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Historical Trauma in Context: Perceived Effects Among Second Generation Cambodian Americans on a Personal, Family, and Community Level

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**Historical Trauma in Context: Perceived Effects Among Second-Generation
Cambodian Americans on a Personal, Family, and Community Level**

A Thesis

Presented in

Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

By

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June, 2024

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Thesis Committee

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Abstract

Although there is significant literature regarding Cambodian refugees and trauma, less is known about their U.S.-born children, many of whom are now adults. Literature suggests that second-generation youth are more susceptible to traumatic exposure and community violence compared to their White counterparts. However, there is little understanding of how second-generation Cambodian Americans contextualize the impacts of the Khmer Rouge genocide, and whether they perceive connections between historical trauma and their personal, family, and community experiences. This study utilized critical-constructivist grounded theory to explore perceived effects of historical trauma across domains of personal, family, and community. The recruitment process included e-mail and social media advertisements to Cambodian American community-based groups. Purposive sampling was used to reflect heterogeneity across ethnic identification, educational status, and gender. A total of 16 second-generation Cambodian American adults participated in 60- to 90-minute semi-structured interviews conducted via Zoom from February 2023 to June 2023. Data was then analyzed for themes using consensus coding. Findings suggest that historical trauma has impacted participants in terms of (1) personal mental health and wellbeing, (2) expanded family roles, i.e., caretaking of parents and other family members, (3) ethnic identity formation, and (4) limited perception of unity across their ethnic group. Participants expressed nuanced reactions toward historical trauma impacts. As adults, second-generation Cambodian Americans addressed negative impacts through strategies of communal healing. Findings have implications for research and practice to better understand and promote community wellbeing and resilience.

Keywords: historical trauma, second generation, Cambodian American

Historical Trauma in Context: Perceived Effects Among Second-Generation Cambodian Americans on a Personal, Family, and Community Level

The first wave of Cambodian Americans migrated into the United States due to the 1970s Cambodian genocide. This group experienced multiple forms of violence, leading psychologists to report significant mental health concerns (Mollica, 1991; Berthold, 1999; Marshall et al., 2005). In comparison, the effects of cultural trauma on second-generation Cambodian Americans are less documented. Historical trauma theory suggests that trauma experienced by first-generation refugees will have detrimental health impacts among subsequent generations, despite no exposure to the initial traumatic event (Nagata & Patel, 2021; Brave Heart, 2000; Kellermann, 2001). Generational trauma research among Cambodian Americans tends to reference a parent-child context; however, a community-informed perspective may provide a more thorough understanding of the intergenerational effects of trauma. The levels in which Cambodian Americans identify historical trauma are still relatively unknown. The current study seeks to understand how second-generation Cambodian Americans contextualize historical trauma at an individual, family, and community level.

Historical Trauma as a Framework

Marginalized and oppressed groups experience collective trauma, which can alter a cultural sense of identity beyond a single generation. Scholars on American Indian and Alaskan Native groups primarily assess such impact using a historical trauma framework to explain community health outcomes (Hartmann et al., 2019; Evans-Campbell, 2008). Historical trauma theory suggests that traumas stem from historical unresolved grief, an inability to ameliorate distress from the first mass traumatic exposure (Brave Heart,

1998), which result in historical trauma responses (HTRs) (Brave Heart & DeBruyn, 1998). Brave Heart defines historical trauma as a “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” (Brave Heart et al., 2011, p. 283). It encapsulates effects across generations, beginning with populations exposed to the initial trauma.

In a public health model, historical trauma responses are categorized under three types: social response (e.g., poverty, increased suicide rate), mental health response (e.g., depressive symptoms), and physical response (e.g., hypertension) (Sotero, 2006). These ramifications manifest as social pathologies and can be observed in a number of ways, including, but not limited to domestic violence, substance use, and high prevalence of mental health distress (Brave Heart, 1998; Brave Heart, 2003). A community’s exposure to such effects compound upon historical unresolved grief from the initial trauma (Sotero, 2006; Brave Heart, 2003). Trauma then becomes cyclical. This framework has been used to explain the needs and adverse conditions of populations with complex trauma exposure.

Historical Trauma Among American Indians and Japanese Americans

Historical trauma theory was first developed and conceptualized for American Indian populations (Brave Heart, 1998). American Indians experienced violent colonial legacies, including forced removal of children from families, forced removal from land, ethnic cleansing, and massacre (Evans-Campbell, 2008; Duran et al., 1998).

Discriminatory U.S. policy led to significant cultural loss and erasure of traditions, including healing practices and language (Duran & Duran, 1995). While tribes underwent different forms of structural violence, all American Indian groups experienced historical

trauma to some degree (Evans-Campbell, 2008). Several scholars have linked contemporary issues and adverse community outcomes to historical trauma and unresolved grief (Brave Heart, 2003; Gone et al., 2019). Pervasive contemporary issues include increased suicide risk, alcoholism, and domestic violence (Duran & Duran, 1995). When asked directly about the root cause, researchers found that American Indians pointed to continued injustice via policy (e.g., broken treaties) (Duran & Duran, 1995).

Nagata and other scholars have applied historical trauma to understand Japanese American race-based trauma, including perceptions as perpetual foreigners or untrustworthy immigrants (Nagata & Patel, 2021). During World War II, U.S. President Roosevelt mandated an executive order based on racial discrimination, which forcibly removed 120,000 Japanese Americans living mainly on the U.S. mainland and placing them in concentration camps. This resulted in losses of homes, belongings, and items, most of which were never recovered (Nagata et al., 2015; Nagata et al., 2019). Survivors experienced a violation of human rights, including loss of privacy, loss of autonomy, and restructured social roles as caretakers or providers (Nagata & Patel, 2021; Nagata et al., 2019). Japanese Americans were forced to disavow allegiance to Japan, rendering US non-citizens stateless and resulting in cultural dissonance and cultural loss across multiple generations of Japanese Americans (Nagata et al., 2015; Nagata et al., 2019). The poor sanitary, food, and living conditions were associated with increased infant mortality rates, suicide rates, and psychological distress (Jensen, 1997).

Research underscores the health impacts of Japanese American internment. Survivors experienced an increased risk of cardiovascular disease and ulcer formation

(Jensen, 1997; Mass, 1976, as cited by Nagata & Patel, 2021). Furthermore, men who endured incarceration had premature deaths at twice the rate of those who were not incarcerated (Jensen, 1997; Nagata, 2015). A 2001 study found that nearly 20% of Japanese American elders reported mild distress, with heightened risk for suicide attempts compared to White Americans and other Asian American groups (Shibusawa & Mui, 2001). Past incarcerated individuals endorsed shame and guilt comparable to that experienced by assault survivors, suggesting survivor's guilt as a psychological impact (Nagata, 2003). Such feelings can be considered as historical trauma responses under mental health response (c.f. Sotero, 2006).

Like American Indians, Japanese Americans underwent significant collective trauma via discriminatory policy and structural violence. Disempowerment was substantiated by the loss of culture and language, due to fear of discrimination (Duran & Duran, 1995; Nagata, 1993). This, in turn, affected subsequent generations across health outcomes and identity development. Nagata and colleagues developed the Nisei Project, which surveyed Japanese Americans who were incarcerated as children and young adults, and the Sansei Project, which surveyed third-generation Japanese Americans who had at least one incarcerated parent (Nagata et al., 2015). Nisei participants identified its impacts on childhood and identity development (Nagata, 1993; Nagata et al., 2015). Some participants adopted a complete separation from their Japanese identities in fear of retaliation from the government; Nisei-generation adults reported shame in ethnic identification and pressure to assimilate into dominant American culture (Nagata et al., 2015).

Sansei interviewees, who did not experience internment, discussed negative effects of cultural suppression on identity development (Nagata et al., 2015). Sansei youth who did not have positive coping strategies were reported to “[resort] instead to drug abuse, suicide, and gang activities” (Mass, 1976; Tanaka, Nako & Mabalot, 1999, as cited in Nagata et al., 2015). However, most participants identified a sense of pride and resilience from their parents’ survival, and an inclination toward social justice causes (Nagata et al., 2015).

