

A QUALITATIVE INVESTIGATION OF THE EXPERIENCES OF CAMBODIAN
REFUGEES BEFORE, DURING, AND AFTER WAR TRAUMA

By Sophia Kaczmarzyk

A Field Project Submitted in Partial Fulfillment

Of the Requirements for

Master's Thesis

In the Department of Psychology

School of FAS

Rhode Island College

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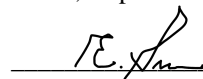
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Abstract

As a result of a tragic event, the Cambodian Genocide, many Cambodians were forced to flee to the United States for safety as refugees (Dinh, Weinstein, Kim, & Ho, 2008). Little research has been done to study the type of trauma that refugees go through, and how it affects their ability to live a normal life afterwards. Past literature has looked at war trauma in refugees by studying the overall mental health of Cambodian refugees, 20 years after resettlement in the United States (Marshall et al., 2005). The current study built on the study by Marshall et al. and examined how participants have prevailed after experiencing war trauma. This study recruited 15 Cambodian refugees now living in the United States to explore topics related to refugee trauma and resiliency. The main research question in this study is: *How does trauma experienced by Cambodian refugees that went through the Khmer Rouge affect life after migration, and how does resiliency play a role?* Participants were interviewed using a semi-structured qualitative interviewing method. Grounded theory was used to analyze the interview data. The results indicated that the traumatic events of the Cambodian Genocide stayed with participants long-term, but participants' resiliency was visible through their ability to survive after migration to the U.S. This study's findings suggest that the mental health resources for refugees are lacking and that there are cultural barriers between counselors and refugees that are preventing them from getting improved treatment.

Keywords: Cambodian refugees, resiliency, trauma, depression

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A Qualitative Investigation of the Experiences of Cambodian Refugees Before, During, and After War Trauma

There is very little research available on Cambodian refugees in the U.S. (e.g., Dinh, Weinstein, Kim, & Ho, 2008). Because this is a very recent and particular area of study, very little is actually known of the long-term experiences of survivors of the Cambodian Genocide. When Cambodian refugees resettled in the United States, they were continuously met with challenges. Because Cambodians had few transferable job skills, could not speak English, were unfamiliar with urban life in an industrialized society, and had suffered enormous trauma, the basic need of finding a job to have a source of income became very difficult (Chan, 2015). As a result, the more educated went into white collar jobs or had to transfer to a different specialty, and the less educated became owners of small shops and businesses or worked in odd jobs wherever help was needed.

Women whose husbands had been killed in Cambodia were sometimes finding work for the first time. Therefore, not only did many people have to adapt to American culture, they also had to adapt to working life and being the main source of income for the family. Post-traumatic stress disorder became a common issue among many adults as well as children. Children in schools found difficulty fitting in and many dropped out before graduating high school and even joined gangs (Dinh et al., 2008). American culture also views success as education, and a successful student as the most knowledgeable one. In Cambodia, the Buddhist view is to not expect much from children and to not put pressure on them (Chan, 2015). Two very different outlooks on how to raise and treat a child caused a clash in cultures.

Cambodian refugees alone make up one of the largest refugee groups in the United States (Marshall, Schell, Elliot, Berthold, & Chun, 2005). This population of immigrants account

for over 100,000 of the refugees in the U.S. Thus, it is so important to study the experiences of this community. Yet, there is little research available on Cambodian refugees' trauma, mental health, and a focus on resiliency will bring new information into the conversation of how trauma affects survivors long-term and how they are able to function in a new culture and country. Past literature has looked at war trauma, resiliency, and refugees by studying the overall mental health of Cambodian refugees, 20 years after resettlement in the United States (Marshall et al., 2005). The current study will mirror the study by Marshall et al. while also looking at how participants have prevailed after experiencing war trauma.

Literature Review

History of Cambodia: A Contextual Background

Just four decades ago, Cambodia was attacked by the Khmer Rouge regime (Chandler, 2021). The Khmer Rouge aimed to create a capitalist/socialist nation and ultimately killed over 1.5 million people, a fifth of the Cambodian population. Cambodians were forced to flee as a result and many countries took in refugees. Cambodia was once a large and powerful kingdom that controlled most of Southeast Asia. It is home to some of the most ancient stone inscriptions dated back to the fourth century, as well as one of the five artistic wonders of the world. Cambodia was almost a nonexistent nation because of its neighboring countries, Thailand and Vietnam, and the conflicts between them. The king at the time went to France for protection which turned into colonization. France took care of Cambodia and helped restore the nation rather than try to control it. However, about 100 years later in the 1950s Cambodia became independent from France and entered what is known as a “golden age”. This sadly only lasted a few decades before the Khmer Rouge began to take over in 1970.

The history of Cambodia is extremely tragic. It was once a peaceful small country, filled with ancient history, which Americans knew very little about (Sharp, 2003). During the Vietnam War, a communist group called the Viet Cong used parts of Cambodia as a hideaway to attack South Vietnam. President Nixon, in an attempt to win the war, secretly bombed the border of South Vietnam and Cambodia. Over two million tons of bombs had been dropped on Cambodia by 1973. This is more than the number of bombs dropped during all of World War II. The amount of bombs dropped on Cambodia was only known due to President Clinton releasing the Air Force data in 2000 (Chhun, 2019). An estimated 500,000 innocent Cambodians died due to the bombings, and at the time, the country's population was about seven million.

The Khmer Rouge, a communist group who aimed to rule Cambodians and revert the country to an agrarian society, was also killing hundreds of thousands of people at this time (Chhun, 2019). The entire country was in turmoil. Any person who was educated or considered an intellect was immediately killed. Everyone who was left were forced into labor and had either died from starvation, disease, illness, or torture. Many people also had been able to escape and took refuge in neighboring countries before seeking asylum somewhere else (Sharp, 2003). Many Cambodians had been brought to America as refugees and were protected under the Indochina Migration and Refugee Assistance Act (History, Art & Archives, 2017).

The Refugee Experience

The refugee experience is very different to the immigrant experience. Refugees go through rigorous testing and cleansing phases in unfamiliar countries, after escaping traumatizing events and leaving against their own and their governments will (Wycoff, Tinagon, & Dickson, 2011). Cambodia is sometimes coined as a "third world country" and lacks the medical

technology and equipment that America has had available for years. In refugee camps, refugees would have to be vaccinated and have no other illnesses or even a small scratch on their body before being allowed in the US. If anyone in the family was sick or injured, they would not be allowed to leave the camp, resulting in other delays in migration or families being separated. There are also basic skills they needed to be taught in refugee camps prior to migration to avoid as much of a culture shock as possible (Leahcim, 2014). Something as simple as learning to use a toilet is an example of what would be taught at camps before migrating. Leahcim (2014) discusses the most shocking experiences people faced when moving from a developing country to the United States. One participant discussed their confusion with where to get water if there were no rivers nearby. Another discussed his mother, who migrated from a developing country. He explained that she carries toilet paper with her everywhere she goes, even just to her son's home, because she is not used to having that item accessible everywhere she goes. He, as the son of someone who has a traumatic past, is unable to comprehend his mother's decisions and rationales for them.

A term called *refugee subjecthood*, created by Kwan (2020), refers to a “phenomenon in which refugees collectively and individually create, enact, and challenge subject positions shaped by social structures, such as law and education” (p. 80). Trauma can become a shared experience that affects generations that have not been exposed to any war trauma firsthand. This study looks at how the stereotype of Asian Americans being unsuccessful, and trauma either experienced by the parents or the participant themselves, has affected their identity in the United States as well as their subjecthood. Kwan (2020) conducted a total of 46 interviews with second generation Hmong American and Cambodian American college, or recently graduated, students living in California. The researcher looked at those who were refugees themselves as well as

children of refugees. The questions were focused on the participant's relationships within their families, memories of socialization, education, goals, cultural identity, and social networks. The findings of this study suggested that the participants were able to better define themselves by their family's history and latent trauma, and that this can be used productively rather than regressively. Participants expressed a sense of responsibility to take their parents' PTSD and traumatic experiences and build a "positive construct" for future generations (p. 87). In addition to pride in their culture and a responsibility to keep it alive, participants also felt outcasted for their refugee status. Other Cambodian and Hmong Americans whose family came to the US as immigrants do not share the same background or identity as those who migrated as refugees. The refugee participants were often outcasted and labeled as 'ghetto' or 'poor'. Second generation Asian Americans often struggle with what culture to identify with. Now, more Hmong and Cambodian Americans are finding ways to merge the most valued practices of both cultures together to create their own individualized identity.

Refugee Mental Health

The events that occurred in Cambodia are not something that many people in the United States are familiar with. The repercussions of these events altered the well-being of Cambodian refugees now residing in the US. In a study done by Hinton et al. (2013), participants, consisting of Cambodian refugees in Lowell, Massachusetts, were measured on PTSD symptoms, prolonged grief, and dream frequency. Among the participants in this sample, 71% of the participants had lost at least one sibling due to the Khmer Rouge, 53% had lost at least one parent, and 35% had lost at least one child. This study took place 32 years after the traumatic event had ended and half of the participants had experienced dreams of a deceased relative within the past month. The participants who had higher levels of grief and PTSD symptoms also

had more frequent dreams and nightmares (Hinton et al., 2013). This study gives light to the long-lasting trauma and repetitive pain that Cambodians have to constantly relive in dreams and other aspects of their lives. The health, both physically and mentally, of Cambodian refugees is suffering. Further, many Cambodian refugees have witnessed death, lost family members, faced starvation, and have been forced into physical labor (Marshall et al. 2005). In one study, 482 Cambodian refugees were interviewed for approximately two hours about their life in Cambodia, the trauma they had witnessed, and how they have adjusted to a new culture and society after what they had gone through. The results of the study are astonishing:

“...99% of individuals reported near-death due to starvation, 96% reported forced labor (like animal or slave), 90% reported having a family member or friend murdered, and 54% reported having been tortured. Participants also reported exposure to violence in the United States, of 11 types of postmigration trauma exposure. For example, 34% of individuals reported seeing a dead body in their neighborhood, 28% reported having been robbed, and 17% reported having been threatened by a weapon and believing that they might be seriously hurt or killed.”

This is a very large study, with over 400 participants, done in the most populated area of Cambodian refugees in the United States.

