

**Risk-taking behaviour and acculturation among adolescent refugees
from Southeast Asia and Central America and their Quebec peers**

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Abstract

Adolescent refugees struggle to find an identity among conflicts between traditional values and beliefs that are taught at home and those of the new, larger society. Engaging in risk-taking behaviours that are not traditionally done in their country of origin is a possible consequence of the refugees' process of acculturation. The type and amount of risk-taking behaviours and level of acculturation among adolescent refugees from Southeast Asia (N=76), Central America (N=82), and their Quebec peers (N=67) in grades 7 and 8, were examined. The Quebec group displayed the highest rates of alcohol and drug use, stealing, and violence. Central Americans had the highest rates of gang membership. Southeast Asians displayed the lowest total amount of risk-taking behaviours. Distinct profiles of the adolescents in each group emerged. Acculturation had no effect on the refugees' risk-taking activities. Family environment was a key determinant of risk-taking activities among Central American and Quebec adolescents. Socioeconomic status had a minor effect on risk-taking behaviours. Limitations and suggestions for future research are discussed.

Résumé

Parmi les réfugiés on retrouve plusieurs adolescents qui luttent pour trouver leur identité dans un environnement où les croyances et valeurs traditionnelles enseignées à la maison diffèrent fréquemment de celles de leur nouvelle société. Les données à ce jour suggèrent que la présence de comportements à risque peut être une des conséquences du processus d'acculturation chez les adolescents réfugiés. Cette étude examine le profil et l'intensité des comportements à risque chez les adolescents réfugiés du Sud Est Asiatique (N=76), de l'Amérique Centrale (N=82) ainsi que chez les adolescents Québécois de secondaire 1 et 2. L'effet de l'acculturation sur les comportements à risque est évalué. Les résultats suggèrent que les jeunes Québécois démontrent un plus haut niveau de consommation de drogue et d'alcool, de vol à l'étalage, et d'agression sur une personne que les réfugiés. De plus, les adolescents d'Amérique Centrale rapportent un plus haut niveau d'appartenance à un gang, tandis que les adolescents du Sud Est Asiatique présentent le plus bas niveau de comportements à risque. On remarque de plus que chaque groupe d'adolescents présente un profil distinct de comportements à risque. Le niveau d'acculturation ne semble pas avoir d'influence sur les comportements à risque chez les adolescent réfugiés. Les résultats suggèrent également que l'environnement familial est un facteur qui influence la présence de comportements à risque chez les adolescents d'Amérique Centrale et ceux du Québec. Des suggestions pour de futures recherches sont discutées à la lumière des données et des limites de la présente étude.

CHAPTER 1

Introduction

During the middle of 1999, the world's population approached 6 billion inhabitants, with an expected increase to 10 billion within the next fifty years (Briscoe, 1999; Deen, 1998; Independent Commission on Population and Quality of Life, 1996). With this rapid growth, the number of migrants to new countries for personal, political and economic reasons has increased (Westermeyer, 1996). Migration has become a major issue among numerous governments around the world (Hertz, 1988). Refugees constitute a very specific group of migrants because they have fled their country of origin to avoid persecution or for fear of harm due to their political or religious beliefs. In most cases, refugees have left their homelands with traumatic memories and losses and were inadequately prepared for the move. Their adaptation to the new country is thus a major challenge. Refugees bring with them a distinct sociopolitical history and culture. Southeast Asians and Central American refugees are among the largest groups in North America.

In Southeast Asia, Cambodians were massacred under the rule of the Khmer Rouge and its leader Pol Pot who, between 1975-1979, attempted to transform the country into a Marxist regime. In an effort to rid Cambodia of any western and urban influences, families were divided, with adults murdered and children and adolescents being placed in camps where they were separated from their families. This led to a wave of immigrants seeking refugee status in North America during the late 1970s (Kinzie et al., 1986). While many of those who arrived during this wave of immigration were well-educated, urban dwellers, a second wave of refugees arrived during the 1980s, a large

portion of which were peasants living at a subsistence level. They were often illiterate in both their native language and English and unprepared for North American life (D'Avanzo, 1997). Moreover, many had experienced years of political turmoil, imprisonment, severe physical violence, psychological torture, starvation and long stays in refugee camps (D'Avanzo, 1997).

During the second half of this century, countries in Central America including Guatemala, Honduras, and El Salvador, have endured poverty, political instability, extreme violence, and social injustice while undergoing modernization (Guarnaccia, 1997; Johnson, 1998). One of the most significant problems confronting all Central American countries has been the difficulty in achieving significant socioeconomic development without affecting the democratic rights of their populations (Johnson, 1998).

In Guatemala, 36 years of fighting between alleged left-wing groups and a repressive military took its toll on the people. Thousands were murdered, while hundreds of thousands migrated to escape the conflict, which ended with a peace agreement signed at the end of 1996 (Woodward, 1998b).

The fragile Honduran economy was further weakened during the brief 1969 "Soccer War" with El Salvador, over heavy immigration from that densely populated nation (Durham, 1979). During the late 1970s and the 1980s, political instability in neighboring countries posed a central problem for the nation. In 1980, a peace treaty was signed with El Salvador which aided progress towards a constitutional government (Woodward, 1998c).

During the 1970s, El Salvador became known for its human-rights violations. Government security forces and right-wing terrorist groups known as death squads were held responsible for the disappearance of union activists, priests, students, and others who opposed the government. Meanwhile, left-wing guerrilla movements formed and tried to overthrow the government. Human rights violations paralleled a worsening of El Salvador's severe social and economic inequalities, as rapid population growth surpassed economic growth. Even as its capital, San Salvador, modernized into an urban center, poverty and malnutrition continued to rise. Throughout the 1980s, El Salvador's people and economy were devastated by civil war, leading to increased migration (Woodward, 1998a).

As one of the most advanced countries in the world, Canada stands out, not only as a safe haven, but as a land of opportunity. With its relatively small population, high standard of living and peaceful way of life, Canada has become the country of choice for an increasing number of immigrants and refugees. Refugee youth who arrive in Canada must rapidly adapt to the demands of the new environment, even as they themselves are undergoing physical, psychological, and emotional changes and development. Most studies on refugee adolescents tend to focus on a specific aspect of their psychopathology, particularly the development of Post-traumatic Stress Disorder and depression. However, there is a paucity of research that has examined the risk-taking activities and their determinants in this population.

Under any circumstances, migration between countries is viewed as a stressful event and affects individuals and groups in varying ways. The level of stress can be attributed to a number of factors with respect to the move. Consideration must be given

to the reasons and conditions surrounding the move (e.g., did the migrants enter the new country by choice and at a convenient time, or were the circumstances of their arrival during a time of war and trauma?). Additionally, the family's resources, and the host country's response to their move are also important factors (Guarnaccia, 1997).

Acculturation is the process of cultural change due to at least two cultures coming into contact, and where at least one of the groups is forced to modify their beliefs, practices, and values. There is no universal definition of acculturation but there is a consensus that immigrant family members tend to acculturate at different rates. Parents tend to cling to the language, beliefs and previous way of life, while adolescents actively explore the cultural ways of the new country thus reshaping their personal values and self-concepts (Huang, 1989). The adolescent refugee's acculturation and development in North America frequently involves participation in risk-taking activities.

The present study is exploratory in nature and was carried out to investigate risk-taking behaviour in adolescent refugees from Cambodia and Central America and their Quebec peers. Additionally, the relationship between these behaviours and specific social determinants (i.e., acculturation, family environment and socioeconomic status) were examined.

CHAPTER 2

Review of the Literature

Terminology

For the purpose of this paper, the term “immigrant” basically refers to any Canadian resident who was born outside of the country. More specifically, the term “refugee” refers to a subcategory of immigrants, who have fled from their country of origin to escape persecution or danger. Refugee status is claimed either in refugee camps (for the Cambodians), at the point of entry, or after entry into Canada.

Immigrants and refugees in Quebec and Canada

At any given point in Canada’s history, approximately one fifth to one sixth of its population has consisted of immigrants (Baker, 1993). As a leading first world country, the Government of Canada continues its commitment to accept immigrants from around the globe (Dillmann, Pablo, & Wilson, 1993; Freire, 1993; Legge, 1993).

Between 1986 and 1991, 819,000 immigrants (including refugees) arrived in Canada (Beiser, Dion, Gotowiec, Hyman, & Vu, 1995). More recently (1995 - 1998), over 786,656 immigrants arrived, including 404,649 from Asian and Pacific countries and 66,997 from South and Central American countries (Citizenship and Immigration Canada, 1998). The projected total number of immigrants expected to arrive in 1999 is between 200,000 to 225,000, of which 22,100 to 29,300 or approximately 10% are refugees (Citizenship and Immigration Canada, 1998). More specifically, the province of Quebec is expected to accept between 7,300 to 8,100 refugees in 1999 (Citizenship and

Immigration Canada, 1998). These refugees must find their place in Canadian society which is particularly challenging because of their circumstances.

Almost 85% of immigrants arriving in Quebec choose to live in the Montreal area (Tousignant, 1997). Montreal receives a relatively high number of immigrants, with 16% of new Canadian immigrants arriving in metropolitan Montreal. Moreover, early in the new millenium, it is predicted that half of the student population will have foreign-born parents (Tousignant, 1997). In general, the host population of Canada tends to be ambivalent towards new immigrants. In some cases, they are favourable, sometimes even overturning deportation orders, while at other times, newcomers are victims of racism and prejudicial attitudes (Tousignant, 1997).

Adolescence and risk-taking behaviour in North America

In North America, adolescence is a period of change in biological, cognitive, psychological and social functioning. It is also a time of increased peer interaction whereby intimacy is explored, social perspective-taking is expressed, and alternate identities are assumed as adolescents progress toward maturity (Conger & Galambos, 1996). Moreover, adolescence is a period of freed inhibitions and experimentation with behaviours and activities that are likely to pose a threat to their and/or others' health and well-being. Experimentation, exploration, and risk-taking are at their highest levels among North American adolescent youth (Conger & Galambos, 1996). A number of problem behaviours such as substance use and misuse, truancy, and suicide have been identified among the adolescent population. They have been grouped together as a way to indicate that a violation of normal expected modes of behaviour, with the possibility of

negative consequences, has taken place (Maggs & Galambos, 1993). Adolescent risk-taking behaviours receive a lot of media and scientific attention because of their potential social, economic and psychological costs (Ketterlinus & Lamb, 1994). There are numerous possible determinants of risk-taking behaviours, including acculturation and ethnicity, the family environment and socioeconomic status which will be discussed later.

Erikson's (1972) stages of development provide a widely accepted framework from which to view adolescence. As the individual resolves different issues at each stage, a corresponding personal recognition of a meaningful accomplishment and a growing sense of personal achievement are reached (Adams, Gullotta, & Markstrom-Adams, 1994). According to Erikson, adolescence is a key transitional stage of development. The most important outcome of this period is the establishment of the individual's sense of identity and social roles. A healthy personality is required to overcome new life crises.

Two factors in particular have been identified as complicating the identity formation of minority group adolescents in general (Kimmel & Weiner, 1995). First, in deciding on the type of person they want to be, minority group adolescents often experience conflicts between the values and preferences of their own ethnic group and those of the majority culture. Secondly, exploration of alternative endeavours and life options among minority youth may be limited by prejudice and discrimination.

It is not easy to create or forge an identity and it poses a particular challenge for immigrant and refugee youth. One possible source of identity development difficulty lies in the idea that young refugees are in search of affirmation of specific attitudes, beliefs, and values, while searching for a stable identity at an ambiguous time when they are caught between two societies (Copeland & Harvey, 1989). While different factors

influence North American-born adolescent identity development, the case is even more complex with respect to refugee adolescents. Aside from the adolescent refugee's need for growth and independence, they have the added burden of the needs of their family (Carpio, 1981). Moreover, refugee adolescents are additionally influenced by their pre- and post- migratory history and stresses, inter-racial conflicts, and family instability (Beiser et al. 1995; Rousseau, 1995).

Alcohol and drug use among Canadian adolescents

Alcohol and drug use among adolescents are the most researched risk-taking behaviours and often serve as the prototype of risk-taking. The investigation of these activities are important because studies have found that adolescents with a high rate of use tend to engage in more problem behaviours, such as violence, driving while intoxicated, and delinquency (Fergusson, Horwood, & Lynskey, 1995; Lewinsohn, Rohde, & Seeley, 1996; Saner & Ellickson, 1996; Smart, Mann, & Tyson, 1997). Despite its importance, little systematic research has been carried out on the natural course of substance use and misuse (Weinberg, Rahdert, Colliver, & Glantz, 1998). Studies of illegal drug use tend to focus on the type and/or frequency of use, and prevalence rates of diagnoses or symptoms of substance dependence and abuse (Zoccolillo, Vitaro, & Tremblay, 1999). Little is known about the individuals who engage in alcohol consumption and drug use among Southeast Asian and Central American refugee youth in Canada or why. Refugees, who fall into the potentially higher risk groups for substance misuse are rarely interviewed (Zane & Sasao, 1992).

In a comprehensive study, Zoccolillo, Vitaro, and Tremblay (1999), examined the consumption of alcohol and use of illegal drugs among adolescents in Quebec. A total of 1,808 adolescents (879 boys and 929 girls) with a mean age of 15.7 years representing the province of Quebec were asked about their alcohol and drug use. Results indicated that approximately 80% of both sexes had tried alcohol and that 62.2% of both groups consumed alcohol more than 5 times in their lifetime. Moreover, 44.4% of boys and 50.1% of girls had tried drugs while 32.4% of boys and 32% of girls had used drugs more than 5 times. Of this group, 79.1% of boys and 69.4% of girls reported being high on drugs at school. Additionally, 28.1% of boys and 26.5% of girls reported getting into arguments with their parents because of drugs. When contrasted with alcohol use, it was clear that while alcohol use was more common, problem use and frequency of use was less for both groups than illegal drug use. The authors concluded that problematic drug use was normal among adolescents who had used illegal drugs more than 5 times.

In Ontario, questionnaires completed by 3,571 to 3990 Ontario high school students in grades 7, 9, 11, and 13 in 1991, 1993, 1995, and 1997, respectively, examined substance use (Adlaf & Ivis, 1998). Findings consistently indicated that by grades 7 and 9, approximately 30% and 55% of students, respectively, had tried alcohol. Use of cannabis by ninth graders, which remained at about 8% during 1991 and 1993, rose sharply to 19.6% and 23.9% during 1995 and 1997, respectively.

In Nova Scotia, a survey of 3790 students (52% boys and 48% girls) in grades 7, 9, 10 and 12, with a mean age of 16 years reported on their alcohol and drug use (Poulin & Elliot, 1997). Adolescents reported alcohol use during the previous 12 months in 54% of the sample and 32% reported having used cannabis.