Patterns of Intergenerational Communication. Groups affected by cultural trauma may also experience a conspiracy of silence, an inability to communicate traumatic events between survivors, their descendants, and/or society (Danieli, 1988; Nagata, 2003). Society may disengage or invalidate the extent of trauma experienced, whereas survivors may limit discussion so as not to relive the traumatic event (Danieli, 1988). However, this is theorized to have negative consequences on descendants of trauma survivors. A conspiracy of silence is demonstrated across cultures: Nagata’s Sansei Project found that discussion of Japanese American internment averaged between fifteen to thirty minutes, with men less likely compared to women to discuss events to their children (Nagata et al., 2019). Similarly, a study with Diné families found elders to have “deep but selective” understanding of historical trauma (e.g., treating the past as ‘in the past,’ while recognizing historical trauma effects), compared to incomplete historical narratives endorsed by youth and parents (Goodkind et al., 2012, p. 1032). That is, the latter two groups focused on contemporary community issues, while elders connected historical trauma to poor health outcomes such as premature death, susceptibility of diseases, and substance abuse (Goodkind et al., 2012).

For American Indian and Japanese American descendants, engagement with historical trauma informed family connectedness (Nagata, 2003; Wiechelt et al., 2012). In Japanese American families, limited communication about incarceration led to higher levels of perceived familial distance (Nagata, 2003). However, increased communication is positively associated with emotional distress, suggesting that communication can produce protective *and* harmful outcomes overall (Nagata, 2003). Nonetheless, for family relationships, maintaining a conspiracy of silence is observed to have negative consequences.

Effects of Critical Reflection on Wellbeing. Awareness of historical trauma may benefit following generations. Critical consciousness, introduced by Paulo Freire, refers to empowerment by analysis of social conditions (Freire, 1968). Critical reflection is a component of critical consciousness, and is one's awareness regarding social power, status, and oppression (Freire, 2000; Diemer, 2015). It is related to understanding a community's sociohistorical context (Diemer et al., 2016). High critical reflection has been linked with positive outcomes among marginalized youth, such as an increase in political and collective efficacy (Chan & Mak, 2019; Bañales & Mathews, et al., 2020). In a group intervention processing historical trauma, Lakota participants similarly experienced a decrease in shame, stigmatization, and feeling responsible for undoing pain from the past (Brave Heart, 1995).

Jervis and colleagues attempted to measure American Indian historical consciousness, surveying two American focuses Indian tribes with a total of 3,084 respondents (Jervis et al., 2006). Historical consciousness is defined as the cultural or collective memory of a group, which may be perceived differently by individuals (Jervis

et al., 2006). Participants were asked four historical consciousness items in interview format, pertaining to the individual's own historical consciousness, and the perceived impact of historical consciousness on their community (Jervis et al., 2006). Researchers found a strong correlation between American Indian identity and historical consciousness, regardless of age, gender, and education, suggesting that historical consciousness is linked with a positive ethnic identity (Jervis et al., 2006).

Gameon and Skewes reported that historical trauma symptoms are positively associated with substance use; however, frequent *thoughts* of historical trauma protect against negative historical trauma symptoms, when paired with low psychological distress symptoms, high awareness of discrimination, and high ethnic identity (Gameon & Skewes, 2021). Frequent thoughts also correlate with high family cohesion (Wiechelt et al., 2012). However, findings are mixed: their studies have found that frequently thinking about historical loss (e.g., loss of language, loss of traditions, broken treaties), may lead to symptoms related to depression, anxiety, avoidance, and anger (Whitbeck et al., 2014). Thus, it is important to examine the context in which critical reflection occurs.

It is equally critical to understand the awareness of historical trauma on individual, family, and community levels (Evans-Campbell, 2008). Research referenced above indicates that one level informs the other. Individual mental health symptoms may relate to frequency of thoughts; quality of family relationships may relate to intergenerational communication; and historical trauma awareness may relate to community cohesion. A population that has been unable to process historical unresolved grief may be more susceptible to historical trauma response.

Mental Health Concerns Among Cambodian Americans

Cambodian refugees experienced elevated levels of posttraumatic stress disorder and depression; after two decades of resettlement, over half of refugees met diagnostic criteria for PTSD or major depression (62% and 51%, respectively) (Marshall et al., 2005). Existing literature suggests that second generation Khmer Americans may present more psychopathological symptoms than their parents, indicating a significant mental health concern across generations (Daley, 2006). Daley asserts that present symptoms are “comparable to a traumatized population of Cambodian adolescents assessed in Thai refugee camps,” evidence for the effects of historical trauma (2006, p. 48). A sample of youth who received mental health services reported no difference in symptom presentation than peers who did not receive any services at all, further implicating a community mental health crisis (Daley, 2006).

Distress between parent and child is elevated for Southeast Asian American groups; however, intergenerational conflict has been noted among multiple populations that have experienced cultural trauma. Some American Indian scholars suggested that boarding school trauma disrupted healthy parent-child relations, by depriving survivors of healthy parent role models (Evans-Campbell, 2008). Survivors reported abuse from caretakers or adults in American Indian boarding schools, which may in turn have led to adaptations of negative parenting practices (Evans-Campbell, 2008). Similarly, the Cambodian genocide may have disrupted healthy development of parent-child relationships. Exhibiting signs of kinship and relation could lead to violent punishment, including death (Mam, 2017). Many first-generation Cambodian Americans may not

have had appropriate modeling for parenthood during the genocide, affecting the quality of family relationships.

Extant literature addresses the impact of family relationships on mental health. Among a clinical sample of Cambodian refugees, researchers found high rates of intense anger directed from parent to child (Hinton et al., 2009). During anger episodes, parents commonly endorsed panic attack symptoms, including palpitations and trauma recall (Hinton et al., 2009). Field and colleagues also found that mothers' symptoms of posttraumatic stress disorder correlated with their child's anxiety level (Field, Muong, & Sochanvimean, 2013). An exploratory analysis of Cambodian Americans found that mother-child attachment was negatively related to mental health problems (Dinh, McCabe, & Tein, 2020).

In analyses of Department of Child and Family Services data from July to September 2001, Cambodian Americans were most frequently reported for child abuse out of all Asian or Pacific Islander ethnicities, wherein the most common abuse type was neglect due to the caregiver's mental illness (Chang, Rhee & Berthold, 2008). Another study found a relationship between refugee status and family/partner violence, suggesting violence exposure as a contemporary issue within this community (Spencer & Le, 2006).

Although intergenerational cultural conflict is suggested to impact negative youth behaviors and mental health, findings are mixed. Research regarding second generation youth suggests that intergenerational cultural dissonance (ICD) does not adequately explain youth problem behaviors. A study comparing Vietnamese and Cambodian youth suggests that, despite similar levels of intergenerational cultural dissonance, Cambodian Americans report higher levels of externalizing behaviors (e.g. violence, peer

delinquency) (Spencer & Lee, 2006). Thus, Cambodian Americans may be affected by factors outside of family relationships.

Second-Generation Cambodian Americans and Structural Violence

Consistent with a historical trauma framework, second-generation Cambodian American youth are tasked with navigating many community-wide concerns. Southeast Asian Americans face low educational attainment rates compared to other ethnic groups (Ngo & Lee, 2007). In 2011, 27% of US-born Cambodians attained a college education, and 85% completed high school; both numbers fell below the national average (US Census, 2011). Researchers found Cambodian American youth in ethnic enclaves face negative stereotypes (e.g., gang relation, academic inferiority) that may result in school discrimination (Tang & Kao, 2012; Chhuon et al., 2010). Second-generation Cambodian Americans residing in Long Beach reported discrimination across peer, school and police contexts (Sangalang & Gee, 2015). Further, findings suggest that police discrimination is associated with depressive symptoms, particularly for female-identifying Cambodian Americans (Sangalang & Gee, 2015).

Scant disaggregated research exists on Asian ethnic groups and incarceration; however, citywide data suggests that Southeast Asian Americans are overpopulated in justice-involved systems, susceptible to high recidivism rates, and commonly arrested for gang-related activity (Hing, 2005; Lai, 2009, as referenced in Chheang & Connolly, 2018). A report from Asian Prisoner Support Committee finds that imprisoned Southeast Asian Americans experienced abnormally high rates of childhood physical and emotional violence (80% and 69.8% respectively), and that 64% of Southeast Asian Americans surveyed were involved in a gang (ASPC, 2021). Overall, Cambodian Americans face

significant trauma related to community violence exposure (e.g., justice involvement, physical violence, emotional violence), which compounds upon trauma experienced by previous generations.