Mental health outcomes in refugees are not just due to the traumatic event that has led them to flee their home country. There are other events that are traumatic or stressful that create issues pertaining to mental health (James, Iyer, & Webb, 2019). The outlets to cope with these events as listed earlier; addiction and gangs, can lead to emotional as well as physical health issues. A few examples from James et al.'s research states that refugees tend to have poorer physical health than the general population, are discriminated against, and face job insecurity as

well. Refugees face barriers not just in receiving mental health support, but in support for every aspect of daily living. Finding grocery stores, a way of transportation, navigating schools for children, and setting up doctor appointments are all incredibly stressful after moving into a new culture and setting. The result of all these stressors is poor mental health. It is stemmed from trauma of the event itself, however the migration process creates new obstacles to overcome. Even those who are seeking and receiving psychiatric help will face difficulties in dealing with the stress.

Gaining mental health support in the U.S. after coming in as refugees is very difficult for both the therapist and patient (Im et al., 2020). Both need to adjust and learn about new cultures in order to benefit and grow. There are additional barriers in place that prevent refugees from gaining effective mental health treatment. Often, refugees only receive mental health services when they are court ordered. The effects of ineffective treatment due to cultural barriers create a stigma around mental health symptoms and its services as well as make the individual's conditions worse. Families tend to grow apart and find other outlets; addiction and gangs, to soothe their pain. Hinton, Reis, and Jong (2020) looked at Cambodian refugees seeking help at a psychiatric clinic in Lowell, Massachusetts. 54 percent of the patients reported experiencing ghost encounters in a variety of ways. Leg cramping, chills, sleep paralysis, nightmares, and hallucinations are believed to be a ghost's way of attempting to make contact.

There are four main forms that ghosts are believed to appear in Cambodian culture. A ghost may appear in human form in one's dream, as a shadow figure seen during hallucinations or sleep paralysis, as what is known as a *beuysaach* which is a monster like creature with fangs and crooked fingers, or as a *prieuy* which appears as a floating, shimmering shape (Hinton et al., 2020). Ghosts in these four forms are only believed to visit the living because they had died an

inauspicious death, or a “bad-death” as Hinton et al. (2020) describes it and did not receive a proper burial. Most people who died during the time of the Khmer Rouge’s control over Cambodia died inauspicious deaths and their bodies were not properly disposed of by the Khmer Rouge, however accidents and suicide are also considered “bad-deaths”. Hinton et al. stated that the 85.2 percent of patients who experienced a visit from a ghost were also diagnosed with post-traumatic stress disorder (PTSD). According to the Cambodian refugees in the study, there were also three different types of phases in which a ghost would be in that affected its’ appearance: transitional, purgatory, and aap. The traditional ghost died an auspicious death, meaning it was peaceful and the person received a proper burial. These ghosts may appear in a healthy human form. Purgatory ghosts are the types of ghosts that the participants had most encounters with, as they are the ones who have died an inauspicious death. These ghosts appear in many forms; human, shadow, animal, *beuysaach*, *prieuy*, and as an aap demon. The aap ghost is a floating head with a decomposed body below, which is believed to be a living person transformed into this demon because they either practice or are the victim of black magic. Within patients who did not experience visits from ghosts, only 15.4 percent were diagnosed with PTSD. Hinton et al. state that experiencing “trauma may result in high rates of experiencing ghost visitations”. This article also stated that the degree of being unbothered by ghost visitations should be evaluated in all traumatized populations. This implies that in Cambodian culture, the spirits of the dead are a major factor within PTSD and are affecting the rate of healing from the trauma.

Refugee Trauma

Trauma is a broad term with a wide spectrum of definitions. It is used to describe the long-lasting effects of a one time or continuous event. Dar and Deb (2021) studied traumatic events that occurred every day, and at all times. The research examined the city of Kashmir in

India. It is known to be one of the deadliest places in the world. Dar and Deb (2021) examined 800 participants aged 18 to 25 and collected data on trauma and conflict exposure. The data showed that 100 percent of the participants reported being exposed to two types of traumas examined in the research. The first was feelings of stress by living in a conflict zone and the second was feelings of fear for search operations, crackdowns, and curfews. The fearful events were reported traumatic on higher levels for women than men since they were in the home all day when the events took place, leaving them vulnerable to sexual abuse. The events that the participants experienced in this study in India are very similar to the ones that the participants of the current study experienced. The protests, executions, physical, emotional, and sexual abuse, and searches were common events to these participants. As a result, they felt constant stress and lived in fear. This can lead to many mental health issues, and when living in a zone of conflict there may be limited ways to gaining the psychological support needed.

Post-traumatic stress disorder (PTSD) is now known to be a common effect of experiencing war. The American Psychological Association defines PTSD as an “anxiety disorder that is characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma” (American Psychiatric Association, 2000; Kienzler, 2008). However, it was not considered a valid diagnosis until 1980 when it was officially included in the DSM-III (Kienzler, 2008). This is 10 years after the start of the Cambodian Genocide. In the case of those exposed to war, obtaining psychological support may be accessible, however, there is a stigma around it (Doody, Egan, Bogue, & Sarma, 2021). Many veterans do not seek out services even when they feel it is needed because there is a fear that they may lose their job or be deemed unfit to serve. Military personnel are one of the most common populations studied to being exposed to

trauma and developing post-traumatic stress disorder (PTSD). The events they are exposed to vary from fear due to their own life being at risk, death of their own team or friends, being witness to the suffering of children, having to be the cause of someone else's death, and dealing with the aftermath of an event. In this case, the participants have a sense of purpose to get them through the traumatic event and build up their resilience. The stigma or lack of access to mental health services for traumatized individuals is a great barrier that society faces today. Trauma does not necessarily go away over time. If left untreated, trauma has the ability to hold people back from a healthy functioning lifestyle.

Kienzler (2008) stated that those who are most vulnerable to experiencing PTSD are those who have recently emigrated from socially unstable places that may also be experiencing civil conflict. She went on to state that people in these situations have most likely been exposed to torture and other trauma related incidents. This is precisely the types of events that Cambodian refugees have gone through, placing them at highest risk for developing PTSD.

Resiliency

Resiliency, as described by Gambaro et al. (2020), is the ability to manage and recover from life's challenges. This indicates that resilience is built up over time as one overcomes hardships. Gambaro et al. (2020) created a study consisting of 119 immigrants in Italy, 102 of which are male, and had them fill out nine self-report surveys on depression, anxiety, resilience, childhood trauma, PTSD, hopelessness, suicide intent, aggression, and deliberate self-harm. The data showed that higher levels of resilience correlated to lower levels of anxiety and suicide attempts, as well as higher levels of psychological wellbeing. The researchers also found that those with lower resilience scores had higher levels of hopelessness. What was interesting about this study was that Gambaro et al. found that the participants with less or no social support

had higher levels of resilience than those with social support. The reasoning behind these results is that the support of family, friends, or a community provided participants with comfort and help in times of distress. This made it easier on the participant to get through hard times, because there were always others to lean on for emotional support and comfort. In contrast, those without that support had to manage on their own, which as a result, built up their resilience at a faster pace.

Building up resilience can be sped up by one's ability to manage their emotions alone and ask for support when needed (Gambaro et al., 2020). Being able to manage when that support is needed versus when it is important to get through struggles by oneself is a key differentiator in those who are resilient and those who are reliant on others for emotional comfort. Social support has been found to be ineffective and not helpful to those who have been through a traumatic event and the amount of help depends on an individual's needs in the moment. Resiliency can appear differently between individuals as well depending on age, level of trauma, and socioeconomic status.

Internal Vs. External Resiliency

In a study focusing on refugees, from a variety of countries living in Metro Vancouver, Canada, Liu et al. (2020) identified two different types of resiliency factors: internal and external. These were analyzed through conducting interviews with the participants. What the researchers found was that the internal resiliency factors; coping, proactivity, and integration, were less often identified in refugees by key informants than external resiliency factors; formal and informal supports, employment, living environment, and societal encouragement. They also found that the younger a refugee is during migration, the more resilient they become as it is easier to learn new languages and cultures when the native ones are not fully developed. Young people may also

have a significantly lower level of trauma solely because of the length of their life. Very often resiliency within refugees is measured by how well they have been able to adapt and adjust to a new environment. The researchers of this study pointed out that resiliency comes from within, however, more external support for employment, housing and settlement can create a higher level of resiliency in a refugee to the point where they are stable enough to help others who were in the same position as themselves.

In an article by Borman and Rachuba (2001), the authors concluded that low socio-economic status (SES) has a great impact on minority students. Those from lower SES backgrounds were exposed to greater risks and less resilience-promoting conditions than white students from low SES backgrounds. The authors also stated that locus of control was important in differentiating resilient and non-resilient African American students than resilient and non-resilient Latino and White students (Borman & Rachuba, 2001). This article is an example of how external and internal resiliency are perceived in minority student's education compared to non-minority students.

The definition of resiliency varies based on the source however it can be generally understood that resiliency exists in every person and is a result of that person's development (Arastaman & Balci, 2013). Resiliency has been correlated to many positive behavioral patterns including higher academic success. A study done by Arastaman and Balci examined internal and external resiliency factors. The internal factors consisted of the participants internal locus of control, self-respect, self-efficacy, autonomy, and problem-solving skills while the external factors were school, community, and family. The results indicated that there is a great importance for both internal and external resiliency factors. Internal resiliency factors are needed

as a basis for the development of resiliency however with effective external factors, resiliency will be expected (Arastaman & Balci, 2013).

The Present Research

Aims

This study is a small-scale expansion of Marshall et al. (2005). The current study aimed to examine a population of refugees in the second most populated area of Cambodian refugees in the U.S., Lowell, Massachusetts, and assessed how trauma has affected the resiliency of refugees. The questions this study aimed to answer are as followed: ***How does trauma experienced by Cambodian refugees that went through the Khmer Rouge affect life after migration, and how does resiliency play a role?***

Methods

Pilot Study

A pilot study was conducted to ensure relevant questions were being asked and that the order of questions created a smooth conversation between participant and researcher. The participant was a 71-year-old male who was born and raised in a small rural town of Cambodia. At the beginning of the Khmer Rouge takeover the participant was married with a one-year-old child. The study began by the participant agreeing to partake in the research and signing the consent form. Once the form was explained to the participant and signed, the researcher stated that the participant may skip a question or stop the interview at any time (Appendix A).