Alcohol and drug use among Southeast Asian and Central American refugees in North America

Besides Native Canadians, little is known about substance use among ethnic groups in Canada and the United States (Legge, 1993; Alcohol Drug Education Service, 1989). Basic knowledge of whether a problem even exists in Canada and to what extent, is still largely unknown (Alcohol Drug Education Service, 1989). Literature on the subject is scant and statistical records such as police, court, and school district files do not break down the information on the basis of at-risk population membership (D'Avanzo, 1997; Legge, 1993). Moreover, there is evidence that in both Canada and the United States, social services which treat alcohol and drug problems (as well as related mental health issues) are underutilized by ethnic groups (Multiculturalism and Mental Health Treatment and Education, 1988). In sum, aside from scattered studies, little is known about the patterns of alcohol and drug use and other risk-taking activities among Southeast Asian and Central American groups after resettling in the Canada and the United States (D'Avanzo, 1997; Prilleltensky, 1993).

Further confounding the existing data on the reported use of alcohol are the conflicts that exist between reports. Substance use among Asians who enter the United States has been found to increase as they become more acculturated (based on language ability and generation in the United States; Sue, Zane & Ito, 1979; Tsunoda, et al., 1992). It is unclear whether this reflects less inhibition to admitting the truth about frequency of use or whether this is due to the effects of the acculturation process or both (D'Avanzo, 1997).

The dominant stereotype of Cambodians and Vietnamese in North America is that they tend to experience fewer instances of substance misuse compared with other racial or ethnic groups (D'Avanzo, 1997). However, these group of migrants tend to undergo high levels of stress due to the combined stresses of their losses through migration, language issues, and poor economic situations, which have been attributed to substance abuse (Sue, Kitano, Hatanaka & Yeung, 1985; Yee & Thu, 1987; Zane & Kim, 1994).

Traditionally, in both Southeast Asian and Latin American communities, alcohol consumption is accepted, but to varying degrees (Alcohol Drug Education Service, 1989). Both groups tend to drink mainly during religious holidays and adolescent drinking is frowned upon (Alcohol Drug Education Service, 1989).

In Latin American communities, alcohol is frequently consumed for social purposes, during ritual celebrations such as religious festivals and weddings, to entertain guests and to accompany meals (Alcohol Drug Education Service, 1989; McRoy, Shorkey, & Garcia, 1985). Sue et al., (1979) examined the drinking habits of 47 Asian American and 77 Caucasian students at the University of Washington. They found that the Asia students consumed alcohol less frequently and in lesser amounts than Caucasians. Heavy and very heavy drinking in Caucasians was double that of the Asians. However, alcohol consumption increased the longer they lived in the United States. Moreover, Asian students reported greater self and parental disapproval of drunkenness. The authors concluded that the results were consistent with other studies and that acculturation factors played a role in Asian American drinking patterns. However, more recent research suggests that the evidence for the influence of acculturation on drinking patterns among Asian Americans is inconclusive (Austin, Prendergast, & Lee, 1989).

Moreover, Latin Americans often use alcohol to reduce stress, for example to forget their problems, to ease frustration, and to combat loneliness. Socially, there is evidence that drinking plays a catalytic role in Latin American male bonding (Trotter, 1985). A study on Mexican Americans living in Texas found that among the top reasons for male drinking behaviour was that they believed that having a drink with someone was an act of friendship and that it was what most males do in gatherings (Trotter, 1985).

Similar to Southeast Asian cultural norms, Latin American culture typically views the prominence of the family as a unit rather than to individuals within that unit (Comas-Diaz, 1986). Women who drink more than minute amounts of alcohol are considered to be disgraces to their families and family pride may lead to their being ostracized (Comas-Diaz, 1986). Conversely, family pride leads Latin American families to protect males who drink excessively (Arrendondo, Weddige, Justice, & Fitz, 1987). It is believed that alcohol use by Latin American men is closely linked to the idea of "machismo" or manliness, in their culture, where heavy drinking is seen as a masculine act (Arrendondo et al., 1987). The shame associated with alcohol problems keeps the issue within the family.

In a survey of 27, 000 New York State high school students in grades 7 to 12, Asian Americans reported the lowest levels of drinking of the six ethnic groups studied (Barnes & Welte, 1986). A survey of 7,022 California high school students in grades 7, 9, and 11 examined change in alcohol use over time (Skager, Frith, & Maddahian, 1989). The findings indicated that at all three grade levels, Asian Americans had significantly lower rates of alcohol consumption than the other ethnic groups in the study. In a longitudinal study of Los Angeles high school students, results revealed identical

rankings at three points in time, with Caucasians having the highest rate of alcohol consumption, followed by Hispanics, Asians, and blacks, respectively (Maddahian, Newcomb, & Bentler, 1986).

One Canadian study on substance use used 95 key informants and 233 youth and parents from four British Columbian ethnic communities including Latin American, Vietnamese, Indo-Canadian, and Chinese participants (Alcohol Drug Education Service, 1989; Legge, 1993). The Vietnamese group perceived drinking as a male activity and as a socially acceptable male practice. Conversely, drinking among females in both communities was considered less acceptable. As such, they were perceived to drink infrequently and very lightly. Seventy-five percent of Vietnamese respondents believed that alcohol was somewhat of a problem in their community while 20% believed it was a widespread problem. Moreover, over half of the sample believed that alcohol has the potential to become a serious problem in the Vietnamese community. Latin-American men were perceived to drink frequently and heavily, particularly on weekends. Latin-Americans believed that there exists significant alcohol-related problems in their community that remain a serious concern.

Vietnamese and Latin American communities clearly viewed illegal drug use as socially unacceptable (Legge, 1993). However, both communities reported that single male adolescents were most likely to misuse illegal drugs and have problems dealing with them. Cocaine, marijuana, and crack (a concentrated form of cocaine) were believed to be the main substances used and sold among community members. Moreover, two-thirds of the sample believed that drug use was a widespread problem. Finally, the problem of drug use was compounded by the associated gang activities and drug dealing.

Latin American refugee youth in Canada may use illegal drugs in order to gain social acceptance among peers, particularly members of gangs who are actively involved in gang-related activity (Legge, 1993).

Gang membership in North America

The term “gang” is a loosely defined word that is commonly used to represent a host of different types of groups, leading to a number of definitional distinctions (Spergel & Curry, 1990). One definition of a gang maintains that six major elements are more or less agreed on, including the idea that it is organized, has identifiable leadership, identifies with a territory, associates continuously, has a specified purpose, and members engage in illegal activities (Goldstein & Glick, 1994). Gordon (1993) refines this definition in the Canadian context, claiming that street gangs can be distinguished from other groups on the basis of whether or not the group perceives itself as a gang, has a name that was chosen by members and is actively used, and specific identifying marks such as clothing or colours have been established. The main source of knowledge on Canadian gang-related activity comes from several independent 1993 reports (Gordon, 1998).

A study was conducted where 10 adults and 24 young offenders, with a mean age of 19, identified as active male gang members were interviewed in order to obtain information about their gang activities in the Greater Vancouver area (Gordon & Nelson, 1993). The largest groups in the sample included 40% of Caucasian origin who were born in Canada, 34% of Asian origin, and the rest was a mix of Hispanic, East Indian, Aboriginal, and black gang members. Key findings in the study were that gang members

were not coerced or pressured into joining and that the process of joining was gradual. The slow drift toward membership often began through the introduction of gang members through a friend or close relative. The individual would begin on the periphery of the group, work their way in, undergo an initiation ceremony, and then become a full member. This process was seen as being akin to joining a legitimate group such as the boy scouts or a hockey team. Youth involvement in gangs in particular was more likely if they did not join this type of legitimate group. Moreover, these individuals tended to have numerous family problems such as alcohol, drugs and physical abuse and school-related problems such as truancy, fighting, suspensions, and expulsions. These tended to lead toward a lack of alternatives for the individual, especially given that the participants reported a desire to become part of a secure and nurturing surrogate family. Many participants also claimed that gang membership led to continued friendships with some people, access to financial resources that were otherwise unavailable, and provided stimulation from boredom.

A Metropolitan Toronto study consisted of interviews with twelve known gang members, aged 14 to 21, who were approached by social services and law enforcement personnel (Matthews, 1993). Despite the small sample, findings were informative in that they highlighted that documented rates of violence did not capture the climate of unrest and violence in schools with gang activity, nor did it articulate the fear experienced by victims of gang-related activity. Moreover, schools, with their large classes, insufficient teaching resources, and poor facility management allowing easy access to weaker isolated and friendless youth for extortion and violence, contributed to increasing gang violence.

Another study of Ontario students indicated that 7.0% of students admitted to engaging in gang-related fights in 1991, versus 4.6% in 1983 (Adlaf, Smart, Walsh, & Ivis, 1994).

One interesting feature of street gangs and gang-related activities in Canada is that they have a tendency to periodically appear, disappear, and subsequently reappear for unknown reasons (Gordon, 1998). Moreover, ethnicity alone is not enough to explain Canadian street gangs (Gordon, 1998). When ethnicity is combined with immigrant status, lower socioeconomic status, limited language competency, a lack of marketable skills, family disintegration, lack of supportive community networks, and/or the likelihood of gang membership increases (Gordon, 1998).

Gang membership for Southeast Asian refugees has become increasingly common in large metropolitan areas of American cities (Huang, 1989). As adolescent refugees struggle with their identities, they find themselves removed from their native culture and are often unable to find a stable place in North American society. In a comparison between 49 male gang members and 106 male non-gang members in Florida, Wang (1994) found that gang members had significantly lower self-esteem and could name significantly fewer role-models than their non-gang peers. Moreover, the absence of parental or teacher role models were the best predictors of gang membership. Those without families are more likely to join gangs which act as a substitute to their absent families. Gang membership teaches loyalty and is composed of a hierarchy that resembles the traditional family structure. Furthermore, experiences in their original country, such as family separations due to communist rule, and labour and refugee camps have provided some foundation for this type of group bonding (Huang, 1989). Other attributable reasons are the increase in numbers of refugees, frustration over racism and

the inability to do anything about it. Additionally, those who are drawn into gangs tend to have limited educational and vocational skills. Their language abilities may be too poor to succeed (Ho, 1992). Gang membership can potentially fulfill their needs for belonging, excitement, feelings of freedom, material possessions, and other financial gains that they could not get otherwise, all without adult obstruction (Nidorf, 1985; Ho, 1992). Family issues will be discussed in more detail later.

Delinquency in North America.

Nonviolent delinquency generally includes dealings with drugs, stealing, carrying a concealed weapon without a permit, running away from home and unlawful entry (Watts & Wright, 1990). Violent delinquency can be operationally defined as any act of violence towards an individual or property, including hurting someone (other than through sports), engaging in "serious" or group fights, arson, robbery, rape and murder (Watts & Wright, 1990). Little is known about factors that are related to violence and delinquency in Canada (Smart et al., 1997). Moreover, there is a paucity of research on the link between delinquency and adolescent drug use among ethnic groups (Watts & Wright, 1990). What is evident is the increasing rates of students reporting having beaten someone up, with an increase from 9.2% of students in 1983 to 16.4% in 1991 in Ontario, for instance (Adlaf et al., 1994).

Conventional wisdom would have it that alcohol has a disinhibiting effect on the individual which facilitates the release of aggressive behaviours. In a study of 3,870 high school students in Ontario, those who reported more violent delinquent activity tended to

more frequently use cocaine and amphetamines, as well as engage in alcohol consumption (Smart et al., 1997).

Multiple risk factors from demographic, environmental and behavioural sources contribute to the links between violence, delinquency and drug use (Saner & Ellickson, 1996). In a 6-year longitudinal survey of 4,586 high school drop-outs in California and Oregon, it was found that lack of parental affection and support was a contributing factor to the youths' violent behaviour (Saner & Ellickson, 1996). Moreover, girls were more vulnerable than boys to the effects of familial problems and marred relationships with parents. It was argued that prevention and intervention programs should take into account the clustering of these behaviours.

Delinquency and substance use was examined in a sample of 348 high school students and 89 adjudicated delinquent males, who were assigned to each of 3 groups, including 191 whites, 197 Mexican-Americans, and 49 black adolescents (Watts & Wright, 1990). Findings revealed that based on simple correlations, alcohol and drug use were significantly related to both minor and violent delinquency for all three groups.

Causes of adolescent risk-taking behaviours in North America

In general, there exists a number of factors that increase the likelihood of risk-taking activity among North American adolescents. These include: coming from a disorganized or unstable family, having above average conflicts with parents, poor parental monitoring, living in a high-risk, inner city neighbourhood, spending a lot of time with a peer group that regularly engages in deviant behaviour, school failure, and having psychological characteristics that include sensation-seeking and low self-esteem.

A number of positive consequences of risk-taking behaviour among North American adolescents have been identified, including increased peer acceptance, having fun and a sense of adventure, taking part in activities deemed appropriate for adults, reducing stress, and finding a way to spend leisure time (Conger & Galambos, 1997). Adolescents often initially engage in risk-taking behaviours because they are associated with increased levels of perceived acceptance by peers (Maggs, Almeida, & Galambos, 1995). Moreover, such behaviours may serve to boost self-esteem (Newcomb & Bentler, 1988). For example, adolescents who experiment with drugs may be rejected by their more conservative and traditional peer group, only to be well received and accepted by a new peer group for the very same behaviour. Overall, there is evidence that adolescents make rational decisions about their risk-taking behaviour, choosing the ones that they perceive as more likely to bring positive benefits and less likely choosing those with negative consequences (Furby & Beyth-Marom, 1992; Maggs et al., 1995).

Determinants of refugee adolescent risk-taking behaviours

There exists a number of possible determinants that lead to varying frequencies and intensities of risk-taking behaviour among refugee adolescents. Acculturative change requires that some moderating variables come into play that cause differences within the cultural group. This can be viewed from a bi-directional perspective of determinants of risk-taking behaviour. On the one hand, an increase in risk-taking behaviour may be due to multiple stresses, such as the adolescent's pre-migratory history, their disrupted family environment, and their current precarious socioeconomic status. On the other, the adolescent may feel as though they have lost their youth given their past history, which

provides them with a strong mission of remaining faithful to the ways of the old country. This then becomes a protective factor, as the adolescent more closely follows family values and traditions, which helps to maintain family cohesion. It is thus important to document how acculturation, family environments, and socioeconomic status, which are key determinants, will influence risk-taking behaviours and if their relative impact changes between different cultural groups.

Acculturation. The level of acculturation is the first determinant of the adolescent's risk-taking behaviour that will be discussed.

Berry and colleagues (1984, 1994; Berry, Kim, Minde, Mok, 1987; Berry, Trimble & Olmedo, 1986) define four possible acculturation strategies that individuals of acculturating groups use after immigration. These include integration, assimilation, separation (or segregation), and marginalization. Integration involves a situation where both the acculturating and dominant groups make mutual adjustments. This is considered to be a mentally healthy option for third-world migrants arriving in North American society (Sodowsky, Wai Ming Lai, & Plake, 1991). In the case of assimilation, the traditional culture and identity of the acculturating group are abandoned. In its place, the acculturating group members adopt the dominant group's attitudes and behaviours. Next, separation occurs when the acculturating group attempts to maintain a traditional way of life outside of the larger society. Even though separation is self-imposed, in the case of segregation, the acculturating group is excluded by the dominant group without taking into account how the acculturating group wants to be involved in the society. Finally, marginalization is associated with high levels of psychological distress and conflict

because these individuals and groups do not identify with their traditional culture or with the dominant culture of their society. This can result in feelings of isolation, alienation, and loss of identity at both the cultural and psychological level. One limitation of this model is that it does not fully account for groups of immigrants becoming acculturated at different rates.