Cambodian Americans & Historical Trauma Knowledge

Like American Indian and Japanese American groups, Cambodian Americans likely limited discussion of historical trauma (Lin & Suyemoto, 2015). Intergenerational Communication of Trauma (IGCT) theory for Cambodian Americans suggests that open communication led to positive connections between first-generation refugees and their children, whereas silence regarding history may lead to maladaptive family behaviors (Lin & Suyemoto, 2015). In a qualitative study, Pol-Lim found that second-generation youth acknowledged effects of historical trauma, such as severed family connections and heightened pressure in academic achievement; further, this group experienced both resiliency and a low sense of belonging from understanding historical trauma (Pol-Lim, 2018). The mix of protective and harmful attributes is consistent with findings from other groups with cultural trauma, previously referenced.

Rationale

Many researchers have also linked historical trauma to the experiences of Cambodian Americans; for instance, Patel & Nagata (2021) advocated for future research to consider its relevance among Southeast Asian populations. However, self-perceptions among Cambodian Americans must be examined across multiple contexts (e.g., effects within the self, the family, and the community). The method of understanding such context from an individual, family, and community level was adopted from Evans-Campbell's multilevel framework of historical trauma for American Indian and Alaska

Natives (Evans-Campbell, 2008). The author argues that delineation of these levels can better address intersections between structural violence, contemporary trauma, and effects from the initial trauma (Evans-Campbell, 2008).

Furthermore, it is necessary to understand and utilize the language and worldview referenced by second-generation Cambodian Americans. Duran and Duran (1995) discuss the limitations and harm incurred when adopting a Western worldview for American Indian psychopathology. Thus, to explore experiences of Cambodian Americans under a historical trauma framework, one must also adopt the community's worldview and language.

To my knowledge, no studies have examined Cambodian Americans' levels of historical consciousness and the extent to which historical trauma effects are endorsed on an ecological level. Specifically, no existing research indicates how second-generation adults perceive community-wide impacts of historical trauma. This community-oriented perspective can better inform the fit of historical trauma as a framework and be used to assess the psychosocial needs of Cambodian Americans.

Research Question

What are the ways in which Cambodian Americans have defined historical trauma, on a personal, familial, and community context?

Method

Intergenerational communication of trauma theorizes how Cambodian Americans come to understand their own historical trauma; however, no existing theory explains how Cambodian Americans determine the impact of historical trauma on their present lives. Given the exploratory nature of this study, I used a critical-constructivist grounded

theory approach. Questions in the interview guide are drawn from the historical trauma framework, which suggests that community concerns derive from cultural intergenerational trauma. From this project, I sought to generate a theory about how second-generation Cambodian American youth contextualize the influence of historical trauma on contemporary issues and events.

Participants (Sample)

I recruited participants (n=16) who were at least 21 years old, chosen to capture experiences of Cambodian Americans who may have a broadened perspective of community issues compared to younger age groups. To qualify, participants must have identified as Cambodian American, been born in the United States, and had at least one parent who survived the Cambodian genocide. I used snowball sampling and personal contacts to recruit potential participants and disseminated fliers through advertisements via social media platforms on relevant group pages and listservs. 43.75% (7/16) of participants identified as female, and 56.25% (9/16) identified as male. 43.75% (7/16) of participants obtained less than a Bachelor's degree for education, whereas 56.25% (9/16) have a Bachelor's degree or higher. 62.50% (10/16) of participants resided in California. Other represented states included: New York (2/16, 12.50%), Minnesota (2/16, 12.50%), and Arizona (2/16 12.50%).

To ensure data adequacy, and to select a diverse set of Cambodian American experiences, I used purposive and maximum variation sampling (Miles & Huberman, 1994). In the initial interview selection process, I sought an ethnically diverse sample of participants. Data collection and analysis co-occurred, enabling me to follow 'hunches'

regarding unique subgroup experiences. Thus, in the additional interview process, I selected more participants based on gender diversity and educational status.

Table 1.

Participant Characteristics

Participant Identifier	Gender	Age	Highest Educational Level	Participant's Commentary on Ethnic Identity
101	M	26+	Graduate School	
102	F	21-25	Bachelor's Degree	Khmer Chinese, ½ White (Biracial)
103	F	26+	Bachelor's Degree	
104	F	21-25	Bachelor's Degree	
105	F	21-25	High School Diploma/GED	½ Khmer ½ White (Biracial)
106	F	26+	Bachelor's Degree	
107	F	21-25	Bachelor's Degree	Khmer Chinese
108	M	26+	High School Diploma/GED	
109	M	26+	Bachelor's Degree	More Chinese than Cambodian culturally, with some Teochew, but only identify culturally as Cambodian
110	F	21-25	High school Diploma/GED	
112	M	26+	Associate's Degree	Khmer-Chinese
115	M	26+	Associate's Degree	Khmer, grandma on father's side ¼ Chinese
116	M	26+	Some College	
117	M	26+	Bachelor's Degree	Multi-Ethnic, Khmer-Chinese American
118	M	26+	Bachelor's Degree	Khmer American, also ethnically Chinese American from my father's side
119	M	26+	Associate's Degree	

Materials

Prospective participants provided demographic data and disclosed interest via a screening survey, which was created and linked in Google forms. Participants who met criteria and fulfilled the goal of purposive sampling were then asked to participate in a one-on-one semi-structured interview. The interview guide was structured around four

areas of inquiry: (1) understanding of historical trauma; and impacts of historical trauma on: (2) oneself, (3) family, and (4) community. The initial question intended to open conversation about participants' family history and followed the format of Scheibelhofer in their work on migrant constructions of experiences (Scheibelhofer, 2008, as cited in Gubrium et al., 2012).

When considering questions that ask participants to reflect on a community-wide perspective, I drew from Hartmann and Gone's work interviewing with American Indian service providers (2016), as well as Goodkind et al.'s interviews with Diné youth (2012). Questions were modified to account for the Cambodian American perspective.

Procedure

The first 10 eligible participants who completed the recruitment form were contacted and invited to participate in a 60-to-90-minute interview. Following purposive sampling, subsequent participants were chosen via gender, ethnicity, and educational status characteristics, to obtain a heterogeneous sample. All interviews were conducted by the Principal Investigator. Prior to the interview, participants were informed that interviews were recorded, transcribed and de-identified. Participants were informed they would receive \$20 gift card and were able to discontinue the interview without consequence at any point. They were provided an opportunity to ask questions about the project's purpose and interview process. Participants provided verbal consent upon the start of recording.

Transcripts were de-identified by the research team prior to analysis. The research team used critical constructivist grounded theory with an emphasis on an iterative process. The first 10 transcripts were coded using line-by-line, in-vivo codes. From there,

two members of the research team developed a codebook, then reapplied focused codes to the original transcripts. The remaining six transcripts were similarly analyzed. Seven transcripts were consensus coded with two members of the research team; the remaining nine were coded individually. Throughout coding, the research team wrote analytical and reflective memos as a part of our meeting discussions.

Positionality

Critical-constructivist grounded theory interprets data with an understanding that the researcher influences and shapes the experience of data collection (Charmaz, 1990). My interests and interview questions are informed by my own identity as a second-generation Cambodian American whose parents survived the Cambodian genocide. My personal experience converged and diverged from that of the participants in several ways. I resided in a city half an hour away from Cambodia's biggest ethnic enclave in the United States. My parents are also active participants of a Cambodian temple, which shaped my perception and understanding of a Cambodian American community. Others may have different perceptions based on their residence and proximity to an ethnic enclave or religious site. Whereas I am ethnically Khmer, many participants differed in identifying as indigenous Khmer (e.g., Khmer Ler, Khmer Krom, Cham) or of different ethnic origin (e.g., Chinese-Khmer, Vietnamese-Khmer). My position as a doctoral student may also influence perceptions and interactions with interviewees, who varied in their educational backgrounds. Further, my presentation as a woman may have affected male participants' comfort in discussing sensitive topics. I acknowledged my positionality in the beginning of the interview, so participants could feel comfortable disclosing experiences (Bemak & Chung, 2007 as cited in Levitt, 2021). Many

participants also expressed comfort in the interview process given our shared identity, referring to the interview itself as a shared space. In this sense, interviews occurred as a site of co-construction, in which I inhabited the role of active listener, presumed to have some shared experience.

