higher risk for being victims of marital abuse. Teenage marriage also tends to lead to higher rates of teenage parenthood, which has been linked with higher stress levels and more risk for depression among women (Turner, Sorenson, & Turner, 2000). Finally, cultural factors such as patriarchy and strict gender role prescriptions that place less value on women may tend to result in a higher tolerance for abuse towards women.

Additionally, researchers have proposed that pre-existing mental health conditions may hinder a woman's successful transition into a marital relationship; setting the stage for increased levels of marital discord and divorce (Afifi et al., 2006; Teitler & Reichman, 2008). A study of teenage marriage and mental health reported that adolescents with psychiatric disorders tended to marry in their teens at a greater rate than teenagers who did not report any psychiatric disorders (Forthofer, Markman, Cox, Stanley, & Kessler, 1996). On the other hand, Simon and Marcussen (1999) assert that individuals with better mental health tend to marry at younger ages while those with a mental illness remain single for much longer. Marriage as it relates to mental health status is understudied among Hmong girls. Studies in this area are inconclusive. Hutchison and McNall (1994) reported that Hmong girls who married early reported no differences in depression, well-being, self-derogation, and self-esteem compared with unmarried Hmong girls yet other research has found high levels of distress among Hmong women who married as teenagers (Ngo, 2002; Vang & Bogenschutz, in press).

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Mental illness in the Hmong population

This study examines the relationships between marital circumstances and depressive symptoms among Hmong women. Virtually no extant literature was found in this area of research. In addition, no wide-scale prevalence study of mental illness in the Hmong population has been conducted. Extant studies are limited to small samples and appear fairly outdated. Studies of mental illness among the Hmong cite factors related to their refugee experience as contributions towards mental distress. The orientations of these early papers are focused on the traumatic experiences of Hmong refugees during their exodus from their home countries, which more likely than not, can result in a higher rate of mental distress. For example, Westermeyer (1987a, 1987b, 1988; Westermeyer, Vang, & Neider, 1983) reported that almost 40 percent of the 97 new Hmong refugees in his study met the criteria for depression, anxiety, or PTSD as related to their migration experience. A later study conducted by Hang and colleagues (2004) reported that 70 percent of their small sample of Hmong refugees who were still living in Wat Thamkrabok reported emotional and mental disturbances that met the criteria for depression. Such works are valuable to our understanding of the impact of war and relocation on the mental health status of refugees but may not be applicable when considering the mental health status of younger immigrants who may have little to no memory of the war. Due to this, the current literature surrounding mental health in the Hmong population may not be applicable to the population in this current study, which is comprised primarily of women who arrived in the United States as children and those who were born in the United States. The gap in this area of knowledge warrants further study since the 1.5 and second generation Hmong immigrants most likely experience stressors that differ from that of their first generation parents.

Methods

This study utilized an online survey to gather data. The survey was in English only. The survey was distributed via web-based venues that are frequented by Hmong women, including several email list-serves that predominantly reach Hmong women, targeted websites, and an online discussion forum for Hmong women. Participants were invited to forward the survey to other Hmong women as well, though it is unknown how many women were reached via this snowball sampling method. The list-serves, websites, and online discussion forums that were the main source of respondents are predominantly used to provide communications among working professionals and organizations in the Midwest, though there is some distribution throughout the United States. Although options for contacting the researcher to complete a paper-based survey were offered, no requests for a paper-based survey were received.

The survey began with a consent page as well as a button that was selected to indicate that the respondent was at least 18 years old. In the consent form,

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respondents were asked to read their rights and responsibilities regarding participation in the study prior to beginning. A skip logic mechanism was utilized to prevent continuation in the survey by women who did not indicate consent or who did not report being at least 18 years of age. In addition, respondents who did not indicate that they were Hmong and female were blocked from continuing with the survey. Although these skip logic mechanisms within the survey were intended to prevent those who did not meet the selection criteria from completing the survey, it is impossible to control who completes the survey since the data collection relied on an online survey that can be freely accessed by the public. This means that the findings of this investigation must be understood in the context of the sampling methodology, and findings may not be generalizable beyond the current sample.