One way to look at acculturation as a cause of risk-taking behaviour comes from the idea of “culture shock” or the more common term “acculturative stress”. The phenomenon is made up of multiple dimensions and factors (Lee, 1988). For the adolescent refugee, acculturative stress comes from five main sources that continually interact with each other, including the adolescent’s original culture, the American culture, the refugee experience, the experience of being an adolescent in America, and the refugee adolescent culture (Lee, 1988). Thus, adolescent refugees are often caught between their traditional values, the contemporary values from the host country, and transitional values which fall somewhere in between the two (Lee, 1988).

Adolescent refugees are forced to find a reference group through which they can forge an identity. One option is to identify with their traditional culture. However, given frequent family upheavals and the lack of appropriate role models, it is often unrealistic to maintain traditional values. On the other hand, these youth may reject these values, seeing them as too old fashioned and dysfunctional, thus seeking to adopt the norms and value system of North American youth (Ho, 1992). In some cases, refugee adolescents will find an intermediate position thus becoming bicultural. In any of these three cases, some adolescents strengthen with these issues while others may undergo adjustment

problems. It is presumed that any form of cultural identification with North American youth will lead to an increase in activities related to an increase in risk-taking behaviours.

While North American adolescents strive to achieve independence through their activities, Asian culture emphasizes mutual interdependence (Ho, 1992). As Asian youth attempt to join peer groups at school, they may be influenced by Western youth's move towards independence. In order to gain a sense of belonging and to be accepted by their North American peers, they may be forced to let go of their familial and cultural roots. This further adds to family conflicts.

Central American families are based around several important cultural values that serve to organize, maintain, and preserve family traditions. These include, familism, the importance of the extended family and other social networks, strong value systems involving respect, dignity, and honor, machismo and patriarchal households (Hernandez, 1996). Adolescent refugees from Central American countries have common attributes. Aside from the Spanish language, Latin American cultural traits such as the prominence of the extended family, an emphasis on spiritual and interpersonal relationships, respect for authority, an emphasis on the here and now are in opposition to the future-time orientation that is valued by North American society (Suarez-Orozco & Suarez-Orozco, 1995).

As adolescents acculturate to North American society, they frequently become more vocal in the home environment, demanding to be heard, and increasingly challenging their parents' traditional cultural values and beliefs (Garcia & Rodriguez, 1989). Adolescent refugees may be perceived as being too old-fashioned by peers but too American by parents. The individual may want to "hang-out" after school while

undergoing pressure from parents to return home and take care of grandparents or younger siblings. In an effort to curtail the host country's influences and the more rapid acculturative change among their children, the parents of some cultural groups, Hispanics, for example, try to restrict their children's activities (Suarez-Orozco & Suarez-Orozco, 1995). Ultimately, parents feel as though they have lost credibility as authority figures as their children become preoccupied with North American culture (Hernandez, 1996). These conflicts tend to generate family tension and disorganization, particularly among Latin American families (Rousseau, 1995). Moreover, the breakdown in family cohesion leaves the adolescent with little or no support (Hernandez, 1996).

Intergenerational conflicts are known to occur in the majority of immigrant groups due to the difference in acculturation among youth and their families (De Santis & Ugarriza, 1995; Westermeyer, 1991). The conflict begins as migrant parents try to maintain traditional values during the socializing of their children. While adults generally have well-defined identities, making it very difficult for them to change their established beliefs and values, adolescents are in the process of acquiring these patterns and are easily influenced by the new host country (Matsuoka, 1990). Children tend to adopt the norms and values of the host culture more rapidly than their parents because of school enrollment, greater language facility, and friendships with children of the host country's culture (De Santis & Ugarriza, 1995). The inconsistencies between family and what is taught in the new country's educational institutions generate conflicting sets of moral values (Matsuoka, 1990). During this period of acculturation, the adolescents may undergo changes in traditional values, beliefs, and practices due to their finding of their own identity.

In a study of 4,296 adolescents in sixth or seventh grades, it was found that among Hispanic adolescents who were born in Central or South America, high acculturation had a degenerative effect on family pride among foreign-born adolescents (Gil, Vega, & Dimas, 1994). Those adolescents who were born in the United States were more prone to low family pride regardless of their level of acculturation.

In a Canadian study, Copeland and Harvey (1989) administered a questionnaire to 45 Southeast Asian adolescents with a mean age 17.7 years in a western Canadian city. They found that after three to five years in Canada, most of the adolescents continued to experience language barriers, low economic status, and patterns of friendship that favoured their own ethnic group. In order to adapt to the new environment more effectively, these individuals learned English, became familiar with the environment, and found new friends.

As they acculturate, adolescent refugees are more likely to befriend new North American peers making them more prone to risk-taking activity. For example, one study found that nine to seventeen year old Hispanics were more likely to be substance users and were influenced significantly more by peers than non-users (Coombs, Paulson, & Richardson, 1991).

Stressful life events during the migration period and the subsequent process of acculturation may place refugees at greater risk for initiating risk-taking behaviours. For example, in order to better cope with the rapid changes and multiple stressors associated with cultural adjustment, Asians may make the decision to initiate or increase substance use (Zane & Sasao, 1992).

There exists competition between parental and peer values that combine with larger social forces such as racism that complicate the struggle to develop a coherent, esteemed sense of self (Beiser et al., 1995). Refugees must deal with racism and discrimination. Refugees often encounter prejudicial attitudes due to economic and political tensions and cultural ignorance (Huang, 1989). At school, refugee adolescents may mix with other cultures with which they have no previous experiences. Among children, feelings of wanting to "be the same" may arise (Prilleltensky, 1993). While among adolescents, the resulting interracial tension may lead to violence. Racism may contribute to the adolescents' acculturation in that an attempt to "fit in" through assimilation may increase their hopes for a decrease in prejudicial attitudes towards them. As the Southeast Asian children grow older, they become more aware of their less valued minority status which may lead them to seek friendship from like-ethnic others in order to maintain their well-being (Edwards & Beiser, 1994).

Family environment. North American urbanization has lead to family structures that emphasize individuality, nuclear families, independence and competition, to name a few (Lee, 1988). Refugee families from Southeast Asia and Central America have the burden of adjustment in this type of surrounding which is very different from their homelands. These refugee families undergo changes and stresses which can lead to one of two paths in terms of family environment. On one hand, the added stresses can cause additional family conflicts, while on the other, it may lead to more family cohesion.

Given that there are numerous reasons for family conflicts, there are a lot of chances for the adolescent to break away from the family. In their search for a stable

identity, they will often seek out peer groups and new experiences. The nature of the adolescent's new peer group can have a significant effect on the refugee's decision to engage in risk-taking activities (Kimmel & Wiener, 1995). Adolescents who engage in risk-taking behaviours, such as drug use, report coming from disorganized families, having limited closeness with their parents, and having parents who are pre-occupied with their own affairs (Jurich, Polson, Jurich, & Bates, 1985; Kimmel & Wiener, 1995). Moreover, the likelihood of engaging in delinquent acts and joining gangs increases as parental support declines, allowing for increased peer influences (Poole & Rigoli, 1979; Tousignant, 1997). It is likely that adolescent refugees will have a greater propensity to engage in risk-taking activities if they come from a family environment with a lot parental problems and conflicts and become close to a peer group that engages in risk-taking behaviours (Forehand et al., 1991). Conversely, some research has shown that close and supportive parent-child relationships have been known to be protective factors that prevent the adolescent from beginning such behaviours (Brook, Brook, Gordon, & Whiteman, 1990).

In their country of origin, the family system was set up in a way that provided protection, support, and guidance for adolescent refugees. This tends to be compromised by the migration which adds to the already stressful life they lead. Additionally, parents may become less involved with their children because they are preoccupied with their own adaptation to the new country and as such, have less support to offer. Refugee families are in transition and, are undergoing a number of issues simultaneously, including adapting to the new culture, learning to communicate with members of the host country, separation, grief, and disorganization (Huang, 1989).

Family tradition is a cornerstone of Asian culture (Ho, 1992). Asian youth are expected to conform to family structure and authority. The traditional Asian family is structured in a way that prioritizes male dominance. Traditional Asian culture emphasizes achieving one's identity and sense of worth through close relationships with adult family members and by being a member of an established lineage and extended family system (McKenzie-Pollock, 1996). Male children have distinct obligations and duties to their parents that are more highly valued than to any other family members. They are responsible for familial teachings, including responsibility, hard work, and family obligations which are transmitted through parent-child relations (Ho, 1992). The older generation is responsible for passing on the guidelines for socially acceptable behaviours, educating the young on handling life events, and social support through life crises. Traditional families take care of their members, physically, socially, and emotionally (Ho, 1992).

The process of migration often disrupts family life and separates many Asian families, especially refugee families. When this discontinuity is coupled with rapid exposure and socialization in an age-segregated North American society, it enhances the importance and influence of a peer group. Asian adolescents frequently reject American peer groups and conflicts with their parents can be detrimental to their development (Ho, 1992). Asian cultures have no concept of foster parenting because if anything happens to a child or adolescent's parents, the extended family is ever-present to compensate. Thus, adolescents have a difficult time understanding North American culture and may have difficulty finding their role in the new society, with few family members and often not more than one parent present.

The process of migration and subsequent acculturation normally leads to family conflicts because many of the roles, rules and values that were successful at maintaining family integrity, in Central America for example, become less functional in North America (Hernandez, 1996). Refugees are often required to assume unaccustomed roles when they migrate to North America. For example, Central American women are frequently employed before their husbands because they are more willing to perform menial tasks or available jobs are seen as more appropriate for women (Hernandez, 1996). Employment creates opportunities for acculturation and developing a network outside of the family, as do traditional duties such as shopping and involvement with the children's school. These situations place women in a new, non-traditional position, and challenges patriarchal power, leading to conflicts between parents. This, in turn, may be taken out on the children or may create a family environment which the adolescent does not to be a part of, leading to search for a surrogate family, such as a gang or a new peer group.

Role reversal often occurs because refugee children acculturate more rapidly, thus causing the children to assume adult roles (Beiser et al., 1988; Dana, 1998; Espino, 1991, Hernandez, 1996; Westermeyer, 1991). Therefore, adolescent refugees must become responsible individuals early on, being needed for routine activities such as translation at stores or managing the family budget. Moreover, older children are burdened with more adult responsibilities than they are ready for, frequently interfering with their schooling (Espino, 1991). Role reversals have clearly been seen in both Southeast Asian and Central American refugee families and have lead to severe family conflicts (Espino, 1991; Hernandez, 1966).

Socioeconomic status. In North America, people with low socioeconomic status (SES) are continually hampered by their lack of freedom and autonomy. They are trapped in their surroundings and usually live in run-down, crime ridden, neighbourhoods that they cannot afford to leave. In North America, adolescents from lower SES backgrounds who aspire toward higher-status occupations often lead to social disapproval (Conger & Galambos, 1996). These ambitions are often viewed as incongruent with the adolescent's social background, threatening to others in the adolescent's social milieu, or simply as unattainable dreams. They are constantly faced with material possessions but cannot afford them. In some cases, built up hostility and frustration can lead to a life of crime (Coleman & Cressey, 1990). Families living in a low SES lifestyle live with economic uncertainty. Even those who are lucky enough to have permanent employment work in low-paying dead-end jobs and are first to be laid-off during bad economic times. Poor families have higher rates of family conflict than the rest of North American Society (Coleman & Cressey, 1990).

Youth who come from single family homes and those from ethnic minority groups tend to be among the poorest people in North America (Coleman & Cressey, 1990). Moreover, the majority of violent individuals tend to be roughly 15-30 years old, belonging to a racial or ethnic group, having low SES, and living in urban areas (Lewis, 1991). Most refugees have lost all of their material possessions and financial security and have little or no funding when they arrive in North America. There is frequently a drastic reduction in familial socioeconomic status, with no or low paying employment, and parents are often forced to take jobs inconsistent with their professional expertise (Hicks,

Lalonde, & Pepler, 1993). Compounding this precarious situation is the fact that many of these adolescents often only have one parent present to help them cope in the new world.

When refugee families enter a new larger society, they tend to experience a relative loss in status which can lead to stress (Williams & Berry, 1991). These stress levels may lead the individual to attempt to ease their situation through a number of means, including alcohol consumption. Moreover, education and employment are useful resources for successfully approaching the larger society, affecting one's ability to function effectively under new circumstances. One study reported that after initial unemployment during the early years of resettlement, refugees do tend to find jobs (Beiser & Hyman, 1997). Another one demonstrated that the longer, better-educated Vietnamese parents lived in the United States, the more likely they were to be employed (Rumbaut & Ima, 1988).

In a community survey of Central Americans who migrated to Washington, it was shown that there is a high incidence of neglect in this population (Espino, 1991). These refugees normally live in impoverished conditions, with inadequate health care, poor supervision of children, and physically dangerous environments. In many cases, overcrowding leads to instability and conflicts between and within families who are living together as a result of migration patterns (Espino, 1991).

Rationale for research

The purpose of the present study was to generate initial data to describe risk-taking behaviours among Southeast Asian and Central American adolescent refugees and adolescents from Quebec. Such data could be useful at two levels: It could inform society

(e.g., decision-makers) on certain aspects of the outcome of these populations and it could be used to guide intervention programs for service providers.

Given the large number of refugees arriving in Canada, it is important to know more about the factors influencing the successful or unsuccessful adaptation of these populations into Quebec society. Governments need to be informed of what happens to these individuals in order to make appropriate research agendas, and to inform public debate about resettlement policies, programs and services (Beiser et al., 1995). Since the government can adopt new policies, transform resettlement structures, and make changes that affect refugees after they arrive, it is important to have a thorough understanding of protective factors or those that place them at risk during their resettlement (Beiser et al., 1988).

It is important for policy and decision-makers to know the outcome of several facets of general adolescent life in Quebec. These include their quality of health, degree of psychopathology if any, level of self-esteem/self-identity, and school success. Another important aspect to society are the consequences of what happens when youth of minority ethnic and religious groups reach adolescence, particularly immigrants from different cultural backgrounds. Moreover, the potential vulnerability of refugee youth to the combination of developmental and adaptational demands suggest a need for further research (Copeland & Harvey, 1989).

This information can also be very useful to service providers (school health), to orient welcoming programs, adapt professional resources and eventually, if needed, design prevention programs.

Research questions and hypotheses

The present study attempts to answer a number of research questions by comparing the Southeast Asian and Central American refugee adolescents, and Quebec samples on three levels. The first looks at the amplitude of risk-taking behaviours among the groups. The next looks at the specific profiles of the adolescents who engage in risk-taking behaviours. Finally, the correlates of the adolescents' risk-taking behaviours are examined. Although this is an exploratory study, for each research question at least one associated hypothesis was developed.