Our research team consisted of three coders and was comprised of women of color who all had familial experiences with migration. In team meetings, I encouraged research assistants to explore and identify ways in which we resonated or disidentified with salient identities: children of immigrants or of refugee origins, second-generation Americans, educated women, and as an Asian American team. We spent team meetings and training familiarizing ourselves with the concept of critical reflexivity. Further, the research team partook in reflexive analytic memos throughout the transcription, coding and analytic process, used for further reference during co-construction of themes. This practice is intended to expose potential biases and understand how we interacted with participant transcripts.

As I trained the research team, I openly discussed and acknowledged power dynamics prior to coding. I encouraged research assistants to challenge and query amid meetings by asking questions during quality code checks. We discussed potential concerns that arose related to the research and coding process (e.g., hesitancy to challenge the lead researcher, countertransference when interacting with transcripts). Our meetings incorporated time to navigate initial reactions and the consensus coding process. Coding discrepancies and analytic memos were discussed in depth.

Results

For this thesis’s purpose, only themes relevant to the research question were retained (see Table 2). Findings are broadly presented in the order of a personal, family, and community context, although participants often conflated categorical impacts when discussing historical trauma effects (for instance, effects of personal self-identity also became relevant to the effects of an overall perception of a community). Conflations are notated across results. Four broad themes emerged: effects on personal mental health and wellbeing, expanded family roles, impact on a cohesive identity, and limited perception of unity across ethnic groups.

Table 2.

Themes and Subthemes on Perceived Impacts of Historical Trauma for Cambodian Americans.

Theme	Subtheme
Effects on Personal Mental Health and Wellbeing	Addressing Parent and Family Mental Health Concerns Emotional Dysregulation Characterized by Guilt, Grief, Helplessness, and Fear
	Feelings of Cultural Isolation and Yearning for Empathy and Understanding
	Impact on Self-Esteem and Identity
	Intergenerational Cycles of Abuse
Expanded Family Roles	Instrumental Family Caretaking
	Child as “Stand-in Therapist”: Providing Emotional Support
	Co-Learning Physical Affection and Boundaries with Parents
Impact on a Cohesive Ethnic Identity	Shallow Definitions or Perceptions: Ethnicity as the Only Common Factor

	Conflating Culture with Historical Trauma
Limited Perception of Unity Across Ethnic Group	Cultural Avoidance and Community Disunity
	Absence of Cultural Models and Communal Space

Effects on Personal Mental Health and Wellbeing

“I think Cambodian Americans have gotten really good at addressing mental health because you can't ignore war, poverty, genocide and be second-generation, and not address like mental health in that sense of your parents or of how it affects you.”

- Participant 106

Participants identified a link between their parents' traumatic events to their parenting and parent-child relations, in turn affecting their own mental health.

Addressing Parent and Family Mental Health Concerns

Conceptualization of mental health in this community was varied, and few participants' family members had formal diagnoses. However, nearly all participants indicated mental health symptoms or conditions they suspected or observed within their family. Posttraumatic stress disorder, or PTSD, was most commonly referenced. Other participants discussed family members' symptoms of suicidality, depression, anxiety, and paranoia. Participants discussed navigating family members' conditions of serious mental illness or significant mental health crises. 117, whose mother experienced formal diagnoses, addressed his memories of her as,

...just catatonic and a lot of time in her room... staring at the wall and talking to, responding to hearing voices in her head. And as a kid, she was always like, my mom. I called her mom. It was my mom, and I would be afraid of her.

Participants explicitly linked violence exposure and war trauma to longstanding mental health effects on their parents. Participant 108 addressed his father's suicidal ideation, including repeated attempts during the genocide. He noted witnessing impulsive behaviors and ideation, such as reckless driving and threats to commit suicide, since childhood: "Before I understood how to handle these issues, it was just like, he's kind of suicidal, he's crazy...I didn't think about it that much when I was younger." He discussed attempts to connect his parent to a mental health therapist and safeguarding his home to protect his parent from self-harm.

While participants primarily acknowledged family mental health concerns, knowledge was sometimes limited based on resources. For instance, Participant 112 conceptualized the onset of his grandmother's symptoms as such:

My grandma...she's panicked a lot. It's--how do you call that? PTSD? She's stuck in the mentality of, we're going to have a war next. When's the next war? When's the next war? She's so used to seeing people die left and right. And it was just too much for her."

Like Participant 108, Participant 112 noted attempts at psychoeducation for his parents. "We sat down on the table one time...my parents didn't take it as...something we should be worried about. It's more just like a 'brush it aside and take medication' type of thing." This suggests participants' effort and desire to resolve mental health issues within the family. However, participants cited barriers such as limited receptivity toward therapy (Participants 108 and 107), and limited knowledge on mental health.

Emotional Dysregulation Characterized by Guilt, Grief, Helplessness, and Fear

In reaction to historical trauma, participants felt their own intense emotions,

characterized by guilt, grief, and fear, in reaction to historical trauma. This set of emotions was facilitated by perceived helplessness, or participants' inability to change their parents' past. As Participant 112 indicated, after recounting his parent's near-death experience, "It was sad...it's fucked up. Excuse my language, about what happened and everything like that. It's just like, 'man, I wish I can go there and help out.' But I was never born. I can't really do anything."

Many participants explicitly connected their parents' significant trauma to their own contemporary traumas as second-generation children. Participant 101's helplessness was characterized by anger, and a sense of injustice regarding his parents' history and his own childhood. He reflected, "Why did my own parents have to go through that? Why did I have to go through my own childhood?", acknowledging his parents' own lack of parental support. He also reflected on environment and "living in a neighborhood that wasn't the safest." Here, Participant 101 tied his own contemporary traumas (i.e., adjacency to community violence) to his parents' arrival as United States refugees. The link between contemporary traumas to historical trauma is the same pattern suggested by historical trauma scholars.

Others characterized their childhoods as innocent and positive, denoting a time before they conceptualized trauma. Participant 119 recalled, "I didn't know we grew up poor until I got older and started to notice the disparities...amongst communities. Okay, we did grow up poor...but didn't never...there wasn't a time we were starving." Participant 117 stated, "There wasn't a lot of anger because I didn't really know the difference. I didn't know how mothers and fathers treated their children. I didn't know what a family dynamic was." He attributed childhood ignorance to a lack of negative

emotions. He later described witnessing healthier family relationships, which facilitated complex feelings (anger, confusion, frustration) toward his family.

Participant 102 succinctly referred to complex emotions as “secondhand guilt and grief,” felt by the passing on of historical trauma. This grief may be further exacerbated by participants’ hesitancy to claim personal impact from their parents’ traumatic experiences. For instance, Participant 102 reiterated a separation of her mother’s trauma from herself throughout: “I never want to claim my mom’s trauma as my own.” Similarly, Participant 105 referenced guilt in “...having so much comfort, not knowing what it means to kill your spirit the way I think that other people’s spirits were killed as a result of the genocide.” Of note, both participants exhibited tearfulness and required pauses when recounting their parents’ traumatic histories.

Feelings of Cultural Isolation and Yearning for Empathy and Understanding

Many linked feelings of isolation in context of their ethnic group’s identity and history. Multiple participants defined this feeling as yearning and/or loneliness. Participant 101 states, “...I take so much pride in being [Khmer], but I also recognize it as being a separator in a way. Something that has made me feel lonely because people don’t understand how I feel.” He discussed previous attempts at disclosure of historical trauma, including with his significant other and college friends. He noted limitations to their ability to empathize, in turn, discouraging him from sharing further.

Like Participant 101, Participant 105 expressed cultural isolation, a desire for cultural immersion, and yearning to learn the Khmer language. She noted, “[Ethnic enclave] is home in the sense of, I’m yearning for family I don’t have [here].”