Data were collected over three months. A total of 195 women attempted the survey. The survey was closed when responses were no longer coming in. Nine women who began the survey did not complete it. These nine surveys were omitted from the final analysis leaving 186 respondents who completed the whole survey.

The survey comprised 16 demographic questions soliciting various aspects of marital status, employment status, individual income, educational attainment, number of children, age of the participants, and living situation. An additional 10 questions sought information on each respondent's experience with symptoms of depression over the past 12 months. The 10 items regarding depressive symptom status were tailored after the DSM-IV-TR criteria for major depressive disorder (APA, 2000). Participants who completed the survey answered a total of 30 questions, which were designed to take about 10 minutes to complete.

Findings

All of the 186 respondents in this study were Hmong and female. In line with the demographics of the Hmong population generally, this was a fairly young sample with the majority of respondents in the 26–35 age range (60.2%), with 30.1 percent reporting their age between 18 and 25, 9.1 percent aged 36–45, and 0.5 percent over age 46. All respondents indicated being at least 18 years of age. The distribution of selected sample demographics is displayed in Table 1. All survey respondents did not answer all items, meaning that some missing data are present. Missing data were excluded from all segments of this article's analysis, with no substitution of missing values.

Marriage

Teenage marriage remains common according to the results of this study. Of the respondents, 59 women (31.7% of the sample) were married before age 17 and an additional three women married at age 13 or younger. Only 23 percent ($n = 44$) of women in this study reported that they were over the age of 21 when first married. Women who married as teenagers had a higher rate of divorce than women who delayed marriage (χ^2 (6, $N = 149$) $= 33.52$, $p < .001$). Sixty-four percent of the

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Table 1. Sample demographic characteristics

	n	%
Age		
18–25	56	30.1
26–35	112	60.2
36–45	17	9.1
46+	1	0.5
Marital status		
Married	104	55.9
Remarried	22	11.8
Divorced	17	9.1
Single	39	21
Marital circumstance		
Voluntary	126	67.7
Voluntary Arranged	3	1.6
Forced Arranged	14	7.5
Kidnapped	1	0.5
Annual income		
<$21,000	19	10.2
$21,001–$35,000	64	34.4
$35,001–45,000	40	21.5
$45,001–$60,000	34	18.3
$60,001–$80,000	18	9.7
$80,001+	11	5.9
Education		
High school or less	71	38.2
Four-year degree	88	47.6
Master's degree	17	9.1
Post-Master's degree	9	4.8

women who reported a divorce (whether currently divorced or divorced and now remarried) married before the age of 17. In comparison, 70.2 percent of women who were still in their first marriage at the time of the study reported waiting until after age 18 to marry.

Hmong cultural practices reflect a number of ways that women may enter into marriage. Among women who were currently married or married in the past, 87.7 percent married voluntarily, 9.7 percent participated in a family-arranged forced marriage, 2.1 percent voluntarily engaged in a family-arranged marriage, and one individual reported that she was kidnapped into marriage by her husband. It is

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unknown what percentage of married women were involved in cultural marriages and what portion had participated in a marriage that conformed to American legal definitions. Often times, Hmong couples may delay legalization of their cultural marriage and some may never legalize their cultural marriage within the American court system.

Motherhood

The number of children reported by the women in this survey ranged from zero (32.8%) to more than nine (1.1%). Women who were single and never married comprised 21 percent of the sample and made up 19 percent of the women who had no children. Among married women, 9.6 percent had no children, meaning that nearly 91 percent of married women had at least one child. Among mothers, the age at first child is fairly evenly distributed between 15 and 22 years of age, with 18.8 percent of participants reporting the birth of their first child between the ages of 15 and 18, while 37.6 percent reported the birth of their first child occurring at or after age 23, suggesting that early motherhood remains fairly common. There was a general trend for a woman's age at first marriage to correspond to her age at the birth of her first child (χ^2 (9, $N = 125$) = 99.88, $p < .001$), following the logic that childrearing will begin around the time of marriage (Lee et al., 2006; McNall, Dunnigan, & Mortimer, 1994).