1. Do adolescent refugees from Cambodia and Central America engage in more or less risk-taking behaviours than Quebecers?
 - a. It was hypothesized that the adolescent refugees would engage in different amounts of risk-taking behaviours than Quebecers.
 - b. It was hypothesized that the Cambodian refugees would have less risk-taking behaviours than their Central American peers because of cultural differences.
2. In What kinds of profiles of risk-taking behaviours do they engage? (e.g., how do they cluster together – is the same individual who is taking alcohol also taking drugs? Is gang affiliation a marker of violent behaviour or drug abuse?
 - a. It was hypothesized that the profiles of risk-taking behaviours would vary as a function of culture.
3. What is the association between risk-taking behaviours and three specific social determinants: Acculturation, family, and SES?
 - a. It was hypothesized that the more acculturated the adolescent, the more risk-taking behaviours they would have.

- b. It was hypothesized that the lower SES from which the adolescent came, the more risk-taking behaviours they would have.
- c. It was hypothesized that the more family conflict that the adolescent experienced, the more risk-taking behaviours they would have.
- d. It was hypothesized that the more family cohesion that the adolescent experienced, the less risk-taking behaviours they would have.

CHAPTER 3

Method

Participants

Participants were composed of three groups of adolescents and their parents enrolled in a longitudinal study. Inclusion in the study was dependent on the following criteria:

Migratory status. Migratory status was operationalized to include parents who had received migratory status as a refugee, either before or upon arrival to Canada and whose children were born outside of Canada.

Ethnic origin. Participants came from Southeast Asia (Cambodia) and Central America (Guatemala, Honduras, and El Salvador). These were chosen because they represented the greatest number of refugee populations in secondary I. In 1990, the Montreal Catholic School Board had 564 adolescents from Central America and 894 from Southeast Asia. Since both regions have endured prolonged armed conflicts, they are somewhat comparable in terms of premigratory conditions. Also, while significant national and local differences exist within these regions, each presents a certain cultural homogeneity.

Academic level. Participants were selected from secondary I and II from six schools at the three main school boards on the Island of Montreal that welcome refugees. These included the Montreal Catholic School Board, Protestant School Board of Greater Montreal, and the Saint Croix School Board. Participating schools were situated in areas known for less expensive housing and where newly arrived immigrants and refugees were known to concentrate. The first phase (T1), began in 1994 when the participants were

enrolled in the seventh grade. In 1996, the students had moved on to the eighth grade (T2). Note that the data for all the participants in the Cambodian and Quebec groups were taken from T2 whereas 39 of the 82 participants in the Central American sample were from T2 and the rest were taken from T1. The reason for this was that many of the adolescents had dropped out of the study by T2 for unknown reasons.

Academic environment. The academic environment in Montreal is made up of a heterogeneous sample of students. In order to eliminate as many variations as possible that are linked to this heterogeneous environment, specific admission criteria were established including language, ethnic concentration, and type of class in school.

Language. Participants who qualified for entry in the study were integrated into the French sector of the Quebec schools system, following Bill 101 (which states that refugees in arriving in Quebec must follow a French language curriculum). Therefore, primarily French school boards were targeted.

Ethnic concentration. Only schools with a strong ethnic concentration among the Francophones were included in the study. In other words, schools with more than 25% of students born outside of Canada were included. Adolescents who are integrated into schools with a low ethnic density have different minority positions and problems than those found in schools with a higher density. Therefore, it was decided that only high ethnic density schools would be included in order to preserve the homogeneity of the sample.

Type of class in school. Regular classes and those designated for students with learning difficulties were considered in the study. Participants were not included if they

were in their first year in the school system, since it represents a time of initial contact with Quebec society and is therefore a particularly stressful time for the youth.

Adolescents who were either physically or mentally disabled were excluded from the study.

Measures

The dependent measure in this study consisted of the following instruments:

Risk Behavior Index (RBI; Sylvestre et al, 1992). The identification of risk-taking behaviours among refugee adolescents has never been systematically studied using the current methodology. The majority of studies that have been carried out in a trans-cultural context focused on either alcohol, drugs, suicide, or delinquency (Earls, Escobar, & Mamson, 1991; Morgan, Wingard, & Feline, 1984). However, these studies used instruments that did not allow these behaviours to be measured in a comparable way. Sylvestre et al. (1992) created an instrument based on questionnaires that individually measured these behaviours. This instrument was used in Montreal and covered alcohol, drugs, tobacco, sexual activity, delinquency, suicide and school failure. The instrument was used with 891 youths from 50 countries, including Central American and Southeast Asian countries, with results demonstrating that it was comprehensive and accepted.

In order to gauge the use of alcohol and drugs, the adolescents were interviewed and asked if they had ever consumed alcohol outside of family affairs or used illegal drugs. They were also asked whether or not they belonged to a gang at the time of the interview. Additionally, the adolescents were asked if they had ever purposely physically hurt someone. Finally, they were asked if they had stolen anything within the last 12 months.

The independent variables were based on the three groups of determinants, including acculturation, family, and socioeconomic status and were measured as follows:

Acculturation. Measurement of acculturation as defined by Berry (1984; 1994) is a key step in validating the current research. A quantitative measure of acculturation would include an examination of a number of variables, such as the length of time in the host country, the language(s) spoken by the adolescent and his or her parents, and so on. Therefore, acculturation cannot be measured using a single index or score but rather by a composite profile (Sodowsky et al., 1991).

Currently, different methods of measuring acculturation vary from study to study. However, researchers have identified a number of different variables that appear to be among the most relevant. These include generational status, education, income, age, years of residency in the new country, ethnic density of neighborhoods, country of birth, and job skills, religion, kinship structures, and reasons for immigration (Smither & Rodriguez-Giegling, 1982; Sodowsky et al., 1991).

There are many limitations on the research using the concept of acculturation. Some studies tend to focus on samples with one extreme acculturation, others attempt to measure acculturation through the use of a single index (e.g., proficiency in the use of a specific language), while others use instruments that have little or no psychometric validity or reliability (Sodowsky et al., 1991). Given previous research findings, acculturation was measured on the basis of multiple measures, including the Behavior Acculturation Scale, parental language, and time in Canada.

The **Behavior Acculturation Scale** (BAS; Szapocznik et al., 1978) consists of a 24-item list of specific behaviours and is a measure of change and continuity at the level

of contacts and interaction with the host society. It is useful for several reasons. First, it measures up to what point the participant has adopted habits, customs, language, and lifestyle of the host country. Next, it was originally conceived of to measure Cuban adolescents and so it has been designed to examine what adolescents are typically interested in such as music, dance, and radio. Moreover, its validity and reliability has been established and its authors have demonstrated that up to five items could be removed or modified and it would still yield a result that did not compromise its psychometric properties. Finally, it has been translated into both Spanish and Vietnamese (Celano & Tyler, 1991).

The language proficiency of the adolescents' parents was another variable. Fluency of one or both of the parents' language abilities in either French or English was taken into account as a portion of the acculturation measure. It was coded as either "good" or "poor or none".

Time in Canada was another acculturation variable that used. The variable measured the length of time, in years, that the adolescent and their parent(s) had been living in Canada.

Family environment. Selection of an appropriate instrument to measure familial structure was based on two criteria. First, the possibility of clearly operationalizing the dimensions of conflict and cohesion. Secondly, the acceptability of and appropriateness of using that instrument for transcultural purposes.

The Family Environment Scale (FES ; Moos, Insel, & Humphreys, 1974; Moos & Moos, 1986) was used to measure family atmosphere, particularly family cohesion and conflict. This instrument is a 90-item, 10-subscale questionnaire designed to measure

family members' perceptions of interpersonal relationships and the organizational structure of the family. Each subscale is comprised of 9, mutually exclusive true or false items. Of particular importance were the cohesion and conflict subscales. These two dimensions are not usually independent and have a negative correlation. The two subscales were translated into Cambodian during an earlier study (Rousseau, Drapeau, & Corin, 1992) using the method of classical translation and inverse translation where the text is translated back into its original language to ensure that it has been translated appropriately. It has also been translated into Spanish (Szapocznik & Kurtines, 1980). The psychometric characteristics of the transcultural versions of the FES are comparable to the original English version. The adolescent version of the instrument was used. Since norms differ depending on the ethnic group in question, no cut-off points were used. Instead, the scale was used as a continuous measure (Moos & Moos, 1986).

The type of family in which the adolescent lives (i.e., two-parent or one-parent households) was also taken into account.

Socioeconomic status (SES) was measured through the use of semi-structured interviews that asked about parental annual income (the actual amount and whether they perceived it as moderate or low), parental employment status (employed or unemployed), and their level of formal education (primary or secondary).

Two additional sociodemographic variables were considered in the analyses, namely the adolescent's age and sex.

Procedure

A questionnaire was put together and used in semi-structured interviews in order to collect demographic, ethnographic, and other information related to the adolescents

and their parents. The questions were checked by key informants from the Central American and Cambodian communities in order to ensure that they were consistent. Interviews of adolescents and their parents were conducted, in their native language, since interviews are among the most common methods of assessing cultural identity (Berry et al., 1986). Interviewers of the same ethnic origin as the respondents (Cambodian or Latin American) spoke to the participants and their parents. When both parents were dead or far away, the guardian was interviewed. Parents (or guardians) and adolescents signed consent forms for the research project (see Appendix C).

CHAPTER 4

Results

The results were broken down into three main sections. The first part describes the demographics of the three groups. The next part covers the overall frequency and percentage of risk-taking behaviours per group and correlations between these and the determinants. The final series of analyses examine the profiles of risk-taking behaviour, including cluster analyses and analysis of variances (ANOVAs). An alpha level of .05 was used as the minimal indicator of significance throughout the analyses. Homogeneity of variance was shown to be non-significant for all analyses.

Sociodemographics

Information derived from the interview provided sociodemographic data for the adolescents in each group. This information can be found in Table 1.

Table 1

Sociodemographic characteristics of the participants in each group

Characteristic	Cambodia (N=76)		Central America (N=82)		Quebec (N=67)		<u>V</u> [†]
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	
Sex							0.880
Male	46	60.5	47	57.3	38	56.7	
Female	30	39.5	35	42.7	29	43.3	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Age (in years)	15.3	1.1	15.3	1.6	15.2	1.1	0.851
Years in Canada	11.5	3.8	7.5	3.5	-	-	0.001*

* $p < .001$ (2-tailed)

†: V= Cramer's V.

The results indicate that there was a significant difference between the groups for the length of time that the adolescents have been living in Canada. More specifically, adolescents in the Cambodian group had been living in Canada significantly longer than those in the Central American sample. All three groups did not significantly differ with respect to sex or mean age.

Sociodemographic information was also compiled, examining the participants' family situation. Results can be seen in Table 2.

Table 2

Sociodemographic characteristics of the families in each group

Characteristic	Cambodia (N=76)		Central America (N=82)		Quebec (N=67)		<u>V</u>
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	
Perceived Income ^{†‡}							0.001*
Moderate	16	21.1	62	76.5	56	84.8	
Low	60	78.9	19	23.5	10	15.2	
Employment Status ^{†‡}							0.001*
Employed	33	43.4	61	75.3	64	97.0	
Unemployed	43	56.6	20	24.7	2	3.0	
Type of Family							0.788
Two-parent	55	72.4	58	70.7	45	67.2	
Single-parent	21	27.6	24	29.3	22	32.8	
Parent Education							0.001*
Elementary	37	48.7	23	28.0	2	3.0	
High school	39	51.3	59	72.0	65	97.0	
French/English Proficiency							0.001*
Good	9	11.8	25	30.5	67	100.0	
Poor or none	67	88.2	57	69.5	0	0	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Income [†]	17,355	9,828	18,784	10,470	45,086	22,983	0.001*

*p < .001 (2-tailed)

†: N= 81 on this variable for the Central American group.

‡: N= 66 on this variable for the Quebec group.

A Cramer's V probability statistic was used as the measure of level of significance to examine the differences between groups with respect to the family environment. The results indicated that there was a significant difference between the groups with respect to the mean amount of income, perceived income, employment status, highest level of parents' education, and parental fluency in either English or French. All three groups had approximately the same percentage of single- and two-parent households.

Overall risk-taking behaviour

This part of the analyses attempted to determine the extent to which adolescent refugees from Cambodia and Central America and adolescents from Quebec engaged in risk-taking behaviours. The results can be seen in Table 3.

Table 3

Overall number and percentage of each risk-taking behaviour per group

Type of Behaviour	Cambodia		Central America		Quebec	
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>
Consumed Alcohol	14	18.4	6	7.3	25	37.3
Used Drugs	2	2.6	5	6.1	26	38.8
Gang Membership	4	5.3	7	8.5	1	1.5
Hurt Someone	15	19.7	14	17.3	15	22.4
Has Stolen	3	3.9	8	9.8	15	22.4

The results indicate that almost two and four times as many Quebec adolescents had consumed alcohol outside of family events than their Cambodian and Central American peers, respectively. The use of drugs by Quebec adolescents was far higher than use among both of the other groups. Gang membership was highest for the Central American adolescents, followed by the Cambodians, and lastly the Quebecers. The number of adolescents who reported having intentionally hurt someone was approximately the same across groups. Finally, almost twice as many Quebec adolescents reported having stolen something in the previous 12 months than Central American adolescents.

A one-way ANOVA was performed on the results of the Risk Behavior Index in order to assess whether the groups differed as a whole. Results yielded a significant between groups main effect, $F(2, 224) = 11.54, p < 0.001$, indicating that the overall amount of risk-taking behaviour varied significantly across groups

Correlations between the Risk Behavior Index and the social determinants

Pearson product-moment correlations were performed in order to examine the relationship between risk-taking behaviour and the social determinants. Results of the correlations on the Cambodian sample can be found in Table 4.

Table 4

Correlations on the Cambodian group variables

	RBI	BAS	Years in Canada	Annual Family Income	FES – Cohesion	FES – Conflict	Age
RBI	1.000	0.154	0.120	- 0.147	- 0.124	0.034	0.295*
BAS	-	1.000	0.285*	0.054	- 0.155	- 0.023	0.056
Years in Canada	-	-	1.000	0.040	- 0.134	0.054	0.056
Annual Family Income	-	-	-	1.000	0.095	- 0.039	- 0.134
FES – Cohesion	-	-	-	-	1.000	- 0.532*	- 0.108
FES – Conflict	-	-	-	-	-	1.000	0.197
Age	-	-	-	-	-	-	1.000

Note. FES = Family Environment Scale; BAS = Behavior Acculturation Scale;
RBI = Risk Behavior Index.

* $p < .05$ (2-tailed).

Correlations among the Cambodian group variables yielded three significant results. First, there was a significant positive correlation between the RBI and the age of the adolescent ($r = 0.295$, $p < .01$), suggesting that the older the adolescent, the more likely they were to engage in risk-taking behaviours. Risk-taking behaviour did not correlate significantly with any other variable. Next, a significant positive correlation between the BAS and the number of years in Canada ($r = 0.285$, $p < .013$), suggests that the longer the adolescents of Cambodian origin lived in Canada, the more acculturated they became. Finally, the significant negative correlation between FES – Cohesion and FES – Conflict

($r = -0.532$, $p < .001$) indicates that these two variables are inversely scored, which was expected if the measures were valid.

Results of the correlations among the Central American group variables can be found in Table 5.