Participant 102 noted her refugee mother’s own longingness, given her arrival to

United States at an early age. She discussed the negative outcomes of her mother's assimilation, and a desire to connect with culture. Speaking to her own conceptualization of yearning, Participant 102 stated, "Being her daughter, and then having a... parent who's not Khmer, it feels like there's even a further degree of separation."

Negative Impact on Self-Esteem and Identity

Participants connected negative self-esteem, and challenges to identity development, with the genocide. Participant 118 stated:

I always felt like the trauma experience that my parents had in Cambodia, because of the trauma that my mom wasn't able to deal with...she came here and brought the generational trauma, where I kept feeling like, oh my God, why am I always feeling like I hate everyone or feeling like I hate myself the most?

Participant 102 described historical trauma impacts on her mother's self-esteem and self-love: "My mom was not able to have a childhood, and have a connected, stable family environment, to be able to build a stable sense of self. That was kind of taken away from her." She discussed her mother's current identity exploration process, related to her racial or ethnic identity. Participant 102 identified her mother's migratory experience as a precipitator to internalized racism and self-hatred.

Comparatively, participant 117 linked his parents' limited sense of self to his own:

When I think about how it's affected my mother and my father, it's still affecting them. It tears me apart today as someone who, I didn't even go through that, but it's something that still tears me apart, that there's seams inside of me that are still not fully tight. I still don't feel like a full, full person because I'm still grappling

with a lot of these things. And so, the way genocide has affected my parents the way growing up at that time, it's destroyed them.

Participant 103 noted, “Sometimes I feel like maybe there's sometimes self-doubt and stuff just because of our family and how they led their— how they led their life here and took it out on us.” She discussed its current impact as an adult in the job market and in interpersonal relationships. Participant 103 specifically noted its link to imposter syndrome, saying, “I don’t think I’m smart enough to get into [work].”

Experiences of Intergenerational Cycles of Abuse

A significant number of participants (10/16, 62.50%) related the genocide to parent-inflicted abuse, including, but not limited to child neglect, physical abuse, and sexual violence. Participants identified patterns of abuse as intergenerational, drawing from their parents’ victimization to violence. Participant 110 expressed, “They probably did some...said some pretty fucked up shit to you as a child, but at the end of the day, they can’t help it.” She identified her parents’ inability to process emotions, citing parents’ own exposure to violence. Participant 110 identified a need for forgiveness, suggesting that parents didn’t know any better due to lack of modeling and unmet emotional needs.

Participant 116 suggested that his parents’ near-death encounters triggered an intergenerational cycle of abuse (e.g., child neglect, repeated physical assault), recounting parents’ experiences of “more life-threatening stuff. Not just physical and mental abuse, everything. It’s all wrapped up in one. Trauma getting [to the United States] and still being traumatized by just the environment.” Participant 105 similarly acknowledged her parent experiencing verbal and physical abuse, and highlighted ways her refugee mother

disrupted the intergenerational cycle. She noted, “I think she broke a lot of generational curses...she’s never laid a hand on me. Which I know is bare minimum for a lot of people, [but not] for...for a lot of Khmer families, or a lot of other fucked up families by war...I really admire my mom for that.”

Participants expressed dual experiences of forgiveness and resentment. Inflicted abuse was referred to as a trauma response, and many acknowledged that genocide disrupted their parents’ own experiences of a healthy family dynamic. Participants also noted that parents lacked psychological agency and control over emotional reactivity. Participant 103 expressed difficulty in forgiving her mother, who enabled and forgave Participant 103’s abuser: “It’s still hard because he’s passed, so it’s assumed...she’d forgive...it’s hard to forgive someone who did that to you.” She acknowledged that abuse occurred generationally, and that the stress of “breaking the cycle” affected her emotionally and mentally. In discussing the intergenerational cycle of abuse, Participant 115 informed:

I do forgive [my mom]. I do understand why she abused me...she didn't have the American family culture or a chance to live the American dream, how to raise a peaceful family....I'm not mad at her. I'm not pissed off at her, but it made me understand the reason why she did that. She had to.

Participants’ decision-making toward forgiveness operated as an expression of agency, and in response to perceiving their parents’ uncontrollability in abusive behaviors.

Participants described varied ways to cope with abuse, such as numbness. Participant 108 recounted he explains to people that he is not emotional because his

father rationalized physical abuse as an expression of love: “‘It’s because I love you, so I hit you’I kind of tell people that...so they understand my energy...I’m not super emotional ‘cause I was raised like this.” Participant 119 reflected on laughter as a coping mechanism to pain.

Expanded Family Roles

"I'm proud of my parents. They've come a long way from when I was younger, just comparing to how they parented before versus now. My parents never really showed affection in that way or verbally or physically. And then now before we part and everything, we always say, I love you before we say goodbye. So, it's just...heartwarming, but also very proud of just themselves and their own mental health journeys." --

Participant 107

Participants indicated taking on various family obligations because of historical trauma. Some roles involved housekeeping and maintenance (family caretaker role), whereas others involved significant emotional support (child as stand-in therapist; co-learning physical affection and boundaries). Participants also discussed temporal shifts in roles. For instance, as some participants aged into adulthood, they began providing mediation and active listening. This indicated a shift in parent-child dynamics as adults; as participant 108 reflected, “It’s kind of like, I feel like a parent,” echoed by other participants.

Instrumental Caretaker Role

Many participants discussed having them or their siblings provide support for their family. Participant 110 began taking care of her parents: “My siblings all moved on with their lives. The responsibility of making sure they’re taken care of as they’re aging

kind of fell onto me. I will be the one to help them out if they need it.” This participant began translating documents and helping with paperwork at an early age. “I’ve never really felt they were my parents. It was just kind of like we were...supporting each other. I’ve never really felt they were completely taking care of me.” Participant 112 similarly described ways his sister was parentified, including undertaking responsibilities of cooking, cleaning, and parenting her sibling.

Child as “Stand-in Therapist”: Providing Emotional Support

Many participants adopted a significant role in providing emotional support for their parents. Participant 108 discussed his efforts in mediating parent fights:

Now that I’m older, I kind of become a therapist. There was, like, many times where they’re fighting, and I gotta sit there and be like, “You shut the fuck up. You can talk now.” And vice versa. And let ‘em work it out. I got to be there for like three hours.

He addressed his parents’ shortcomings in communication, and improvements from modeling turn-taking to his parents. Similarly, this participant addressed advising his father through interpersonal issues. His role in the parent-child dynamic shifted to an authoritative one, in which he provided guidance and a space for his father to reflect.

Participant 107 addressed her parents’ mental health journey, noting her mother’s coping strategies as meditation and Buddhism. She referred to its utility but also noted its limitations as a “band-aid,” encouraging her mother to “[talk] more about her feelings with us and [feel safe]. I am proud of them for feeling safe in our family space.”

She further discussed building parents' sense of emotional safety over time. She discussed the limitations of her parents' current coping strategies (e.g., father's strategies of watching television).

Participants simultaneously noted personal impacts of providing emotional support, with an underlying message of, "If not who, then me?" They denoted their parents' lack of social support and resources. Becoming the informal therapist promoted both agency and discord. Participant 107 reiterated being thankful she could create emotional safety; Participant 102 similarly stated complicated but positive feelings:

I also wish [pauses], I don't know, that [my mom] was able to build that self-awareness on her own...to not just have it feel, like—to not put the pressure solely on me. Right. Because again, like, I don't think she has anyone else to really talk about this stuff. So overall, like, I'm glad that it is this way.

Co-Learning Physical Affection and Boundaries with Parents

Parents were described as lacking in physical affection, and many participants stated difficulty communicating phrases such as, "I love you." Many participants also cited feelings of awkwardness and discomfort around displays of affection. Participant 105 noted, "Me and my mom don't really hug much right now...even in high school and middle school, that's not really the way we communicated love." As adults, participants discussed ways that displays of affection shifted. Many took on an active role of modeling displays of affection.

Participants emphasized intentionality behind modeling behaviors, such as Participant 116, who stated, "I try to be affectionate. Trust me, I try. Now that I try to hug her, sometimes I go kiss her. You know what I mean? All the stuff that normally wouldn't

happen before. I try to implement that now, for sure.” This frame of modeling was particularly noted as healing, for both participants and family.