The researcher then began by asking the questions as appeared in Appendix B. As the participant spoke on events that the researcher was unaware of, additional questions were asked. For example, the participant spoke of how the soldiers working in the regime told people that their town would be bombed, and that everyone had to grab a few items and flee. The soldiers

told everyone that they would be home in three days. This was deceitful as there were no bombs and the soldiers took the men and older male children to work in the rice fields while the women and younger children were held at a camp after walking for 6 days through landmines. This participant's experience brought up additional questions about this deceitful event. This is one example of the many experiences that are not found documented in the researcher's findings on Cambodian refugees in the literature. Prior to coming to America, the participant and his family went to a refugee camp in the Philippines where they learned basic English phrases. Later, when they were brought to America the participant's family was given a small stipend for 17 months to help with financial needs, and a small local church raised funds to pay for their home. This was all the preparation that the participant was given prior to migrating to the U.S. When the participant was asked about his feelings on living in America after over 30 years, he stated he was happy because to the participant, happiness is knowing that his family is taken care of, and his kids are provided for. The participant also mentioned that home was just a place and he had established a new life in America.

The findings of this pilot study suggested that the experiences of Cambodian refugees during the war were so extreme that any hardships faced in America were very easy to overcome. Having a home, food on the table, and access to education and English class was "*heaven*" as the participant described it.

Qualitative Data Collection & Analysis

To collect the data, an app called Otter was used to record and transcribe the interview. This is the most appropriate method because it allows the researcher to have a typed-out transcript and audio recording of the interview while it is taking place. The limitation of this app is that it does not detect the Khmer language and creates a transcript that, at times, does not make

sense as it will transcribe the Khmer words into the English word it sounds like. To analyze the data Grounded Theory was used. This is most appropriate because the data is qualitative, and this method was used to detect patterns in the participant's responses. This theory's limitation is that not all patterns will be detected, missing key information from the data.

Participants

In this study, I recruited approximately 15 participants using convenience and snowball sampling of the Cambodian refugee community living in Lowell, Massachusetts. This is where the second largest Cambodian American community is located. Individuals were determined to be eligible for interview if they are at least 50 years of age (born in 1970 or earlier) and had lived in Cambodia during some portion of the Khmer Rouge regime (April 1975 to January 1979) (Marshall et al., 2005). In addition, my analyses were restricted to individuals who immigrated during the years when the United States was accepting Cambodian refugees, which effectively ended in 1992 when the United States adopted policies that favored repatriating displaced Cambodians. All participants in my sample have left Cambodia prior to the 1991 cease-fire and the subsequent deployment of a United Nations peacekeeping force to Cambodia, and respondents will likely have spent time in a refugee camp. Participants that were born after migrating to the United States, or that have no memory of the Genocide, will not be suitable for this research (which is why the cutoff year is 1970). Participants will not be excluded based on other background characteristics, such as gender orientation, sexual orientation, or socioeconomic status.

Interviewers and COVID Protocol

The interviewers consisted of myself along with a trained community member who is fluent in both the Khmer and English languages and assisted in translating for those who may

need it. This community member is also a trusted member of the local community, so his presence has aided in helping participants to feel more at ease. The community member has chosen to participate in this study for learning purposes only. Participants must be able to communicate in either Khmer or English.

The interviews took approximately 60 minutes and were held via Zoom, over the phone, or at a location chosen by the participant (likely their home). Due to COVID-19, appropriate and safe social distance within current protocols of the COVID-19 guidelines were maintained. If possible, interviews were held outside to maintain COVID-19 safety.

Informed Consent Procedures

Following the study by Marshall et al. (2005), participants were told that the purpose of the study is to learn about the life experiences of people who had come from Cambodia as refugees from the Cambodian Genocide and that the researchers were interested in their past and current life situation, and their physical and emotional health. Participants were informed that participation is completely voluntary and that they were free to stop at any time. All persons were informed of the specific topics to be covered in the interview and will be expressly advised that they would be reminded of traumatic incidents from the past, which may cause them to become emotionally upset. Participants were also advised that they might wish to talk with someone about these feelings or concerns and were given contact information for local mental health clinics that provide services to the Cambodian community. Clinics were informed of the existence of the study in advance of data collection.

All informed consent materials were read verbatim, questions were answered, and written informed consent was obtained. In addition, participants were reminded throughout the interview that they may choose to skip responding to any interview question. Following the interview,

participants were entered into a drawing for a gift card and reminded that they had the option of availing themselves of services provided at either of the aforementioned clinics. Interviewers also reviewed a brochure containing contact information for local health, mental health, and social service agencies.

Interview Protocol & Questions

The interview protocol included an introduction, a reminder of the voluntary nature of participation, and a semi-structured set of interview questions (see Appendix A and B). The participants were asked to explain their story, what their life was like in Cambodia, what the transition from Cambodia to the United States was like, and what it is like living in the United States now.

Grounded Theory

The Grounded Theory method emerged in 1967 by Glaser and Strauss and is used when observations, interviewing, and a collection of varying artifacts are collected as data. Grounded Theory requires the researcher to iterate between the data and the analyses. As new data is analyzed it can be refined and redeveloped for the next sample. This process is called Theoretical Sampling. This continues until saturation is reached, which is when there are no new information comes from the data.

There are three different levels of coding to analyze the data. Open coding requires the researcher to group the data into smaller sections based on the information of the topic. The second level is axial coding. This is when the researcher then creates larger groupings of the smaller sections and organizes them into themes. The final level is selective coding. The groups are then categorized into a way that will express the topic in a unified sequence of themes to better understand the topic of study (Cohen & Crabtree, 2006).

Conducting Grounded Theory requires that the researcher be able to be open to themes that may be unexpected as well as be able to identify important data (Chun et al., 2019). This is described as theoretical sensitivity. The process of Grounded Theory is very difficult on the researcher. This method demands the researcher to be well organized and involved in the analysis from the beginning of the data collection, which is not required by many other methods of data collection. This method acknowledges differences between the sample and drives the researcher to be adaptable to the results and data collection.

Reflexivity Statement

Every refugee experience is different because it stems from a unique event. This event, the Cambodian Genocide, had an impact on millions of lives around the world. This study will aim to showcase the voices of some of those who have forever been affected. The stories I have heard from my friends have been very heartbreaking and at times hard to believe. Just by conducting the pilot study and the literature review, it is clear that there is a substantial amount of information that has not been explored. My heart is attached to this population, however, to maintain objective I will have to be on script during the interviews in order to keep the data as accurate as possible. My opinions will ultimately not be beneficial to the study, therefore knowing this, I will not provide my opinions to the participants and let them answer the questions that have been prewritten (Appendix B).

The topic of refugees is close to my heart as I have very close friends who have immigrated to the U.S. as refugees. This close relationship has me invested into creating a study that will only be beneficial to the population. My knowledge in mental health and personal interest in Cambodian culture has led me to studying refugees' and the implications of their experiences onto mental health. I am personally interested in policy change and may consider

mentioning what America could have done better to better support the needs of refugees' physical and emotional needs, as well as what can be implemented for current and future refugees entering the U.S. Many traumatic and life altering events take place globally every day. The way in which the nation is equipped to handle the repercussions of those events can make a difference in the mental health of the people at stake. In *Crazy Like Us: The Globalization of The American Psyche*, Watters (2011) describes the experiences of Debra Wentz, the executive director of the New Jersey Association of Mental Health, while traveling in Sri Lanka during a tsunami and earthquake that reached maximum intensity. Ms. Wentz found herself in the midst of a national crises. Through her research she found that there were almost no resources for the people of Sri Lanka to obtain mental health resources to cope with the effects of the natural disaster. As a worker in the mental health field Ms. Wentz's first thought when witnessing this traumatic event was how this would affect the people's mental health in the moment and for generations to come. America, like Sri Lanka, was not equipped to provide resources for incoming refugees and to care for their psychological needs.

Although I have friendships within this population, I am still an outsider. I am not a refugee, I do not practice the same cultural beliefs as the participants, and I am of a different race and ethnicity, meaning I have not been faced with any prejudice or discrimination in this country due to my skin color and background. There were pros and cons to being an outsider to this community of Cambodian refugees. A pro was that I was able to be more open during interviews to the series of events and types of experiences the participants were able to describe to me. I was also able to interpret the responses from a different point of view than someone who had the experiences that refugees have. On the other hand, I am not able to fully understand how the participants felt since I have not gone through the experiences myself. I also was not able to

communicate directly to most of the participants because of the language differences. Although I have done research on Cambodia and the Cambodian Genocide, no amount of research would have been able to make me fully feel the trauma and events that the participants went through and are still going through today.

Results

Demographics

Demographics of the fifteen participants interviewed revealed that participants were currently between the ages of 52—72, with 11 participants identifying as male and 4 participants female. Participants then revealed further demographic information regarding their ages at transition, with the majority (47%) between the ages of eleven and eighteen at the start of Pol Pot's control in 1975; of the remainder, 7% were under the age of 10, 33% were over the age of 18 (but all less than 30), and 13% had no memory of their age (see Table 1). For the age at which the participants came to the U.S.: 7% were under 18, 40% were between the ages of 18 and 30, 13% were over 30, and 40% had no memory of their age. This higher level of participants that could not remember their age once migrating to the U.S was due to being unable to keep track of the days, months, and years while in the Khmer Rouge fields.

Grounded Theory Analysis

Grounded Theory revealed itself to be the most useful method of analysis for this study. This method allowed for themes to emerge that would not have been considered otherwise. The interviews were transcribed and analyzed one line at a time. First, this author met with a research lab consisting of six participants: the author's Master's Thesis Chair, three current master's students in psychology, and two undergraduate students in psychology. This team was trained by the Thesis Chair on Grounded Theory coding and worked together to analyze the first interviews

using Grounded Theory in order to develop initial codes and concepts (see Appendix H). I then continued on coding the remaining 13 interviews. Once completed, the initial team (minus one master's student) met again to examine the final codes and concepts. A total of eleven codes were developed with additional concepts. Within those codes, 292 pieces of data were coded from the transcriptions. The final codes and concepts were later analyzed through inter-rater reliability coding with the research team, which resulted in a score of 86%. This score suggests that the codes were accurately categorized within the themes. A member check was conducted with the translator to ensure the validity of the events, the data, and results. This resulted in a score of 90%.

Next, the results will be listed in chronological order as best as possible, from pre-war life to the Khmer Rouge invasion to refugee camps and resettlement to the U.S. The purpose of structuring the results in this way is to best explore the research question about how trauma was experienced by Cambodian refugees that went through the Khmer Rouge and then a specific focus on, *“How does trauma affect life after migration, and how does resiliency play a role?”*

Pre-War Experiences

Power/Privilege

Although most participants were a part of poor families that had little education at the time Pol Pot took over, there were few that were living in the capital and major cities. The theme **Power/ Privilege** entails the lifestyle before and during the war that participants were able to obtain that also lead to a lower level of traumatic experiences, with 20 pieces of data coded (7%).