Table 5

Correlations among the Central American group variables

	RBI	BAS	Years in Canada	Annual Family Income	FES – Cohesion	FES – Conflict	Age
RBI	1.000	- 0.163	- 0.076	0.051	- 0.308*	0.302*	- 0.143
BAS	-	1.000	0.232*	0.019	- 0.013	0.129	- 0.147
Years in Canada	-	-	1.000	0.139	0.045	0.051	- 0.043
Annual Family Income	-	-	-	1.000	0.137	- 0.065	- 0.002
FES – Cohesion	-	-	-	-	1.000	- 0.496*	0.159
FES – Conflict	-	-	-	-	-	1.000	- 0.017
Age	-	-	-	-	-	-	1.000

Note. FES = Family Environment Scale; BAS = Behavior Acculturation Scale;
RBI = Risk Behavior Index.

* $p < .05$ (2-tailed).

Correlations among the Central American group yielded four significant results.

First, a significant negative correlation was found between RBI and FES – Conflict

($r = -0.302$, $p < .006$), indicating that there is an increased likelihood that Central

American adolescents who have a lot of conflict in their home environment will engage

in risk-taking behaviours. Similarly, the significant negative correlation between the RBI and FES – Cohesion ($r = -0.308$, $p < .005$) indicates that those among the group of Central American adolescents who had a stable family life tended to engage in less risk-taking behaviours. No other variable was significantly correlated with risk-taking behaviour. The significant negative correlation between FES – Cohesion and FES – Conflict ($r = -0.496$, $p < .001$) indicated that these two variables were inversely scored, again, which was expected if the measures were valid. Finally, a significant positive correlation between the BAS and the number of years in Canada ($r = 0.232$, $p < .036$), suggested that the longer the adolescents lived in Canada, the more acculturated they became.

Results of the correlations among the Quebec group variables can be found in Table 6.

Table 6

Correlations among the Quebec group variables

	RBI	Annual Family Income	FES – Cohesion	FES – Conflict	Age
RBI	1.000	0.072	- 0.385*	0.144	0.038
Annual Family Income	-	1.000	- 0.201	0.218	- 0.307*
FES – Cohesion	-	-	1.000	- 0.609*	0.130
FES – Conflict	-	-	-	1.000	0.016
Age	-	-	-	-	1.000

Note. FES = Family Environment Scale; RBI = Risk Behavior Index.

* $p < .05$ (2-tailed).

Correlations among the Quebec families yielded three significant results. First, there was a significant negative correlation between the RBI and FES – Cohesion ($r = -0.385$, $p < .001$), suggesting that less cohesion in the family increased the likelihood that the adolescent would engage in risk-taking behaviours. No other variable was significantly correlated with risk-taking behaviour. Second, the significant negative correlation between FES – Cohesion and FES – Conflict ($r = -0.609$, $p < .001$) indicated that these two variables are inversely scored, which was expected if the measures were valid. A significant negative correlation between the annual family income and age of the adolescent ($r = -0.307$, $p < .014$) suggested that as the adolescent grew older, their family income decreased. In order to try to make sense of this unusual result, a partial Pearson correlation was run on the data, controlling for two factors. The first examined whether or not the adolescent failed either math, English, or French class during the current year, while the second looked at the adolescents' performance in these subjects relative to their peers. The idea behind this analysis was the hypothesis that students from low socioeconomic levels may have had more school difficulties which would be associated with repeating grades. Results revealed a significant partial correlation ($r = -0.307$, $p < .05$) between the adolescents' ages and poor school performance.

Risk-taking behaviour profiles

The next part of the analyses focussed on the kinds of profiles that the adolescents had with respect to their engaging in risk-taking behaviours. A cluster analysis was performed on each group in order to find patterns of risk-taking behaviours that might co-occur more frequently. An arbitrary decision was made that would yield 5, 4, 3, and 2

group clusters for each group. The reasoning behind this was that any clusters under 2 would result in the number of clusters equal to the number of participants in the group and any clusters over 5 would limit the usefulness of the data. Upon closer examination, the best possible clusters were identified and used for the rest of the analysis. These were chosen by examination of dendrograms and the interpretability of the break-down of the cluster and through the use of Ward's hierarchical method. Specific clusters of risk-taking behaviours received specific designations in order to differentiate among the patterns of risk-taking behaviours.

From the cluster analysis that was performed on the Cambodian group, the three-group solution was chosen as the most useful (see Table 7). The "mixed without gang membership" group was made up of those who had clustered together on all behaviours except gang affiliation. The "mixed with gang membership" cluster comprised mainly of gang members who had hurt someone and stolen. The "violent" group consisted only of adolescents who claimed to have hurt someone.

Table 7

Three-group solution for cluster analysis of Cambodian adolescent risk-taking behaviours

Type of Behaviour	Mixed without gang membership		Mixed with gang membership		Violent	
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>
Consumed Alcohol	14	100.0	-	-	-	-
Used Drugs	2	14.3	-	-	-	-
Gang Membership	-	-	4	80	-	-
Hurt Someone	6	42.9	1	20.0	8	100.0
Has Stolen	2	14.3	1	20.0	-	-
Total	14	-	5	-	8	-

The results of the three-group solution for the cluster analysis was subsequently broken down and examined by the sociodemographic characteristics of each cluster. ANOVAs revealed no significant differences among any of the patterns (see Appendix A). The non-significant results may be due to the very small sample size when the group is subdivided into three.

For the Central American group, the four-group cluster was the most realistic (see Table 8). The “everything” risk-taking group was comprised of adolescents who clustered together on all five risk-taking behaviours. The “mixed” group was made up of those who had clustered together on several behaviours (i.e., consumers of alcohol, stealing, and hurting someone). The “drug-users” primarily consisted of adolescents who

had tried drugs. Finally, the “violent” group consisted only of adolescents who claimed to have hurt someone.

Table 8

Four-group solution for cluster analysis of Central American risk-taking behaviours

Type of Behaviour	Everything		Mixed		Drug-users		Violent	
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>
Consumed Alcohol	2	28.6	4	50.0	-	-	-	-
Used Drugs	1	14.3	-	-	4	100.0	-	-
Gang Membership	7	100.0	-	-	-	-	-	-
Hurt Someone	4	57.1	2	25.0	1	25.0	7	100.0
Has Stolen	3	42.9	5	62.5	-	-	-	-
Total	7	-	8	-	4	-	7	-

The results of the 4-group solution for the cluster analysis was subsequently broken down and examined by the sociodemographic characteristics of each cluster (see Table 9).

Table 9

Sociodemographic breakdown of Central American adolescents' patterns of risk-taking behaviours according to a four-group cluster analysis solution, including those without any risk-taking behaviours

	None	Every- thing	Mixed	Drug- users	Violent	Total	<u>V</u>
Participant							
Sex							0.484
Male	30	5	4	2	6	47	
Female	26	2	4	2	1	35	
Family Situation							
Perceived Income							0.066
Moderate	42	5	8	1	6	62	
Low	13	2	-	3	1	19	
Employment Status							0.001*
Employed	44	6	1	4	6	61	
Unemployed	11	1	7	-	1	20	
Type of Family							0.517
Two-parent	39	6	4	3	6	58	
Single-parent	17	1	4	1	1	24	
Parent Education							0.424
Elementary	19	1	2	-	1	23	
High school	37	6	6	4	6	59	
French/English Proficiency							0.931
Good	16	3	3	1	2	25	
Poor or none	40	4	5	3	5	57	

* $p < .001$

The breakdown indicates that the pattern of risk-taking behaviours among Central American adolescents is significantly associated with the employment status of their parents. While perceived level of income approached significance ($p < .066$), when the

part of the group that did not engage in any risk-taking behaviours was factored out, it reached significance ($p < .031$).

For the Quebec group, the four-group cluster was the most feasible option (see Table 10). The “everything” risk-taking group was comprised of adolescents who clustered together on all five of risk-taking behaviours. The “mixed without gang membership” cluster was comprised of adolescents who consumed alcohol, used drugs, hurt someone and stolen. The “mixed – alcohol and drugs” group was made up of those who had only clustered together on these two behaviours. The “drug-users” primarily consisted of adolescents who had only used drugs.

Table 10

Four-group solution for cluster analysis of Quebec risk-taking behaviours

Type of Behaviour	Everything		Mixed without gang membership		Mixed - alcohol and drugs		Drug-users	
	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>	<u>n</u>	<u>P</u>
Consumed Alcohol	7	100.0	4	33.3	14	100.0	-	-
Used Drugs	7	100.0	4	33.3	8	57.1	7	100.0
Gang Membership	1	14.0	-	-	-	-	-	-
Hurt Someone	7	100.0	8	66.7	-	-	-	-
Has Stolen	7	100.0	8	66.7	-	-	-	-
Total	7	-	12	-	14	-	7	-

The results of the four-group solution for the cluster analysis was subsequently broken down and examined by the sociodemographic characteristics of each cluster (see Table 11).

Table 11

Sociodemographic breakdown of Quebec adolescents' patterns of risk-taking behaviours according to a four-group cluster analysis solution, including those without any risk-taking behaviours

	None	Every- thing	Mixed - without gang	Mixed - alcohol and drugs	Drug- users	Total	<u>V</u>
Participant							
Sex							0.236
Male	13	6	5	10	4	38	
Female	14	1	7	4	3	29	
Family Situation							
Perceived Income							0.737
Moderate	23	6	9	12	6	56	
Low	4	0	3	2	1	10	
Employment Status							0.804
Employed	26	6	12	13	7	64	
Unemployed	1	0	0	1	0	2	
Type of Family							0.018*
Two-parent	21	2	5	12	5	45	
Single-parent	6	5	7	2	2	22	
Parent Education							0.099
Elementary	0	0	0	2	0	2	
High school	27	7	12	12	7	65	

* $p < .05$ (2-tailed)

The breakdown indicates that the pattern of risk-taking behaviours among Quebec adolescents was significantly associated with the type of family household (one or two-parent families) in which they lived.

Association of risk profiles with social determinants

ANOVAs were performed on the continuous variables in order to evaluate whether the mean level of acculturation varied according to the pattern of risk-taking behaviour. The results of the ANOVAs on the Cambodian group can be found in Table 12.

Table 12

Results of the ANOVAs on the Cambodian group

	None	Mixed without gang	Mixed With gang	Violent	p
BAS					0.527
<u>M</u>	93.5	95.5	98.2	101.0	
<u>SD</u>	13.7	13.4	19.0	15.9	
Years in Canada					0.468
<u>M</u>	11.1	11.7	13.7	12.3	
<u>SD</u>	3.7	4.4	1.3	3.6	
Annual Family Income					0.716
<u>M</u>	17,939	16,143	13,200	18,500	
<u>SD</u>	11,218	7,685	3,834	5,880	
FES – Cohesion					0.289
<u>M</u>	7.2	6.6	8.0	7.1	
<u>SD</u>	1.5	1.7	1.2	1.4	
FES – Conflict					0.203
<u>M</u>	2.4	3.0	0.8	2.8	
<u>SD</u>	2.0	2.1	0.8	1.9	
Age					0.002*
<u>M</u>	15.2	16.2	15.4	14.6	
<u>SD</u>	1.0	1.3	1.1	0.7	

* $p < .01$

Results of the ANOVAs on Cambodian adolescents yielded a significant main effect of age, $F(3, 75) = 5.42$, $p < .002$, meaning that there was a significant difference between the patterns of risk taking behaviour in the cluster analysis on that variable.

None of the ANOVAs that were performed on the Central American group yielded any significant results. The results can be found in Appendix A.

The results of the ANOVAs on the Quebec group can be found in Table 13.

Table 13

Results of the ANOVAs on the Quebec group

	None	Every- thing	Mixed – Drugs and alcohol	Mixed without gang	Drug- users	p
Annual Family Income						0.346
<u>M</u>	45,192	54,200	50,786	42,833	30,643	
<u>SD</u>	23,020	24,712	21,789	24,866	19,237	
FES – Cohesion						0.007*
<u>M</u>	7.5	4.0	6.7	7.3	6.7	
<u>SD</u>	2.1	2.3	2.0	1.9	2.7	
FES – Conflict						0.46
<u>M</u>	2.0	3.1	1.9	2.4	1.1	
<u>SD</u>	2.5	2.0	1.7	1.8	1.2	
Age						0.332
<u>M</u>	15.0	15.0	15.8	15.0	15.1	
<u>SD</u>	1.1	0.8	1.1	1.0	1.5	

* $p < .01$ (two-tailed)

Results of the ANOVA on Quebec adolescents yielded a significant main effect of FES – Cohesion, $F(4, 66) = 17.48$, $p < .007$, meaning that the clusters were significantly different on this variable.

T-tests between the risk-taking behaviours and the social determinants

T-tests were performed to compare the mean number of risk-taking behaviours within a group with categorical variables (see Table 14).

Table 14

T-test results of risk-taking behaviours and sociodemographic characteristics of each group

	Cambodia			Central America			Quebec		
	<u>M</u>	<u>SD</u>	<u>p</u>	<u>M</u>	<u>SD</u>	<u>p</u>	<u>M</u>	<u>SD</u>	<u>p</u>
Participant									
Sex			0.24			0.05*			0.03*
Male	0.6	0.9		0.7	1.1		1.5	1.5	
Female	0.4	0.6		0.3	0.5		0.8	1.0	
Family Situation									
Perceived Income ^{†‡}			0.48			0.65			0.96
Moderate	0.6	0.9		0.5	1.0		1.2	1.4	
Low	0.5	0.8		0.4	0.7		1.2	1.1	
Employment Status ^{†‡}			0.89			0.11			0.88
Employed	0.5	0.7		0.4	0.8		1.2	1.3	
Unemployed	0.5	0.9		0.8	1.2		1.0	1.4	
Type of Family			0.14			0.44			0.01*
Two-parent	0.4	0.7		0.6	1.0		0.9	1.1	
Single-parent	0.8	1.0		0.4	0.7		1.9	1.6	
Parent Education			0.11			0.03*			0.67
Elementary	0.4	0.7		0.2	0.5		1.5	0.7	
High school	0.6	0.8		0.6	1.0		1.2	1.4	
French/English Proficiency			0.27			0.70			-
Good	0.8	1.1		0.4	0.7		-	-	
Poor or none	0.5	0.8		0.5	1.0		-	-	

* $p < .05$ (2-tailed)

†: N= 81 on this variable for the Central American group.

‡: N= 66 on this variable for the Quebec group.

Adolescents in the Cambodian group did not demonstrate any significant differences in the amount of risk-taking behaviours on any of the categorical variables.

The results of the t-tests on the Central American group revealed that the adolescents engaged in significantly more risk-taking behaviours if their parents had completed high school. The results also indicated that the adolescent males in this group engaged in significantly more risk-taking behaviours than females.

The results among the Quebec group revealed that males engaged in significantly more risk-taking behaviours than females. Type of family was also significant, meaning that adolescents from single-parent families have a significantly higher mean number of risk-taking behaviours than two-parent households.

CHAPTER 5

Discussion

The present study contributed to our knowledge of adolescent risk-taking behaviour and acculturation among adolescent refugees from Cambodia and Central America and adolescents from Quebec. The objective of this study was to gain an understanding of the dynamics of each group. Although it was primarily exploratory in nature, several hypotheses were formulated. The study was divided into three main research questions, with associated hypotheses for each.