Ethnic Identity Formation

“Something I’m also personally dealing with, too, is, what does being Cambodian American actually mean?” - Participant 107

Consistent with existing literature on subsequent generations of Cambodian Americans, many participants endorsed significant cultural pride and celebration. Participant 110 noted a generational shift in positive ethnic identity during a high school graduation: “Seeing the kids...proudly showing you [their Cambodian stoles], I was like, wow things have started to change...I’ve started to notice more pride in the upcoming generation of 18-year-olds.” Similarly, Participant 107 stated seeing more people actively representing their culture: “It’s nice to see other people my age relates to that journey, the self-hating to culture appreciation pipeline.”

Yet, second-generation adult participants simultaneously contend with an unstable cultural identity. Three subthemes emerged in relation to ethnic identity: (1) reckoning with limited or shallow use of their ethnic identity; (2) acknowledgment of discrepant experiences across their ethnic group; and (3) a conflation of cultural trauma with cultural identity.

Shallow Definitions or Perceptions: Ethnicity as the only Common Factor

Participants connoted different ways they experienced essentialism via their ethnic identity. Participant 107 exemplified this constraint in the art community, and the assumption that minoritized artists’ work must contain cultural meaning. She expressed a desire to “talk about the stuff that’s relative to our cultures, but then also talk about

popular culture or trendy stuff in the US and not feel ashamed for what we think, I guess. And being able to celebrate our own culture.”

Others noted a reductionist approach to ethnic identity among other Cambodian Americans. Participant 109 recounted joining an ethnic-related professional organization. He became dismayed by its inactivity and lack of cohesion. Like Participant 107, Participant 109 felt a reduction in the meaning of a shared ethnic identity, with little else to relate to. “People are trying to...be a little more visible and gather, but it doesn’t work sometimes because it only means so much to be Cambodian American.”

Participant 118 discussed the commodification of ethnic identity.

I just think that we're going around, throwing Cambodian on everything. It doesn't make us Cambodian American. You can't just throw the word on everything and be like, this is Cambodian American because it's Cambodian. And so, I think our generation, I know my generation does that a lot, especially with merchandise and stuff. It just always feels like if we had therapy or something, we're able to really understand what that really means and we're able to transcend from there.

Participants expressed frustration in the limited opportunities to meaningfully socialize with others with shared ethnic identities. While one participant referenced pigeonholing (e.g., spaces expecting cultural performance), others referenced limited purpose behind ethno-specific organizing. Participants experienced a flattening of their ethnic identity. These experiences of tokenization led to a want for connection and shared space for their cultural identity. There was a strong desire to critically reflect on their ethnic identity, as related to social spaces; the question of, “What does being Cambodian American mean?” was raised. Participants expressed appreciation for current cultural

movements but emphasized a desire for social impact. Responses suggested that participants were seeking depth and meaning to their ethnic identity, which was not yet achieved with their social networks.

Conflating Culture with Historical Trauma

Participants denoted difficulties in configuring an ethnic identity beyond cultural trauma. Many participants actively sought external resources regarding their history but encountered a fixation on the genocide in media and resource searches. This then reified the conflation of culture and historical trauma:

If you're a kid and you are only seeing images of yourself on TV as being, like, in war traumatized, you start to define yourself as, "Oh, this is the only thing I've seen or heard, so this must be what I am." Which I definitely relate to.

Participants reckoned with historical trauma as the primary conversation when discussing ethnic identity. Participant 117 referenced,

I think that we struggle with letting everything be at the same time...genocide always takes precedence in almost every conversation that we have, whether it be textbooks or whether it be art or theater. And it's like everyone wants to talk about the genocide, and I know it's a big part, but at the same time, it's a tiny blip.

Importantly, participants identified alternative historical information as necessary to form a holistic sense of ethnic identity. Historical knowledge beyond the Khmer Rouge was notably lacking, compared to historical awareness of trauma. Participants specifically sought knowledge on cultural history beyond the genocide, perceiving it to be protective.

Participant 103 suggested:

It's just like, all these things are new to me. I just feel like I think it's important

for us to...know our history, and know what we were capable of, you know. Prior to the Khmer Rouge, and then using that to uplift and empower us.

Participant 104 also called cultural knowledge empowering, informing that she developed more interest cultural practice, unrelated to the genocide. This included cultural folktales, dances, and martial arts, saying, "...we don't really think about [it]. And for me it's just like, it's been a great experience just being able to...keep in touch with it."

Participant 109 similarly reflected,

What it means to me to be Cambodian American...the biggest thing is to be cognizant of our history. Not only our most recent history, but our history from before the genocide. That's even me before the genocide. That's even me today...but knowing there was a really great country and developing nation before all of that.

Limited Perception of Unity Across Ethnic Group

"What's the point of worrying about these Cambodian people who are not even related to me, whereas my brother already has issues, my parents have issues I haven't fixed up yet? Why am I worrying about the community?" -- Participant 108.

Participants were asked about perceived community issues, and its links toward historical trauma. Participants discussed significant needs and resources to facilitate community-building.

Cultural Avoidance and Community Disunity

Participants expressed perceptions of animosity and discord across the Cambodian American community. Participant 109 stated, "I feel like I know people...that

I worked with, I feel like there's...jealousy there. Some feeling of, 'oh, that person...didn't offer to put me on enough,'" implying a sense of entitlement over shared resources or status. He likened this phenomenon to that of other minoritized groups, describing it as a "crabs in a bucket mentality." Participant 103 noted similar discord with Cambodian Americans "putting each other down," stating a desire for the community to focus on educating each other. She qualified, "It's a great community, but at the same time, there's also a disconnect."

Participants also discussed ways other Cambodian Americans become avoidant of culture. Some participants suggest a lack of apathy or desire to learn about cultural history. Participant 112 framed this as a trauma response:

The culture is still alive, but [some Cambodian Americans] don't want to take the opportunity to learn more...they just want to leave it and forget it. But like I said, some people have it differently. It might be traumatizing for them.

Others suggest that avoidance occurs due to negative stereotyping. Several participants noted how Cambodian Americans were typified as poor students or gang affiliated, particularly for males. Participant 106 discussed her own experiences negating cultural identity with her academic performance, as a high school student within an urban ethnic enclave. Because there was less representation of Cambodian Americans in advanced placement classes, she noted, "I did feel a disconnect with [other Cambodians]," perceiving their parents as less invested in academics than her own mother was. She disclosed differentiating herself from other Cambodian Americans: "I thought I was better than them...only...later on...I realized...I just had different

circumstances than them.” In this context, cultural avoidance (distancing herself from her ethnic group) may have felt protective for academic performance.

Absence of Cultural Models and Communal Space

Participants reflected on a missing cultural or communal space to process their historical trauma and identity. Participant 104 noted, “I feel like the sense of community is...hard to find.” Participants acknowledged cultural celebrations and events for the Cambodian New Year but discussed limitations of community-building. When asked about resources, Participant 116 cited the infrequency of cultural events: “[We need] not a one-time thing, more of a consistent presence on community gatherings. Not just on Khmer New Year’s...to get together.” This was echoed by several other participants (119, 110), with Participant 104 stating, “It’s just not as tight knit.”

Participants involved in college-related ethnic organizations felt positive impacts toward personal identity development; Participant 118 cited his participation in a five-day college program as his “most memorable experience.” The program, facilitated by university undergraduate students, focused on the Vietnam War and recruited Southeast Asian American high school students. He described feeling shared fate with other Southeast Asian Americans, stating, “In a way we’re all correlated.” He jokingly added, “They were laying down history back-to-back, making all these high school kids cry...but...for good reason.” Participant 118 named this experience as his initiation into reclaiming his Cambodian identity.

However, many also noted the absence of a cultural space outside of college. Participant 103 noted, as a resident in an ethnic enclave, “There [isn’t programming] specifically for youth, for me, or [no] certain way to reach out to fellow Cambodians.”

She cited difficulty in getting involved in community activities, despite a desire to engage in youth programming. She noted, “I just want to be that bong srey [older sister] for the younger ones.” Participant 109 also framed, “At this point in my life...it’s so complicated between immigration...donut shops...there’s nothing that’s a venue for me to share that history.”