“There was no worry within her life. She was a stay-at-home mom, took care of the kids and, lived a very happy lifestyle” (3;10-11) and *“They brought my family to Battambang province*

that's close to Thailand border. We have a lot of rice and feed everybody" (7; 86-87) are some common examples.

The privileges that are described are small to what American culture and society would consider a privilege. The types of advances in this theme are considered having access to food and water, a safe shelter, and knowledge of what is happening within the Khmer Rouge regime. The power aspect of this theme comes from the few participants who were or family of military leaders: *"Because her husband was a former soldier, he said 'we're not going that way, they're lying to us', and he went towards the Vietnamese which actually helped them instead"* (2; 123-125).

Schooling

Few participants had access to education on a regular basis before the war. The theme **Schooling** highlights the experiences of how participants were able to attend school before the war in Cambodia as well as adjusting to American schooling afterwards. With a total of 9 pieces of data (3%), half of the data points occurred prior to the Khmer Rouge (n = 5) and half occurred post-migration in the United States (n = 4). Most participants who attended school in Cambodia had to sustain harsh conditions leading up to Pol Pot taking over to reach the school. *"He doesn't go to school full time because they always have to worry about the shootings, the landmines, and all that stuff. So, he only goes when he can, and then stay home and will try to hide"* (2; 11-14). The youngest participant that was interviewed described going to school in the U.S: *"I couldn't speak English much and it was just a lot of schooling and at that time, they. you know, it was difficult, they didn't have any bilingual classes or anything like that, just stick us in a regular class; it was a little difficult, but I learned fast"* (1; 69-72). Both during migration and post-migration (*"I didn't have much school at camp. It was just a brief period of my life. (1; 127)*), the

resources for refugees were lacking and students would often be put in standard classes and expected to adapt without any outside help. This makes it more difficult for refugee students to find a sense of belonging to their peers and new home.

Khmer Rouge Invasion

Khmer Rouge Fields & Malnourishment

The **Khmer Rouge Fields** theme describes the experiences that the participants had while forced out of their homes and to work for Pol Pot. This code had 35 data points (12%). The types of work that participants had to do varied from gardening, digging trenches, fertilizing and watering fields, growing rice and other vegetables, and many more jobs. *“They took him to a camp and in hard labor digging the field and giving very little food, starving, so that you don’t have the energy to fight them. They tell them to dig for a well and after they all dig they just kill them and throw them in (2; 73-76).* Many responses within the interviews described very long workdays with no breaks as well as very little nourishment. There was a large number of participants who described being very underfed and undernourished while in the Khmer Rouge Fields. *“There’s absolutely nothing to eat. They just eat vegetables like plants and grass, boil it, and eat it just so that their stomachs are full” (3; 88-93).*

This led to the emergence of the sub-theme (concept) of **Malnourishment**. All data pieces under this concept occurred in the Khmer Rouge Fields (n = 14.5%). The labor that participants experienced was very hard on the body, even more so when little rest time and proper nourishment were provided as well as being in a situation where one is constantly fearing for their life. *“Most of the people are so skinny, their knees, joints, and elbows are swollen. He said their knees swelled to the size of their heads. He said their wrist was so small” (2; 78-80).* Being malnourished also affected other parts of the participant’s lives while in the Khmer

Rouge Fields. *“I still remember I never sleeping well because my stomach there’s nothing inside my stomach. I’m so hungry. I eat anything at that time that I can survive. Anything that is not poison I eat all of it. If I do not eat it I die”* (9; 97-99).

Trauma

The second largest theme (code) that came from the analysis was **Trauma**, with 59 data points (20%). This theme contains concepts describing various types of violence that was witnessed or experienced, coping with death of loved ones, fear of dying, lack of resources, basic rights, and needs, injuries, and abuse. *“She was three months pregnant. They killed her husband. It was a feeling you can’t describe. She said if you cry, they told her they’ll shoot her. So, she can’t even have tears after her husband died”* (15; 9-11). The participants had very individualized and unique experiences being of different ages, genders, and statuses. *“And then my brother died one every month like back-to-back and another one drowned and then brought to the village and he got killed because he got the flu. So, four of them passed away during the Khmer Rouge. After that my mother passed away the following month”* (8; 136-139). Coding trauma was a very important theme as it was what the participants had the most vivid memories of during the interviews. A major interview topic and topic of this study is about the experiences of Cambodian refugees during the time the Pol Pot took over, most of which are very traumatic to the participants. The trauma is what shaped the experiences and lives of the participants and what resulted in them migrating to the United States. *“He saw something that still haunts him today. He said one day he was up on the tree, and he saw them come and grab a family of and they brought them with their hands tied behind their back and they didn’t shoot them, they want to save their bullets so they took a shovel and smack them on the back of the neck just knocked out and then kick him into the ditch both mom and dad. And then the two young kids they didn’t*

even kill them, they just kicked him in the ditch and bury them alive. He said when he came home, he couldn't sleep for days it's just inside his head" (10; 33-40).

A subtheme (concept) that derived from the theme Trauma was **Outcomes of Trauma** (2%). This subtheme consists of mainly codes describing the physical after-effects of the experiences described in the Trauma theme. For example, participants commonly had disturbing dreams and memories that are presently triggered: *"The trauma if she watches T.V any shooting or loud noise, her brain can't handle it. Any violent movie she can't watch at all. Every time she sees something violent her heart beats so fast, she can't control it"* (15; 30-33) and *"he can't tell if he's dreaming, he still sees the image of his father and the thought comes into his head while he's working. He drifts off and thinks about what happened over and over again"* (2; 102-104). Identifying a subtheme within *Trauma* amplifies the differences between the types of traumas that were described by the participants. The continued effects of trauma that participants are faced with today is continuing to alter their life both emotionally and physically; *"her body aches, she still feels what she went through and ate before it doesn't go away. Arthritis all over her body"* (15; 101-102).

Resiliency

The third largest theme was **Resiliency**, with 45 pieces of data coded (15%). This theme pertains to the various recovery methods, survival tactics, and mentality the participants were predisposed to partake in in order to survive the war as well as to accommodate to a new culture. Many participants went to great measures in order to make it through the war; *"When they were hungry, they'd steal the little bit of rice from the field, the grain"* (2;89-90), *"He chose monkhood, he chose religion for protection"* (6; 11). It was common for participants to hide their identity, steal, smuggle, and eat inedible food to survive the Pol Pot regime. When migrating to

the United States, participants had to adjust on their own in order to live, “*they didn’t have the kind of support that they have now; we were basically on our own, you know, because there was no established place to go to welcome immigrants at the time*” (1; 101-103), and the language barrier created a difficult transition, however it was helpful when participants came across racism “*she doesn’t speak a word of English so they can swear, they can curse, they can do whatever they want she doesn’t understand*” (13; 85-86).

The **Resiliency** theme shows the ability to recover that the participants have constructed as a direct result of the different traumas they have endured. The ability to continue to fight for survival each day when there is little hope is a unique trait of refugees. One participant knew she was going to be killed for being educated, however she ended up being spared when the Vietnamese came in. “*She was waiting for her day to die. They know she’s a student so they’re going to kill her anyway. But they need people to work and feed the soldiers, so they kept her*” (15; 24-26).

Resiliency is a major topic of this study making this theme important to code and analyze. The purpose of this theme is to bring the strength of refugees to light. There is a level of physical strength the participants have shown through their interviews, however mentally and emotionally the participants each showed that without this trait of resilience, they may have not survived the war in Cambodia or the migration process to the U.S.

Refugee Camps and Resettlement to the U.S.

Camps

The theme ***Camps*** refers to the refugee camps that most participants were in as a way to migrate to another country. This code had 25 data points (8.5%). Not all refugees were brought to the United States, however, all of the participants in this study migrated to various states in the

U.S. This theme contains codes describing the processes that participants went to in order to be eligible for migration as well as the hardships faced while staying in camps bordering Cambodia. While in refugee camps, participants were concerned with making sure family members were also going to be able to leave the country and stay together and went through rigorous testing to qualify for migration “*We had interview with immigration. Sometime if you get sick or have something, cut on your body you have to wait. Sometimes people answer the wrong question, so they don’t believe. Some people have a lot of kids and answer the wrong name or something like that they cannot pass. You have to answer smooth*” (14; 51-54). While it might be understood that life improved once participants moved to the refugee camps, this was not always the case. “*When she got to the Thailand camp, they were not treating her well. When you’re in your 19, 20s and you’re a woman they abuse... [insinuating rape]*” (11; 34-35).

Adapting to the U.S.

Several overall themes (codes) emerged from the analysis of the transcriptions; however, the largest theme was **Adapting to the U.S.**, with a total of 60 coded data entries (20.5%). This theme contained descriptions of emotions, living conditions, job opportunities, family, and finding a sense of community and identity when first migrating to the United States, as well as the years of living in the U.S well after migration. After the series of events that the participants had experienced, many concepts in this theme resembled items such as, “*When I come to United States, I have my new life*” (9; 117) and “*She’s very thankful coming from what she doesn’t have to what she has now. She’s very thankful her kids get to go to school. From having absolutely nothing to what she has now she’s just grateful. She’s sad but overall, the good of being here sometimes outweighs what happened over there*” (11; 70-73). Every participant expressed gratitude to be in the U.S because they no longer had to fear for their life every day or where

their next meal was coming from because the government had provided three months of financial support, welfare, and food stamps.

Although most basic physical needs were being met for the participants, many suffered mentally, living with the memories of the war; *“she said she’s happy now, but the memory just haunts her all the time. When she thinks about it it’s like she’s there. She said she’ll never forget what she saw. No matter how happy life is there’s always that sad part”* (15; 58-60). Culture shock was also apparent; however, participants did not typically describe it as the biggest challenge within adapting to American life in comparison to the struggles faced under the rule of Pol Pot. *“It’s tough to know how people treat her because she doesn’t speak a word of English so they can swear, they can curse, they can do whatever they want she doesn’t understand. She said you have to smile no matter what they say because she doesn’t know what they’re saying she doesn’t want to offend anyone”* (13; 85-88). However, one participant who understood most English described a difficult experience in the U.S., *“he said he went to the bank and the bank gave him the food stamps. And while he was at the bank people in line tell him ‘Go back to your country, you just got here and you get our tax money to buy food, we’ve worked all our lives we don’t get help and you just got here, and you live better than us’. So, he was so ashamed he never went back and got it again”* (10; 95-99). The importance of coding this theme was to examine the full effects of the war on the participants. There is a level of trauma that comes with migrating to a different country. This theme allowed an area for descriptions of culture shock, treatment by Americans, and how refugees were taken care of physically and emotionally when migrating to the United States.