Overall risk-taking behaviour

The first research question examined whether adolescent refugees from Cambodia and Central America engage in more or less risk-taking behaviours than Quebecers. Overall, the total number of risk-taking behaviours from both the Cambodian and Central American adolescents were significantly less than those for the adolescents from Quebec.

Adolescents from Quebec had the most contact with alcohol and drugs and had stolen far more frequently than either the Cambodian or Central American groups. The finding that such a large proportion of Quebec adolescents consumed alcohol is consistent with the results of Zoccolillo, Vitaro, and Tremblay (1999), who concluded that alcohol consumption among 15-year-olds was normative in Quebec. However, the actual percentage of use in the present study was lower. This may be due to the sample size not necessarily being representative of Quebec. The results are also consistent with the findings of Maddahian et al., (1986) where alcohol and drug use was highest among whites, followed by Hispanics, and Asian Americans, respectively.

This finding is related to the deconstruction of Quebec families. Over the last several decades, Quebec families have undergone a major transformation in lifestyle (Langelier, 1996). Younger generations of Quebecers are more ignorant about their cultural history and traditions than ever before. Basic family values are no longer reinforced as they used to be, leaving many youths without direction. For example, the concept of the extended family, which has been shown to be of particular significance for other cultures has been eroded in modern Quebec families. Extended family activities are often limited to social activities such as weddings and funerals. Among the consequences of these drastic changes in Quebec society may be an increase in risk-taking behaviours such as alcohol consumption, drug use, and stealing.

The finding that adolescents from Quebec who came from single parent homes engaged in significantly more risk-taking behaviours is consistent with the literature. One study in Ontario found that adolescent smoking, drinking and illicit drug use were consistently related to single parenthood (Boyle & Offord, 1986).

Although the number of adolescents who reported to have intentionally hurt someone was approximately the same across groups, a review of the qualitative data might shed light into the actual circumstances of the incidents. It is possible that Quebec adolescents tended to hurt people while they were intoxicated whereas Central American refugee adolescents did so as part of gang-related activity.

The next hypothesis, that the Cambodian refugees would demonstrate less risk-taking behaviours than the Central American group was confirmed. The Cambodian group had fewer gang members, and tried drugs and had stolen less frequently than the Central American group. The finding that Cambodian adolescents engaged in the lowest

amount of risk-taking behaviours is consistent with the literature on their traditional values. Cambodian families who maintain their traditional cultural values rather than become fully assimilated into North American society may be protecting their youth from risk-taking behaviours.

It has been suggested that Southeast Asian refugee adolescents tend to go one of two ways with respect to acculturation (Tobin & Friedman, 1984). One crowd tends to isolate themselves from North American culture, preferring to socialize with members of their own ethnic group, to eat only foods from their ethnic background, to listen only to music from their own ethnic community, and so on, while hoping to someday return to their homeland. On the other hand, a second group of refugees will try to assimilate as much as possible into North American culture through socialization with same-aged peers, wearing identical clothing, and listening to the same types of music. These individuals, usually adolescents, tend to distance themselves from anything related to their ethnic origins. In the case of Cambodians, the former might be true.

One possible explanation for the lack of engagement in risk-taking behaviours among the Cambodian group may have been their relative protection by their traditions and values. Cambodian culture has a strong family-oriented code of conduct. Traditional Asian culture promotes concern for the welfare of the group and community, the extended family, interdependence, and conformity and cooperation (Ho, 1992; Lee, 1988). This is characterized by a keen awareness of the social milieu and social and economic limitations and immobility. Thus, most Southeast Asian refugees have been raised in a society that is highly sensitive to peer opinions and uses the social connection to define thoughts, feelings, and actions (Ho, 1992). Regardless of economic and social status,

social esteem and self-respect comes from compliance with social norms and is therefore strictly followed. In some cases, Asian Americans have been stereotyped a model minority group because they tend to become productive members of North American while engaging in relatively few risk-taking activities (Sodowsky et al., 1991).

It is possible that the Cambodians in this sample came from very stable families. Stable and cohesive families with positive attitudes towards acculturation who maintain traditional community ties are better able to support their children and offer security during the stress of migration (Hicks et al., 1993; Rumbaut, 1991; Rumbaut & Ima, 1988).

Finally, while the overall number of adolescents admitting to gang membership was relatively low, the refugee groups had at least four times as many gang-members as the Quebec group. This is consistent with the idea that affirmation among migrant is especially important for adolescents who are in a minority. These individuals need often come from unstable and disorganized families and lack supportive community networks (Gordon, 1998).

Risk-taking behaviour profiles

The second research question examined the specific profiles of risk-taking behaviour among the three groups. As hypothesized, the profiles varied as a function of culture. The breakdown of different risk-taking profiles for each of the three groups showed a variety of patterns.

The Cambodian group displayed three distinct clusters. Two of the three were a mix of behaviours which were distinguished by whether or not the adolescent was part of

a gang, while a third was clearly a violent subgroup of adolescents who had hurt others but did not claim to be part of a gang. This subdivision of adolescents were mostly male, came from two-parent households, had at least one parent with both a high school education and a job, and whose parents' language fluency (English and French) was poor or non-existent. The Central American group was divided into four clusters of varying profiles of risk-taking behaviour. Similar to the Cambodian group, a clearly violent-only group was found with identical demographics, with the addition of their parents' perceived income being moderate. Quebec adolescents also clustered into four clear groups.

One interesting finding was that a "violent" profile was only found among the refugee groups. These "violent" adolescents were not associated with any other risk-taking behaviours. It would be interesting to investigate this further in future studies in order to assess the source of this violence. For example, are the reasons behind the violence due to culture-based discrimination at school? This would be a plausible hypothesis given that refugees frequently encounter racism (Huang, 1989; Prilleltensky, 1993).

An interesting feature of the Quebec adolescents' profiles was that they were rarely involved with gangs. Moreover, similar to the Central American group, there was a clear group of drug-users and another distinct group of adolescents who only use drugs and alcohol. Two other patterns showed a very clear profile of alcohol consumption, drug usage, hurting others, and stealing.

These findings suggest that clustering adolescents into risk-taking profiles may facilitate the creation of prevention programs and intervention efforts that might target multiple categories of risk-taking behaviours, as opposed to individual ones.

Determinants of risk-taking behaviour

The third research question investigated the association between risk-taking behaviours and three possible determinants, including acculturation, family, and SES. The hypothesis that as adolescents' became more acculturated, they would engage in significantly more risk-taking behaviours was not proven. Acculturation did not play a significant part for either of the refugee groups.

A second hypothesis was that the more family conflict that the adolescent experienced, the more they would engage in risk-taking activities. Family conflict was indeed correlated with risk-taking behaviour but only for the Central American group. Conversely, the results suggested that family cohesion led to less risk-taking behaviour among the Central American and Quebec groups.

The most consistent result across groups was that the family environment was a key determinant of whether or not adolescents engaged in risk-taking behaviours. Family cohesion appears to be a protective factor for Central American and Quebec adolescents but not for those from Cambodia. However, as previously discussed, the Cambodian group may have been protected by their strong ties to family traditions. The importance of family variables corroborates other research suggesting that intrafamilial socialization and parental support are among the most significant determinants of certain risk behaviours in ethnic minorities (Wang, 1994).

On the other hand, adolescents from Quebec tend to live in families with much less structure, particularly in recent decades. As discussed, these adolescents are undergoing significant reorganization of their value systems and social networks. Moreover, these adolescents were further at-risk if they had come from single-parent homes, indicating that the increase in vulnerability among Quebec adolescents further validates the idea that major changes in the family structure have led to substantial problems.

It is possible that the results from the Cambodian group were non-significant because this group did not engage in enough risk-taking behaviour to begin with. Rousseau, Drapeau, and Corin (1998) showed that family variables in the same sample was a key determinant of emotional distress which suggests that there is a complex interaction of variables taking place. Moreover, conflicts between adolescents and their parents in the Central American group appeared to increase their at-risk status, particularly placing them at-risk for violence.

Another hypothesis was that the lower SES from which the adolescent came, the more risk-taking behaviours they would engage in. The only significant finding was that adolescent refugees from Central America whose parents had completed high school tended to engage in more risk-taking behaviours than those who had merely received an elementary school education.

Two general hypotheses can be put forth regarding family conflict and cohesion among refugees. One idea is that since migration is a period of numerous stressors converging on the family, thus more family conflict and instability will result (Sluzki, 1979). Another is that increased levels of stress leads to more family cohesion because

there is a greater need for social support during these particularly difficult times. While the results of the analyses on the Cambodian group's cohesion and conflict were not significant, this group also yielded the lowest overall amount of risk-taking behaviours. Since both the Central American and Quebec groups demonstrated higher amounts of risk-taking behaviours and were affected by conflict and cohesion, it would suggest that the former theory is correct in this case.

The finding that Central American adolescent girls engaged in significantly less risk-taking behaviours was consistent with the literature. For example, according to Latin American culture, women are expected to drink much less than their male counterparts, if at all, due to traditional roles (Arrendo et al., 1987). Conversely, the Latin American idea of "machismo" may provide a reason for males to have engaged in more risk-taking activities.

For an examination of these populations from a historical perspective, dynamic processes should be considered. Rather than simply describing the current situation of adolescent refugees in Quebec at one point in time, it is important to examine the bigger picture. Specifically, what are the dynamic processes that are involved with the movement of these populations? These findings provide some evidence that a transmission of parental expectations and community needs are being passed to the adolescent refugees. Quebec adolescents may be more in a vacuum where nothing meaningful is expected from them.

Limitations

The present study has several limitations that should be noted. First, there is a paucity of research involving immigrants and refugee youth and their families, and risk-taking behaviours, and many existing studies are incomplete, or inconsistent and conflicting (Beiser, et al., 1995; Copeland & Harvey, 1989, Freire, 1993; Hicks et al., 1993). This made it difficult to compare the results with other studies. Second, the data used were not originally intended for the specific purpose of assessing the degree to which these adolescents engaged in risk-taking behaviour or the correlates of this behaviour. Therefore, the study could have been better designed from the outset. Next, it must be emphasized that the sample size was relatively small given the kinds of analyses that were performed on the data. Moreover, it is contended as to whether these results are generalizable. The different clusters that were found in this study do not represent a definitive classification of the different groups but rather they are the results of a general exploratory study, that can be used to guide future research. Additionally, these results detail a cross-section of the adolescents' lives. It is the contention of the author that the results do reflect some degree of homogeneity among the Montreal refugee and Quebec population. Furthermore, most of the data used were based on interviews with adolescents. These self-reports are susceptible to response biases, and threats to validity and reliability.

One final group of limitations involves methodology. Methodological issues plague studies involving culture. In many cases, results from early studies on acculturation, most beginning in the second half of this century have been questioned because of their poor designs and faulty statistical analyses (Al-Issa, 1997). Intercultural

and cross-cultural studies tend to define ethnicity and attempt to measure it in so many different ways that it changes on a study by study basis, with no standard for comparison (Al-Issa, 1997). For instance, some studies used external criteria such as skin colour or birth place while more recently, the literature has leaned toward external criteria such as involvement in various activities and rituals, and language use (Al-Issa, 1997).

Sample representation is another issue. Accessing large numbers of refugee participants for a study is not practical or realistic. As such, most published studies on refugee children have relatively small sample sizes (Rousseau, 1995). Moreover, these studies tend to not have a control group since an appropriate choice is not usually available (Jensen & Shaw, 1993). Fortunately, this latter point has been taken into account for the present study. Both the cultural origins and time elapsed since the refugees arrived in the new country vary considerably from study to study, making replication virtually impossible (Rousseau, 1995). In the United States, there exists marked differences where Hispanic immigrants have been received, the opportunities they have created for themselves, and the different cultures with which they have interacted making it difficult to compare studies (Guarnaccia, 1997). Most of the literature on substance use comes from the United States, where the composition of Hispanics is mainly from Mexico, Puerto Rico, and Cuba as opposed to Latin Americans which are their Canadian equivalent and who mainly come from Central and South America (Alcohol Drug Education Service, 1989). This creates further constraints on the generalizability of American information onto the Canadian situation (Alcohol Drug Education Service, 1989). Additionally, the small number of Asian Americans that were

used in some samples makes the results questionable as to whether they are generalizable to the total population of Asian youth in all of North America (Austin et al., 1989).

Directions for Future Research

While the data used in this study were collected cross-sectionally, there is a need for a national cross-Canada study with longitudinal follow-ups. The applicability of results from empirical studies are variable. Interactions between refugee characteristics who are in the process of acculturating and those of the host country are likely to affect adaptive experience (Hicks, Lalonde, & Pepler, 1993). These results should be examined in a specific historical context and cannot be generalized to all refugee-receiving countries in the West. Aspects of Canadian society, including its multicultural policies, economic support for refugees, and the ethnic and cultural composition of its population limit the extent and usefulness of results from research in other countries (Hicks, Lalonde, & Pepler, 1993). Furthermore, timing is an issue in that depending on when the sample was studied must be examined in light of contemporary relevance of results (Hicks, Lalonde, & Pepler, 1993). Therefore, results could lead decision-makers to adopt or adapt policies on these populations and it could be used to guide intervention programs for service providers.

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Appendix A:

Additional tables

Table 15

Sociodemographic breakdown of Cambodian adolescents' patterns of risk-taking behaviours according to a three group cluster analysis solution, including those without any risk-taking behaviours

	None	Mixed without gang	Mixed with gang	Violent	Total	<u>V</u>
Participant						
Sex						0.386
Male	28	11	2	5	46	
Female	21	3	3	3	30	
Family Situation						
Perceived Income						0.134
Moderate	9	3	0	4	16	
Low	40	11	5	4	60	
Employment Status						0.212
Employed	20	6	1	6	33	
Unemployed	29	8	4	2	43	
Type of Family						0.121
Two-parent	38	8	2	7	55	
Single-parent	11	6	3	1	21	
Parent Education						0.169
Elementary	28	6	1	2	37	
High school	21	8	4	6	39	
French/English Proficiency						0.531
Good	5	2	0	2	9	
Poor or none	44	12	5	6	67	

* $p < .05$

Table 16

Results of the ANOVAs on the Central American group

	None	Every- thing	Mixed	Drug- users	Violent	p
BAS						0.128
<u>M</u>	70.8	61.1	69.4	66.3	81.4	
<u>SD</u>	14.8	11.2	15.1	10.9	14.2	
Years in Canada						0.894
<u>M</u>	7.6	7.5	6.6	8.6	8.0	
<u>SD</u>	3.6	3.6	2.6	2.5	3.8	
Annual Family Income						0.674
<u>M</u>	18,800	23,786	15,750	17,250	18,000	
<u>SD</u>	10,309	14,691	8,515	12,285	9,238	
FES – Cohesion						0.188
<u>M</u>	7.6	5.9	7.5	6.5	7.4	
<u>SD</u>	1.7	3.1	1.8	1.3	1.7	
FES – Conflict						0.499
<u>M</u>	2.0	2.9	2.6	2.5	2.9	
<u>SD</u>	1.6	2.9	1.7	1.3	1.7	
Age						0.156
<u>M</u>	15.5	15.3	14.6	16.3	14.3	
<u>SD</u>	1.5	1.4	1.6	0.5	2.0	

* $p < .05$

Appendix B:

Demographic and risk-taking questionnaire

Section I

Contexte de l'entrevue

Date de l'entrevue (jour, mois, année)

Début de l'entrevue (heure, minutes)

:

Fin de l'entrevue (heure, minutes)

:

Durée de l'entrevue (minutes)

Lieu de l'entrevue

À domicile ☐

Ailleurs (préciser) : _____

Langue de l'entrevue

Nombre de personnes présentes (y compris le répondant et l'intervieweur à l'entrevue)

● Si plus de 2 personnes, préciser :

Type d'entrevue

Facile ☐

Difficile ☐

Commentaires

Section 2

Information socio-démographique

La recherche que nous menons vise à mieux connaître les adolescent(e)s réfugié(e)s afin d'orienter l'intégration harmonieuse de ces étudiants dans les écoles. Tu avais donné une entrevue en 1994 et nous te remercions d'être disponible aujourd'hui aussi. Nous allons aussi poser des questions à tes parents mais ce que tu me diras va rester entre toi et moi. Ni tes parents, ni tes professeurs ne sauront ce que tu as répondu à mes questions. Ton nom n'apparaît même pas sur le questionnaire. Tes réponses vont être mélangées avec celles des autres adolescent(e)s et nous allons tracer un portrait de l'ensemble des réponses données par les adolescent(e)s. L'entrevue que je vais avoir avec toi va durer environ une heure 30 minutes, mais tu vas voir ça passe vite. Certaines questions vont peut-être te sembler bizarres mais réponds-y du mieux que tu peux. Il n'y a pas de bonnes ou de mauvaises réponses, dis-moi simplement ce que tu penses. Si tu comprends mal une question, dis-le moi et je la poserai autrement ou je la traduirai. Si une question te dérange trop, tu peux refuser d'y répondre. Je te remercie d'avoir accepté de participer à notre recherche. Nous allons maintenant commencer l'entrevue.