Discussion

Trauma stemming from the Cambodian genocide of the 1970s continues to have ripple effects for survivors and the generations following them. Although many studies have documented health and mental health of trauma among Cambodian American refugees, very few have focused on the perceived impacts of historical trauma on self, family, and community through the perspectives of second-generation Cambodian Americans. This qualitative study expands our understanding of the long-term and intergenerational impacts of trauma for second-generation Cambodian Americans. Findings suggest that second-generation Cambodian Americans link historical trauma to profound mental health impacts, complicated family relationships, a poor sense of ethnic identity, and limited community cohesion. These effects were mapped onto personal, familial, and community levels.

Historical trauma’s perceived impacts on levels of self, family, and community were not clearly delineated but instead suggested interrelatedness between levels. For instance, participants framed perceptions of community as affecting oneself (personal yearning for community), their families (parents feeling exclusion), and broadly (Cambodian Americans struggling to coalesce). While questions were structured to tease out effects at different ecological levels, the nature of responses revealed blurred social

identities. Participants' collectivistic nature, or the idea that one's own self is linked to their parents and communities, might shape conceptualization of historical trauma. Research on the relationship between collectivism and trauma conceptualization is nascent; however, scholars hypothesize that such cultural differences, such as independent versus interdependent cultural orientation, may affect etiology, and subsequently, treatment efficacy of trauma (Kira, 2010). Traumatized individuals from collectivistic cultures might experience a need to self-sacrifice (i.e., bearing more concern for trauma's impact on others) and guilt as trauma manifestations (Engelbrecht & Jobson, 2016). Therefore, Cambodian Americans might also present differently compared to Western conceptualizations of traumatic stress.

Extant literature evidences the presence of intergenerational trauma among Cambodian Americans (Mak et al., 2024; Huynh et al., 2024; Mak et al., 2021; Pol-Lim & Slater, 2024). Social service providers noted intergenerational effects such as negative adolescent behaviors, parent-child disconnect, and cyclical poverty (Mak et al., 2024). Pol-Lim and Slater (2024) also suggest that trauma is transmitted via negative parenting styles and intentional silence about the genocide. In Cambodian American mother-child dyads, a mother's PTSD symptoms predicted the child's anxiety levels (Field et al., 2013). Still, few studies explore how second generation Cambodian American adults understand how historical trauma affects them personally. Project findings suggest that participants characterized self-effects of historical trauma with significant emotional dysregulation (e.g., guilt, a pervasive sense of helplessness). These symptoms mirror posttraumatic stress across other populations (Bargai et al., 2007; Kip et al., 2022).

Beyond intergenerational trauma, several participants discussed the presence of intergenerational abuse and situated parents as both perpetrators and victims of violence. Previous research suggests maltreatment history is a risk factor to abuse perpetration, especially in the context of socioeconomic stress and minimal social support (Madigan et al., 2019; Jaffee et al., 2013). Further, a parent's abuse history, such as severity and chronicity, significantly predicts their likelihood of becoming a person who causes harm (Pears & Capaldi, 2001). When examining parent-child relationships, scholars should also consider the trauma profile of a Cambodian refugee: in one sample of 490 participants, this group experienced, on average, 15 genocide-related traumatic events, such as inhumane physical labor (96%), murder of a loved one (90%), and torture (54%), and a majority endorsed qualifiable symptoms for PTSD (62%) (Grant et al., 2005). Thus, findings of intergenerational abuse are both unsurprising and consistent with literature. Indeed, many participants registered this historical trauma impact as inevitable.

Historical trauma scholars cautioned that community over-pathologization can overshadow healing and resilience (Kirmayer et al., 2014; Maxwell 2014). In light of this, a more notable finding is the burgeoning evidence of this group's high critical reflection, regarding historical trauma's impact of the self and their families. This, paired with collectivistic tendencies, may explain participants' focus on interpersonal healing. As adults, participants endorsed engaging in psychoeducation, including parent emotional support, or modeling physical affection and boundaries. Parents' socioemotional growth was framed as mutually beneficial.

Participants provided extensive psychoeducational and psychosocial support, allowing parents to process identity and trauma, or modeling physical affection and

boundaries. These proactive forms of care may be perceived as parentification and are often construed as negative. In a sample of Khmer refugee mothers and their children, role-reversal mediated the relationship between a parent's PTSD symptomatology and the child's anxiety (Field et al., 2013). However, our qualitative findings color these results differently: firstly, participants stressed positive outcomes (e.g., pride in parents' socioemotional progress; feeling closer to parents) from parentified roles, in addition to negative ones (e.g., stress, burden). Secondly, our second-generation sample consisted of adults, whereas Field and colleagues recruited high school students—it is possible that, as second-generation youth become adults, their capacity to 'parent the parent' may have increased (Field et al., 2013). Participants may experience psychological agency by taking the lead in reforming the parent-child relationship. Thirdly, participants highlighted personal enrichment from *emotional caretaking*, whereas discussion of instrumental roles (e.g., housework, paperwork, translation) was negative. Emphasis on collective healing, and healing as a family, may impact the valence of these perceptions.

Growing evidence also suggests that traditional constructs of parentification produce beneficial outcomes for people with collectivistic orientations. A meta-analysis found that Asian Americans experience increased self-esteem, mental health, and resiliency from parentification (Masiran et al., 2023). A second study similarly found low-income African American children to benefit more from parentification, compared to their White counterparts (Khafi et al., 2014). It could also be argued that, for Cambodian American adults, parentification might reflect collectivistic coping. People from interdependent cultures might appraise stress from social responsibilities, such as a child's obligation toward filial piety (Kuo et al., 2013). Parentification strategies might

tend toward familistic and cultural values (Kuo et al., 2013). The concern itself may not be the provision of role-reversal support, but rather the caretaker's cognitive and structural resources in fulfilling that role, for instance, a child's capacity compared to a grown adult's.

While participants express significant historical consciousness and reflection, this process is typically experienced in silo. Few participants reported on a positive ethnic identity shaped by socialization experiences with other Cambodian Americans. This is interesting provided that Cambodian Americans often endorse significant cultural pride; in a study among American-born high school youth, participants rated the importance of knowing history at an average of 4.25 out of 5 (Sangalang et al., 2015). These discrepancies reflect Erikson's ego identity model, which proposes different stages of ethnic identity (Erikson, 1968). Many participants' discussion of ethnic identity suggests a foreclosed status, which entails high commitment but low exploration or search (Erikson, 1968). Participants report a desire to engage in their cultural or ethnic identity but struggle to find the resources to do so.

There has been a growing movement for storytelling among Southeast Asian Americans at large (see Nguyen & Quinn, 2018; Ngo, 2017; Papa, 2019). Many studies reflect positive identity-building outcomes from critical consciousness programs, especially for Asian American and Southeast Asian American youth (Suyemoto et al., 2015; Trieu, 2016; Papa, 2019; Ngo, 2017). Other scholars highlight the impact of Asian American studies and organizing in a collegiate setting (Trieu, 2013; Museus, 2008). Still, no extant research has documented such a resource for Cambodian Americans in middle adulthood. Study findings revealed an absence of a communal or physical space

for processing and/or sharing cultural identity, similar to results from a community-based participatory study which comprised of adult Cambodian women of mixed migrant status (Lee et al., 2016). In the current study, participants who had social spaces to strengthen cultural identity did so via a college ethnic organization, a resource not readily available for all Cambodian Americans, particularly as second-generation adults continue entering the workforce. Engaged, college-educated participants also noted an absence of space after graduation. Participant expression of isolation and yearning is especially salient for those who lived further from an ethnic enclave.

Relatedly, participants disclosed feeling neither a robust sense of community, nor a communal sense of ethnic identity. Current literature suggests these themes may be intertwined: studies found that ethnic identity led to increased sense of community for Latinos and American Indian groups (Rivas-Drake, 2012; Kenyon & Carter, 2010). A psychological sense of community refers to social groupings, not constrained by geography or knowing each other (Hill, 1996). Chief concerns of community-building included a lack of critical reflection and depth (e.g., groups forming solely on shared ethnic identity; commodifying an ethnic identity for profit). This is aligned with McMillan's supposition that "paying dues" is related to sense of community—that is, community membership is appraised from vulnerability, which strengthens sense of belonging (McMillan, 1996). A sense of community is thus closely linked with emotional safety, incurred via community membership (McMillan, 1996).