Family

The theme **Family** is the smallest theme, with just five data points (2%). However, this theme was important to code, as it pertains to the importance of family throughout all experiences and how families were formed after migration. The theme was created for the few participants whose journey to the United States was heavily impacted by other family members. For example, *“The whole family escaped together and they were on the border of Vietnam, but they can’t go anywhere because her aunt was going into labor. She has to stop because her aunt’s knee was all swollen and she couldn’t walk anymore”* (13; 58-60). One participant discussed how his family brought him to safety: *“His family wanted him to have a better life. They didn’t know if when he was in Phnom Penh or if they’re going to come back or not so his sister paid someone with gold to bring him to the [refugee] camp* (10; 72-77).

Sense of Belonging & Hopelessness

Sense of Belonging was a theme that emerged solely from participants’ post-migration experience in the U.S. (n = 6.2%). Many of the participants expressed relief after being relocated to the U.S. Most participants were grown and looking for jobs rather than going to school right away. However, whether in a classroom, workplace, or new community, some participants described the U.S. as not feeling like it was their home. The theme **Sense of Belonging** describes the alienation that some participants described when migrating to the U.S., as well as the efforts they put in to find a community that did give them a sense of belonging. Because the United States is a melting pot of various cultures, participants were able to move around the country after migration and find the place that best suited them; *“She was sponsored by a church in Columbus, Ohio. She lived there for two years and then she heard there’s a bunch of Cambodian people in New York, so she moved from Ohio to New York”* (4; 68-71). While a number of participants found a relatable community to move to, others described feeling as though they are

constantly an outsider: *“I’ve lived in this country longer than any other country in the world. But it’s, still, I don’t have a feeling of sense of belonging to this country at all, you know. And I went to Cambodia back in 2010 and since then I went back every year. And I loved it. I feel at home. I feel like I have sense of belonging, I feel that it’s my people, and we speak the same language, we look the same way, you know. And you have a sense of pride and belonging. I’m here (in the U.S.), you know, I’ve been here since 1981 and it’s 40 years and I don’t have that feeling. I feel like it’s not my country. I feel like an outsider still and still sometimes being treated like an outsider”* (1; 116-124).

The sub-theme (concept) of **Hopelessness** contains codes depicting the feelings that participants expressed on varying topics about loss of their homes, family, and sense of self during the war and after migration (n = 8. 3%). After losing family members and homes while still in Cambodia, some participants explained how they came to the point where they were waiting for their turn to die and that there was very little to live for: *“No food, no medicine nothing. Just wait to die”* (14; 20) and *“He said he was lost. Your whole livelihood, all the vegetable, everything that you grow, all your fortune, all that you save, is just completely gone”* (2; 23-24). Yet after being relocated to the U.S., some participants still struggled with a general sense of hopelessness: *“He said he was by himself; he had no family. And then when he came to America, he came by himself. He said he couldn’t study he doesn’t know where to go and then people finally got him a job. He went and work for them and they don’t pay him, but he has nothing”* (10; 85-88). One participant articulated the constant struggle to manage difficult feelings from experiences back in Cambodia and new ones in the United States: *“she said her chest right now is congested talking about it because the feeling has never left. She said what she*

just described is a little part to what she really saw. The feeling is still in her head and mind. She said she would sit for hours and tell you the whole thing” (13; 76-78).

Discussion

The purpose of this study was to assess the research question through personal interviews with Cambodian refugees themselves: *How does trauma experienced by Cambodian refugees that went through the Khmer Rouge affect life after migration, and how does resiliency play a role?* The data was analyzed using interviews from 15 participants through a Grounded Theory methodology, which resulted in 292 pieces of data organized into 11 codes.

Using an interview method, participants were asked about their lives prior to the Khmer Rouge invasion, during, and after during resettlement. An unexpected finding was that participants went into a deeper retelling of their traumatic experiences than was expected. Consequently, the data showed that all 15 participants experienced high levels of trauma as a result of the experiences they faced while still in Cambodia. The trauma occurred during the war, but additional traumatic experiences occurred while participants were in refugee camps, migrating to the U.S., and well after migrating to the U.S. The theme of **Trauma** pertains to various experiences. This is because every participant had at the very least, a slightly different experience. One participant was a young child and was not forced to work in the fields while another was a pregnant woman who had to work in the gardens before and after giving birth there. The different experiences participants went through had an impact on their view of life afterwards as well. Participants were mainly happy to be free after coming to the U.S., with the main focus on being healthy and alive in their new country. After the level of trauma witnessed by the participants prior to immigration, it appears that their priorities were to focus on surviving. However, this does not erase the traumatic memories the participants went through.

As a result of this, some participants discussed how seeing violence today, even pretend violence in movies, triggers the memories of the real violence they were witness to. Physical effects consist of an increased heart rate, tightness of the chest, and a reoccurrence of images in the mind, all of which are symptoms of posttraumatic stress disorder. Many participants may be dealing with this untreated because of the language and cultural barrier that is still affecting them in receiving help.

Power/ Privilege was an unexpected theme to emerge and only became apparent through the analyzing process involved with the Grounded Theory methodology. This theme pertains to the lifestyle of the participants before and during the war. While most participants lived on farms and built their own homes, others lived in cities which were compared to Paris, had cars, motorcycles, education, and the luxury to stay home and raise children while their partner worked. Some participants also had privileges during the war. These privileges consisted of being well fed, having access to fresh water and a garden, shelter, and less strict encounters with Pol Pot's soldiers. Few participants who were married to or a part of the military held a higher power than other participants. Military training gave them the knowledge of what to do in this type of a situation, where to go, how to act, how to survive off the land, and what to say to the soldiers. This knowledge is what may have spared the lives of some participants.

Education was an important topic to explore, although it is important to note that all participants experienced a lapse on schooling due to the Khmer Rouge regime and ensuing migration. Most participants had little access to education and schooling before the war, and those who did went through great lengths to obtain it. One participant described walking 12 kilometers a day to attend school prior to Pol Pot's takeover. The start of the Khmer Rouge regime made this far more difficult. Participants then had to worry about violence and landmines

even when trying to navigate to school, getting in the way of their education. Little education was given to participants in refugee camps. Education in the camps was mostly to learn English in preparation of migrating to the U.S. Once in the U.S., some participants explained that they attended English classes, and three participants stated that they went on to higher education. One participant described the struggles faced with going to school in the U.S. as a child who did not know the language or social norms. This particular participant also explained that there was no transition class or program to help with the change of routine and culture. This lack of support, especially for the children who had just experienced a high amount of trauma, makes it difficult for students to thrive socially and academically within their new home. An absence of support in schools creates boundaries that can lead to a lack of sense of belonging with peers. Participants had described feeling this in schools as well as in the communities they had been sponsored in.

Most trauma was assumed to have occurred in Cambodia during the Khmer Rouge regime. The data verifies that much of the participants' experiences under the **Trauma** code did occur in Cambodia. However, one unexpected finding that emerged from the interviews and coding process was that some traumas occurred in the **Camps**, where participants were labeled as refugees and were waiting to be moved to the United States. The camps were a safer place for participants to take refuge from Pol Pot, however, this did not mean that all violence had ceased. The grounds were covered with landmines, shootings and crime were common at night, and many Vietnamese and Thai soldiers took advantage of the most vulnerable individuals who had become targets for their abuse. While much of the existing literature on refugee experiences does not examine abuses that happen in the camps, there is some evidence that traumatic events occurring in refugee camps are not uncommon or isolated only to the Cambodian refugee population. Iyakaremye and Mukagatire (2016) examine the abuses that took place against

refugees in the Kigeme refugee camp in Rwanda: “A number of forms of sexual abuse were found in Ki-geme camp. Adolescent girls are experiencing rape. All participants in this study acknowledged the existence of rape of girls in the camp” (p. 4)

Although many participants had traumatic experiences while in the refugee camps, they still considered it to be better than the life they were living under Pol Pot’s regime. Most participants moved from camp to camp as they were to be processed and placed in a new country. This was difficult for a few participants who wanted to be transferred with their families. A series of tests and questions were administered while in the refugee camps to make sure only refugees were being migrated to other countries. If anyone had answered a question wrong pertaining to birthdates of family members and sequencing of events that took place or had an illness or even a small scratch on their body, delays in migration would occur; they then would have to wait to be healthy enough to migrate or retake the tests until the answers aligned. Although each participant was interviewed on their individual experiences, some referenced their family because of the impact it had on their journey.

Stressors related to migrating are commonly thought to be related to culture shock and treatment from Americans (Zapf, 1991). However, the data showed that the more difficult aspects within migration for the participants referred to living with the memories of the past rather than a struggle with adapting to the present and future. While participants did describe facing hardships when migrating to the U.S., the majority of data pieces described feelings of relief within migration, including descriptions of sadness and stress over the recurrent memories.

Despite the traumatic experiences that participants retold in their interviews, there were a lot of instances of resiliency that emerged from the data. In order to continue to survive

throughout Pol Pot's control, the participants demonstrated a great deal of resiliency. Resiliency was apparent in all aspects of the trauma experienced, as survival itself is a main feature of resilience that all participants achieved. The findings of this study indicated that through the resiliency built up based on the traumatic events of the Cambodian Genocide, participants were able to thrive physically after migration. However, emotionally participants struggled to live a healthy life. This suggested that the mental health resources for refugees are lacking and that there are cultural barriers. The theme of **Resiliency** is related to trauma as it contains data in which the participants explain how they managed their trauma and how they continue to survive. At the time of Pol Pot's control, money, identity, status, and valuables had no meaning because of their communist beliefs. This created a survival-of-the-fittest mentality among the participants, and they engaged in behaviors they would normally never do: stealing, smuggling, hiding one's identity, and eating inedible plants, to name a few. But in the larger scheme of what they were experiencing, these behaviors indicate resiliency as a fight for survival. The **Resiliency** theme consists of data pieces from before, during, and after the war. Not only did participants show resilience through surviving the war, but they continue to be resilient in their everyday lives. This was seen in how participants were able to attend English classes, find communities consisting of other Cambodians, find a sense of belonging in the U.S., obtain jobs, start families, and provide for themselves and others. These achievements were seen in all participants, most of which came from very poor and rural backgrounds.