Q1. Sexe du répondant

Gars ☐Fille ☐

Q2. Quel âge as-tu?

Q3. Vas-tu encore à l'école?

Oui ☐Non ☐

● Si non, pourquoi?

Q4. Quelle école fréquentes-tu depuis septembre 1995?

Q5. En quelle année es-tu?

Secondaire II ☐Secondaire III ☐Secondaire IV ☐

Section 5

Vie sociale

Nous allons maintenant discuter de la vie que tu mènes au Québec.

Q36. Est-ce que la religion est importante pour toi?

Q37. Est-ce que la réussite matérielle (avoir de l'argent, un travail payant, une belle maison, etc) est importante pour toi (aimerais-tu dans l'avenir avoir de l'argent, un travail payant, une belle maison, etc)?

Q38. Est-ce que la politique est importante pour toi?

Q39. Est-ce que l'engagement social est important pour toi (être engagé pour une cause sociale, vouloir changer des choses dans la société: environnement, guerre, pauvreté, etc)?

Q40. Est-ce que tu participes à des activités sportives?

Oui ☐

Non ☐

- Si oui, quels sont les activités sportives auxquelles tu aimes le plus participer?

Q41. Quels sont tes passe-temps, tes activités ou tes jeux favoris?

Q42. Est-ce que tu es membre d'un groupe, d'une équipe, d'une association, d'un organisme ou d'un club?

Oui ☐

Non ☐

● Si oui, lesquels?

Q43. As-tu un emploi?

Oui ☐

Non ☐

● Si oui, quel type d'emploi as-tu?

● Si oui, combien d'heures par semaine travailles-tu?

Q44. Est-ce que tes parents te donnent de l'argent?

Oui ☐

Non ☐

● Si oui, est-ce que tu leur rends de petits services en échange de cet argent?

● Si oui, est-ce que toi et tes parents avez des opinions différentes au sujet de l'argent qu'ils te donnent?

Q45. As-tu l'impression que, en général, tu as «plus», «autant» ou «moins» d'argent que les jeunes de ton âge?

Plus ☐

Autant ☐

Moins ☐

Q46. Pour toi, c'est quoi un(e) ami(e)?

Q47. As-tu des amis?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question 48. S'il répond oui, poser aussi les sous-questions.

• Si oui, de quelle origine ethnique sont tes amis?

Pays d'origine ☐

Québécois ☐

Autres (préciser) : _____

• Qu'est-ce que tu aimes d'eux?

• Qu'est-ce que tu aimes moins d'eux?

• Est-ce qu'il arrive que vous ayez des opinions différentes?

Jamais ☐

Parfois ☐

Souvent ☐

• Si parfois ou souvent, à quel sujet?

- Lorsque vous avez des opinions différentes, est-ce que cela crée un problème entre vous?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, de quelle façon ce problème se manifeste-t-il?

- Qu'est-ce qui se passe alors?

Q48. As-tu un chum/une blonde?

Oui ☐

Non ☐

- Si oui, comment est-il (elle)?

- Si non, aimerais-tu avoir un chum (une blonde)?

Oui ☐

Non ☐

Quel genre de chum/blonde voudrais-tu avoir?

Q49. Penses-tu que les filles de (lieu de naissance) sont différentes des Québécoises?

Q50. Penses-tu que les gars de (lieu de naissance) sont différents des Québécois?

Parlons maintenant des jeunes que tu connais mais qui ne sont pas nécessairement tes amis.

Q51. Connais-tu des jeunes (lieu de naissance du répondant)?

Oui ☐

Non ☐

**Si l'adolescent répond non, passer à la question Q52.
S'il répond oui, poser aussi les sous-questions.**

- Si oui, qu'est-ce que tu aimes d'eux?

- Qu'est-ce que tu aimes moins d'eux?

- Est-ce qu'il arrive que vous ayez des opinions différentes?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, à quel sujet?

- Lorsque vous avez des opinions différentes, est-ce que cela crée un problème entre vous?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, de quelle façon ce problème se manifeste-t-il?

- Qu'est-ce qui se passe alors?

Q52. Connais-tu des jeunes Québécois?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question 53. Si l'adolescent répond oui, poser aussi les sous-questions.

- Si oui, qu'est-ce que tu aimes d'eux?

- Qu'est-ce que tu aimes moins d'eux?

- Est-ce qu'il arrive que vous ayez des opinions différentes?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, à quel sujet?

- Lorsque vous avez des opinions différentes, est-ce que cela crée un problème entre vous?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, de quelle façon ce problème se manifeste-t-il?

- Qu'est-ce qui se passe alors?

Q53. Connais-tu des jeunes d'autres groupes ethniques?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question 54. Si il répond oui, poser aussi les sous-questions.

● Si oui, lesquels?

● Qu'est-ce que tu aimes d'eux?

● Qu'est-ce que tu aimes moins d'eux?

● Est-ce qu'il arrive que vous ayez des opinions différentes?

Jamais ☐

Parfois ☐

Souvent ☐

● Si parfois ou souvent, à quel sujet?

- Lorsque vous avez des opinions différentes, est-ce que cela crée un problème entre vous?

Jamais ☐

Parfois ☐

Souvent ☐

- Si parfois ou souvent, de quelle façon ce problème se manifeste-t-il?

- Qu'est-ce qui se passe alors?

Q54. Fais-tu partie d'une gang qui porte un nom?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question 55. S'il répond oui, poser aussi les sous-questions.

- Si oui, combien y a-t-il de personnes dans ta gang?

☐ ☐

- Si oui, qu'est-ce que tu aimes de ta gang?

- Si oui, qu'est-ce que tu n'aimes pas de ta gang?

- De quelle origine ethnique sont les membres de ta gang

- Habituellement, que fait ta gang?

● Est-ce que ta gang a déjà...

- Attaqué ou été attaquée par une autre gang?

Oui ☐

Non ☐

- Attaqué d'autres personnes?

Oui ☐

Non ☐

- Volé ou piqué?

Oui ☐

Non ☐

- Brisé des choses?

Oui ☐

Non ☐

- Autres (préciser) :

Section 7

Identité

Je vais maintenant te poser quelques questions sur ta culture et sur la culture québécoise ou canadienne..

Q56. Considères-tu que tu es plus (lieu de naissance) ou plus Québécois ou Canadien?

Q57. Qu'est-ce que c'est, pour toi, être (lieu de naissance)?

Q58. Qu'est-ce que c'est, pour toi, être Québécois ou Canadien?

Q59. Quelles sont les choses que tu aimes le plus dans la culture (lieu de naissance) et que tu voudrais conserver (la façon de vivre, ce qui vient de chez toi, les choses que vous faites à la maison, ce qui vient de ton pays ...)?

Q60. Quelles sont les choses que tu aimes le moins dans la culture (lieu de naissance)?

Q61. Quelles sont les choses que tu aimes le plus dans la culture québécoise ou canadienne?

Q62. Quelles sont les choses que tu aimes le moins dans la culture québécoise ou canadienne?

J'aimerais maintenant savoir si ta façon de faire certaines choses est, d'après toi, toujours ou la plupart du temps (latino-américaine ou cambodgienne), toujours ou la plupart du temps nord-américaine, ou autant (latino-américaine ou cambodgienne) que nord-américaine.

Q63.	Latino-américaine ou cambodgienne	Latino-américaine ou cambodgienne	Latino-américaine ou cambodgienne	Nord-américaine	Nord-américaine
	Toujours	La plupart du temps	Autant que nord-américaine	La plupart du temps	Toujours
Quel genre de musique écoutes-tu?					
Quel genre de danse dances-tu?					
Dans quel genre d'endroit sors-tu?					
Quel genre de divertissement aimes-tu?					
Ta façon de célébrer les anniversaires de naissance est...					
Ta façon de te conduire avec ton chum/ta blonde est...					
Les gestes que tu fais en parlant sont...					

La vie n'est pas toujours telle qu'on aimerait qu'elle soit. Si tu pouvais organiser ta vie à ta façon, comment voudrais-tu qu'elle soit par rapport à...

Q64.	Latino-américaine ou cambodgienne	Latino-américaine ou cambodgienne	Latino-américaine ou cambodgienne	Nord-américaine	Nord-américaine
	Toujours	La plupart du temps	Autant que nord-américaine	La plupart du temps	Toujours
... la nourriture?					
... la langue?					
... la musique?					
... l'habillement?					
... la télévision?					
... les revues ou les journaux?					
... la danse?					
... la radio?					
... la façon de célébrer les anniversaires de naissance?					
... la façon de célébrer les mariages?					

Section 10

Comportement à risque

Nous avons presque terminé l'entrevue. Je vais maintenant te poser quelques questions sur des choses que certains adolescent(e)s font et que tu fais peut-être toi aussi parfois.

Q72. Est-ce que tu fumes la cigarette?

Oui ☐

Non ☐

● Si oui, à quelle fréquence?

_____ / par jour

● Si oui, à quel âge as-tu commencé à fumer la cigarette?

Q73. Est-ce que tu bois de la bière, du vin ou un autre type d'alcool?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question Q74.
S'il répond oui, poser aussi les sous-questions.

● À quelle fréquence?

Au moins 1 fois par semaine? ☐

Au moins 1 fois par mois? ☐

Occasionnellement seulement? (préciser) ☐

● À quel âge as-tu commencé à boire de l'alcool?

☐☐

● Pour quelle raison as-tu déjà bu ou bois-tu de l'alcool?

Q74. Voici une liste de drogues que certains jeunes consomment. As-tu déjà pris ou prends-tu un de ces drogues...

	au moins 1 fois par semaine	au moins une fois par mois	occasionnell ement	une fois seulement	jamais
Pilules pour dormir					
Pilules pour les nerfs					
Pot, haschisch, marijuana					
Colle, solvant (produits à sniffer)					
Mescaline, acide, PCP (autre produit chimique)					
Héroïne					
Cocaïne					
Crack					
Autre: _____					

Si l'adolescent répond jamais à tous ces drogues, passer à la question Q75.
Autrement, poser aussi les sous-questions.

- Pour quelle raison as-tu déjà pris ou prends-tu ces drogues?

- À quel âge as-tu commencé à prendre ces drogues?

Q75. As-tu déjà consulté quelqu'un pour un problème de drogue ou d'alcool?

Oui ☐

Non ☐

- Si oui, de qui s'agissait-il?

Q76. As-tu déjà pensé à te suicider?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question Q77.
Si il répond oui, poser aussi les sous-questions.

● En as-tu parlé à quelqu'un?

Oui ☐

Non ☐

● Si oui, qui était cette personne? _____

● As-tu déjà fait une tentative de suicide?

Oui ☐

Non ☐

● Si oui, est-ce qu'un événement particulier a déclenché cette tentative de suicide?

Q77. As-tu déjà fait l'amour (eu une relation sexuelle)?

Oui ☐

Non ☐

● Si oui, combien de partenaire(s) as-tu eu jusqu'à maintenant?

1 partenaire ☐

2 à 5 partenaires ☐

6 et plus ☐

● Si oui, utilisez-vous un condom lors des relations sexuelles?

Jamais ☐

Quelquefois ☐

Assez souvent ☐

Toujours ☐

● Si oui, as-tu déjà été enceinte/mis une fille enceinte?

Oui ☐

Non ☐

Q78. Au cours des douzes derniers mois, as-tu piqué ou volé quelque chose qui ne t'appartenait pas?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question Q79.
S'il répond oui, poser aussi les sous-questions.

● Si oui, quelle était la valeur la plus élevée des objets ou du montant volés?

Moins de 10\$ ☐

Entre 11\$ et 99\$ ☐

Plus de 100\$ ☐

● Si oui, as-tu forcé une porte ou une fenêtre pour avoir accès aux objets ou à l'argent que tu voulais voler?

Oui ☐

Non ☐

Q79. Au cours des douze derniers mois, as-tu volontairement brisé quelque chose qui ne t'appartenait pas ou participé à un acte de vandalisme?

Oui ☐

Non ☐

Q80. Y a-t-il un endroit en particulier qui te fait peur?

Oui ☐

Non ☐

● Si oui, lequel?

Q81. Y a-t-il quelqu'un en particulier qui te fait peur?

Oui ☐

Non ☐

• Si oui, qui?

Q82. As-tu déjà été frappé(e) ou attaqué(e) par quelqu'un?

Oui ☐

Non ☐

Si l'adolescent répond non, passer à la question Q83.
Si il répond oui, poser aussi les sous-questions.

• Où cela s'est-il produit?

Dans la rue ☐

Dans le métro ☐

Dans un parc ☐

À l'école ☐

À la maison ☐

Ailleurs (préciser) : _____

• Qui t'a frappé(e) ou attaqué(e)?

Un(e) inconnu(e) ☐

Une gang ☐

Une personne de ta famille ☐

Un(e) ami(e) ☐

Autre (préciser) : _____

• D'après toi, pourquoi t'a-t-on frappé ou attaqué?

Q83. Au cours des douze derniers mois, as-tu frappé, blessé ou battu quelqu'un?

Oui ☐

Non ☐

● **Si oui, pourquoi as-tu fait ça?**

Q84. Au cours des douze derniers mois, as-tu été arrêté(e) et amené(e) au poste de police?