Education and income

In this sample, 38.4 percent of respondents reported earning a high school degree or less schooling, 47.6 percent earned a four-year degree, 9.2 percent achieved a Masters degree, and 4.8 percent reported having education exceeding a Masters degree, suggesting educational status among this sample being higher than would be expected in the general Hmong population. Health care (22.6%) and social service (16.7%) industries were the most common employment segments, and typically reported annual earnings in the range of $21,001–35,000 (34.4%) or $35,001–45,000 (21.5%), indicating higher earnings than would be expected for the Hmong population generally.

Our findings were consistent with that of extant research regarding the negative effects of early marriage on the income and educational attainment of women in general (Astone & Upchurch, 1994; Burden & Klerman, 1984; Glick, Ruf, White, & Goldscheider, 2005; Howell & Frese, 1982; Lowe & Witt, 1984; McLaughlin, Grady, Billy, Landale, & Winges, 1986; Moore et al., 1993; Sharlin, 1998; Teti & Lamb, 1989; Upchurch, 1993; Vang and Bogenschutz, in press). Age at marriage was significantly related to educational attainment (χ^2 (6, $N = 149$) = 17.16, $p = .009$). Of women who married early in adolescence (16 or younger), 48.7 percent of women completed only a high school degree, 43.6 percent attained a four-year college degree, and just 7.7 percent obtained an advanced degree. The women who married in older adolescence (ages 17–19) were even more likely to terminate

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their education at high school or less (56.5%). Of the women who completed an advanced degree, the vast majority, 73.7 percent, were in the group who had their first marriage in adulthood. In this sample, educational attainment generally tended to increase as the age at marriage increased, though there were some notable exceptions among women who married in early adolescence who attained higher education than those who married in older adolescence. This may be attributable to the fact that those women who married younger in adolescence may have more support in school to help them compensate for potential academic decline following marriage, while these supports may be less readily available for women who marry towards the end of high school.

Depressive symptoms

The survey asked respondents to self-rate the frequency with which they experienced 10 symptoms of depression over the past 12 months, with questions based on the DSM-IV-TR criteria for major depressive disorder (APA, 2000). Figure 1 displays the distribution of responses for each of the 10 depressive symptoms included for the sample as a whole.

By a wide margin, feelings of excessive worry were the most commonly reported symptom, with 32.3 percent of respondents reporting excessive worry often and another 37.3 percent feeling excessive worry sometimes, representing almost 70 percent of respondents in the two most serious response categories. Only 7.5 percent of women in the sample reported that they never experience excessive worry, making this a highly salient feature of the life experience of most respondents. The second most common symptom was 'feeling as though everything is an effort'.

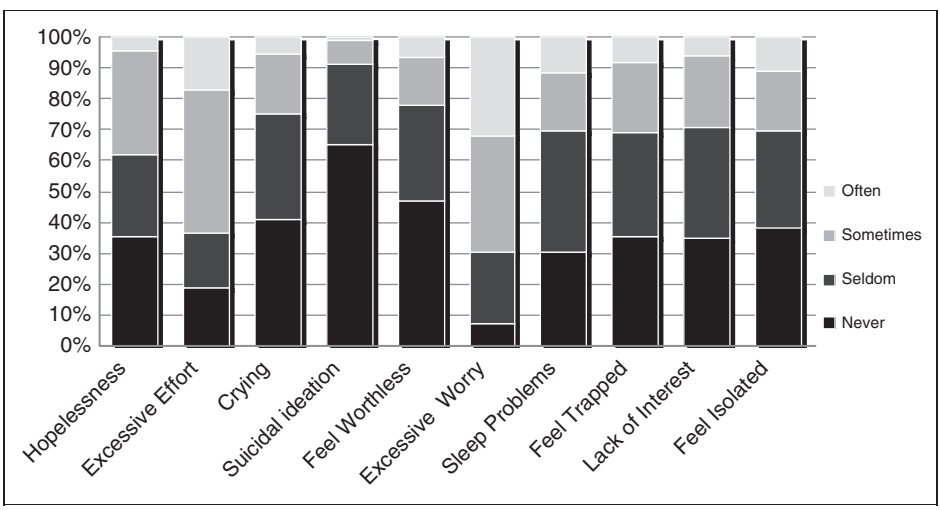

Figure 1. Self-reported frequencies of depressive symptoms.