One particular area of resiliency that stands out in the data is resourcefulness. As a result of the lack of food and tools to make meals during the war, participants had to be resourceful in how they were going to stay alive, as well as strong enough to continue working to avoid any consequences from Pol Pot's soldiers. Because participant's either ate inedible foods or ate too

little in general many of them were malnourished. Constant hunger, swollen joints, and feeling weak all the time were some descriptions the participants stated. The themes **Malnourished** and **Resiliency** have some overlap.

Resiliency became apparent when there was a lack of shelter, safety, community, or food to name a few (Gambaro et al., 2020). Many participants discussed being malnourished while in Cambodia. As quoted in the **Results of Trauma** theme, participants ate inedible plants to keep something in their stomachs and were still feeling the effects of that many years later. This overlaps with the **Malnourishment** sub-theme from the **Khmer Rouge Fields** and reveals the long-term effects of the participants' experiences there. The Khmer Rouge regime had no intentions of sparing lives or creating strong and healthy individuals. The main objective was to have a following of people who were uneducated and too weak to rise against them. Underfeeding the participants made them vulnerable and unable to fight against the regime making it easier for them to take over.

Within the theme **Adapting to the U.S.**, most participants discussed emotions and feelings with more detail rather than discussing what their homes looked like or what types of jobs they worked in. This is because the memories of the war and series of events participants had just experienced were more overwhelming and a greater issue within daily life. Since participants had been mostly sleeping outside on the ground while under the control of Pol Pot's regime, having a home with rooms was considered a luxury in comparison. Participants also faced prejudice, poverty, and cultural barriers after migrating to the U.S. however, in comparison to the life they were living in Cambodia during the war those issues were not very prominent. The trauma experienced with the Khmer Rouge and in refugee camps did not compare to the hardships faced during and after migration to the participants.

It is important to note that experiences of adaptation are different among first-generation immigrant and refugees and subsequent generations. Gagne et al. (2020) focused on children of immigrants and refugees and found that the second generation tends to do worse academically and socially than first generation refugees. These results are due to second generation refugees being raised by traumatized parents who may have not received proper mental health care and are being raised within two different cultures. The lack of native identity has a major effect on developing children. In addition, context is important. Refugees from different areas have differing experiences of war and conflict—it is impossible to make complete generalizations of the immigrant and refugee experience among all communities who have relocated to the U.S. One common experience among immigrants and refugees who relocate to the U.S. is the “model minority” stereotype. This adds pressure to Asian refugees, in this scenario, to be a certain way to live up to society’s views and standards of them.

Related to adaptation to the U.S., the theme **Family**, though small, was important to code to show how the participants got to be where they are today. Once the participants migrated to the U.S., some of them moved to be with family members or to a community with other Cambodians who shared their culture to feel as though they were with family. Many participants also stated that they had lost family members due to the war. This is a very traumatic experience and has affected the trajectory of how they were able to continue on with their life afterwards.

Because the U.S. contains many different cultures and beliefs, participants decided to move within the U.S. to be a part of communities of people who have had the same experiences or culture as themselves. The theme **Hopelessness** also emerged within participants who described feeling isolated once migrating to the U.S. This theme also consisted of data pieces when participants were in Cambodia under the rule of the Khmer Rouge. The code contained just

8 data pieces which was an unexpected result since many participants described very traumatic experiences. This may be due to the fact that there was such a high level of resiliency among participants. One common response among participants was that there was no time to think about being sad or lost because survival was more important.

There were several differences within the responses based on the demographics of the participants. Gender differences pertained to the type of work that participants did while in the Khmer Rouge fields. Men and young boys would be in fields together mostly digging trenches and doing more strenuous labor while women generally worked in the gardens and tended to the fields. While in the refugee camps, women were also more likely to be taken advantage of and abused by the soldiers than the men. There was also some variation between the ages of the participants. The younger participants were too young to work in the Khmer Rouge fields and would stay with the women while the older the participants were, the more work they were given.

A very common response within participants was that it was very hard to move on emotionally from the experiences they went through. Physically, participants had been able to migrate to America, find a job, go to school, and ultimately provide for themselves and their families. However, it was difficult for participants to describe their emotional status as they were feeling well and happy externally but were struggling internally still. This study's findings suggest that the mental health resources for refugees are lacking and that there are cultural barriers between counselors and refugees that are preventing them from getting improved treatment.

Limitations

One of the most apparent limitations of this study was the small sample size. With more participants, additional themes may have been able to emerge, which could uncover far more information on the Cambodian refugee experience. A main critique of qualitative data analysis is that it leads room for bias and human error within the coding process. Grounded Theory allowed for a very structured analysis of the data, with a research lab functioning as a team to assist with coding and inter-rater reliability. However, because the data came from personal interviews, there is a possibility that events were not remembered with full accuracy or were filtered through the emotions of the participant. It is important to note that memories of traumatic events tend to be stronger and more accurate than other types of memories.

Future Research

Future research should involve interviews with a larger sample size to confirm the codes and concepts that emerged in the current study. In the future, researchers may also want to examine the notion of abuse and trauma that occur in refugee camps. While it is commonly assumed that refugee camps are a safe space, the data in this study and other emerging studies are revealing that this is not the case. It is essential that refugees escaping war and trauma are not further victimized in refugee camps. Further, it is important that future research examine the long-term effects of trauma. At least one participant in the current study noted that treatment providers in the U.S. did not understand the persistent and pervasive nature of the trauma they had endured. Resiliency is another related area that requires more investigation. We still know very little about resiliency, overall, including why it occurs, how it can be fostered, and what short-term and long-term outcomes look like.

Future research should also examine the development and social aspects of children of refugees. Gagne et al. (2020) focused on children of immigrants and refugees and found that the second generation tends to do worse academically and socially than first generation refugees. These results are due to second generation refugees being raised by traumatized parents who may have not received proper mental health care and are being raised in two different cultures. The lack of identity has a major effect on developing children.

Conclusion

What this study aimed to show is that refugees are among the most in need when it comes to mental health help, especially when being put in a foreign place with a language barrier. This study hopes to enlighten others and educate them on the Cambodian Genocide. As well as informing others on the events, this study aimed to showcase the need for mental health resources and financial and social support to refugees migrating to the United States. This country is a melting pot of a variety of cultures and customs. It can be very overwhelming to someone who has just been through a traumatic event. The needs for refugees is high, however, this study also hopes to help the participants find closure within themselves. Many Cambodian refugees have not sought out mental health resources due to the culture differences and lack of knowledge on how to find help. While speaking about traumatic events may trigger emotional distress within the refugees, it may also help to finally speak of the events out loud. This study hopes to add to the research on Cambodian refugees and expand the literature on refugee trauma and mental health.

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Appendix A: Interview Script

My name is Sophia. I am a graduate student in the Psychology Department at Rhode Island College.

Thank you very much for taking the time to talk with me today. As I just mentioned, I am exploring the personal experiences of Cambodian individuals who have lived through the Khmer Rouge regime. Your story and insights into this issue will help us to better understand the real-world experiences of Cambodian refugees. This interview will last no longer than 1 hour.

For the questions I'm about to ask you, please answer in as much detail as possible, and share any associations or connections that may occur to you while you are speaking. Note that you may skip any question you do not want to answer, and you may stop the interview at any time.

Please also let me know if you would like to take a break.

Do you have any questions for me?

Are you ready to begin?

Appendix B: Interview Questions

1. **Tell me a little about what your life was like in Cambodia.**
 - a. *What did you do on a day-to-day basis?*
 - b. *What was your job?*
 - c. *Who did you live with?*
 - d. *What was your home/ community like?*
 - e. *How old were you when the Khmer Rouge takeover started?*
 - f. *How did the events taking place affect you?*
2. **Tell me about how your daily life changed when you left Cambodia/ when war began.**
 - a. *What types of changes did you see happening?*
 - b. *How did it make you feel to leave your home and go into various camps?*
 - c. *What kinds of things did you experience in rice fields and refugee camps?*
3. **How old were you when you were migrated to the US and what has your life been like since you moved here?**
 - a. *Where did you live when you first moved?*
 - b. *What kind of home did you live in, and how did you feel living there?*
 - c. *How did others treat you when you first moved?*
 - d. *How did you navigate without knowing English? (if did not know English)*
 - e. *What kind of support did you receive from US locals?*
 - i. *If you were in school, how was that transition for you?*
 - f. *How were you supported and helped during your transition into a new country and culture?*
 - g. *How do you feel now that you have been living in the US longer (almost as long as) than you lived in Cambodia?*

Do you have any additional points you'd like to make about any of the questions I've asked?

Thank you very much for your time today.

Appendix C: Pilot Study

R = Researcher, P = Participant, T = Translator

The translator is also the son of the participant.

R: Okay, so I don't know how much Tom has told you but I am basically asking you questions about your own experiences, um, of living through the Khmer Rouge regime.

P: Mhm

R: And so I am, I want to learn more about your story and about the issue so that it can help us and other researchers better understand the real-world experiences of Cambodian refugees.

P: Yeah

R: Yeah, so I'm going to ask you a few questions then just answer as best as you can in much detail as possible. You can, you don't have to answer any questions if you don't want to, and you can skip questions if you like so like. So, the first question or the first thing I want to know is just a little bit about your what your life was like in Cambodia.

T: Before the war or after?

R: Yeah, before.

In-between questions asked by researcher, translator asks question again in Khmer so that participant can better understand. The participant then answers question in Khmer and translator tells researcher the response in English.

T: Life was very peaceful everybody had their own land. Basically, everyone farms, grow their own food vegetables. It was just like uh, you know there's no motorcar or anything like that. Life was very very peaceful.

R: So, what, what were some of the things that you did on a day-to-day basis like what was your job to do?

T: They basically just get up and go to your farm and raise chickens, cows. So, he was before the 70s he was a Buddhist monk and then in the early 70s, 69 70, he went into the army, military.

R: So, while you were living in Cambodia who did you live with and what was your home like?

T: Yeah, the houses they live in a small house, hut. Basically, made out of (*stops translating and speaks to participant in Khmer*). Yeah so the house is made out of, the roof is made out of palm leaves and would basically whatever you can build with your hands and hammers and nails.

R: Did your whole family live together?

T: Yeah before everyone got married they just live together until they reach like 18, 19. Eight siblings were living in one house.

R: How old were you when the Khmer Rouge takeover began?

T: 25

R: So, tell me a little bit about how your daily life changed after you left Cambodia when you started the process of trying to flee the Khmer Rouge, when changes started happening.

T: First they take all the everyone who lives in weather the city the village they just gathered everyone and say ‘hey you're leaving you can't take any of your belongings’, you can only take whatever you can fit in one small bag, if you don't leave, they shoot you.