Oui ☐

Non ☐

● **Si oui, dans quelles circonstances?**

Appendix C:

Letters of consent and ethics approval forms

DÉCLARATION DU COMITÉ D'ÉTHIQUE

À expédier au Fonds de la recherche en santé du Québec (FRSQ) à l'adresse suivante:

Fonds de la recherche en santé du Québec

550, rue Sherbrooke ouest, bureau 1950

Montreal (Québec) H3A 1B9

Le Fonds de la recherche en santé du Québec (FRSQ) demande que les projets de recherche clinique supportés par le Fonds soient d'abord revus par un Comité d'éthique local. Un tel comité existe dans les établissements de santé pourvus d'un Conseil des médecins et dentistes. Le Comité endossera la déclaration ci-après signée par le directeur du département clinique et le président du comité indiquant la composition du comité et donnant son opinion sur l'acceptabilité de la recherche proposée sur le plan de l'éthique médicale. *Si le comité juge que la recherche soumise est inacceptable, il demeure nécessaire de retourner le présent formulaire, dûment complété, au Fonds de la recherche en santé du Québec.*

Membres du comité local d'éthique

NOM

PRÉNOM

Champ d'activités des membres

Liste ci-jointe.

Le présent comité a étudié la demande de subvention pour le projet intitulé:

L'influence des facteurs psychosociaux sur la santé mentale des
adolescents réfugiés.

Telle que soumise par: _____

(cochez la case appropriée)

Le comité considère cette recherche acceptable sur le plan de l'éthique médicale.



Le comité considère cette recherche inacceptable sur le plan de l'éthique médicale.



John Pecknold
 Signature du directeur du département clinique

18 Oct 93
 Date

John Pecknold

Nom et prénom dactylographiés du directeur du département clinique

David Bloom
 Signature du président du comité d'éthique

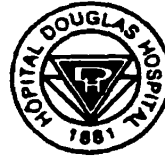
12/10/93

Date

David Bloom

Nom et prénom dactylographiés du président du comité d'éthique

CENTRE DE RECHERCHE
DE L'HÔPITAL DOUGLAS
DOUGLAS HOSPITAL
RESEARCH CENTRE



CENTRE DE COLLABORATION OMS DE MONTRÉAL
POUR LA RECHERCHE ET LA FORMATION
EN SANTÉ MENTALE
MONTREAL WHO COLLABORATING CENTRE
FOR RESEARCH AND TRAINING IN
MENTAL HEALTH

FORMULAIRE DE CONSENTEMENT DESTINÉ AUX PARENTS

Description de la recherche

L'Unité de recherche psychosociale de l'Hôpital Douglas conduit une recherche sur l'adaptation des adolescent(e)s réfugié(e)s à l'école et à la société québécoises. L'objectif principal de cette recherche est de mieux comprendre comment les adolescent(e)s réfugié(e)s s'adaptent de façon à aider ces jeunes.

1. J'accepte de participer à cette recherche.
2. J'accepte que mon enfant (nom de l'adolescent) participe à cette recherche.
3. Les détails de notre participation à cette recherche nous ont été expliquées par _____. Notre participation consiste à accorder une entrevue au cours de laquelle un intervieweur s'entretient avec moi pendant qu'un autre intervieweur s'entretient avec mon enfant. Cette entrevue se déroule dans notre langue maternelle ou en français si nous le désirons et elle dure environ 1 heure 30 minutes.
4. J'ai reçu l'assurance que les informations recueillies lors de cette entrevue sont anonymes et confidentielles; aucune information individuelle ne sera transmise à l'école ou à un autre organisme.
5. Je sais que je peux demander d'autres informations concernant ma participation à cette recherche ou la recherche elle-même.
6. Je participe à cette recherche en toute liberté et je peux cesser d'y participer à tout moment.
7. J'autorise l'école que mon enfant fréquente en 1993-94 à communiquer son dossier scolaire et son dossier d'aide particulière (ou l'équivalent) à l'Unité de recherche psychosociale.
8. J'autorise la chercheuse principale à conserver mon adresse et mon numéro de téléphone pendant trois ans afin qu'on puisse me contacter pour solliciter ma participation à une prochaine recherche portant sur l'évolution de l'adaptation des adolescent(e)s réfugié(e)s. Aucun autre organisme ou équipe de recherche ne pourra utiliser ces informations.

Fait à Montréal, le _____

Signature du répondant

Nom du répondant

Signature du témoin

Signature de la chercheuse principale

FORMULAIRE DE CONSENTEMENT

Nom du jeune : _____

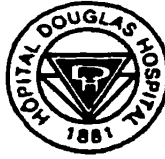
L'Unité de recherche psychosociale de l'hôpital Douglas entreprend une recherche sur l'adaptation des jeunes réfugiés à la réalité scolaire et sociale du Canada. L'objectif principal de cette recherche est de mieux connaître les difficultés auxquelles font face les enfants et les adolescents réfugiés dans leur adaptation à leur nouvel environnement afin de proposer des pistes d'interventions préventives aux écoles et aux services de santé.

1. J'accepte de participer à cette recherche.
2. Les modalités de ma participation à cette recherche m'ont été expliqués par (nom de l'intervieweur). Ma participation implique une entrevue au cours de laquelle l'intervieweur discute avec moi pendant environ 2 heures. Cette entrevue se déroule dans ma langue maternelle ou dans celle que je préfère parler.
3. J'ai reçu l'assurance que les informations recueillies lors de cette rencontre sont anonymes et confidentielles; aucune information recueillie ne sera transmise à mes parents, à l'école ou à un autre organisme.
4. Je sais que je peux demander d'autres informations sur ma participation à cette recherche ou sur la recherche elle-même.
5. Je sais également que j'ai toute liberté de ne pas donner mon consentement ou de cesser de participer à cette recherche à tout moment.
6. J'autorise l'école à communiquer mon dossier scolaire à l'Unité de recherche psychosociale de l'hôpital Douglas.
7. J'accepte que les chercheurs de l'Unité de recherche psychosociale de l'hôpital Douglas me recontacte dans le futur pour solliciter ma participation à une autre phase de la même étude.

Signature du jeune : _____ Date : _____

Nom et signature du témoin : (l'intervieweur) _____

CENTRE DE RECHERCHE
DE L'HÔPITAL DOUGLAS
DOUGLAS HOSPITAL
RESEARCH CENTRE



CENTRE DE COLLABORATION OMS DE MONTRÉAL
POUR LA RECHERCHE ET LA FORMATION
EN SANTÉ MENTALE
MONTREAL WHO COLLABORATING CENTRE
FOR RESEARCH AND TRAINING IN
MENTAL HEALTH

FORMULAIRE DE CONSENTEMENT DESTINÉ AUX ADOLESCENT(E)S

Description de la recherche

L'Unité de recherche psychosociale de l'Hôpital Douglas conduit une recherche sur l'adaptation des adolescent(e)s québécois(es) et réfugié(e)s à l'école et à la société québécoises. L'objectif principal de cette recherche est de mieux comprendre comment les adolescent(e)s québécois(es) et réfugié(e)s s'adaptent de façon à aider ces jeunes.

1. J'accepte de participer à cette recherche.
2. Mes parents (ou mes tuteurs) acceptent que je participe à cette recherche.
3. Les détails de ma participation à cette recherche m'ont été expliqués par _____ Ma participation consiste à accorder une entrevue qui dure environ 1 heure 30 minutes.
4. J'ai reçu l'assurance que les informations recueillies lors de cette entrevue sont anonymes et confidentielles; aucune information individuelle ne sera transmise à mes parents, à l'école ou à un autre organisme.
5. Je sais que je peux demander d'autres informations concernant ma participation à cette recherche ou sur la recherche elle-même.
6. Je participe à cette recherche en toute liberté et je peux cesser d'y participer à tout moment.
7. J'autorise mon école à communiquer mon dossier scolaire et mon dossier d'aide particulière (ou l'équivalent) à l'Unité de recherche psychosociale.
8. J'autorise la chercheuse principale à conserver mon adresse et mon numéro de téléphone pendant trois ans afin qu'on puisse me contacter pour solliciter ma participation à une prochaine recherche portant sur l'évolution de l'adaptation des adolescent(e)s réfugié(e)s. Aucun autre organisme ou équipe de recherche ne pourra utiliser ces informations.

Fait à Montréal, le _____

Signature du répondant

Nom du répondant

Signature du témoin

Signature de la chercheuse principale

CENTRE DE RECHERCHE
DE L'HÔPITAL DOUGLAS
DOUGLAS HOSPITAL
RESEARCH CENTRE



CENTRE DE COLLABORATION OMS DE MONTRÉAL
POUR LA RECHERCHE ET LA FORMATION
EN SANTÉ MENTALE
MONTREAL WHO COLLABORATING CENTRE
FOR RESEARCH AND TRAINING IN
MENTAL HEALTH

FORMULAIRE DE CONSENTEMENT DESTINÉ AUX PARENTS

Description de la recherche

L'Unité de recherche psychosociale de l'Hôpital Douglas conduit une recherche sur l'adaptation des adolescent(e)s québécois(es) et réfugié(e)s à l'école et à la société québécoises. L'objectif principal de cette recherche est de mieux comprendre comment les adolescent(e)s québécois(es) et réfugié(e)s s'adaptent de façon à aider ces jeunes.

1. J'accepte de participer à cette recherche.
2. J'accepte que mon enfant (nom de l'adolescent) participe à cette recherche.
3. Les détails de notre participation à cette recherche nous ont été expliqués par _____ . Notre participation consiste à accorder une entrevue individuelle qui dure environ 30 minutes. Mon enfant accorde aussi une entrevue individuelle qui dure environ une heure 30 minutes.
4. J'ai reçu l'assurance que les informations recueillies lors de cette entrevue sont anonymes et confidentielles; aucune information individuelle ne sera transmise à l'école ou à un autre organisme.
5. Je sais que je peux demander d'autres informations concernant ma participation à cette recherche ou la recherche elle-même.
6. Je participe à cette recherche en toute liberté et je peux cesser d'y participer à tout moment.
7. J'autorise l'école que mon enfant fréquente en 1995-96 à communiquer son dossier scolaire et son dossier d'aide particulière (ou l'équivalent) à l'Unité de recherche psychosociale.
8. J'autorise la chercheuse principale à conserver mon adresse et mon numéro de téléphone pendant trois ans afin qu'on puisse me contacter pour solliciter ma participation à une prochaine recherche portant sur l'évolution de l'adaptation des adolescent(e)s réfugié(e)s. Aucun autre organisme ou équipe de recherche ne pourra utiliser ces informations.

Fait à Montréal, le _____

Signature du répondant

Nom du répondant

Signature du témoin

Signature de la chercheuse principale

CENTRE DE RECHERCHE
DE L'HÔPITAL DOUGLAS
DOUGLAS HOSPITAL
RESEARCH CENTRE



CENTRE DE COLLABORATION EN SÉVÉ DE MONTREAL
FOLLOW-UP RESEARCH AND FORMATION
EN SANTÉ MENTALE
MONTREAL WHO COLLABORATING CENTRE
FOR RESEARCH AND TRAINING
MENTAL HEALTH

GIẤY CHẤP THUẬN

MIÊU TẢ CHƯƠNG-TRÌNH NGHIÊN CỨU

Đồn vị nghiên cứu tâm-lý xã-hội của Bệnh viện Douglas thực-hiện một chương-trình nghiên-cứu về sự thích nghi của trẻ em tị nạn đối với thức-tại học-đường và xã-hội Canada. Mục-tiêu chính của chương-trình nghiên cứu là hiểu rõ hơn những khó khăn mà trẻ em tị-nạn gặp phải trong môi-trường sinh-sống mới hầu có thể đề-nghị những đường-hướng can thiệp có tính cách ngăn ngừa cho học đấng cũng như những dịch-vụ y-tế.

Tên trẻ: _____

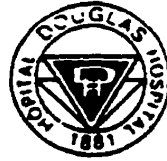
Tên người bảo chủ: _____
(Người có trách-nhiệm trẻ)

1. Tôi bằng lòng tham gia với con tôi vào việc chương-trình nghiên-cứu này.
2. _____ có giải-thích cho chúng tôi biết những hình thức của chương-trình này. Sự tham-gia của chúng tôi bao-hàm một hồi kiến với phỏng-vấn viên. Người này sẽ bàn-luận với tôi và sáu đồ với con tôi. Chúng tôi sẽ dùng tiếng Mẹ hay ngôn-ngữ thường dùng ở nhà.
3. Tôi được bảo-đảm là những tin-tức thu-thập được trong lúc hồi-kiến sẽ được giấu tên và giữ bí mật; không một tin-tức nào có thể thông qua cho trường học cũng như bất cứ một cơ quan nào.
4. Tôi biết tôi có quyền đặt câu hỏi về sự tham-gia của tôi trong việc nghiên-cứu hay là về việc nghiên-cứu nói chung.
5. Tôi cũng biết tôi hoàn-toàn tự-do khước-từ hay hủy-bỏ tham-gia bất cứ lúc nào.
6. Tôi đồng ý cho trường-học trình-bày kết quả học-tập của con tôi cho đồn-vị nghiên-cứu tâm-lý xã-hội của bệnh-viện Douglas.

Chữ ký người bảo chủ: _____ Ngày _____
(Người có trách nhiệm trẻ)

Chữ ký chứng-nhân: _____
(Phỏng-vấn viên)

CENTRE DE RECHERCHE
DE L'HÔPITAL DOUGLAS
DOUGLAS HOSPITAL
RESEARCH CENTRE



CENTRE DE COLLABORATION OMS DE MONTREAL
POUR LA RECHERCHE ET LA FORMATION
EN SANTÉ MENTALE
MONTREAL WHO COLLABORATING CENTRE
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MENTAL HEALTH

FORMULARIO DE CONSENTIMIENTO

La Unidad de Investigación Psicosocial del Hospital Douglas está llevando a cabo una investigación sobre la adaptación de los hijos de refugiados a su medio escolar y a su nueva vida en el Canadá. El objetivo principal de esta investigación es conocer mejor las dificultades con que se enfrentan los hijos de refugiados, para así poder sugerir acciones apropiadas de prevención a las escuelas y a los servicios de salud.

Nombre del niño o niña _____

Nombre de la persona responsable del niño o niña (padre, madre o tutor) _____

Estoy de acuerdo en lo siguiente:

1. Acepto participar junto con mi hijo o mi hija en esta investigación.
2. _____ me explicó las diversas formas en que participaremos en este proyecto. Esta participación comprende una entrevista en la cual la entrevistadora platica primero conmigo y después con mi hijo o con mi hija. Estas entrevistas serán conducidas en nuestro idioma materno o en la lengua en que hablamos normalmente en casa.
3. Se me ha asegurado que la información recogida en esta entrevista será anónima y confidencial, y que esta información no será transmitida a su escuela o a cualquier otra institución.
4. Sé que puedo pedir más información tanto acerca de mi participación en esta investigación como sobre la investigación misma.
5. Estoy igualmente en completa libertad de retirar mi consentimiento, así como de dejar de participar en esta investigación, en el momento en que lo desee.
6. Autorizo a la escuela de mi hijo o de mi hija a comunicar sus resultados escolares a la Unidad de Investigación Psicosocial del Hospital Douglas.

Firma de la persona responsable _____

Firma de un testigo (la entrevistadora) _____