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Respondents often felt this way 17.4 percent of the time, and sometimes felt that everything is an effort 46 percent of the time. Remaining variables soliciting information on the presentation of depressive symptoms were generally similar in their distributions, with lesser degrees of variation.

Suicidal ideation was the primary exception, with the vast majority of respondents reporting either never having suicidal thoughts (65.2%) or having such thoughts seldom (26.1%), generally in line with the distribution that might be expected of such a severe symptom that will be experienced by a minority of individuals in the general population.

In addition to individual symptoms, a full-scale depression variable was created to reflect each respondent's total status in regard to depressive symptoms, as indicated by the sum of the individual depressive symptom scores. To promote more useful comparisons, these aggregated scores were then divided into three categories to represent low, moderate, and high levels of depression as indicated by the self-reports. In this composite depression variable, the majority of women were in the low (44.7%) and moderate (42.9%) categories, while 12.4 percent of respondents reported a high degree of depressive symptoms.

Depressive correlates

In order to better understand the relationship between depression and marital factors, a series of chi-square tests were executed to examine the interrelations among variables.

Marital factors and depression. A number of relationship factors were tested against full-scale depression and the individual depressive symptoms to investigate the possible impact of marital patterns on mental health. The two most salient marital factors in terms of their relationship with depressive symptoms were current marital status and the experience of abuse during marriage. Table 2 shows the relationships between marital status and abuse with selected depressive symptoms. Of particular importance is the fact that both marital status (χ^2 (6, $N = 161$) = 19.27, $p = .004$) and marital abuse (χ^2 (2, $N = 137$) = 17.65, $p < .001$) appear to have significantly different relationships with overall depression than would be expected. In the case of marital abuse, women who have been abused by a partner are more likely than expected to experience depression. Marital abuse, in turn, was significantly related to early marriage. While 42.5 percent of respondents in the overall sample reported being abused by their partner, only 29.5 percent of women who married after age 20 reported abuse, compared to over half (56.4%) who reported abuse in the earliest marriage age category (16 and under). In addition, divorced women (with or without subsequent remarriage) appeared more likely to report depression than single women or women in their first marriage. Interestingly, 64 percent of the women who reported a divorce (whether currently divorced or divorced and now remarried) reported marrying before the age of 17.

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Table 2. Cross-tabulation of marital factors with selected depressive indicators

	Marital status					Marital abuse		
	Married *N*	Remarried *N*	Divorced *N*	Single *N*	χ^2	Yes *N*	No *N*	χ^2
Depression								
Low	48	8	7	9	19.27**	19	44	17.65***
Moderate	40	8	2	19		22	33	
High	9	5	5	1		16	3	
Feel trapped								
Never	39	9	3	6	20.57*	15	36	17.91***
Seldom	32	6	5	11		16	28	
Sometimes	20	3	2	12		14	15	
Often	6	3	4	0		12	1	
Feel isolated								
Never	42	6	6	7	18.13*	16	39	21.20***
Seldom	34	5	1	11		13	28	
Sometimes	15	4	4	8		14	11	
Often	6	6	3	3		14	2	

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

The relationship between marital abuse and depressive symptoms is worthy of special attention, as marital abuse was positively associated with seven of the 10 depressive symptoms under consideration in this study. In addition to feelings of hopelessness, feelings of worthlessness, feeling trapped, and a sense of isolation (which are summarized fully in Table 2), statistically significant deviations from the expected relationship with marital abuse were also observed for frequent crying (χ^2 (3, $N = 137$) = 15.75, $p = .001$), loss of interest in normal activities (χ^2 (3, $N = 137$) = 8.25, $p = .041$), and, of greatest concern, suicidal ideation (χ^2 (3, $N = 137$) = 10.72, $p = .013$). In each case, women who had reported abuse in their marriage were more likely to report a higher degree of depressive symptoms.