R: Did they tell you where you were going or why?

T: Okay they basically lied to them and said ‘you guys go for three days because the Americans are going to bomb this village. So, nobody really took anything because everyone was afraid.

R: What do you mean three days?

T: When they came, they went to your door with a gun and said ‘just don't take too much stuff you'll be back in three days’.

R: Oh, okay.

Participant continues to share experiences to translator about the events that took place.

T: Nobody really brought that much food, they just go out with nothing. Once they go, they just put them in the rice fields to work, and they basically dig a canal which is known as the Killing Fields.

When the war started, I was a year old, and my mom was like having trouble walking. So, they just brought a little bag of rice that was it. A lot of people died of starvation. They walked 6 days, about 100 miles. You really can't walk off the beaten path because of landmines. So nobody wants to walk on the side of the road because then they step on the landmine. If they knew you were a former soldier or a former teacher, anyone with just education they would kill you on the spot.

So, when he (the participant) was in the army, he was in a different state so nobody in his town knew he went into the army. Because you never know somebody might report you.

R: So, who were the ones that said ‘you have to pack up and leave you'll be back soon’, was it soldiers?

T: Yeah soldiers, the rebels. They want to overthrow the king at the time. So, they basically lie to you, if you're a scholar if you're a singer, if you can do any entertainment bac then they said, ‘we need all of you to help us leave, we're going to go and entertain the king’ and everybody wants to meet the king, and those who volunteered to go, they just kill them all on their way there so nobody knows. You went to university, or they know you have an education they just kill you.

All those six days there's absolutely nothing to eat except a little bag of rice they gave you.

They killed anyone who speaks Vietnamese.

R: Why?

T: Because they believe that the Vietnamese were the enemies, because they live “next door”.

R: How did this make you feel leaving your home not knowing where you were going and then ending up having to work in rice fields?

T: They were in shock. There's no emotion, there's no feeling, there's no distraught. Everyone was just in shock, and you know gun pointed at you everyday and you do whatever they say.

R: What kinds of things did you see and experience in the camps?

T: Just a lot of death, torture. So what they do is they tell you when they investigate if they don't like you or, they don't need any proof, if they just think that you're something or somebody says

something about you and it's bad they basically told you 'hey we found a new place new home you're not going to have to stay in this camp anymore you've been good', so they take them and then my dad said 'the next morning we just see them dead'.

R: Kind of like the showers at the Nazi concentration camps.

T: Yeah, and because they don't want to shoot them to waste bullet so instead, they use sticks and just smash them.

R: So, when did you finally migrate to the US?

T: 1979 he escaped and walked three days to a camp. July, August 1979. He went to this camp for like six months and then escaped. They only go at night and try to walk through the jungle at nightfall so once morning comes, they have to hide in the trees.

R: What camp?

T: One of the towns in Cambodia, not camps. Once they escape outside a little bit there's no more soldiers. Once they get to the border of Thailand it's like another rebel, but they're a small rebel that took them in and let them live that sort of protect them from the Khmer Rouge.

R: And where were you and your mom?

T: Once the war started, they took him away from us for a couple years. I stayed with my mom in a camp.

R: Someone came to your door, took you all away brought you somewhere, and then they just took the men?

T: Yeah. Once you're 18 they took you away from your family if you're twelve and under they took you to work but you can still see your family. Like ten to twelve years old.

They had you, with a shovel, dig a canal to run through the town, that's what all the children do. Everyone is all doing labor by hand and shovel.

R: What were the refugee camps like?

T: It's not great, but we were provided with some food and rice. It's a different type of torture. Like people get raped by the..

R: In the refugee camps? In Thailand?

T: Yeah

R: So, did the refugee camps help with sponsoring to the US? How did that happen?

T: The United Nations basically put our names down and you have to put in an application and then most people are churches that sponsor us.

When he was in the camp, he was the police commissioner.

R: What did people do all day?

T: Just try to live. Nothing to do just sit and wait. You volunteer [for jobs] you don't get paid.

R: So, how was it going from a refugee camp to getting on a plane and seeing America for the first time?

T: Before you go to America you had to go to another camp in the Philippines so we can learn how to speak English.

He said once your name was picked to be sponsored it's like the happiest feeling, you can't describe it. You know that okay, you and your family made it, you're all going to survive, and that feeling of 'my family is going to survive' you can't describe.

It's not even about his life, he doesn't really care about his life so much. 'If you're going to pic, okay, take my kids as least they could survive',

R: So, it was Cambodia to Thailand to the Philippines. And the Philippines was where you learn just English. Now I want to know all about being in the US. So, where did you live, what was your home like, how did you feel living there?

T: When we came here it was family who showed us around.

R: They came first?

T: They came first. We were sponsored by the church, and they got us a rented house. We got some government supplements; they're going to help you for 17 months until you get on your feet. They gave food stamps and welfare, but you can only take for 17 months. Nine of us and our stipend was 800 dollars a month. Even though there's not a lot we can get with that money it still feels like plenty for us, it's a lot.

He used to walk to the high school at night for ESL classes. It was a five-mile walk.

R: To take English class.

T: We don't have cars, so we walk everywhere.

R: How did you navigate living in an English-speaking country without knowing very much of it?

T: We have family who came here first.

R: How did the people, how did everybody treat you when you first came to America?

T: When he first came, he didn't really understand, he didn't know what they were saying to him. And once he got better, a lot of them tell him straight to his face 'you came to our country and our government is spending all our tax money on you, on your plane ride'. Those plane rides were paid for by the church, not the government, and they had to pay them back. When he learned more English, he had to explain to them that they're wrong and whoever explained this to them 'your government does not take care of us and we only do it for 17 months to help us on our way and the church helps out'.

R: How do you feel now that you've been living in the US almost longer than you've lived in Cambodia?

T: He says he's happy now in America, the life is better. Would he rather be in his homeland if it was free? Yes, of course but he established a life here, all his friends and family and life is here now. This is his home not his second home. The beginning everyone thought it was a second home. Happiness to his is more than a place to live. Happiness is knowing that his kids are doing okay, you know all his kids are fine they all can provide for themselves. That's what makes him happy.

Cambodia has been rebuilt a lot now. If you go in the city, it looks like you're in Boston. But outside, poor is still very poor.

R: Thank you, thank you so much. Bye, thank you.

T: Bye bye.

P: Thank you, bye

Appendix D: Qualitative Analysis Justification

1. What is the background and wider context of your proposed research?

The wider background is on The Khmer Rouge. This is the group that started the genocide and caused Cambodians to become traumatized refugees to begin with. The context of the trauma is important in understanding where the resilience comes from. The Khmer Rouge, a communist group, took over Cambodia from 1975-1979 and aimed to create a society where there was no social class. People were taken out of the city and forced into physical agricultural labour. Many died from diseases and starvation. Others were killed for resisting the takeover, those who were educated, as well as ethnic minorities. This research is about those who escaped this group and have taken refuge in the United States as a result.

2. What are the key bodies of literature to which your research is related? What are the key points in this literature with regard to your research? Are there any gaps in the literature, which your research will fill?

The main piece of literature this research is related to is Marshall et al., 2005, Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States. The current research will almost be a replication of this study with less participants and more of a focus on resiliency. 2005, Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States. The current research will almost be a replication of this study with less participants and more of a focus on resiliency.

3. What is your research question(s)? What are the aims and objectives of your research?

The main research question in this study is: *How does trauma experienced by Cambodian refugees that went through the Khmer Rouge affect life after migration, and how does resiliency play a role?* The aims are to see how trauma has affected resiliency as well as to see what other types of traumas have contributed to the migration process and cultural transitions. This study also aims to show how war trauma affected Cambodian refugees' resiliency today.

4. What is your sampling strategy? Who or what will make up your sample? If you propose to conduct research with participants, how many people do you intend to recruit? Who will (and won't) be eligible to participate in your research? Why this group of people (and not others)? Are there any potential limitations of your sample?

My sample will consist of 20-30 Cambodian refugees living in Lowell, Massachusetts. The participants will consist of those born in 1970 and earlier to ensure that there is an accurate memory of life before the Khmer Rouge took over, during, and after. Participants will be excluded in born after 1970 because they would have to have been 5 years old or younger when

the Khmer Rouge came into Cambodia and would not have very clear memories of life beforehand, nor would they have had much of a life to reminisce on. Participants will also be excluded if they were not living in Cambodia at the time of the event. Limitations may include participants being unwilling to bring up past trauma and relive the events.

5. How will you get access to your sample?

The participants will be recruited through snowball and convenience sampling through my own friends who are Cambodian refugees themselves. After an interview, that participant will also be asked to refer anyone they may know who would be willing to participate.

6. What method(s) of data collection will you use? Why is this method(s) the most appropriate? Are there any potential limitations of this method(s)?

To collect my data, I will be conducting in person interviews, so long as the participant is comfortable meeting during a pandemic. To record the interviews, I have downloaded an app, called Otter, that records and transcribes what is being recorded. This is the most appropriate method because it allows the researcher to have a typed-out transcript and audio recording of the interview while it is taking place. The limitation of this app is that it does not detect the Khmer language and creates a transcript that, at times, does not make sense as it will transcribe the Khmer words into the English word it sounds like.

7. What will your dataset consist of?

The data set will consist of a transcription of the interview written by the researcher based off the transcription and recording from the Otter app. This will include the questions I ask, the responses from the participants, and any clarification that the translator needs to provide.

8. What is the procedure for collecting your data?

The procedure will be to introduce myself to the participant, thoroughly explain the purpose of the study, and ask that all answers are as detailed as possible. Then I will give the participant a form to gain consent to use their responses and explain to them the other contents of that form, and that their participation is voluntary. Then the interview will begin, and I will ask the questions that have been written out beforehand. I will continuously check in with the participant and ask if they are able to continue if the emotions and trauma are too much for the participant to speak about. After the interview is over, I will refer the participant to resources on where to seek mental health services near them if they are ever in need of them.

9. How will you analyze your data? What method of analysis will you use? Why is this method appropriate? Are there any potential limitations of this method?

Grounded Theory will be used because the answers to the questions in the interviews will be unique to each participant, grounded theory will assist the researcher in finding the patterns

within the participant's responses. This is most appropriate because the data is qualitative, and this method will be able to detect patterns in the participant's responses. This theory's limitation is that not all patterns will be detected, missing key information from the data.

10. What ethical procedures will be followed (including those related to researcher safety)? Are there any *particular* ethical implications of your study design?