Practice Recommendations

Based on these findings, it is recommended that intervention efforts promote group-based healing. Processing historical trauma alone might exacerbate emotion

dysregulation, as many participants reflected a sense of isolation and desire to process with others. Comparatively, present literature emphasizes that collectivistic critical reflection may benefit descendants of survivors. For instance, Nagata and colleagues documented the positive effects of Japanese American Sansei adults' engagement in advocacy for historical trauma redress, particularly in educational and political spheres (Nagata et al., 2019). It is theorized that group advocacy toward historical reclamation facilitates community-level healing.

Organizers programming spaces to process historical trauma should strongly consider incorporating strengths-based content on cultural history and identity. This project suggests that Cambodian Americans are highly reflective of historical trauma but may lack protective factors, such as a robust ethnic identity, sense of community, or holistic knowledge of family and cultural history, to help mitigate the negative impacts of reflecting on historical trauma, such as the helplessness, guilt, grief, and fear reported in the current study.

It is recommended that clinicians, scholars, and organizers emphasize this group's autonomy and agency. Focus on historical trauma, while necessary, can inculcate victimization and perceived helplessness; in contrast, this project's findings imply that second-generation Cambodian Americans play an agentic role in familial healing. When addressing historical trauma, organizations may wish to consider ways of "healing the healer." This acknowledges the family healing modalities Khmer Americans actively engage with. It also fosters the presence of critical action, as Cambodian Americans move from family healing to community healing (Diemer et al., 2020). Research with Japanese Americans demonstrates that political mobilization can lessen shame and

helplessness, shift perspective from self-blame toward oppressive systems, and improve communication regarding traumatic experiences between generations (Nagata & Cheng, 2003; Nagata et al., 2015). Movement toward community justice, such as resource advocacy, may similarly benefit a sense of community across Cambodian Americans.

Limitations and Future Directions for Research

This project was conducted with limitations. Self-selection may have occurred given the nature of the topic, leading participants to be more critically reflective of their histories than others. Further, there are many intersecting identities which should be explored. Indigenous Khmer groups and multi-ethnic participants may have different experiences than those only identifying as ethnically Khmer. Emerging trends suggest that multi-ethnic participants may be more vulnerable to feelings of isolation. Limitations notwithstanding, this project is, to my knowledge, the first nationwide study specific to Cambodian Americans and their own conceptualization of historical trauma's ecological impacts of historical trauma, to include personal, family and community levels.

Findings can guide future research in several ways. There is still a lack of clarity regarding Cambodian Americans' sense of ethnic identity and how it may affect participants' self-esteem or mental health symptoms. Participants from this study paradoxically endorsed ethnic pride and a limited sense of ethnic identity; this is further complicated by the endorsement of a limited sense of community. Empirical studies may be useful to disentangle the relationship between sense of ethnic identity and ethnic pride, and how each might affect second-generation Cambodians' psychological sense of community, and mental health distress.

Research should move toward an understanding of strategies Cambodian Americans use to heal from and cope with historical trauma. While this study elucidates some forms of coping, we still do not know what mechanisms best foster resilience or posttraumatic growth. Findings imply a need for participants to socialize their ethnic identity and process historical trauma with others; therefore, understanding this community's collectivistic coping strategies appears promising.

Conclusion

This qualitative study utilized critical-constructivist grounded theory to better understand the ecological impacts of historical trauma among second-generation Cambodian Americans. Findings suggest that historical trauma has impacted participants via (1) effects on personal mental health and wellbeing, (2) expanded family roles, (3) ethnic identity formation and (4) limited perception of unity across their ethnic group. Cambodian Americans explicitly linked historical trauma to the welfare of themselves, their family, and their community. However, much critical reflection occurred internally. Participants described a desire to process with others and endorsed needs for community space and access to cultural knowledge. Study findings have implications for programming to strengthen community, family, and individual resources to better support Cambodian Americans and for future research to understand communal healing strategies.

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Appendix A: Screening Tool

Item A) Screening Survey

Description: This study is seeking participants to better understand the impacts of the Cambodian genocide on second-generation Cambodian Americans. We are also interested in hearing from diverse perspectives regarding the Khmer American community, including Indigenous voices, Cambodians of different ethnic origins (e.g., Chinese-Khmer, Vietnamese Khmer), and Cambodians of different occupations and educational status. Selected participants will participate in a 75-minute interview process and will be provided a \$20 gift card in compensation for their time. All interviews will be made anonymous and de-identified. If interested, please fill out your information below.

Name: [free response]

City and State of Residence: [free response]

Birth Country: [select: USA/Cambodia/Other]

Age: [select: 20 and under, 21-25, 26 and over]

Highest Level of Education Obtained: [select: some high school, High School

Diploma/GED, Associate's Degree, Some College, Bachelor's Degree, Graduate School Degree, Other (*if other, please specify: [free response]*)]

Please check one box below.

I identify as Khmer.

I do not identify as Khmer.

Are there any aspects of your ethnic identity you feel important to mention, or would like to specify? (e.g., I am Khmer Ler, Khmer Krom, Khmer Vietnamese).

[free response]

Thank you for your interest in this study! If selected, a researcher will contact you via telephone and/or e-mail.

Appendix B: Interview Guide

Guided Area of Inquiry	Interview questions:	<i>Question taken from:</i>
<p>1. Beginning point.</p> <p>a. family impact on HT</p> <p>b. Personal impact on HT</p>	<p>Can you tell me what you know about your family's history before arriving in the United States, and how your family life has looked like since then? <i>I will make some notes and not interrupt you until you have finished. Please take as much time as you feel necessary & tell me all the details that you feel, in your opinion, are connected to your family life.</i></p> <p><i>Follow up question:</i> How do you think your family's experiences before arriving into the U.S. affected them?</p>	<p><i>Original beginning question:</i></p> <p>Could you please tell me everything that is involved in your coming to New York & how your life went on since then? I will listen and make some notes and I will not interrupt you until you have finished. Please take as much time as you feel necessary & tell me all the details you remember that, in your opinion, are connected to your living in New York" (Scheibelhofer, v2008, p. 350).</p>

	<p><i>Follow up question:</i> How has this set of experiences affected or shaped you?</p>	<p><i>Offered substantial accounts in response.</i></p> <p><i>Would follow up with open-ended questions that interviewees brought up but didn't detail: on migrant constructions of experiences.</i></p>
<p>2. Understanding of historical trauma / personal context</p>	<p>Could you tell me how you learned about your family history?</p> <p><i>Follow up questions:</i> How old were you when you first learned?</p> <p>Were there other ways you learned?</p> <p>Probe? To see if learning was passive or active (did participants ask?)</p>	

<p>3. Understanding of historical trauma / personal context</p>	<p>Was there a time you felt you didn't understand your family's history? Can you describe that experience?</p>	
<p>4. Understanding of HT. Personal impact of sharing/disclosing HT.</p>	<p>Have you shared or discussed your family's history with anyone else?</p> <p>If yes, can you tell me more about the experience?</p>	
<p>7. Community understanding of HT.</p>	<p>How do you believe other Cambodian Americans have interpreted their own family experiences?</p>	
<p>5. Community impact of HT.</p>	<p>What are your thoughts on the Cambodian American community today?</p>	

	<p><i>Follow up question:</i> What are things you admire about the Cambodian American community, and being a part of it?</p> <p><i>Follow up question:</i> What are things you would change?</p>	
<p>9. Community issues</p> <p>2. & b. Thoughts on what is needed for community-wide healing</p>	<p>What do you think are common issues in your generation of the Cambodian American community?</p> <p>Where do you think these issues stem from?</p> <p>How could these issues of the present generation best be addressed?</p> <p>Do you feel like Cambodian Americans have begun to</p>	<p>Taken from:</p> <p>Psychological-Mindedness & American Indian Historical Trauma:</p> <p>Interviews with Service Providers from a Great Plains Reservation</p> <p>William E. Hartmann & Joseph P. Gone</p> <p>University of Michigan</p>

	address these issues? What could help?	
Close out	Are there any other issues or thoughts about the Khmer American community that you would like to address?	