Also statistically significant was the association between feeling trapped and the Hmong women's marital circumstances (χ^2 (3, $N = 132$) = 13.31, $p = .004$), as women who engaged in forced or voluntary arranged marriages were more likely to feel trapped than those women who were married voluntarily without family arrangements. Feeling trapped in this measure was indicated to detect feelings of helplessness or feeling unable to change one's situation. While marital circumstances were not associated with depression generally, or with other symptoms in a statistically significant way, this finding is important since it suggests that traditional Hmong marriage practices, such as forced marriages or bride capture, may

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have a negative impact on the mental health status of some women in the current American context.

Socio-demographic factors and depression. In addition to the relationship factors outlined above, the survey also solicited information regarding socioeconomic factors, such as income, educational status, and age, which were also tested in relation to depression and depressive symptoms. While educational attainment was not significantly associated with depression or depressive symptoms, and no socio-demographic variable was significantly related to overall depression, a number of other statistically significant relationships among variables were observed.

Pertaining to the Hmong woman's age, there were statistically significant relationships with feelings that everything takes excessive effort (χ^2 (6, $N = 161) = 12.66$, $p = .049$) and frequent crying (χ^2 (6, $N = 161) = 12.81$, $p = .046$). In each case, there was a general trend for younger women to experience a higher level of symptoms than older respondents, which could indicate an increase in coping skills as women age.

Personal income was also related to specific depressive symptoms. Specifically, as a respondent's income decreased, there was a tendency to report more feelings of being trapped (χ^2 (12, $N = 161) = 21.43$, $p = .044$), indicating the possibility that a lack of financial security may limit the perceived options available to the women in this sample. Additionally, a significant relationship was observed between personal income and feelings of isolation (χ^2 (12, $N = 161) = 21.94$, $p = .038$), with lower income suggesting more salient feelings of isolation.

Discussion

The findings of this study indicate that a number of relationship factors may be related to depressive status among Hmong women. While a direct link between teenage marriage and depression was not established based on this study's findings, this study does indicate the possibility of a path between teenage marriage, marital abuse, and depressive presentation. Women who marry young are more likely to experience marital abuse, according to these findings, and marital abuse, in turn, is related to increased reports of depressive symptoms. While the establishment of causal links is not possible in the context of the current research, this series of associations warrants further exploration, as both marital abuse and early marriage continue to be quite common among Hmong women in the United States. Additionally, these findings indicate relationships between depression and marital status and age in some circumstances, suggesting that other factors may moderate the direct effect of the primary variables. Primary among these factors is marital abuse, since women who experienced abuse in their marriage were more likely than expected to report higher levels of depressive symptoms and a wide array of depressive symptoms.

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These findings suggest important implications for many areas of social work practice with diverse communities, particularly in the youth, mental health and domestic violence fields. In the following paragraphs, implications for micro- and macro-social work practice are suggested.

Micro-social work practice with diverse populations requires that practitioners maintain sensitivity to cultural factors that can affect all phases of social work practice. For example, in the assessment stage, practitioners working with this population may need to be particularly aware of the influence of culture on marital abuse and depressive presentation among female Hmong clients. As this study reflects, many Hmong women become married within a context that is significantly different from that of mainstream women. Cultural marriages may involve force or capture contributing to a woman's sense of helplessness. In addition, the patriarchal nature of Hmong culture may also contribute to a woman's feelings of helplessness. Hmong culture, like many other Asian cultures, places a high degree of importance on face, thus marital abuse is often not discussed by the Hmong due to the stigma associated with discussing private matters with outsiders (Kaiser, 2004; Xiong, Tuicomepee, LaBlanc, & Rainey, 2006b). Therefore, Hmong clients may be reticent when discussing personal matters. With the apparent relationship between marital abuse and many symptoms of depression being fairly salient in this sample, practitioners should not avoid visiting issues related to marital abuse when depressive symptoms present among Hmong women. In addition, due to the complex interdependence nature of Hmong culture, assessments must go into considerable depth about family circumstances in order to gather a full perspective on the factors that may influence a Hmong woman's mental health status.