There is concern about triggering the participant's trauma, and resources will be given to them to assist with those emotions. Other than the possibility of facing past trauma, the participants will be ensured that this is voluntary and will be able to stop at any time if the experiences are too challenging to speak about. They will not be deceived in any way and every bit of the participant's personal information will be kept anonymous.

11. Is there a reflexive dimension to your study? Is there anything you wish to mention about your personal interests and investment in the research topic? Will any aspects of your identity be implicated in the recruitment of participants and the processes of data collection and analysis?

I am personally interested in policy change and may consider mentioning what America could have done better to better support the needs of refugees' physical and emotional needs, as well as what can be implemented for current and future refugees entering the US.

12. Is there any other further information needed to make your study design clear?

To make the study design clearer the interview script, questions, the pilot study, and consent form have been added to the appendixes. This will give the reader a better visual when reading through the study for educational and replication purposes.

13. What is the proposed timetable for your project? Briefly indicate when each phase of the project will be completed.

IRB approval will take place before December 2021. Once approved the data collection will take several months leading into March of 2022. Interviews will take approximately one hour each to complete. Once the interviews are complete, I will begin the analysis and finalize the results and conclusion within a written report within the month of April. At this time, I will simultaneously create a presentation of the study to defend my thesis.

Appendix E: Informed Consent
CONSENT DOCUMENT
Rhode Island College

Resiliency In Cambodian Refugees After War Trauma

You are being asked to participate in a research study about your experiences as a Cambodian refugee. Please read this form and ask any questions that you have before choosing whether to be in the study.

Sophia Kaczmarzyk, a graduate student in Psychology, is conducting this research in collaboration with the faculty advisor Dr. Traci Weinstein, a professor at Rhode Island College.

Why this Study is Being Done (Purpose(s))

We are doing this study to learn about the Cambodian refugee experience and how resiliency played a role in migrating to the United States.

What You Will Have to Do (Procedures)

If you choose to be in the study, we will ask you to: Talk about your life in Cambodia and how the results of the Cambodian Genocide affected and changed your life today.

- First, I will ask you several questions.
- Second, you will answer the questions to the best of your ability. (This will take about one hour)

Risks or Discomforts

You will likely find that answering some questions is upsetting. We think that some questions may bring back specific emotions that could trigger an emotional response. You can skip any questions you don't want to answer, and you can stop the interview at any time. If you want to talk to someone about your feelings or about problems that you are having, you can contact Open Counseling at (978) 459-0389. They may charge a fee for their services which is paid by you. We will not pay this fee. Or you may contact the Cambodian Mutual Assistance Center of Greater Lowell at 978-454-6200 or info@cmaalowell.org, 465 School Street, Lowell, MA 01851.

Benefits of Being in the Study

Being in this study will not benefit you directly.

You Will Be Paid (Compensation)

To thank you for your time, you will be entered in a raffle to win a \$50 Visa gift card. If you change your mind and want to stop the study, you will still be entered in the raffle.

Deciding Whether to Be in the Study

Being in the study is your choice to make. Nobody can force you to be in the study. You can choose not to be in the study, and nobody will hold it against you. You can change your mind and quit the study at any time, and you do not have to give a reason. If you decide to quit later, nobody will hold it against you.

How Your Information will be Protected

Because this is a research study, results will be summarized across all participants and shared in reports that we publish and presentations that we give. Your name will not be used in any reports. We will take several steps to protect the information you give us so that you cannot be identified. Instead of using your name, your information will be given a code number. The information will be kept in a locked office file and seen only by myself and other researchers who work with me. The only time I would have to share information from the study is if it is subpoenaed by a court, or if you are suspected of harming yourself or others, then I would have to report it to the appropriate authorities. Also, if there are problems with the study, the records may be viewed by the Rhode Island College review board responsible for protecting the rights and safety of people who participate in research. The information will be kept for a minimum of three years after the study is over, after which it will be destroyed.

Covid-19 and In-Person Research

We will be collecting your name and contact information for the purposes of contact tracing. Contact tracing is required by the Rhode Island Department of Health should someone whom you have been in contact with test positive for Covid-19. If someone whom you have been in contact with from the study does test positive then someone from RI or MA Health Department may contact you at the number provided. This information will be kept separate from the data you provided as part of the study. Although guidelines will be followed based off CDC recommendations and local health departments, there may still be a risk of transmission of covid-19 should someone be infected. As such, we do not recommend participating in this research if you are considered a vulnerable population (e.g, age, health problem) and have not been vaccinated. As a participant in this research study you are affirming that you do not currently have symptoms associated with covid-19 and will comply with current health guidelines regarding covid-19.

Who to Contact

You can ask any questions you have now. If you have any questions later, you can contact (Sophia Kaczmarzyk at (skaczmarzyk_2419@email.ric.edu, ((401) 391-0860). You may also contact the Khmer-speaking Research Assistant on this project: tchea17@yahoo.com

If you think you were treated badly in this study, have complaints, or would like to talk to someone other than the researcher about your rights or safety as a research participant, please contact the IRB Chair at IRB@ric.edu.

You will be given a copy of this form to keep.

Statement of Consent

I have read and understand the information above. I am choosing to be in the study “**Resiliency in Cambodian Refugees After War Trauma**”. I can change my mind and quit at any time, and I don’t have to give a reason. I have been given answers to the questions I asked, or I will contact the researcher with any questions that come up later. I am at least 18 years of age.

I agree do not agree to be audio recorded for this study.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Researcher Obtaining Consent: _____

Appendix F: Participant Resource Handout

COUNSELING RESOURCES

- **Free Crisis Text Line:** **Text HOME to 741741** to connect with a Crisis Counselor. **Free 24/7 support at your fingertips.** Text HOME to 741741 from anywhere in the United States, anytime. Crisis Text Line is here for any crisis. A live, trained Crisis Counselor receives the text and responds, all from our secure online platform. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment.
- **SAMHSA's National Helpline:** **1-800-662-HELP (4357)**, (also known as the Treatment Referral Routing Service), **via text message: 435748 (HELP4U)**, or TTY: 1-800-487-4889 is a **confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish**, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Read more about the HELP4U text messaging service: <https://www.samhsa.gov/find-help/national-helpline/help4u>
- **Refugee Health Technical Assistance Center (RHTAC):** <http://www.refugeehealthta.org/>. The Refugee Health Technical Assistance Center (RHTAC) is dedicated to improving the well-being of refugees by providing tools, resources, and support for health and mental health providers in order to better meet the needs of refugees in resettlement.
- **Open Counseling:** If you want to talk to someone about your feelings or about problems that you are having, you can contact **Open Counseling at (978) 459-0389**. They may charge a fee for their services which is paid by you. We will not pay this fee.
- **Cambodian Mutual Assistance Center of Greater Lowell:** Or you may contact the **Cambodian Mutual Assistance Center of Greater Lowell at 978-454-6200** or info@cmaalowell.org, 465 School Street, Lowell, MA 01851.
- **Lowell Community Health Center:** If you have insurance or are willing to pay a small copay the Lowell Community Health Center assists focuses on Lowell's Southeast Asian and other refugee populations. Its Metta Health Center is the nation's first fully integrated East meets West health care facility. "Metta" means loving kindness in the Buddhist Pali language. You can contact the facility at **978-441-1700** or hr@lchealth.org.
- **Lowell Alliance:** For support as a refugee you can contact Lowell Alliance is committed to collaborating with other agencies, residents, and city government to create a comprehensive support system for Lowell's immigrant and refugee communities. You'll find materials on their website that address critical, current immigrant-refugee issues. <https://www.lowellalliance.org/>. They are engaged in the following initiatives and activities to strengthen and coordinate assistance to newcomers in Lowell.

Appendix G: Data Tables

Table 1
Demographic Information Volunteered by Participants

DEMOGRAPHICS				
1; left Cambodia at 7-8	2; no memory of age	3; 23/24 at start of war	4: 25 at start of war	5; 13 at start of war
1; came to U.S. at 11		3; came to U.S in 1981		5; came to U.S at 27
6; 13 at start of war	7; 16 at start of war	8; 15/16 at start of war	9; 13 or 14 at start of war	10; 13 at start of war
	7; 21 when came to U.S.	8; came to U.S in late 20s		10; about 21 when came to U.S.
11; 18/19 at start of war		13; 13 at start of war	14; 24 at start of war	15; 22 at start of war
11; 32 when came to U.S.	12; 18 when came to U. S	13		15; 40 when came to U. S

Table 2
Final Code and Category Descriptions

SENSE OF BELONGING	Describes the alienation that some participants described when migrating to the U.S as well as the efforts put in to find a community that did give them a sense of belonging.
TRAUMA	Various types of violence that was witnessed or experienced, coping with death of loved ones, fear of dying, lack of resources, basic rights, and needs, injuries, and abuse.
*OUTCOMES OF TRAUMA	The after-effects of the experiences described in the <i>Trauma</i> theme.
SCHOOLING	The experiences of how participants were able to attend school before the war in Cambodia as well as adjusting to American schooling afterwards.

POWER/ PRIVELAGE	The lifestyle before and during the war that participants were able to obtain that also lead to a lower level of traumatic experiences.
KHMER ROUGE FIELDS	The experiences that the participants had in the fields while forced to work for Pol Pot's regime.
CAMPS	The refugee camps that most participants were in as a way to migrate to another country.
HOPLESSNESS	The feelings that participants expressed on varying topics about loss of their homes, family, and sense of self during the war and after migration.
MALNOURISHMENT	The descriptions and effects of the poor resources for nourishment while under the control of Pol Pot.
ADAPTING TO THE U.S.	Emotions, living conditions, job opportunities, family, and finding a sense of community and identity when first migrating to the United States, as well as the years of living in the U.S well after migration.
FAMILY	Pertains to how families were formed after migration and the importance throughout all experiences.
RESILIENCY	Various recovery methods, survival tactics, and mentality the participants were predisposed to partake in in order to survive the war as well as to accommodate to a new culture.

Appendix H: Grounded Theory Coding Scheme

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Strauss, A., & Corbin, J. (1994). *Grounded theory methodology: An overview*. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273-285). Thousand Oaks, CA: Sage.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Stage	Purpose
<i>Codes</i>	Identifying anchors that allow the key points of the data to be gathered
<i>Concepts</i>	Collections of <i>codes</i> of similar content that allows the data to be grouped
<i>Categories</i>	Broad groups of similar <i>concepts</i> that are used to generate a theory
<i>Theory</i>	A collection of <i>categories</i> that detail the subject of the research