Practitioners should not assume the acculturative position of immigrant clients. Immigrants vary considerably in the degree to which they identify with both American culture and their traditional cultures. It is important to determine the level of acculturation and personal preferences of the client. More acculturated clients may be receptive to Western counseling and therapy while clients who are more aligned with traditional Hmong practices may prefer clan intervention for personal problems. In addition, since Hmong culture is interdependent, some individuals may prefer to maintain the harmony of the family and community over addressing their own distress (Markus & Kitayama, 1991).

Macro-social work practice – a good deal of stigma about mental health problems and marital abuse exists in the Hmong community (Kaiser, 2004). Abuse may continue if not reported, with significant mental health ramifications for the victims. It is surprising to see that even among the Hmong women in this highly educated sample, rates of marital abuse are quite high. This implies the need for assertive community outreach efforts aimed at both de-stigmatizing mental health challenges and promoting the reporting of marital abuse. This suggests avenues for the formation of women's issues groups, where Hmong women may be able to share their experiences in a safe, open, and culturally grounded venue.

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Limitations

The sample of women who participated in this survey reported notably higher educational and income status than would be expected within the Hmong population generally, meaning that results may not readily transfer to all segments of this population. Because this research is based on a snowball sample, generalizability to wider populations is not possible. In addition, the higher socioeconomic status of this sample may indicate a higher degree of acculturation towards American ways than might be expected among other Hmong women of similar demographics. The fact that the survey was conducted online and in English would further substantiate this possibility, as this data gathering procedure excluded those women who did not have internet access, do not have computer literacy skills, and who are not fluent in written English. Furthermore, as noted by Dunnigan, McNall, and Mortimer (1993), cultures vary widely in their conceptualization of health and mental health constructs, so gauging health beliefs and perceptions of mental health status may be challenging when working cross-culturally. Results may differ among individuals with lower socioeconomic status, implying that newer immigrants may be more closely aligned with their culture of origin, which may affect rates of teenage marriage as well as marital abuse and depression.

Although acculturation status is an important factor to consider in the study of Hmong women, or any other immigrant group, this study did not account for acculturation, and therefore the authors cannot draw empirical conclusions about the role of acculturation in depression. Further studies are necessary to examine acculturative issues more fully, as this is an important issue to consider in social work's understanding of the life experiences of new immigrants.

Finally, although the sample size is fairly large, the format of the survey was kept fairly simple, with nominal variables predominating. While suitable and powerful for descriptive research, this study is not able to establish causal inference, so it is vital to bear in mind that any assumptions of causality cannot be established within the scope of this study.

Conclusion

This study has examined the relationships between depression and a number of marital and socio-demographic factors for Hmong women. This study highlights the relationship between teenage marriage, marital abuse, and mental health presentation. In addition, the important relationship between marital abuse and depressive presentation has been particularly highlighted. Practitioners must be aware of these factors when working with Hmong women, and should consider the practice recommendations offered in order to provide culturally grounded intervention with this population.

It is also possible that acculturative status may hold a key to understanding the relationships between marital factors and depression. This study did not seek

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information about acculturative status directly, though the methods would indicate this sample may be more highly acculturated to the American way of life than newly arrived Hmong immigrants, based on the fact that the survey was completed online in English, and because this sample exhibits educational and financial achievement that is much higher than the Hmong population generally. It is likely that Hmong women who have a greater degree of acculturation towards the American way of life will have depressive presentations that more closely match that of the general population. In coming years, it will also be important to realize that the influx of Hmong into the United States will be vastly reduced, as all of the Thai refugee camps are now closed. As such, Hmong women are likely to become increasingly acculturated to American ways, since future generations will be raised in the American context. While this may mean that future generations of Hmong women will look demographically more similar to this sample, the long-term effects of bicultural stress on second generation Hmong women are yet to be seen. Practitioners and researchers alike will need to consider models of acculturation in future work with this population.

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